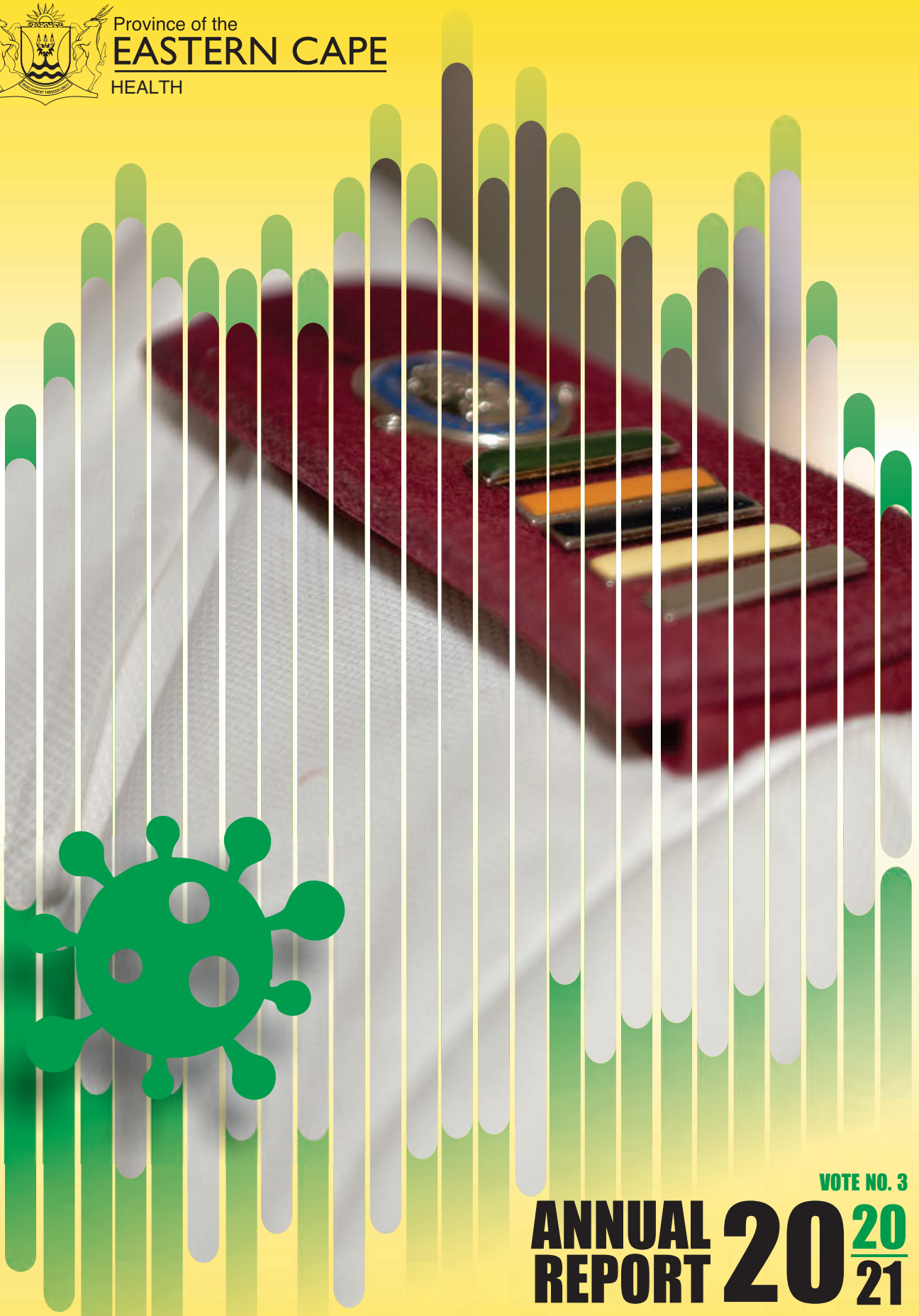
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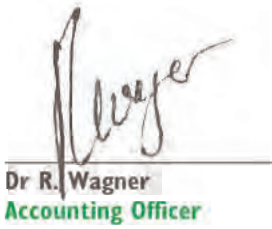
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ANNUAL REPORT 2020/21

Together, moving the health system forward

SUBMISSION OF THE ANNUAL REPORT TO THE EXECUTIVE AUTHORITY

I have the honour of submitting the Annual Report of the Department of Health for the period 01 April 2020 to 31 March 2021 in compliance with section 40 (1) (d) of the Public Financial Management Act (PFMA).



Dr R. Wagner
Accounting Officer
30 September 2021

SUBMISSION OF THE ANNUAL REPORT TO THE EXECUTIVE AUTHORITY 1

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PART A

GENERAL INFORMATION

1. DEPARTMENT GENERAL INFORMATION

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2. LIST OF ABBREVIATIONS / ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AIP	Audit Intervention Plan
ART	Antiretroviral Therapy
BANC	Basic Ante Natal Care
BOD	Burden of disease
CCMDD	Central Chronic Medicine Dispensing and Distribution
CEO	Chief Executive officer
CFO	Chief Financial Officer
CHCs	Community Health Centres
CHW	Community Health worker
CIDB	Construction Industry Development Board
CMH	Cecilia Makhiwane Hospital
CSSD	Central Sterile Supply Department
CQI	Continuous Quality Improvement
DCSTs	District Clinical Specialist Teams
DDG	Deputy Director-General
DHIS	District Health Information System
DHIMS	District Health Information Management System
DHS	District Health Services
DM	District Municipality
DMT	District Management Team
DOH	Department of Health
EC	Eastern Cape
ECDoH	Eastern Cape Department of Health
ECAC	Eastern Cape AIDS Council
ECSECC	Eastern Cape Socio-Economic Consultative Council
EDR-TB	Extreme Drug Resistance Tuberculosis
EMS	Emergency Medical Services
EPWP	Expanded Public Works Programme
ESMOE	Essential Steps in the Management of Obstetric Emergency
ETR	Electronic TB Register
GIAMA	Government Immovable Asset Management Act
GP	General Practitioner
HAST	HIV & AIDS, STI and TB Control
HCSS	Health Care Support Services
HFM	Health Facilities Management
HIV	Human Immunodeficiency Virus
HMS	Hospital Management System
HPRS	Health Patient Registration System
HST	Health Sciences and Training
HPTD	Health Professionals Training and Development (Grant)
HRM	Human Resource Management
HRD	Human Resource Development
HRH	Human Resources for Health
HT	Health Technology
ICRM	Ideal Clinic Realisation and Maintenance
ICT	Information and Communications Technology
IDMS	Infrastructure Delivery Management System
IDIP	Infrastructure Development Improvement Programme
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
IPC	Infection Prevention and Control
ISHP	Integrated School Health Programme
LEDIS	Local Economic Development Implementation Strategy
MDGs	Millennium Developmental Goals
MDR-TB	Multi-drug resistant TB
MEC	Member of the Executive Council
METROs	Medical Emergency Transport and Rescue Organizations
MLSIP	Medico Legal Strategy Implementation Plan
MMR	Maternal mortality ratio
MOU	Maternal Obstetric Unit
MPL	Member of Provincial Legislature
MRC	Medical Research council
MTCT	Mother-To-Child-Transmission
MTSF	Medium Term Strategic Framework
PMTSF	Provincial Medium Term Strategic Framework
MTEF	Medium Term Expenditure Framework
NCCEMD	National Committee on Confidential Evaluation on Maternal Deaths
NCDs	Non-Communicable Diseases
NCS	National Core Standards
NDoH	National Department of Health
NDP	National Development Plan
NGO	Non-Governmental Organisation
NHA	National Health Act
NHI	National Health Insurance
NHLS	National Health Laboratory Service
NHP	National Health Plan
NPI	Non Pharmaceutical Intervention
NSDA	Negotiated Service Delivery Agreement
NTSG	National Tertiary Services Grant
OD	Organizational Development
O&P	Orthotic and Prosthetic
OHH	Outreach Households
OHS	Occupational health and safety
OPD	Outpatient Department
OTP	Office of the Premier
PAJA	Promotion of Administration Justice Act
PAIA	Promotion of Access to Information Act
PCR	Polymerase Chain Reactive
PDE	Patient Day Equivalent
PDMT	Provincial District Management Team
PDP	Provincial Development Plan

PEC	Patient Experience of Care
PEPFAR	Presidential Emergency Plan for Aids Relief
PERSAL	Personnel and Salaries
PGDP	Provincial Growth and Development Plan
PHC	Primary Health Care
PMIS	Project Management Information System
PMTCT	Prevention of Mother-To-Child Transmission
PMTSF	Provincial Medium Term Strategic Framework
PPE	Personal Protective Equipment
PPPs	Public-Private Partnerships
PPTICRM	Perfect Permanent Team for Ideal Clinic Realization and Management
PSI	Patient Safety Incident
PUI	Persons Under Investigation
RDP	Reconstruction and Development Programme
RPHC	Re-engineering of Primary Health Care
SAC	Severity Assessment Code
SADHS	South African Demographic Health Survey
SAHR	South African Human Rights
SARSCov2	Severe Acute Respiratory Syndrome
SDGs	Sustainable Development Goals
SCM	Supply Chain Management
SIU	Special Investigative Unit
SLA	Service Level Agreement
SOP	Standard Operating Procedure
SOPA	State of the Province Address
Stats SA	Statistics South Africa
SVS	Stock Visibility System
TB	Tuberculosis
THIS	TB HIV Information System
TROA	Total Clients Remaining on ART
TV	Television
UHC	Universal Health Coverage
UPS	Uninterrupted Power Supply
WBPHCOTs	Ward-Based Primary Health Care Outreach Teams
WHO	World Health Organisation
YLL	Years Life Lost

3. FOREWORD BY MEC OF THE DEPARTMENT



I am honoured and privileged to submit the Eastern Cape Department of Health's 2020/21 Annual report of the second year of the sixth term of government. This year's health services work and operations have been carried out under trying and turbulent conditions brought about by the global pandemic due to Severe Acute Respiratory Syndrome Corona Virus (SARS-Cov 2) or COVID-19, This constituted an unprecedented challenge of health and human tragedy in our lifetime worldwide. South Africa's initial response of hard lockdown saved many lives but also presented challenges of poor access to health facilities through poor transport systems and fear among communities. This resulted in decreased demand for health services as demonstrated by reductions in headcounts and patient day equivalents in health facilities. Beyond health and human tragedy, this pandemic presented serious economic crisis compounded by constrained climate of economic meltdown and seriously constrained fiscal space in the country.

I salute the fallen heroes of the health sector, both public and private who served the people of the Eastern Cape while sacrificing their own lives. The Department also lost many lives in health facilities due to the scourge of this dreaded disease. In the midst of this, as duty calls, a multi-stakeholder provincial COVID-19 resurgence plan was developed and implemented to respond to the pandemic under the leadership of the Honourable Premier. The strategy, amongst others, sought to ensure that Covid 19 cases and deaths are reduced, hotspots are identified early, index contacts cases are traced and quarantined, hospitals are prepared in all fronts and that non pharmaceutical interventions (NPI's) are upheld. As at the end of March 2021, the cumulative number of COVID-19 cases and deaths in this Province were 195 413 and 11,362 respectively, with a total of 183 897 patients recovered. Regretfully, as of 16th March 2021, 11,969 HCWs tested positive for SARS-Cov-2 and 307 persons demised. The Department soldiers on with COVID-19 vaccinations of communities targeting 67% (4, 4 million).

During the period under review, refurbishing and repurposing of hospital beds was prioritised to respond to the demands of COVID-19 and ensuring availability of oxygen. The Department through the Department of Public Works & Infrastructure, implemented a total of 85 projects in 61 facilities in response to the COVID-19 pandemic. One (1) project namely, Mthatha Airport Hanger is a non fixed health care facility with a total of 81 beds and served as an intervention for Covid 19. The Department in collaboration with other stakeholders also provided Covid 19 healthcare services utilizing the Reverend Dr Elizabeth Mamisa Chabula-Nxiweni Field Hospital in the Nelson Mandela Metro Municipality.

Despite the challenges faced, the Department continued to implement key priorities as per the National Development Plan (NDP) goal of increasing life expectancy of South Africans to 70 years and above. As part of addressing the quadruple burden of disease through strengthening the 90 90 90 strategy to stem and combat the scourge of HIV/AIDS and Tuberculosis in pursuit of meeting the NDP goals, we have introduced a "Welcome Back" campaign in the prioritized facilities to encourage defaulting patients to return to treatment.

Interventions of the National Health Insurance (NHI) such as Ward-Based Outreach Teams displayed resilience in the fight against Coronavirus. 471 158 clients were enrolled on the Centralised Chronic Medicine Dispensing and Distribution (CCMDD) to improve access to medicines and to reduce patient numbers at health facilities. To improve quality of life to the citizens living with disabilities, two hundred and sixty-one (261) wheelchairs; One thousand four hundred and ninety (1 490) hearing aids and six thousand and thirty (6 030) walking aids were issued in financial year 2020/21. The Provincial policy on Health Governance Structures and Functionality was successfully established in the year under review. The aim was to ensure that clinic committees and hospital boards are fully functional and effective.

The ECDOH supports 502 bursary holders in South African universities (362 old and 140 new students), and a total of 205 medical students under the Nelson Mandela – Fidel Castro Medical Scholarship Programme. Eighty-nine (89) of these students returned from Cuba in August 2020 for reintegration back in South Africa whilst completing their final clinical training in local universities.

A word of gratitude is extended to all stakeholders who played a constructive role in the delivery of quality health services, Inter-Departmental support, philanthropic gesture of the Developmental Partners, Corporate South Africa, Faith based organisations, traditional leadership, academic institutions and Non-Governmental Organizations (NGOs) for their continuous support to the Departmental programmes.

Lastly, I express sincere gratitude and acknowledgement to the Departmental management and staff who toiled and continue to do so in pursuit of alleviating suffering and distress while providing healthcare services to the people of Eastern Cape. We are also grateful to all the Eastern Cape Provincial Leadership, all stakeholders and Partners for their sterling contribution and support in the delivery of health care services and would like to let them know that their diligence and efforts in the year under review has not gone by unnoticed.



Hon. N. Meth (MPL)
Member of the Executive Council
30 September 2021

4. REPORT OF THE ACCOUNTING OFFICER



4.1 Overview of the Operations

The year under review, 2020/2021 was a year that ECDOH operated in unprecedented and difficult times in its history. This was brought about by the development and eruption of the SARS-Cov 2 pandemic that presented itself to the world over and the country as a whole. This has been a year characterised by COVID-19 cases, transmissions, hospitalisations and mortalities. The Department lost patients and personnel alike to this deadly disease, corona virus. However, the Department has to an extent together with the relevant stakeholders, ensured that recovery rates for the dreaded disease remain contained at over 87% and above throughout the different waves. The new financial year was ushered in by the rapid changes and the Department had to adapt, repurpose and moved with swiftness to become fit for purpose in dealing with the pandemic and saving lives. This remained work in progress with the Department in the forefront of the scorch, to ensure that lives of the Eastern Cape people are saved. The provision of health care services was hampered and affected by the necessary lock cown levels and its regulations. These saw some of our health care facilities closing down for days as personnel were becoming COVID-19 positive and some were demising. The mortality of the front liners remains a humble experience as these died on duty while saving lives. Though affected, the Departments still, to an extent managed to provide routine health care services to maintain a balancing effect. This is corroborated by the achievements of key health outputs spelled out in the strategic plan and annual performance plan as narrated below.

In relation to the Thuma Mina Campaigns, the Department managed to ensure that these are carried out in all the 8 Districts as part of the outreach programme, though not in all sub-districts due to Covid 19 constraints. The work around the formalisation of District teams with quality improvement monitoring and response forums was partially achieved and is a priority in the year ahead. In terms of the Ideal Clinic Realisation and Maintenance Programme, all clinics managed to conduct the Status Determination and quality improvement in accordance with the standard framework version 19. This is an increment of 19 more facilities with a cumulative total of 355 (48.5%) clinics on ideal clinic status to date. As part of the improvement in offering quality health services, the patient experience of care satisfaction rates targets were surpassed at both clinic and CHC levels at 87.2% and 83.7% against 60% and 59% respectively. This was mainly due to was improved governance in PHC facilities through effective clinic committees.

A total of 12 015 (93.5%) of patients TB/HIV co-infected clients remained on ART. Additionally, 213 388 (88.3%) TB Investigations were done for the 5 years and older in a quest to ensure that positive clients initiations are done and controlled. 239 patients which translated to 100% of TB XDR patients were initiated and started on treatment while all DS TB clients treatment success rate was achieved at 77.5% (32 893). Though the Department fell short of immunising 80% of children under 1 year due to lock down impacts, the implementation of focal days to increase immunisations in facilities is underway. A total of 76 543 (71.2%) postnatal mothers visited facilities within 6 days after delivery as part of postnatal care coverage increment. The transmission of HIV from mother to child was reduced to 0,6% against the target of <1% (135/ 20 844).

The Department has seen an increment in the volumes of patients being transported to the different hospital levels. To address the matter the Department received technical assistance to ensure that systems are set up in Districts. Additionally, the Department received 98 replacement vehicles, 720 vehicles had tracker installed and 19 managers were trained and capacitated on the system's functionality for vehicle monitoring. For Covid 19 response, the Department allocated dedicated ambulance for Covid 19 response with dispatch protocols to achieve allocative efficiency. There was also a coordinated inter-facility transfer for COVID-19 suspected and infected patients to quarantine or isolation sites.

In the year under review, the Department ensured that patient safety in hospitals is increased. To this effect, severity assessment code (SAC) 1 incidents reported within 24 hours rate for all hospitals was over the 80% target at 100% where applicable. Furthermore, the Department ensured that a penile rehabilitation unit is established and completed at the Central Hospital.

Medico Legal claims and associated factors continued to have unintended consequences on the Department's ability to render effective services. This was also coupled with the shrinking fiscal in the wake of increased need for quality health care services for our people. Major inroads made in the year under review to lessen the medico legal burden has been made with a tripartite arrangement between Provincial Treasury, the DOH and the Office of the Premier

for the management of medico legal cases in the Eastern Cape with responsibilities broadly allocated to the department for clinical and administrative interventions; for OTP to take-over of the medico legal defence; and Provincial Treasury to undertake investigation of suspected fraudulent medico legal claims as well as funding for medico legal settlements. The implementation of an electronic patient records management system as well as promotion of early intervention strategies were also at their initial phase in the year under review. These will be fast-tracked in the year ahead.

The implementation of Integrated Human Resources Management continued as a priority in the Department over the reporting period. Such integration includes Organizational Development and Human Resources Development efforts which are in alignment. The strategies applied include the Annual Recruitment Plan, the Human Resources Planning, the Bursary Scheme, the Health Professionals Training Grant Business Plan and the Annual Intake Plan for Community-and Post-Community Service Employees.

During the period under review, the Department employed 43 299 employees and more than 60% of these are health professionals. In terms of the employment equity profile of the Department, there are 100 persons with disability and 50.5 per cent of senior management positions are held by females.

In the year under review, the Department was severely challenged by the effects of COVID-19 on both the health workforce as well as its adverse effects on the financial outlook through employment of personnel additional to the establishment in order to respond to the surge. Therefore, this unprecedented picture placed an enormous strain on the Compensation of Employees (COE) and adversely affected filling of vacant funded posts. Over the reporting period the Department had a vacancy rate of 13.2%.

4.2 Overview of the Financial Results of the Department

The Department increased its drive to improve revenue collection given that it is the second highest collecting revenue Department in the province. The Department over collected on its adjusted estimates of provincial revenue for the year under review by R19.95 million. The Department is strengthening its collaboration with the Road Accident Fund (RAF) and Government Employees Medical Scheme (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 serve as an enhanced revenue collection stream.

Table 4.2.1 Departmental Receipts

	2020/2021			2019/2020		
	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	122 845	140 402	(17 557)	227 451	238 640	(11 189)
Interest, dividends and rent on land	0	304	(304)	0	236	(236)
Financial transactions in assets and liabilities	2 431	4 535	(2 104)	15 000	7 683	7 317
Total	**125 276**	**145 241**	**(19 965)**	**242 451**	**246 559**	**(4 108)**

The Department collected R145,241 million of own revenue against the projection of R125,276 million, resulting in an over-collection of R19,95 million. The reflection of an over collection is a result of the downward adjustment of the revenue target for 2020/2021 due to COVID-19 pandemic lockdown.

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 4.9 % 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" UPFS fee upfront.

4.3 Programme expenditure

Table 4.3.1 Appropriation per Programme

	2020/21			2019/20		
Voted funds and Direct charges	Final Appropriation R'000	Actual Expenditure R'000	(Over) / Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over) / Under Expenditure R'000
Programme						
1. ADMINISTRATION	662,006	651,360	10,646	615,633	598,794	16,839
2. DISTRICT HEALTH SERVICES	14,635,485	15,075,401	(439,916)	13,330,290	13,640,040	(309,750)
3. EMERGENCY MEDICAL SERVICE	1,273,418	1,272,046	1,372	1,313,655	1,277,761	35,894
4. PROVINCIAL HOSPITAL SERVICES	3,530,669	3,980,365	(449,696)	3,770,720	4,026,399	(255,679)
5. CENTRAL HOSPITAL SERVICES	4,718,857	4,845,403	(126,546)	4,309,109	4,329,290	(20,181)
6. HEALTH SCIENCES AND TRAINING	795,258	720,097	75,161	855,609	728,562	127,047
7. HEALTH CARE SUPPORT SERVICES	173,856	152,387	21,469	115,775	101,329	14,446
8. HEALTH FACILITIES MANAGEMENT	1,836,676	1,357,890	478,786	1,659,578	1,496,307	163,271
Programme sub total	**27,626,225**	**28,054,949**	**(428,724)**	**25,970,369**	**26,198,482**	**(228,113)**
Statutory Appropriation	**1,820**	**1,820**	**-**	**2,019**	**2,019**	**-**
TOTAL	**27,628,045**	**28,056,769**	**(428,724)**	**25,972,388**	**26,200,501**	**(228,113)**

The Department spent R28,057 billion (101.6%) of the final appropriation of R27,628 billion resulting in an over-expenditure at a Vote level of R428,724 million or 2% of the final appropriation. Conditional Grant expenditure amounted to R5,406 billion of a final appropriation of R5,408 billion or effectively 100%.

Programme 1: Health Administration

The Programme underspent by a net amount of R10,646 million primarily in the payment of transfers and capex in order to create cash flow in the PMG Account of the Department for the payment of court ordered medico legal claims in the affected clinical programmes.

Programme 2: District Health Services

The net overspending of R439,916 million in the Programme has primarily been caused by the net settlement of court ordered medico legal claims of R412,40 million - which are unfunded and unbudgeted as well as goods and services pressures in several sub programmes including inter alia District Management, Community Health Clinics and District Hospitals, mitigated by capex cash flows withheld.

Programme 3: Emergency Medical Services

The net underspending of R1,372 million in the programme arose from an overspend of R49,16 million in the COE of the Programme, primarily caused by the payment of shift allowances to personnel while Capex underspent by a net amount of R50,52 million in order to create cash flow in the PMG Account of the Department for the payment of court ordered medico legal claims in the affected clinical programmes

Programme 4: Provincial Hospital Services

The net overspending of R449,696 million in the Programme has primarily been caused by the net settlement of court ordered medico legal claims of R325,39 million - which are unfunded and unbudgeted as well as COE pressures of R124,30 million caused through baseline cuts in the 1st 2020/21 AEPRE and erroneous Persal link codes.

Programme 5: Central Hospital Services

The net overspending of R126,546 million in the Programme has primarily been caused by the net settlement of court ordered medico legal claims of R149,08 million - which are unfunded and unbudgeted while the underspending of R22,54 million in the capex of the Programme arose in order to create cash flow in the PMG Account of the Department for the payment of the court ordered medico legal claims.

Programme 6: Health Sciences & Training

The Programme underspent by a net amount of R75,161 million in order to create cash flow in the PMG Account of the Department for the payment of court ordered medico legal claims in the affected clinical programmes.

Programme 7: Health Care Support Services

The Programme underspent by a net amount of R21, 469 million in order to create cash flow in the PMG Account of the Department for the payment of court ordered medico legal claims in the affected clinical programmes.

Programme 8: Health Facilities Management

The Programme underspent by a net amount of R478,786 million in order to create cash flow in the PMG Account of the Department for the payment of court ordered medico legal claims in the affected clinical programmes.

Virements and fund shifts

Within the consistent approach of the framework adopted in applications of prior years, informing Provincial Treasury, in terms of section 43 (1) of the PFMA, read in conjunction with Treasury Regulations 6.3.1, the Accounting Officer of the Department reported the utilization of a saving in the amount appropriated under a main division within a vote towards the defrayment of excess expenditure under another main division within the same vote.

Roll-overs – conditional grants and equitable share

The Department submitted Conditional Grant roll over requests to Provincial Treasury, of which R21,891 million was approved by National Treasury to be rolled over to the current financial year. The breakdown is as follows: Health Facility Revitalisation Grant: R10,855 million; National Tertiary Services Grant: R11,036 million.

4.4 Unauthorised, Fruitless and Wasteful Expenditure

Unauthorised Expenditure

For the year under review, the Department incurrec overspending of R428, 724 million at the Vote level and R1,018 billion at the Programmes level. The amount of R1. 018 billion is made up of R439, 916 million (Prog 2), R449, 696 million (Prog 4) and R126, 546 million (Prog 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 R921, 438 million as well as COE overspending by a net amount of R173,146 million, which was primarily caused through the first 2020/21 AEPRE wage freeze of R1,017 billion cushioned by R742,820 million, resulting in a net reduction of equitable share COE of R274,180 million. Furthermore, the additional 2020/21 AEPRE net reduction of equitable share COE of R449,90 in the same budget adjustment created further pressure on the COE baseline – having a significant effect on the Department's operations by effectively cutting against fixed personnel already vesting in the payroll.

The above being, 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.

Fruitless and wasteful expenditure

Fruitless and wasteful expenditure amounting to R1, 223 million was incurred in respect of interest on late payments to service providers, no shows, damages and abuse of vehicles.

Cases amounting to R20, 735 million were written off by the Accounting Officer during the financial year and R1,335 million was transferred to the debtor's account for recovery.

Inputs on steps to be taken to address and prevent a recurrence

Department is persuading Provincial Treasury to increase Equitable Share allocation portion of the budget so that Accruals and Payables can be paid. The previous year's Accruals and Payables are materially consuming the current budget and leave minimal operational budget which does not meet the service delivery mandatory requirements and cause the late payments to suppliers.

- Medico Legal Claims payment should be transferred to the Office of the Premier (OTP) as the litigation function is now under OTP. The court orders and warrants of execution, which costs millions of rands should go straight to the Office of the Premier and not to EC DoH. These court orders and warrants of execution are not budgeted for but are paid within the current budget of EC DOH thus depleting the Equitable Share portion that results to non-payment of creditors within 30 days and cause interest to be charged and paid
- Invoice Tracking System is being pursued with Provincial Treasury and SITA. This will great assist in monitoring invoices received on daily basis and will enable the Department to prioritise invoices, which are nearly reaching 30 days
- Implementation of the recommendations of the PBAC Sub Committee on Goods and Service, which recommends for direct purchasing of electricity from Eskom, intensify the use of e-signature so as to save costs travelling to attend meetings and sign correspondence, re-issuing of pin codes etc. The savings made out of the implementation of these recommendations will enable the Department to pay creditors within 30 days.
- Circulars should be issued, which specify the steps to be taken to recover monies related to non-attendance of workshops, trainings, meetings etc.
- Negotiations should be held with the Department of Transport to deal with the car damages, which are recovered by car providers from the Department.

Post Balance Sheet Event

Currently, the Department is in the legal process as a result of termination received from the Concessionaire, Messrs Nalithemba Hospitals (Pty) Ltd and working with National Treasury. The Department has taken over the provision of soft services contracts and medical equipment at the facility.

4.5 Strategic Focus over the short to medium Term Period

- **Health Services Rationalisation**

The department will continue to relook at the service delivery platform so that it is able to deliver services within the available resources. The Department has 19 hospitals with less than 50 beds which do not fit the formal definition of a district hospital. It is noted that in EC, there is no District Hospital with >300 beds. The hub and spoke project is underway with 28 prioritised hospitals as hubs and referral health facilities. All facilities are working towards compliance on Occupational Health and Safety (OHS) standards as per the Department of Labour standards. Service optimisation will include improvement of efficiencies through streamlining internal business processes, the review of standardised or 'as-is' processes is critical, with the aim to optimise and rationalise the processes. These rationalised or 'to-be' processes will then form the foundation for the implementation over the ensuing financial year

- **COVID 19 , ECCOVAC-19 - COVID 19 Vaccination Project**

The key focus areas in the COVID 19 resurgence management are coordination and Communication with multi stakeholders ; Epi-surveillance Response; Environmental Health Control and Public Health Strategies; Risk communication and community engagement (RCCE); Infection, Prevention and Control (IPC) and Occupational Health and Safety (OHSC); Facility Readiness & Case Management; Medical Supplies; PPE and Logistics; Human Resources; and COVID-19 vaccination.

- National Health Insurance

  All eight districts in the Province are implementing NHI programmes and will continue to prioritise the re-engineering of Primary Health Care programmes, in particular will increase the number of Ward-Based Outreach Teams (WBOT) with Community Health Workers providing outreach preventive healthcare. Provision of Integrated school health services will be strengthened after serious disruptions during COVID 19 lockdown. Screening in schools (eye, ear, oral) will be accelerated to promote access to learning in the province. Human Papilloma Virus vaccination targeting young girl child to prevent cervical cancer. Package of services available to the population is expanded with priority given to equity and most cost-effective services through improved access to medicines through the Central Chronic Medicine Dispensing & Distribution (CCMDD)

  Other Strategic Focus outputs include:

- Digitisation, E-health Ecosystem and Implementation
- Medico Legal Claims reduction
- Improved revenue collection

4.6 Public Private Partnerships

Public Private Partnerships

Co-Location PPP: Humansdorp Hospital

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).

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

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.

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.

Co-Location PPP: Port Alfred & Settlers Hospitals in Port Alfred and Grahamstown

The concession agreement (to October 2024) was signed on the 7 May 2007 and incorporates the Port Alfred and Settlers District Hospitals.

It incorporates the financing, design, upgrace 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.

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 outpatient's facility, public pharmacy. public administration, shared facilities for labour warc, 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.

4.7 Discontinued key activities / Activities to be discontinued

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

4.8 New or proposed key activities

These are discussed within the disclosure of events after the reporting date as discussed below

4.9 Supply Chain Management (SCM)

No unsolicited bid proposals were implemented during year under review.

The Department has introduced measures in place to address the weaknesses resulting in irregular expenditure.

Extension of Contracts:
- The BAC has put in measures in place to prevent extension of contracts by ensuring PT approval is sought.
- The Department is also focusing on collaborating implementation of the procurement plan which is the contributor to the contract extensions

Deviations:
- Workshop has been conducted with all the districts on the risks identified.
- A follow up session with the end users is planned on the deviations and Instruction Note 3 of 2016/17.

Local Content:
- Workshop has been conducted with all the districts on the implementation process.
- A follow up session (workshop and supplier forum) is planned with the districts and suppliers.

Conflict of Interest:
- A checklist was developed for Procurement Committees and DCCCs.
- Workshop has been conducted with all the districts on the implementation process.
- A follow up session (workshop and supplier forum) is planned with the districts and suppliers.

Challenges experienced in SCM and how they were resolved:
- Turn-around times implementation of procurement plan. There are plans in place to collaborate and monitor progress.
- Governance, increased number of fraud related cases. Investigations are handled by the Fraud unit. Workshop held with all district on 16 September to capacitate and create awareness. Plans in place to digitise SCM processes.

4.10 Gifts and Donations received in kind from non-related parties

The Department continued to receive gifts and donations to the value of R5,306 million as indicated in Annexure 1H to the Annual Financial Statements.

4.11 Exemptions and Deviations received from National Treasury

There were no exemptions and deviations received from National Treasury

4.12 Events after reporting date

Adjusting events after reporting date

Condonation of Irregular Expenditure to the value of R 187,128 million was received after the reporting date. This was deemed an adjusting event after the reporting date and the financial statements adjusted accordingly. No other 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 other than those adjusted in these financial statements already.

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 other than those disclosed below.

COVID-19 Vaccination Project

The Department has received an additional funding allocation of COVID-19 equitable share response funding amounting to R1.039 billion in 2021/22 - to assist to cover the costs associated with responding to the pandemic: -

ECCOVAC-19 - COVID-19 Vaccination Project

One intervention to prevent ongoing COVID-19 transmission and reduce mortality and morbidity is effective vaccination. The World Health Organisation (WHO) approved the first vaccine in November 2020, with further vaccine approvals subsequently. South Africa has secured vaccines for rollout in the initial phases in our country. In time, additional vaccines will become available.

The National Department of Health has appointed a Ministerial Advisory Committee (MAC) on COVID-19 Vaccines which consists of experts in the field. The MAC has worked with the National Department to develop a strategy to ensure equitable access to vaccines. The strategy includes the various purchasing mechanisms, funding implications, local manufacturing opportunities and identifying priority groups for vaccination. The NDOH will procure the vaccines with the provinces procuring the ancillary supplies. A national rollout committee will oversee the rollout in both the public and private sector.

The Eastern Cape achieves COVID-19 epidemic control by reducing the number of COVID-19 transmissions and avoidable deaths through the effective and efficient implementation vaccination rollout strategy.

The Premier's Office coordinates all government Departments with frontline workers, the business community, and civil society. OTP leads the overall co-ordination of COVAC with the Department of health responsible for implementation. The Premier's Office coordinates all government Departments with frontline workers, the business community, civil society. The Vaccination Task team has representation from the Expanded Programme for Immunisation (EPI), Communicable Disease Cluster (CDC), Pharmaceutical, Supply Chain Management (SCM), Information Systems, and Human Resources for Health (HRH), Primary Health Care (PHC), Monitoring and evaluation, Academic institutions, Supporting Partners, Hospital Association, and General Practitioners.

Target Population

The Eastern Cape has an estimated total population of 6 716 051 million based on the Stats SA Census data's projection. To achieve herd or population immunity, ECDoH must immunise a minimum of 67% of the population.

The minimum target population for vaccination is thus 3 874 626 persons with an optimal target of 4 497 224 million persons. The breakdown of the targeted population for vaccination per district.

4.13 Other

4.14 Acknowledgements and Appreciation

I am indebted to my predecessor, Dr Sibongile Zungu who through her leadership and guidance managed to ensure that the spread of COVID-19 is halted through the different waves and that the Eastern Cape Vaccination Roll out Strategy is in place and initiated. This, she managed with the support, dedication and commitment of the Department's management at all levels, in all districts and health care facilities, together with the entire personnel of the Department and the Provincial Leadership. The Honourable MEC Meth's timely oversight, commitment and leadership has and continue to be acknowledged and appreciated.

In a special and solemn manner, the Department would like to continue to acknowledge all the frontlines and support staff who succumbed to the disease in the year under review and also thank those who were infected and affected, yet continued to save lives at the risk of their own. The work of the Department would not have been possible without the overwhelming support of all the stakeholders who supported the Department in the fight against COVID-19 and continue to do so. These include amongst others, the Office of the Premier, all other Departments Nationally and Provincially, Local Government, Other organs of state, Businesses and corporate South Africa, Non-Governmental Organisations, Civil Society, Academia and Research Bodies, District Support Partners, Faith Based Organisations, Health Experts and Advisors, Families and Individuals and all other stakeholders who contributed to the inroads made in offering quality health care services to the Eastern Cape Department of Health.

4.15 Conclusion

As we present this 2020/2021 ECDOH Annual Report, we remain confident that breakthroughs will continue to be made to interrupt the scourge of the COVID-19 pandemic. Challenges met and targets unachieved will be prioritised in the year ahead, with technological advancements, service optimisation, medico legal claims reductions and NHI implementation being in the forefront. The department together with all stakeholders have traversed the storm in the year under review, saved lives where possible and will continue in the straight and narrow way of providing quality health care services in the following year.

4.16 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 R. Wagner
Accounting Officer
30 September 2021

5. STATEMENT OF RESPONSIBILITY AND CONFIRMATION OF THE ACCURACY OF THE ANUAL 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 2021.

Yours faithfully,



Dr R. Wagner
Accounting Officer
30 September 2021

6. STRATEGIC OVERVIEW.

6.1 VISION

Optimal health outcomes for the people of the Eastern Cape Province.

6.2 MISSION

To attain universal health coverage for the people of the Eastern Cape Province, through Primary Health Care approach which utilises resources efficiently to enable present and future generations to achieve optimal health outcomes and quality.

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
- Customer and patient satisfaction,
- Fair labour practices
- High degree of accountability
- Transparency (maintaining confidentiality code)
- Respect

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 service"
- Schedule 4 which lists health services as a concurrent national and provincial legislative competence.

Legislation falling under the Minister of Health's portfolio

National Health Act, 2003 (Act No. 61 of 2003)

Provides a framework for a structured 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 objectives of the National Health Act (NHA) 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 deliver quality health care services; establish a health system based on decentralised 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; and create the foundation of the health care system, and understood alongside other laws and policies which relate to health in South Africa.

Medicines and Related Substances Act, 1965 (Act No. 101 of 1965) - Provides for the registration of medicines and other medicinal products tc ensure their safety, quality and efficacy, and also provides for transparency in the pricing of medicines.

Hazardous Substances Act, 1973 (Act No. 15 of 1973) - Provides for the control of hazardous substances, in particular those emitting radiation.

Occupational Diseases in Mines and Works Act, 1973 (Act No. 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, 1974 (Act No. 53 of 1974) - Provides for the regulation of the pharmacy profession, including community service by pharmacists.

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

Dental Technicians Act, 1979 (Act No.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, 1982 (Act No. 63 of 1982) - Provides for the regulation of health practitioners such as chiropractors, homeopaths, etc., and for the establishment of a council to regulate these professions.

SA Medical Research Council Act, 1991 (Act No. 58 of 1991) - Provides for the establishment of the South African Medical Research Council and its role in relation to health Research.

Academic Health Centers Act, 86 of 1993 - Provides for the establishment, management, and operation of academic health centers.

Choice on Termination of Pregnancy Act, 196 (Act No. 92 of 1996) - Provides a legal framework for the termination of pregnancies based on choice under certain circumstances.

Sterilisation Act, 1998 (Act No. 44 of 1998) - Provides a legal framework for sterilisations, including for persons with mental health challenges.

Medical Schemes Act, 1998 (Act No.131 of 1998) - Provides for the regulation of the medical schemes industry to ensure consonance with national health objectives.

Council for Medical Schemes Levy Act, 2000 (Act 58 of 2000) - Provides a legal framework for the Council to charge medical schemes certain fees.

Tobacco Products Control Amendment Act, 1999 (Act No 12 of 1999) - Provides for the control of tobacco products, prohibition of smoking in public places and advertisements of tobacco products, as well as the sponsoring of events by the tobacco industry.

Mental Health Care 2002 (Act No. 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 Laboratory Service Act, 2000 (Act No. 37 of 2000) - Provides for a statutory body that offers laboratory services to the public health sector.

Nursing Act, 2005 (Act No. 33 of 2005) - Provides for the regulation of the nursing profession.

Traditional Health Practitioners Act, 2007 (Act No. 22 of 2007) - Provides for the establishment of the Interim Traditional Health Practitioners Council, and registration, training and practices of traditional health practitioners in the Republic.

Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act No. 54 of 1972) - 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.

Other legislation applicable to the Department

Criminal Procedure Act, 1977 (Act No.51 of 1977), Sections 212 4(a) and 212 8(a) - Provides for establishing the cause of non-natural deaths.

Children's Act, 2005 (Act No. 38 of 2005) - The Act gives effect to certain rights of children as contained in the Constitution; to set out principles relating to the care and protection of children, to define parental responsibilities and rights, to make further provision regarding children's court.

Occupational Health and Safety Act, 1993 (Act No.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, 1993 (Act No.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.

National Roads Traffic Act, 1996 (Act No.93 of 1996) - Provides for the testing and analysis of drunk drivers.

Employment Equity Act, 1998 (Act No.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, 1998 (Act No.88 of 1998) - Provides for the creation and administration of an institution responsible for the state's information technology system.

Skills Development Act, 1998 (Act No 97of 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, 1999 (Act No. 1 of 1999) - Provides for the administration of state funds by functionaries, their responsibilities, and incidental matters.

Promotion of Access to Information Act, 2000 (Act No.2 of 2000) - Amplifies the constitutional provision pertaining to accessing information under the control of various bodies.

Promotion of Administrative Justice Act, 2000 (Act No.3 of 2000) - Amplifies the constitutional provisions pertaining to administrative law by codifying it.

Promotion of Equality and the Prevention of Unfair Discrimination Act, 2000 (Act No.4 of 2000)
Provides for the further amplification of the constitutional principles of equality and elimination of unfair discrimination.

Division of Revenue Act, (Act No 7 of 2003) - Provides for the manner in which revenue generated may be disbursed.

Broad-based Black Economic Empowerment Act, 2003 (Act No.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.

Labour Relations Act, 1995 (Act No. 66 of 1995) - Establishes a framework to regulate key aspects of relationship between employer and employee at individual and collective level.

Basic Conditions of Employment Act, 1997 (Act No.75 of 1997) - Prescribes the basic or minimum conditions of employment that an employer must provide for employees covered by the Act.

Disaster Management Act 2002 (no 57 of 2002) – establish framework to prevent, reduce the risk of disasters; mitigating the severity of disaster, emergency preparedness, rapid and effective response to disasters and post – disaster recovery through establishment of National, Provincial and municipal disaster management center. Key policy guidelines and regulations have been developed during the period of COVID-19 pandemic to guide the delivery of health services.

HEALTH SECTOR POLICIES AND STRATEGIES

National Health Insurance Bill

South Africa is at the brink of effecting significant and much needed changes to its health system financing mechanisms. The changes are based on the principles of ensuring the right to health for all, entrenching equity, social solidarity, efficiency, and effectiveness in the health system in order to realise Universal Health Coverage. To achieve Universal Health Coverage, institutional and organisational reforms are required to address structural inefficiencies; ensure accountability for the quality of the health services rendered and ultimately to improve health outcomes particularly focusing on the poor, vulnerable and disadvantaged groups.

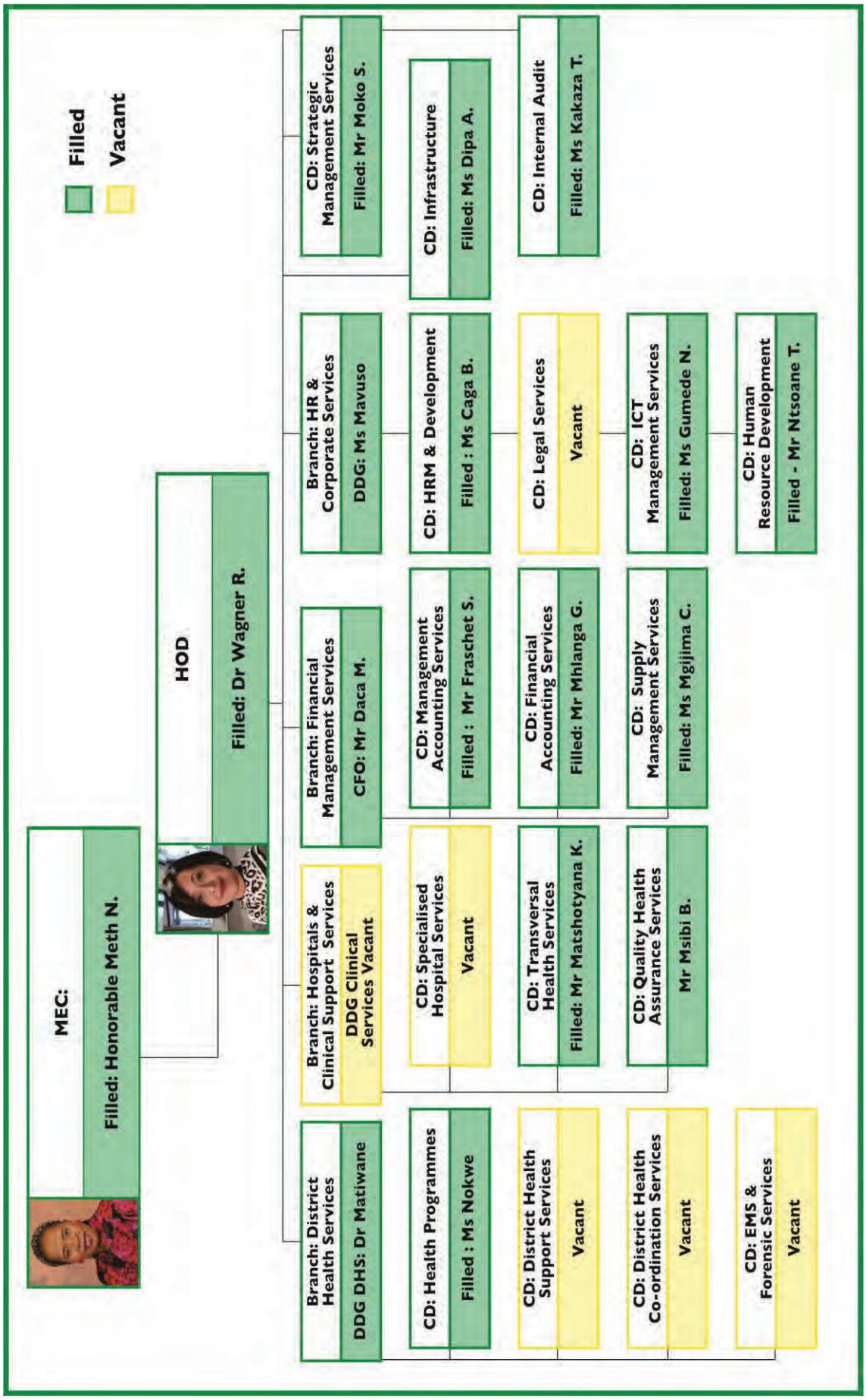
In many countries, effective Universal Health Coverage has been shown to contribute to improvements in key indicators such as life expectancy through reductions in morbidity, premature mortality (especially maternal and child mortality) and disability. An increasing life expectancy is both an indicator and a proxy outcome of any country's progress towards Universal Health Coverage.

The phased implementation of National Health Insurance (NHI) is intended to ensure integrated health financing mechanisms that draw on the capacity of the public and private sectors to the benefit of all South Africans. The policy objective of NHI is to ensure that everyone has access to appropriate, efficient, affordable, and quality health services.

National Development Plan (NDP): Vision 2030

The National Development Plan (Chapter 10) has outlined 9 goals for the health system that it must reach by 2030. The NDP goals are best described using conventional public health logic framework. The overarching goal that measures impact is "Average male and female life expectancy at birth increases to at least 70 years". The NDP goals measure health outcomes, requiring the health system to reduce premature mortality and morbidity. Also tracking the health system that essentially measure inputs and processes to derive outcomes.

8. ORGANISATIONAL STRUCTURE



9. ENTITIES REPORTING TO THE MEC

The Department has Lilitha Nursing College as an entity reporting to Human Resources & Corporate Services branch. The day to day operations of the college are coordinated through Human Resources Development Cluster. The college will be migrated into Higher Education sector; the process is under way. Also the college has submitted the accreditation documents to the South African Nursing Council (SANC) in preparation of the new nursing qualifications.

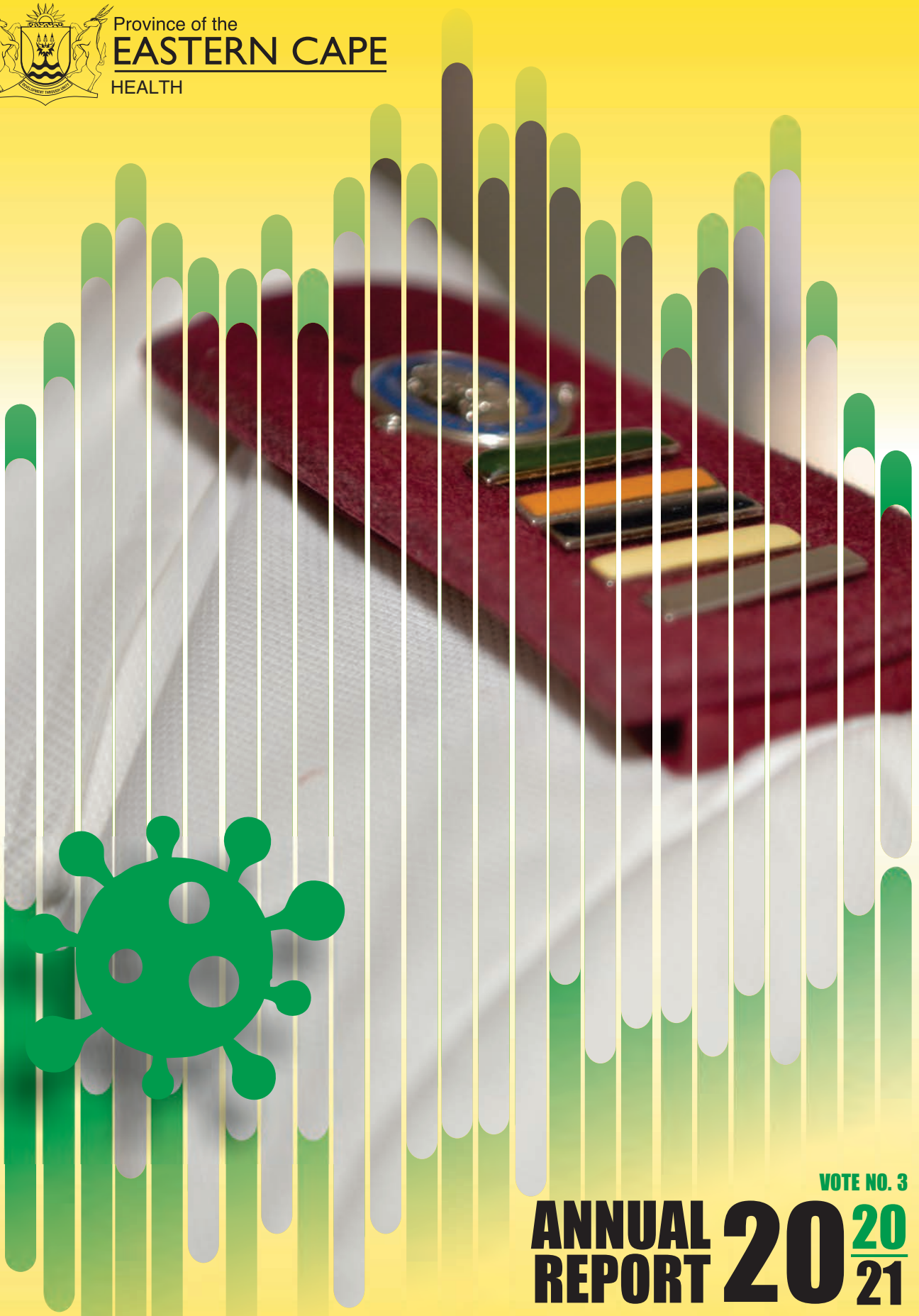
Name of Entity	Legislative Mandate	Financial Relationship	Nature of Operations
Lilitha College of Nursing	• The Lilitha College of Nursing is a juristic entity established under the Provincial Education and Training of Nurses and Midwives Act, Act 4 of 2003. • The Act establishes a College Council as well as a College Senate with various powers and functions • 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.	• 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.	• 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 • Lilitha College of Nursing is responsible for training of nursing students (Four Year Diploma), • 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.



PART B

PERFORMANCE INFORMATION

Province of the
EASTERN CAPE
HEALTH



VOTE NO. 3

ANNUAL REPORT 2020/21

Together, moving the health system forward

1. AUDITOR'S GENERAL REPORT: PREDETERMINED OBJECTIVES

The Auditor-General of South Africa (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 299 to 310 of the Report of the Auditor General South Africa, 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 Stats SA mid-year population estimates for year 2020 suggested that the Eastern Cape Province has a total population of 6,734,C02 constituted largely of a younger population. About 24.7% of the provincial population is the youth between 20-35years 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: Eastern Cape Population by age and sex (Stats SA mid-year population estimates, 2020)

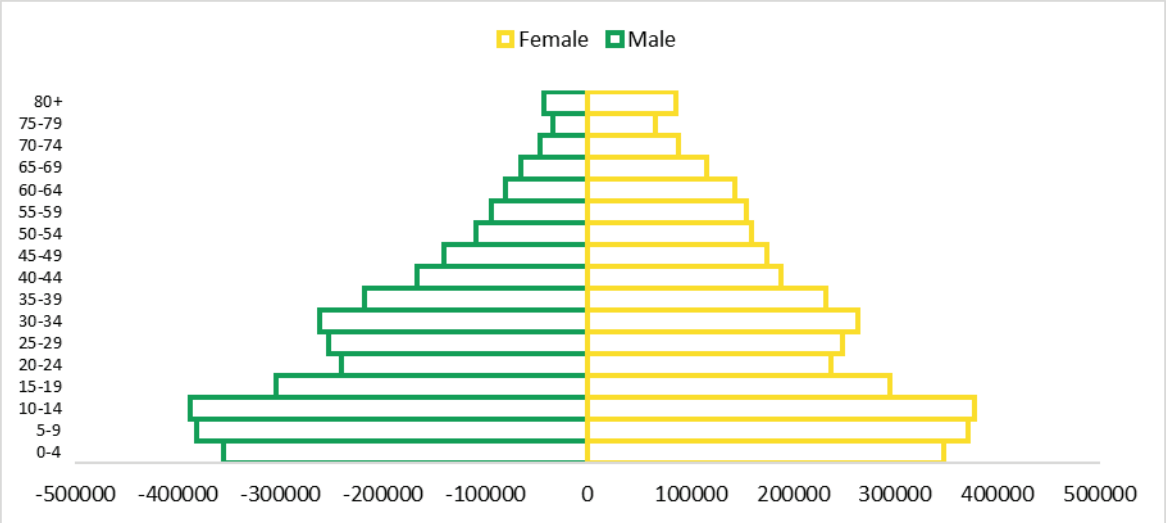


Table A1: Population Distribution by Health District Municipality (DM), 2020 estimates

District	% of total population[1]	Total population[1]	Males[1]	Females[1]	Size of area (km²)[2]
Alfred Nzo	12.4	832,248	363,535	468,713	10 731.2
Amathole	11.9	799,205	378,967	420,238	21 594.9
Buffalo City Metro	11.9	800,875	385,215	415,660	2 535.9
Chris Hani	10.8	727,652	344,680	382,927	36 143.5
Joe Gqabi	5.1	344,967	164,628	180,339	25 662.7
Nelson Mandela Metro	18.0	1,213,059	578,520	634,539	1 958.9
OR Tambo	22.8	1,532,174	720,571	811,603	12 095.5
Sarah Baartman	7.2	483,822	240,318	243,504	58 243.3
Eastern Cape	**100.0**	**6,734,002**	**3,176,434**	**3,557,568**	**168,966.0**

***Data Sources**: [1] Stats SA mid-year population estimates 2020; [2]Population Census, 2011*

Fig. 2: District municipalities of the Eastern Cape Province



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. Figure 3 below showed the Eastern Cape as the worst province affected by lack of job opportunities as reported by Statistics South Africa Quarterly Labour Force Survey (Quarter 1 of 2021). 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

Fig. 3: Unemployment rate by province (Stats SA Quarterly Labour Force Survey: Quarter 1 2021)

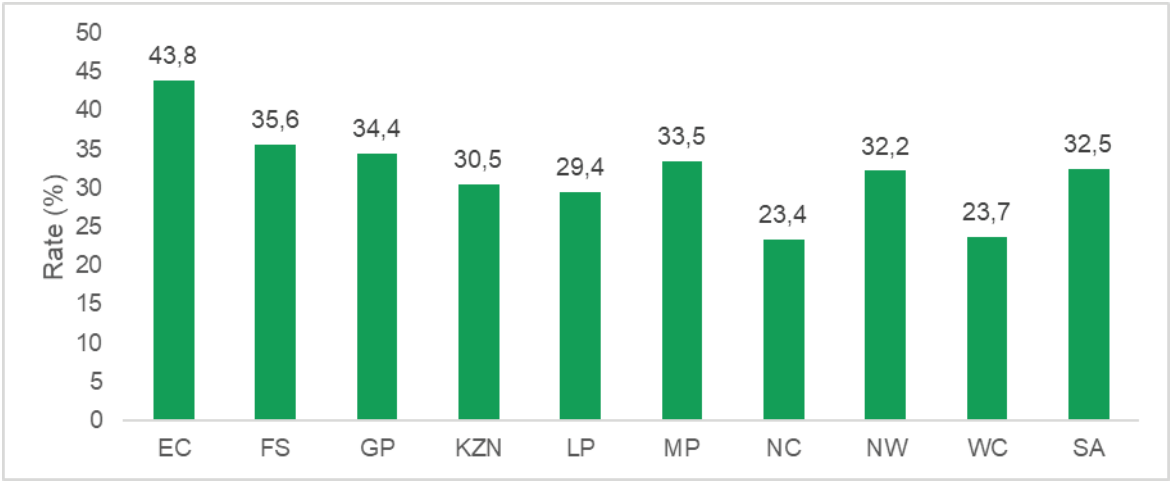


Table A2. Socio-economic indicators by District in Eastern Cape Province

District/ Metro	Poverty Headcount[2]	Unemployment Rate[1]	No schooling (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	3.8	45.9	9.5
Amathole	18.7	40.4	14.2	4.3	70.7	23.1
Buffalo City MM	7.3	32.5	5.3	22.4	97.7	71.9
Chris Hani	16.4	36.8	15.1	4.9	82.7	38.5
Joe Gqabi	13.4	32.7	15.7	5.0	74.0	37.4
N Mandela M	3.0	28.7	3.6	20.4	98.7	93.3
OR Tambo	19.2	41.0	18.4	4.2	38.9	19.1
Sarah Baartman	4.5	19.0	8.3	8.8	92.4	83.5
Eastern Cape	**12.7**	**35.1**	**11.4**	**9.8**	**75.1**	**49.1**

Source: [1]DEDEAT, Eastern Cape Socio Economic Review and Outlook 2018, [2]Stats SA CS 2016, [3]DHB 2018/19

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. 4: Municipal backlog in electricity service (Source: Stats SA)

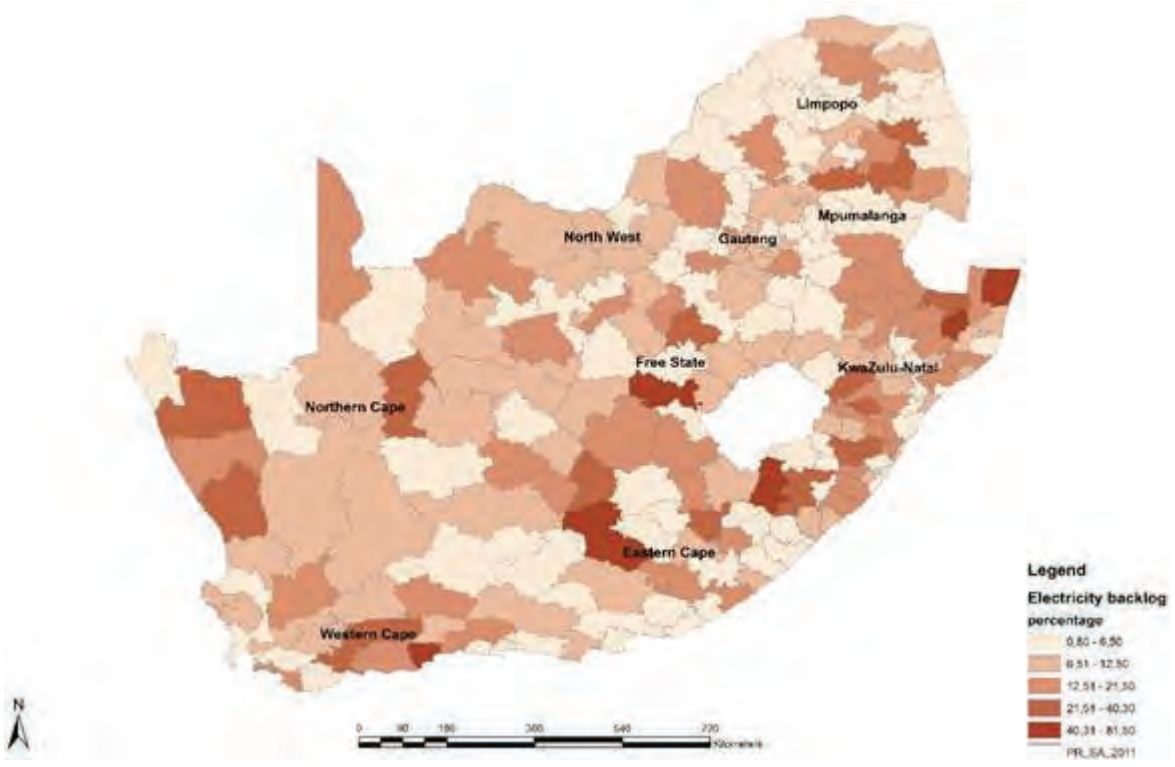
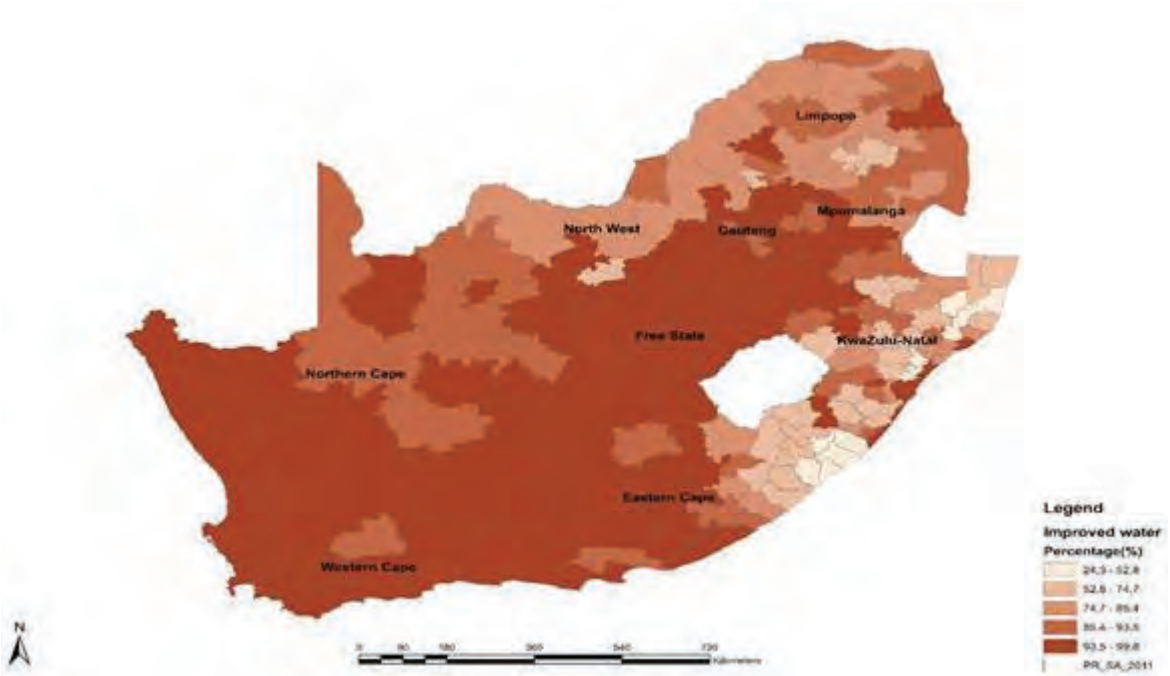


Fig. 5: Municipal access to improved water (Source: Stats SA)



District Health Services

The District Health System (DHS) has been adopted as the vehicle to deliver Comprehensive Primary Health Care Services in the Eastern Cape Department of Health. Inclusive in these services are community-based outreach services, services available at mobile/fixed clinics and community health centres. District hospitals also form part of the district health system in the new policy. All these services

In total, there are 773 PHC facilities across the province, which are made up of 732 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. In 2020/21, a total of 12,950,671 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 2.6%, which translates to 19 new facilities during the previous year from 336 to 355.

Patient Experience of Care (PEC)

The patient experience of care seek to answer the question Are the public health facilities capable of providing quality health care for the public as experienced by the patients themselves.? In response to this the Department ensured that this crucial survey is carried out in the year under review. During the 2020/21 FY, a total of 725 (93.7%) PHC facilities conducted the PEC survey. The results are that patient satisfaction rate of 87.2% was achieved for the Province against the target of 60%. This was due to improvement in the governance and management of clinic committees.

Governance, leadership and Improved management

District health services leadership was strengthened in the eight districts, with appointment of district managers at executive level (Chief Directors) four permanent appointments and four in acting positions. The strengthening of leadership and management at district level is in line with the decentralisation of authority for decision making at service delivery level with full accountability. This achievement is in line with the implementation of NHI for the Universal Health Care Coverage that requires establishment of District Health Management Offices (DHMOs) that will be led by capable management.

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.

RPHC WBPHCOT PROGRAMME

The EC province comprises of seven hundred and five wards (705). There are three thousand five hundred and nineteen CHWs contracted as Old CHWS (3 441) paid in Community Outreach Services (COS) conditional grant.

- During the era of 2020-21 COVID-19 pandemic, the department of health decided to contract additional five thousand four hundred (5 400) CHWs to assist in managing the spread of the COVID-19 virus through track and track strategy and paid in COVID-19 grant, but this Financial Year (FY) 2020-21 the number of COVID-19 contracted CHWs reduced to four thousand one hundred and eighty-four (4 184) due to resignations of CHWs, others didn't renew their contracts. Therefore, there are four thousand one hundred and eighty-four (4 184) CHWs allocated in the Community for the year 2020-21.
- EDOH is comprised of 383 Outreach Team Leaders (OTLS) for WBPHCOT program to assist in the implementation of the program, with a shortfall of 482 WBPHCOT not fully functioning without OTLs or 6-10 CHWs.
- The WBPHCOT policy state that fully functioning team should be a team with OTL 6-10 CHWs supported by Environmental health practitioner and Health Promoter. The challenge is that there are teams without team leaders and teams without full complement of 10 CHWs.
- According to the WBPHCOT policy each team to cover 6000 individuals or 1500 household and there are wards in the province that requires more than one team with a population greater than 6000.

Re-engineering of Primary Health Care (RPHC)

As part of providing health care services to the people, the Department has adopted the Re-engineering of PHC. The broader goal in the year under review has been to ensure that health services to the communities and closer to the people. The programme consists of Ward Based Primary Health Care Outreach Teams (WBPHCOTS), Integrated School Health Programme (ISHP) and Health Promoting (HP) activities in the communities.

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, the RPHC is also embedded

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.

Streams making up the RPHC are :

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

Integrated School Health Programme (ISHP)

The IHSP and its implementation in the province has been severely affected by the closure of schools due to lock down levels in the year under review. ISHP seeks to provide school health services coverage to all learners in primary and secondary schools. The programme offers a comprehensive and integrated package of services including sexual and reproductive health services for older learners. As part of health education, the programme includes activities such as how to lead a healthy lifestyle and overall health screening such as screening for vision, hearing, oral health and tuberculosis and onsite services such as deworming and immunization.

HPV vaccinatiсn: There had been a policy change effective from February 2020 whereby the Minister of Health approved a shift from vaccinating grade 4 to grade 5 girls with Human Papilloma Virus (HPV) vaccine. This is to ensure total coverage of nine-year-old girls as experience has shown that some girls at Grade 4 were not nine yet. In addition, Tetanus Diphtheria (TD) vaccine was also introduced for all Grade 5 learners (both boys and girls). Both HPV and TD are administered concurrently.

As part of the 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. HPV vaccination: There had been a policy change effective from February 2020 whereby the Minister of Health approved a shift from vaccinating grade 4 to grade 5 girls with Human Papilloma Virus (HPV) vaccine. This is to ensure total coverage of nine-year-old girls as experience has shown that some girls at Grade 4 were not nine yet. In addition, Tetanus Diphtheria (TD) vaccine was also introduced for all Grade 5 learners (both boys and girls). Both HPV and TD are administered concurrently. 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)

The ECDOH extends its services through the District Health Specialist Teams (DCSTs). These teams have been instrumental in the management of COVID-19 in the year under review. The teams had to adapt and ensure that developments around COVID-19 clinical protocols, standard operating procedure, norms and guidelines are adhered to and implemented. The DCST's 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 professiсnals, 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.

DCST's in collaboration with WHO and other stakeholders in the year under review in the province provided extensive training on areas of COVID-19 protocols and clinical management, Maternal and Child Health including BANC, ESMOE HBB and growth monitoring amongst others.

HEALTH PATIENT REGISTRATION SYSTEM (HPRS)

The Department continues to embrace digitisation as part of the 4th industrial revolution. The Health Patient Registration System (HPRS) is a compсnent 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. In the year under review, the HPRS implementation was affected by the COVID-19 pandemic as most health care worked operating the system either passed away or were infected. 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. By the end of quarter 4 2020-21in the year under review, **6 798 815** patients were registered in the HPRS.

Table A3: Patient registration on HPRS in PHC facilities distributed by health districts

DISTRICT	Registered as at FY 2019_20	Registered QRT 1 2020_21	Registered QRT 2 2020_21	Registered QRT 3 2020_21	Registered QRT 4 2020_21	Total Registrations
Alfred Nzo	900 291	8 521	8 328	7 748	11 011	935 899
Amathole	956 370	25 540	25 426	20 583	40 900	1 068 819
BCM	677 853	10 071	23 316	11 066	1 598	723 902
Chris Hani	661 429	22 487	17 351	13 780	78 823	793 870
Joe Gqabi	311 089	6 305	8 856	5 847	27 415	359 512
NMBM	666 894	8 966	27 418	6 732	72 497	782 507
OR Tambo	1 624 697	17 063	19 555	18 623	13 894	1 693 832
Sara Baartman	379 514	5 374	13 017	4 884	37 685	440 474
TOTAL	**6 212 851**	**104 327**	**143 267**	**89 263**	**283 823**	**6 798 815**

District Hospitals Services

In the Province, the district hospital package is carried out through the 66 district hospitals that provide emergency care, inpatient and outpatient care, obstetric care as well as several general and specialist services. Hospital boards are functional in all district hospitals. This is done together with the the Ideal Hospital Realization and Maintenance Programme which is a national Department of Health strategy. The aim of the programme is mapping out the performance of all hospitals in South Africa with regards to:

- the quality of services rendered
- availability of equipment supporting provision of patient care including medical, IT and any other useful equipment,
- human resources and
- Infrastructure.

In the year under review, the District hospitals had to adapt and admit COVID-19 patients, a service that they were not necessarily well equipped for. However the Department ensured that bed capacity, oxygen and other consumables are availed so that lives are saved. The shortage of doctors remaining these hospitals with consequent high patient 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

ECDOH provides full package of general specialist services from the five regional hospitals namely, Dora Nginza, Cecilia Makiwane, Mthatha, Frontier and St Elizabeth Regional Hospital. The regional hospitals in the province in the year under review faced the COVID-19 SCOURGE with precision. Though under resourced and understaffed, these category of hospitals ensured that most of the COVID-19 patients in the Province are cared for. Through the clinical, logistics, human and technical support from relevant stakeholders, the 5 hospital casualties and wards managed to still save lives. Wards and units were repurposed, beds, oxygen and supplies sought, modular structures acquired, health technology and equipment availed to ensure that the mortality rate in these health facilities is reduced.

The appointment of human resources is important for improving the quality of patient care and reducing waiting times in hospitals. Several critical positions and in particular, those relating to scarce skills were filled during the period under review. As part of the response to the pandemic, human resources were acquired for the regional hospitals. These included medical officers, nurses, social workers, nursing assistants, health care workers, data captures, laundry assistants, food services aid etc. The hospitals served as amongst the first sites to provide Vaccination programme roll out in the Province Successfully. The hospitals are still challenged in relation to adequate patient records management due to infrastructural constraints and human resources, thereby contributing to medico legal claims. However the plans are in place to address the anomaly.

TB Hospitals

The Department carries out the TB Health services at hospital level through the 10 specialised TB Hospitals. These provide community based management of MDR-TB patients on ambulatory care. The Department is continuing to implement and monitor the injection free regimen in all 14 functional MDR sites. Some of the hospitals were also repurposed to ensure that isolation, quarantine and treatment of both PUI's and confirmed patients is catered for.

Psychiatric Hospitals

The three psychiatric hospitals, hospitals namely, Elizabeth Donkin, Komani and Tower Hospitals continued to render specialist services for people with mental illness and intellectual disabilities. In addition, three regional hospitals (Mthatha, Cecilia Makiwane, and Dora Nginza) with psychiatric units sustained their mental health services support throughout the pandemic and the year under review.

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. Livingstone and Frere Hospital became the first vaccine sites in the Province. These hospitals also experienced high volumes of COVID-19 admissions in the year under review.

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. In the year under review, the central hospital ensured that high care and ICU COVID-19 patients are well taken care of. The hospital also served as a vaccination site for the early access vaccination project for health care workers.

Forensic Pathology Services

Specialised forensic pathology services are rendered from 17 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 ECDOH 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. In the year under review, the Stock visibility system remained key in ensuring that the monitoring of personal protective equipment is monitored and that medicine stock levels are effectively managed and tracked.

The Department continues to implement the Central Chronic Medicines Dispensing and Distribution (CCMDD) programme throughout the Province whereby chronic medication is delivered and collected by the patients at a site that is close to where they live.

Key Human Resource Personnel

Table A4: Employment and vacancies by critical occupations as on 31 March 2021

Category	Employ 03/2018	Appointments 2018/19	Terminations 2018/19	Employ 03/2019	Appointments 2019/20	Terminations 2019/20	Employ 03/2020	Appointments 2020/21	Terminations 2020/21
Medical Officers	792	822	638	491	480	47	458	334	404
Medical Specialist	50	45	36	45	50	8	50	37	61
Dentist(Practitioner, technicians and therapy)	36	37	30	19	17	3	17	4	10
Dieticians and nutritionists	30	48	23	22	15	6	11	9	7
Prof Nurses	1674	1628	1438	1136	1244	325	1244	1372	2345
Nursing Assistant	654	463	257	466	333	100	333	1438	2077
Enrolled Nurse	690	538	476	541	611	56	611	1485	2215
Auxilliary and related workers	0	25	52	0	0	24	0	0	0
Pharmaceutical asst	3	2	4	173	222	33	202	121	230
Pharmacist	188	345	278	59	40	7	40	11	14
Physiotherapists	70	66	43	24	34	6	34	2	12
Emergency medical staff	20	19	60	19	3	55	3	136	176
Occupational Therapists	67	64	57	18	36	7	36	7	20
Radiographers	81	66	54	39	49	25	49	18	23
Grand Total	**4355**	**4168**	**3446**	**3052**	**3134**	**702**	**3088**	**4974**	**7594**

2.1.4 Service Delivery Outputs updated

The trends in key provincial service delivery outputs are shown in Table A5 below.

Table A5: Key provincial service volumes, 2016/17-2020/21

INDICATOR	2016/17	2017/18	2018/19	2019/20	2020/21
PHC headcount – Total	18 116 112	16 418 041	16 605 569	16 422 870	12 950 671
PHC headcount under 5 years	2 910 002	2 541 609	2 544 587	2 524 151	1 868 758
OPD Headcount - Total (all hospitals)	2 651 351	2 493 928	2 801 255	3 192 433	1 899 292
Deliveries in facility	99 623	100 759	104 827	107 065	107 469
Total births in facility	103 392	102 813	106 597	107 079	112 146
Hospital separations – Total	426 760	576 383	486 013	477 101	392 169
Patient Day Equivalent in district hospitals	1 735 819	1 888 480	1 199 660	1 715 093	1 224 675,6
*Patient Day Equivalent in provincial hospitals	713 300	702 512	726 713	779 446.60	543 411,3
Patient Day Equivalent in specialized TB hospitals	284 782	344 814	240 474	217 166.80	118 932,7
Patient Day Equivalent in specialized Psych hospitals	417 571	383 211	331 357	328 155	375 117,7
BUR (% - District hospitals)	56.0	54.7	55%	54.4%	42.2%
BUR (%) Provincial Hospitals	74.8%	77%	71%	73%	60.4%
BUR (%) in specialized TB hospitals	52.4%	50.1%	45%	41%	24.8%
BUR (%) in specialized Psych hospitals	86.1%	89.6%	90%	89%	79.1%
Average length of stay (District hospitals)	5 days	4.9 days	4.7 days	4.6 days	4.4 days
Average length of stay (Provincial Hospitals)	5.7 days	6 days	5.8 days	5.8 days	5.7 days
Average length of stay (Specialized TB hospitals)	84 days	77 days	72.9 days	68 days	45.1 days
Average length of stay (Specialized Psych hospitals)	122 days	149.4 days	190.1 days	230 days	305.8 days
Expenditure per day Equivalent (Rand) - District hospitals)	R3 346	R2 241	R2 680.2	R3 168.16	R4 849
Expenditure per day Equivalent (Rand) - Provincial Hospitals	R3 357	R3 303	R3 282.6	R3 759	R3 738.80
Expenditure per day Equivalent (Rand) - specialized TB hospitals	R1 469	R1 626	R1 707.6	R1 952.80	R3 832.90
Expenditure per day Equivalent (Rand) - Specialized Psych hospitals	R1 508	R1 815	R2 993	R33 195.13	R33 666.80
New patients – Pulmonary TB	37 449	33 621	36 009	31 940	
Immunisation coverage	78.6%	67.3%	71.9%	76%	83.4%
Total clients remaining on ART at end of the month	414 733	452 072	493 879	531 135	
Total clients started on ART– naïve	94 802	82 811	73 339	31 392	50 059

*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 equipment's, 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 (GR) 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 District Buffalo City Metropolitan Municipality and Nelson Mandela Metropolitan municipality, and OR Tambo district. The Department has consistently conducted intensive engagements with affected unions to find solutions to the matters in dispute which include delays in overtime payment.

The EMS experienced violent incidents of attacks to EMS vehicles by community members in the Nelson Mandela Metro. The Department has through cluster system of government established relations with crime prevention cluster to combat crime against Emergency Medical Services. There has been increased number of prank calls which results to wastage of limited resources. The EMS vehicles get broken-down frequently due to poor roads infrastructure.

The broken-down vehicles stay longer at vehicle repair merchants which results to limited number of operational vehicles to attend to calls.

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 Stats SA and other stakeholders is ongoing in this regard.

2.2. Service Delivery Improvement Plan

Table A6: Main services and standards

Main services	Beneficiaries	Current/actual standard of service	Desired standard of service	Actual achievement
Maternal Health	Women of childbearing age and their families	Compliance with maternal guidelines by early booking at health facility before 20 weeks rate.	70%	62.5% achievement of Antenatal 1st visit before 20 weeks at public health facilities.
Child Health	Neonates Children under 5 years of age and families	New-born toolkit – All clinics shall have at list one registered nurse to provide midwifery services	100%	100%

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

Current/Actual Information Tools	Desired Information Tools	Actual Achievements
Consultation	Health forums per district	Health forums were not fully functional due to the COVID-19 pandemic.
	Provincial Health Council (PHC) meeting – Bi annual.	Meeting was held on 10th September 2020 and SDIP Progress in the Maternal and Child Health Services were discussed.
	Provincial health consultative forum (PHCF) – annual	Forum meetings were put on hold as result of the COVID-19 pandemic
Access	Clear visible signage within the hospitals	All facilities have clear visible signage within the facilities.
	Maintain birthing units in all Regional Hospitals.	Out of the 5 Regional Hospital only Cecilia Makiwane hospital has Birthing Unit, the rest are planned for the next financial year.
	70% rural Priority Calls are responded to within 60 minutes	64% was achieved during the reporting period.
	55% of urban Priority Calls are responded to within 45 minutes	The Department reached 48% urban priority calls - which is poor performance. In the new planning cycle, the response time have been adjusted to realistic achievable response times.
	Essential medicine stock out rate at depts. <5%	The Department had 76.2% order fulfilment for essential drugs at depot.
	Service waiting time not longer than 3 hours in prioritized hospitals.	Service waiting time of no longer than 3 hours in has been maintained.
Information	80% of women attending Antenatal care connected to SMS service (mom connect)	There is no monitoring at National Department of Health due to lapse of the contract with service provider.
	Installation of electronic Patient registration in 26 prioritized hospitals.	Work in Progress
	26 hospitals have access-restriction/ control for Archives/ Records Management.	The Department has prioritised this and it is still work in progress
Redress	85% complaints resolution Rate.	96% complaints resolution within 25 days' rate.
	80% patient experience of care satisfaction rate.	86% patient experience of care satisfaction rate.
	26 prioritized hospitals have fully functional complaints, suggestion and complements boxes.	26 prioritized hospitals have fully functional complaints, suggestion and complements boxes.
	Complaints procedure is displayed in all 26 prioritized hospitals.	Complaints procedure is displayed in all 26 prioritized hospitals
Value for Money	60% of health professionals trained on ESMOE, Management of Small and Sick Neonates, ETAT, Helping Babies Breath, and Hypoxia.	Training workshops conducted
	All 26 prioritized facilities have appropriate functional medical equipment	All prioritized facilities have appropriate functional medical equipment.
Courtesy	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
	Reception areas in the hospital are clearly demarcated in all prioritized hospitals	Reception areas in the hospital are clearly demarcated in all prioritized hospitals.
	Privacy to patient information is ensured in all prioritized facilities	Privacy to patient information is ensured in all prioritized facilities
	70 Emergency Services Personnel trained on Customer Care (Trainer of trainers)	Training of EMS Personnel postponed to next financial Year because of the Pandemic.

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. Toll free number 0800 032 364 for call centre services for citizens available		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. Departmental website is functional and information on it, is updated monthly 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

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.	85% Resolution of complaints within 25 days	96% of complaints resolved within the 25 days' rate. 86% of facilities are complaint with complaints management reporting systems and frameworks.

2.3. Organisational Environment

Employee Wellness Programme

The Employee Wellness Programme consists of 4 sub-programmes aligned to the Public Service Health and Wellness Framework (DPSA). This included oversight of the HIV, AIDs, TB and STIs; Health and Productivity Management, Occupational Health and Safety and Wellness Management. The COVID-19 pandemic response took priority in all programme activities.

The core services delivered include:

- Case Management and counselling with 2782 employees receiving individual attention and 437 trauma group debriefing sessions were conducted with 2974 employees.
- Prevention and Education: basic health risk assessments; HIV/ TB and COVID-19 counselling and testing; Fitness and Healthy Lifestyle promotions; Health calendar events; Life Skills (including Financial Wellness);

presentations/workshops and distribution of health and wellness material on various wellness topics. 517 sessions were held reaching 6741 employees.

- Supervisor and Shop Steward training and advisory support 48 sessions reaching 284 participants.
- EW Programme Promotion – 222 sessions done reaching 5545 employees.
- Monitoring and Evaluation.

The HIV, AIDS and TB Workplace programme is guided by the National Strategic Plan for HIV, TB and STIs as well as the DPSA Policy on the same. This programme mitigates the impact of these diseases by offering voluntary counselling, screening, testing, care and support for employees and prevention education programmes. This programme also includes activities to mitigate Gender Based Violence and Workplace Sexual Harassment.

The Health and Productivity Management programme covers health promotion and health risk assessment, mental health education and support as well as incapacity and ill-health case support.

The Occupational Health and Safety programme covers creating a safe working environment for employees and reducing workplace risk of Occupational Diseases include providing Universal Precautions for Infection Control, Personal Protective Clothing and Equipment and Post Exposure Prophylaxis, first aid and medical treatment where required. With COVID-19 the risk level of the Health workforce was extremely high and special interventions included technical support to various response workgroups and to improve OHS governance in Health Facilities and compliance to Disaster Regulations.

The Wellness Management programme deals with the physical and psychosocial wellness of employees and during the pandemic key focus was given to psychosocial support in the form of counselling, supervisor support, trauma mitigation and psychoeducation.

Staffing capacity was supplemented by Social Work interns, telephonic counselling through the Department's Call Centre, and extension of an EAP Service Provider contract for 3 months during the second wave to all Health workers (it services only EMS and Forensic Pathology staff outside of this period). The Employee Wellness Programme continues to be dependent on internal and external partners to deliver employee services.

Recruitment

The Department started this financial year with an unfunded Annual Recruitment Plan. Through Grant funding sourced related to COVID-19, the Department appointed eight thousand three hundred and ninety-nine (8399) contract employees to assist in the fight against the impact of COVID-19. The Department initiated several recruitment interventions to flatten the curve within the Eastern Cape Province. These interventions, initially targeting NMBD, BCM and OR Tambo as epicentres in the Province, were replicated in other parts of the Province especially where the curve was not flattening during the first wave.

Employee Relations

To achieve a stable employer – employee milieu in a work place the size of the EC Department of Health, it is vital that a well-established Employee Relations Directorate exists and well established. The main justification for the existence of the Directorate is to help strengthen the employer – employee relationship through a process of proactive identification and resolution of workplace issues that, if left unattended, may negatively affect the relations between the two parties.

The advent of the COVID-19 pandemic in early 2021 significantly disturbed an otherwise fairly stable employer – employee environment in the province, resulting in a number of wild cat strikes across the province. These were brought about largely by the fear of the reportedly deadly virus which saw employees demanding the provision of personal protective equipment (PPE) beyond what was prescribed in government policy. Also, employees insisted that work areas where employees had tested positive for COVID-19 were closed and decontaminated. This tended to disrupt the service in the early months of 2020.

The situation has since stabilized and consequently there are currently no COVID-19 work stoppages in the province. The situation was to an extent assisted by the establishment and deployment of a rapid response team to all areas where disruptions were reported.

Communication channels between the parties have been kept open and functional consultative forums at both local and provincial levels are well maintained. The collective bargaining environment improved as the parties in the PHSDSBC Chamber met regularly and all social partners were actively participating. Draft Guidelines on Institutional

Consultative Committees (ICCs)have been developed to, inter alia, enhance the communication between Management and Organised Labour, promote effective communication employees in the workplace and create and maintain a conducive working environment.

Employee Wellness Programme

The onset of COVID-19 created a major crisis and Health Care Workers have been particularly negatively impacted, being on the frontline of health care services. This magnanimity of this disease has drained the workforce and seriously compromised both their physical and mental health. The Department identified various means of increasing access to wellness programmes. Psychosocial support access was extended through the additional intern Social Workers for employees infected and affected with the corona virus. Additional Social Work interns provided telephonic counselling through the Department's Call Centre. Metropolitan Health, originally contracted to provide EAP services to Emergency Medical Services (EMS) and Forensic Pathology Services personnel, was approached to extend the counselling service package to the broader health workforce at a special rate, below market rates, for a period of 3 months. Utilization rate of counselling services increased 4.9%.

Psychoeducation – combination of information/ stress management & debriefing - continues to be conducted. Supervisory support has been provided to vulnerable employees, general management of COVID-19 related incidents.
The Department appointed OHS Compliance Officers in all Health Districts, Regional, Tertiary and Central Hospitals and ensured the establishment of Occupational Health and Safety OHS committees in the facilities. OHS Committees have been established in 87% of facilities.

Organisational Development

The Department's Organisational macro structure, approved in March 2018, is aligned with the revised Service Delivery Model, which has its emphasis on the Primary Health Care (PHC) approach. To ensure that the Department has an organizational structure is fit for purpose and also displays functional alignment between Micro-Macro Structure an Organogram Steering Committee was established to conduct Physical Site verification visits at Districts and Institutions on identified Unique Parameters. The aim of the visits was also to determine opportunities within the system for maximising efficiencies in relation to HR Provisioning & Service Delivery Platform, at the same time with no negative impact to the Patient Quality of Care. Analysis and consolidation of the inputs culminated to the development of final draft (proposed) structures. Based on the draft proposed organisational structures, the Department engaged on streamlining proposals and cost reduction measures. To this effect there has been deliberations with key stakeholders i.e. Social Partners and Leadership of the Department around final inputs on proposed organogram streamlining with the aim to align their Post Establishment to the funding envelop of the Department over the MTEF period. As the Department is finalising organogram realignment, this process has incorporated rationalisation and service optimisation interventions. The interventions incorporate lessons learnt from response to the COVID-19 pandemic especially in relation to the use of the hub & spoke method to ensuring adequate resourcing of targeted facilities (hubs) in order to support surrounding facilities (spokes).

Physical Headcount, exercise which is a critical change management process central to the implementation of the organogram, has been piloted successfully at Frere Hospital, with 95% of employees have been verified.

2.4. Key policy developments and legislative changes

The Department of health was exposed to the global Coronavirus pandemic that engulfed the universe and caused disruptions in people`s lives and put the economies of the world into their knees. Eastern Cape Province experienced the 1st case of Coronavirus towards the end of March 2020 at Madwaleni Magisterial area at Amathole district. The advent of Coronavirus necessitated the South African Government including Eastern Cape Province to introduce policy changes that led to implementation of adjusted risk management policy that resulted into lockdown of the country. The Disaster Management Act (No. 57 of 2002) section 27 was invoked that required only essential workers allowed with movements to go to work and only procure essential goods.

As a result of invoking Disaster Management Act (No. 57 of 2002), led to other policies and legislations to be amended or adjusted to comply with provisions of Disaster Management Act (No.57 of 2002). Employees needed work permits complying with Disaster Management Act, hospitals could not register delivered babes for birth certificates as Home Affairs offices were closed due to lockdown. The Departmental employees were forced to work shifts due to space constraints at offices or buildings that negatively affected smooth running of the services. The policy to work remotely from offices was introduced and all meetings and workshops were conducted virtually.

Due to the virulence of the Coronavirus Infection Prevention and Control guidelines were introduced to curb further spread of infections amongst communities and health professionals in public and private facilities. Personal Protective Equipment (PPE) specifications suitable to prevent cross infection by Coronavirus to Departmental staff and the public at large.

A National Plan for COVID-19 Health Response – May 2020 National COVID-19 Guideline for Targeted Testing and Active Surveillance of cases and contacts – May 2020 were introduced to assist with management of the disease. In public spaces where infected person (s) were identified, the facility affected needed disinfection and temporary closure and all contacts had to be quarantined for fourteen days. This led to many patients missing their appointments for review or collect needed chronic medications and created huge shortages of staff that led to increased waiting times. Many chronic patients defaulted in their medications that led to the Department falling short of reaching set targets.

The Environmental Health Guidelines and Medical Certification of deaths due to COVID-19 led to tough restrictions that negatively affected bereaved families in securing death certificates on time and strict conditions imposed on burials. These requirements stretched to the limit the environmental health practitioners and medical officers in the implementation of the guidelines/policies. The Department was also stretched to the limit regarding contact tracing, isolation and quarantine facilities that housed infected individuals and people for observations.

The Departmental financial resources were also stretched to the limit by employing additional staff (Professional Nurses, Staff Nurses, Enrolled Nursing Assistants, Social Workers, Medical Officers, Community Health Workers, Environmental Health Practitioners). The Department had invested in infrastructure (more than 2 500 isolation beds) and health technology (Ventilators, Monitors, Beds, Incubators).

A National state of disaster was declared in terms of the disaster management act 57 of 2002 by the South African government in response to Global Corona Virus diseases 2019 (COVID-19). The following policy guidelines and regulations have been developed during the period of COVID-19 pandemic to guide the delivery of health services. This is where the health sector has experienced a massive generation of policy guidelines as ways and means of directly responding to the eruption of a deadly Covid – 19 pandemic.

1) Management of Patient with confirmed COVID-19, 12 June 2020 – adapted from National Institute for Communicable Disease (NICD) Guidelines: Version 4 of 18 May 2020 – NDOH draft for Public Sector facilities in-service training needs.
2) Measures to prevent and combat the spread of corona virus in Health.
3) National Plan for Covid – 19 Health Response – May 2020
4) National Covid – 19 Guideline for Targeted Testing and Active Surveillance of cases and contacts – May 2020
5) Compensation of occupationally – acquired Covid – 19 diseases.
6) Guideline on HIV, TB, Malaria and Community outreach grant-Covid – 19 components
7) PSCBC – Resolution 1 of 2020 – Annual Leave Amendment
8) Case – Finding, Diagnosis, Management and Public Health Response
9) Clinical Management of suspected or confirmed Covid – 19 Disease.
10) Containment and management of Covid – 19 for schools
11) Outbreak Response and Investigation in Health Care Facilities
12) Infection prevention and control guidelines
13) Medical certification of deaths due to Covid – 19
14) Personal Protective Equipment Specifications
15) Submission of Covid – 19 Related Health Data from workplace
16) Environmental Health Guideline
17) Symptoms Monitoring and Management of essential workers for Covid – 19 related infections.

3. PROGRESS TOWARDS ACHIEVEMENT OF INSTITUTIONAL IMPACTS AND OUTCOMES

The Department has implemented its Strategic Plan, Annual Performance Plan and Medium – Term Strategic Framework as detailed below.

Strategic Plan Outcome
Maternal, Neonatal, Infant and Child Mortality reduced

Impact
- Increased Life Expectancy
- Reduced Mortality

Progress
- Implemented Hypertension Action Plan.
- Promoted early bookings amongst pregnant women.
- Implemented Sexual Reproductive Health service through promotion of family planning.
- Conducted training on Essential Steps for Management of Obstetric Emergencies (ESMOE).
- Conducted maternal death audits to improve clinical work at maternity sections.
- Strengthened Mother Baby Friendly Initiative (MBFI) to promote breastfeeding.
- Exclusive breastfeeding improved at 45%.
- Improved Vitamin A coverage 75%
- Implemented child under 5 nutrition supplementation with achievement of 4.2%.

Medium-Term Strategic Framework
Increase Life Expectancy, improve Health and Prevent Disease

Strategic Plan Outcome
Morbidity and Premature mortality due to Communicable diseases reduced by 10%

- Increased Life Expectancy
- Reduced Mortality

Progress
- Implemented COVID-19 Resurgence plan.
- COVID-19 screening coverage at 50.1% (Target = 12%).
- COVID-19 testing coverage performed at 214.6% (Target = 80%).
- Conducted virtual programme performance reviews.
- HIV testing done to 1 513 548 clients.
- Initiated 26 282 New clients on ART.
- ART adults remaining on ART were 511 980.
- Distributed 26 832 309 male condoms.
- Adult – viral load suppressed - 87.8%.
- TB/HIV co-infected clients started on ART- 93.6%.
- TB investigation done 5 years and older rate – 90.5%.
- DS - TB treatment start 5 years and older rate – 91.2%.
- TB XDR treatment initiation rate – 100%.
- Integrated NCDs into COVID-19 guidelines to improve compliance.
- Improved hypertension treatment rate for 18 – 44 years to 17 680.
- Improved diabetes treatment rate for 18 – 44 years to 32 228.
- Conducted social mobilization/health promotion through electronic and print media.

Strategic Plan Outcome
Package of services available to the population is expanded with priority given to equity and most cost-effective services.

Impact
Improved health of the total population.

Progress
- Implemented Ward-Based PHC Team to 336 wards.
- Implemented Central Chronic Medicine Dispensing & Distribution (CCMDD) & reached 312 000.
- District Clinical Specialist Teams (DCSTs) addressing maternal & child mortalities in all districts & metros.

Medium-Term Strategic Framework
Goal 2: Achieve UHC by Implementing NHI.

Strategic Plan Outcome
Quality of health services in public health facilities improved.

Impact
Quality of Health Services improved.

Progress
- Conducted Ideal Clinic Status determinations.
- Improved clinic supervision rate.

Medium-Term Strategic Framework
Provide leadership and enhance governance in the health sector for improved quality of care

Strategic Plan Outcome
Contingent liability of medico-legal cases reduced.

Impact
Reduced Medico-Legal cases.

- Department implemented Medico-Legal Strategy with three intervention areas i.e. Administration, Clinical & Legal interventions.
- The Departmental e-Liability register has recorded 3 667 medical claims.
- The Department has enrolled services of Norton Rose Fulbright South Africa through National Department of Health contract – SCMU 29 – 2018/2019.
- Implementing Rehabilitative Centres of Excellence to rehabilitate Cerebral Palsy patients.
- The Special Investigative Unit (SIU) is assisting the Department to address corruption and fraud within Medico-Legal Intervention Strategy.

Medium-Term Strategic Framework
Provide leadership and enhance governance in the health sector for improved quality of care.

Strategic Plan Outcome
Infrastructure maintained and back log reduced.

Progress
- Completed 48 projects at a cost of R123.8 million.
- The projects delivered 1 259 isolation beds.
- Health Professionals accommodation projects progressing well.

Strategic Plan Outcome
Improve financial management.

Progress
- Implementation of cost containment measures through Provincial Cost Containment Committee (PCCC) weekly.
- Conducted Provincial Budget Advisory Committee (PBAC) meetings monthly to monitored financial performance.
- Procured Goods & Services as per the Annual Procurement Plan (APP).
- Aligned Annual Performance Plan with Budget Planning.

Strategic Plan Outcome
Robust and effective health information systems to automate business processes and improve evidence based decision making.

Progress
- Implemented Health Patient Registration System (HPRS) to PHC facilities.
- Registered more than 6 500 patients into the system to contribute to improved health planning and epidemiologic management.
- Provision of ICT equipment and contract appointment of data capturers and ICT technicians.
- Implemented DATCOV solution for reporting of hospital admissions.

Medium-Term Strategic Framework
Robust and effective health information systems to automate business processes and improve evidence based decision making.



PART B

PERFORMANCE INFORMATION

PERFORMANCE INFORMATION BY HEALTH PROGRAMME

4. INSTITUTIONAL PROGRAMME PERFORMANCE INFORMATION

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 the 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 annualized 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.

Changes in the APP: At the time of tabling the APP to the Provincial Legislature, it carries baseline actual outputs for nine months of the previous financial year. During quarter 1 of the following financial year, baseline figures in the APP are adjusted in line with the audited Annual Performance report for the previous year.



PROGRAMME I

HEALTH ADMINISRATION AND MANAGEMENT

4.1. PROGRAMME 1: HEALTH ADMINISTRATION AND MANAGEMENT

The Health Administration and Management programme comprises of two main components: The Administration component, which refers to the Executive Authority and lies with the Office of the Member of Executive Council (MEC); and the second component, which is the Management of the organisation and is primarily the function of the Office of the Superintendent General.

1.1 SUB-PROGRAMME: 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.

Institutional outcomes

- 9. Leadership and governance in the health sector enhanced to improve quality of care

PROGRESS AND ACHIEVEMENTS

- Through collaborations with the MEC for Public Works and Infrastructure, ensured accelerated delivery of 75 infrastructure projects yielding 2 111 COVID-19 beds as part of the province's readiness plans to deal with the pandemic.
- Visited various health facilities to monitor progress on the infrastructure projects and COVID-19 readiness.
- Facilitated various visits by the Minister to the province to check on the status of COVID-19 readiness.
- Partnered with the Office of the Premier to hold weekly COVID-19 briefing meetings to keep communities abreast of the provincial response to the pandemic.
- Facilitated engagements at a provincial level with social partners to keep them abreast of developments in the implementation of COVID-19 mitigation plans.
- Successful launch of the COVID-19vaccination programme (Phase 1).
- Extension of contract appointments for 8 399 healthcare workers to mitigate against the COVID-19 resurgence and supporting the vaccination programme.
- Conducted provincial road shows to hospital boards and Clinic Committees to workshop the new Hospital Board and Clinic Committee policy documents.

Table 4.1.1: Performance against the re-tabled Annual Targets from 2020/21 Annual Performance Plan for Sub-Programme 1.1 Health Administration: Office of the MEC

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
9. Leadership and governance in the health sector enhanced to improve quality of care	Statutory document submitted	9.1.2 Number of statutory documents tabled at Legislature	8 statutory documents	8 statutory documents	8 statutory documents	8 statutory documents	0	Target achieved

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
N/A	N/A

1.2 SUB-PROGRAMME: HEALTH MANAGEMENT

Sub-programme purpose

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

The management component under the Superintendent General's supervision is comprised of four branches with their sub-components (branches) as listed below:

Finance Branch

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

Corporate Services Branch

- Information, Communication and Technology (ICT)
- Human Resource Management (HRM)
- Human Resource Development (HRD)
- Corporate Services
- Infrastructure
- Internal Audit
- Strategy & Organisational Performance

Hospital and Clinical Support Management Branch

- Hospital Services
- Clinical Support Services
- Emergency Medical Services
- Quality Assurance

District Health Services Management Branch

- District Health Support
- Communicable Diseases
- Health Programmes

Institutional outcomes

- 6. Quality of health services improved
- 7. Improve financial management
- 8. Reduced causes of medical legal claims in facilities by 80%
- 11. Robust and effective health information systems to automate business processes and improve evidence based decision making

PROGRESS AND ACHIEVEMENTS

Having concluded the proposed reconfiguration of the macro structures and presented to the management at Head Office and in Districts, these have been aligned with the Service Optimisation Plan.

Proposed changes/reconfiguration of the macro structures has been concluded and presented to the management at Head Office and in Districts. The proposed changes have been aligned with the Service Optimisation Plan.

A draft Organizational Development (Rationalization) Guideline on staff establishment design developed with inputs from key stakeholders and finalized.

- The organogram costing exercise is underway to streamline the budget within the revised budget allocation of the MTEF, for completion in the first quarter of the 21/22 Financial Year.

- A Placement Panel Training Manual has been completed, piloted with the Organogram Intervention Project Steering Committee, and is planned for rollout in the first quarter of 21/22 Financial Year.
- Furthermore, a final draft Change Management Guide has been developed and validated by the Human Resource Development Team with the intent to guide and support the transition process from the old to new organogram upon its implementation.
- In total, the Department appointed three hundred and forty-seven (347) Community Service Officers and two hundred and fifty-six (256) interns, commenced 1st January 2021 and six hundred and forty-two (642) Professional Nurses Community Serve to commence from April 2021 as a result of academic calendar schedule that has been extended by two months.
- Furthermore, the Department appointed three hundred and ten (310) Post Community Service health professionals of which of which 109 are medical officers. Two hundred and thirty-eight (238) were appointed in January 2021.
- Thirty-one (31) SMS posts are already being advertised and are in the selection pipeline namely CEOs of Livingstone Tertiary Hospital; Mthatha Regional Hospital; Jose Pearson TB Hospital; and Frontier Regional Hospital are included in the latter cluster of SMS posts.
- Two Heads: Clinical Unit for Internal Medicine and Radiology have been advertised.
- Senior Managers: Medical Services for Livingstone Tertiary Hospital, Mthatha and Frontier Regional Hospitals have also been advertised. The selection process has been concluded.

INFORMATION COMMUNICATION AND TECHNOLOGY

Health Facilities' Access to Broadband: The Broadband Rollout project is the project of the Office of the Premier (OTP), who's aim is to connect all Department of Health facilities to broadband. Liquid Telecom South Africa (LTSA) was appointed by OTP as the service provider and SITA later joined in after winning the court case. The project is a 10-year project which will be implemented in Phases (1, 2 & 3) and sites will be connected through-out this 10-year period. Currently, LTSA and OTP has finalized the list for Phase 1 and health facilities have been prioritized for connectivity.

In total 804 health facilities will be connected under the Provincial OTP Broadband Project with 100Mb fibre connections, of which 532 sites are on the first phase. Four sites have been connected on 100Mbps (Livingstone, PE Provincial, Cecelia Makiwane and Nelson Mandela Academic Hospitals). 12 sites have Layer 1 complete, meaning that Fibre is in the building; whilst 12 sites have Layer 2 complete. This means that the equipment has been installed in the cabinet. Site surveys have been conducted between Health ICT and Liquid Telecom contractor at a further 5 sites and documentation completed and approved.

In addition, anc supplementing this project, there is continuous provision of LTE Routers from the RT15 contract and 239 Vodacom Routers have been procured and distributed to facilities.

Health Management System: The Department is rolling out the Health Management System (HMS2) system at the large hospitals and in highly litigated hospitals. HMS provides for electronic patient record capturing and management. The system will assist the Department prevent duplication of patient folders by forcing a search based on patient name (with name normalization), ID number, address, age (within 5 years either side of the year) and gender and speed up the admissions process by calling for the folder from medical records online. The added benefit is on the safe patient record management, which is accessible from any facility in the province with HMS2; thus minimizing duplication and improving patient management efficiency.

Microsoft Teams deployment: With the onset of COVID-19, the Department enabled Microsoft Teams as a virtual meeting platform; thus contributing to COVID-19 regulations and safety protocols as staff could productively work from home and still contribute in managing the response to the pandemic,

eSignature implementation: With the onset of COVID-19, the Department enabled electronic signing of documents, through eSignature, resulting in minimal travel with files to Head Office and savings on travel costs and time; whilst improving productivity and reducing driver fatigue.

PBX (Telephone System) upgrade project.

A rates-based bid for the upgrade of PBX's (Telephone Systems) in the Province was awarded to Telkom. Thus far 208 sites have been identified for upgrade in the province, with 62 sites upgraded. Expiry of contracts and changes in technology result in PBX's becoming redundant. The number of systems to be upgraded is expected to rise.

eSignature

eSignature is an electronic solution that improves the circulation and approval times for memorandums. The solution replaces the current paper folder system. SITA is the implementing agent and an order has already been placed with SITA. The Department acquired Signiflow and Nintex licenses and eSignature was rolled out in August 2021 to users across the Department with roles for facilitating for and signing of memos on signature.

MEDICO-LEGAL CLAIMS: SUMMARY ON IMPACT ANALYSIS AND NTERVENTIONS

The EC Department of Health continues to be confronted by the medico legal claims which seeks to undermine the efforts to manage the scourge and the threats towards the quality of healthcare for the public at large. The Department has further done trend analysis on litigations and has seen an increase in the OR Tambo District with larger contingency of pending claims, followed by Butterworth Hospital with highest litigation statistics affecting this facility.

Medico legal claims account for the highest numbers of current contingent liability in respect of claims against the State thereby making it the highest risk area. The potential risks have been identified by the Department and is being continuously addressed at this stage The Eastern Cape Department of Health is currently amongst the three highest sued provincial Departments for medico legal. This is further constrained by the geographical challenges associated with the Province.

In minimising its exposure, the Department has made some progress in mechanisms which will be translated into a strategic plan and be reported upon. Further to this, the Department has discussed and developed strategies of intervention areas which are reflected below.

- Implementation of an electronic patient records management system including request for access
- Package interventions to prevent Cerebral Palsy
- Promotion of early intervention strategies
- Designating targeted district hospitals to have the full package of services
- Strengthening capacity for medico legal defense
- Rationalisation of contingent liability records
- Creation of a special medico legal trust fund to prevent huge lump sum payments or similar mechanisms
- Anti – Corruption and Fraud Multi Group on Medico Legal Claims (ACFMG) and Double Dipping Prevention Task Team (DDPT).

Given the challenges related to escalating medico legal claims, the Department engaged the Specialised Investigation Unit (SIU) on a secondment basis to systematically investigate cases of suspected fraud and corruption relating to medico legal claims. Various matters that are investigated by the SIU have resulted in cases being opened with the Directorate of Priority Crimes Investigation for cases amounting to R96 million.

Furthermore, the SIU has provided support to Norton Rose Fulbright (NRF) in the defence of the Departmental cases by going into facilities, retrieving documents, conducting interviews and obtaining statements as may be required.

The Presidency has issued a proclamation for the SIU to investigate elements of fraud and corruption relating to theft of files, fraudulent medico-legal claims; and collusion between departmental officials, State Attorneys & plaintiff's lawyers. The Department through SIU and NPA has opened numerous criminal enquiries currently under investigations, and launched six pending criminal claims against certain individuals, with one prominent lawyer already appearing in court.

The Department continues with its control of monitoring weekly court rolls to ensure that matters that may be set for default judgement are timeously identified and mitigated against.

The Department has signed a memorandum of agreement between Office of the Premier and Provincial Treasury for the management of medico-legal. The MOA enables the Specialised Litigation Unit (SLU) to begin the process of the "take-over" of the management of medico-legal function from the Department of Health.

COVID-19 Appointments Statistics

The following table reflects the recruitment status per Job Title:

Table A10: Recruitment Status per Job Title

Job Title	Number of Appointments Made
Admission Clerk	6
Client Information Clerk	2
Community Health Worker	5350
Deputy Director – DHIS	1
Dietician	1
Driver	8
Emergency Care Officer (BLS)	79
Emergency Care Officer (ILS)	37
Environmental Health Assistants	8
Environmental Health Practitioners	4
Facilities Manager	1
Health Promoters/ Community Liaison Officer	153
Housekeeper	2
Information Officer	1
IT Technician	2
Medical Officer	44
Medical Technologist	1
Nursing Assistant	1016
Occupational Therapist	1
Operational Manager General	5
Pharmacist	3
Pharmacist Assistant	21
Pharmacy Technician	12
Porter	16
Professional Nurse General	630
Professional Nurse Specialty	4
Psychologist	3
Quality Assurance Manager	1
Records Management Assistant (CHW)	59
Social Worker	35
Staff Nurse	834
Ward Assistant (CHW)	41
Ward Clerk	10
Warehouse Clerk	8
Grand Total	**8399**

Table A11: KPIs Human Resources Achievements and Challenges

Key Performance Area	Achievements	Challenges
Employee wellness and psychosocial support.	• Psychosocial support access has been extended by appointment of additional intern social workers for employees infected and affected with the corona virus – 637 employees reached. • Psycho-education – combination of information/ stress management & debriefing. 33 Psycho-education and 111 debriefing sessions were done. • Supervisory support – vulnerable employees, general management of COVID-19 related incidents. • Appointment of Compliance Officers in all District Offices, Regional, Tertiary and Academic hospitals. The Compliance Officers have a critical role in oversight on implementation of OHS measures in **ECDOH,** ensuring that such implementation takes place in accordance with the regulations issued in terms of section 16(6) of the Disaster Management Regulations 2020 and specifically,	Not all facilities have dedicated Occupational Health and Safety (OHS) Coordinators. OHS Structures and governance systems not fully functional. Intensive training has been conducted to equip and capacitate the OHS Committees.

Key Performance Area	Achievements	Challenges
	Annexure E thereof; and Monitoring and reporting on implementation of the COVID-19 response measures. • OHS committees established in 87% of facilities.	
Employee relations.	• Improved collective bargaining environment - PHSDSBC Chamber meetings regular and all social partners are actively participating. • Draft guidelines for the formation of Institutional Consultative Committees have been finalized and ready for consideration and approval by Top Management. • Dispute management mechanism has improved in that there is a decline in the number of disputes referred to arbitration.	PHSDSBC – 1) irregular participation by the officials from the Department of Social Development, thus, threatening the process of collective bargaining. 2) General poor attendance of employer caucus meetings by Chamber delegates.

Table 4.1.2: Performance against the originally tabled Annual Targets from 2020/21 Annual Performance Plan for Sub-Programme 1.2: Health Management

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021 until date of re-tabling	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
7. Improve financial management	Increased revenue collection	7.1.3 Amount Revenue generated (R)	R165,5mil	242 mil	256 mil	97 mill	-159 mill	Target not achieved. As a result of the COVID-19 pandemic and lockdown period, the Provincial own revenue of the Department was significantly affected.	The amendment is to revise the target.
6. Quality of health services improved	Security incidents reported	6.3.9 Percentage reduction of security incidents	New Indicator	New Indicator	10%	6.4%	3.6%	High cases of incidents due to non-availability of security officers in the facilities at night.	The amendment is to revise the indicator.
		Numerator:				2			
		Denominator:				31			

Table 4.1.3: Performance against the re-tabled Annual Targets from 2020/21 Annual Performance Plan for Sub-Programme 1.2: Health Management

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
7. Improve financial management	Audit opinion of provincial DOH achieved	7.1.1 Audit opinion	Qualified	Unqualified	Unqualified	Qualified	Qualified	Qualified Audit Opinion due to contingent liability. Emphasise of matter bank overdraft.
	Improved access to essential medicines, vaccines and medical products through better management of supply chain accruals reduced	7.1.2 Approved Annual Procurement Plan	New Indicator	New Indicator	Approved Annual Procurement Plan	Signed Final 2021/22 Procurement Plan submitted to Provincial Treasury	None	The planned target was achieved.
	Increased revenue collection	7.1.3 Amount Revenue generated (R)	R165.5mil	242 mil	125.2 mil	145.2 mil	19.9 mil	The over collection is due to mainly early settlement of patient fees claims by the Department of Justice and the Road Accident Fund (R 11 mil) and the recovery of outstanding rental from staff making use of the Department's boarding facilities at the hospitals (R6 mil).
6.	Compliance to Occupational health and safety regulations	6.3.8 Percentage of Health facilities compliant with Occupational health and safety	New Indicator	New Indicator	20%	0%	-20%	The indicator not achieved. The focus was on establishing Occupational Health & Safety Committees & mitigate COVID-19 infections.
		Numerator: Number of facilities compliant with Occupational health and safety			170	0		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
		Denominator: Total number of health facilities			858	858		
	Approved costed HRH Strategy to create share vision to realise NHI	6.4.1 Holistic Human Resources for Health (HRH) strategy approved	New Indicator	New Indicator	Approved HRH Strategy	0		The indicator not achieved. The Department was highly involved with mitigation of COVID-19 disease. The Department plans to finalize the HR strategy in 2021/22 financial year.
	Security incidents reported	6.3.9 Number of security incidents reported	New Indicator	New Indicator	12	65	53	High cases of incidents due to non-availability of security officers in the facilities at night

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
8. Reduced causes of medical legal claims in facilities by 80%	Causes of Medico legal claims reduced	8.1.1 % Reduction of medico Legal claims	New Indicator	New Indicator	10%	1.5%	-8.5%	The Memorandum of Agreement on takeover of function by Office of the Premier Specialised Litigation Unit in accordance with Executive Cabinet Council Resolution of March 2019 had only begun the process of the "take-over" of the management of the medico-legal function from the Department of Health only in October 2020. The number of employees that manned Legal Service Directorate have left the Department to join the specialised unit, leaving capacity constraints on internal legal support of the Department. • The takeover process is tedious process and was delayed by the audit processes as well as Covid Related circumstances.
								• The specialised litigation unit has remained not fully capacitated until recently, when it has been able to take over all matters.

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
		Numerator: Number of medico legal claims resolved				97		
		Denominator: Number of medico legal claims for all backlog cases that were on the case register as at 31 March 2019				6 454		
11. Robust and effective health information systems to automate business processes and improve evidence based decision making	Improved connectivity in health facilities	11.1.1 Percentage of Hospitals with broadband access	100%	100%	100%	3.8%	-96.2%	Roll out of 100 Mbps Broadband links are entirely dependent on the OTP Broadband roll out. The project stalled for almost a year due to accreditation issues with sub-contractors. The project has commenced in all earnest.
		Numerator: Total Number of hospitals with minimum 2 Mbps connectivity	89	89	89	3		
		Denominator: Total Number of Hospitals	89	89	89	89		
		11.1.2 Percentage of fixed PHC facilities with broadband access	100%	100%	100%	0%	-100%	Roll out of 100 Mbps Broadband links are entirely dependent on the OTP Broadband roll out. The project stalled for almost a year due to accreditation issues with sub-contractors. The project has commenced in all earnest.

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
		Numerator: Total Number of fixed PHC facilities with minimum 1Mbps connectivity	772	768	771	0		
		Denominator: Total Number of fixed PHC Facilities	772	768	771	771		

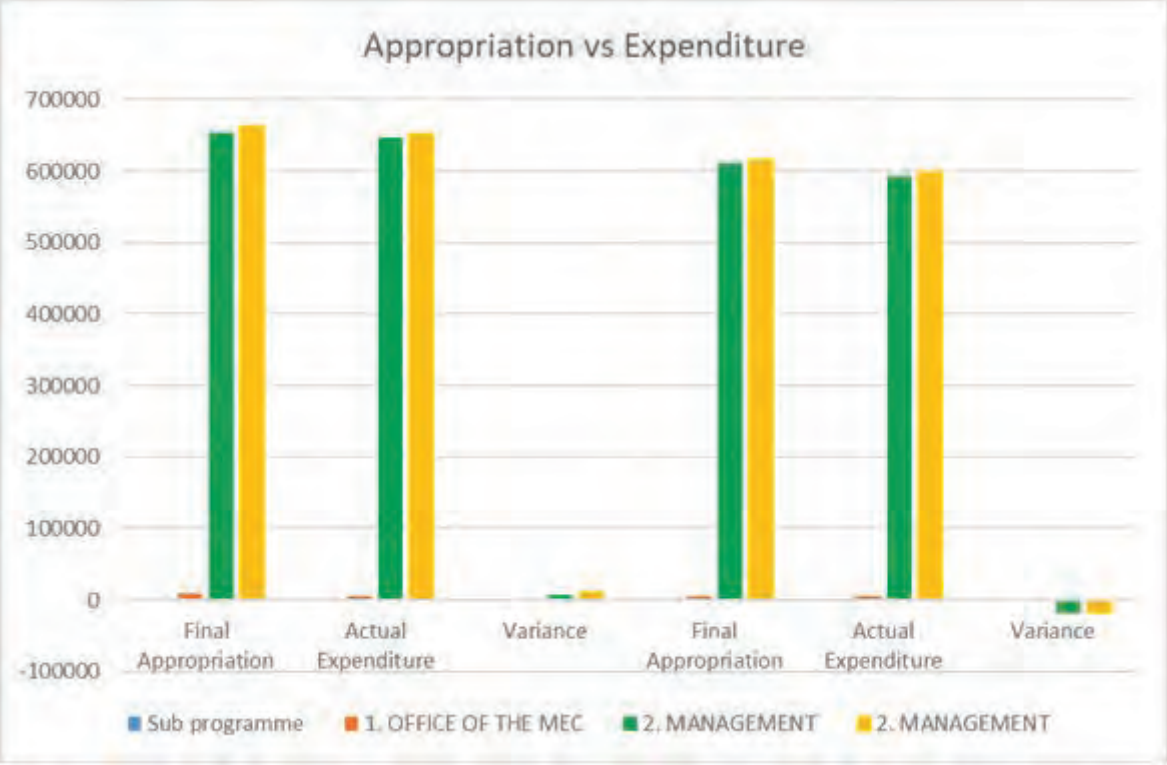
STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
o7.1.1 Audit Opinion – Qualified	• The Department will develop an Integrated Audit Improvement Strategy (IAIS) as required by Provincial Treasury on a monthly basis. • This IAIS comprises of the AIP for AOPO; Information Systems Audit (ISA); Medical Records, Infrastructure, Radiology and Maternal equipment; Standing Committee on Public Accounts (SCOPA) recommendations; Financial Management Capability Maturity Model (FMCMM); Self-Assessment Tool (SAT) and Annual and Interim Financial Statements (IFS) Plan. • Each Department's G.M, D.M and C.E.O is assigned specific responsibilities, accompanied with timeframes and reporting frameworks. These are in positions to implement, monitor and report vertically (to DDGs and SG) and horizontally • These will be implemented in the year ahead to improve Audit Outcomes.
6.3.8 Percentage of Health facilities compliant with Occupational health and safety	• The established Occupational Health & Safety committees will implement assessments and monitor the status of safety at health facilities. • Conduct training for Occupational Health & Safety Committees.
6.3.9 Number of security incidents reported	• Department will continue engaging positively and proactively with service providers whilst focusing on automated services where possible. • Addition security officers were acquired to cover the night shift sites which were not guarded at night resulting in minimal incidents
6.4.1 Holistic Human Resources for Health (HRH) strategy approved	The Department will fast-track development and finalization of HRH Strategy in the 2nd quarter of 2021/22.
8.1.1 % Reduction of medico Legal claims	• Improvement of quality of healthcare provision that is free from litigious hazards. • Improved Record Management Mechanisms. • Strengthened internal Legal Support to focus on litigation causes eradication mechanisms. • Strengthening of rehabilitative services to have Cerebral Palsy Condition Management improved. • Rationalization of Centres of Excellence in Management of rehabilitation. • Internal Improved Legislative Compliance mechanisms and control measures with early warning capabilities. • Effective adverse events management. • Elimination of opportunistic causes of litigation. • Review of Redundant medico legal interventions. • Improved consequent management.

LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 1: ADMINSTRATION

		2020/21			2019/20		
		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
Sub programme							
1.	**OFFICE OF THE MEC**	8 421	5 479	2 942	5 781	5 781	-
2.	**MANAGEMENT**	653 585	645 881	7 704	609 852	593 013	(16 839)
		662 006	**651 360**	**10 646**	**615 633**	**598 794**	**(16 839)**
Economic classification							-
	Current payments	**649 753**	**650 033**	**(280)**	**604 951**	**588 628**	(16 323)
	Compensation of employees	421 532	421 224	308	429 204	424 044	(5 160)
	Goods and services	228 221	228 220	1	175 247	164 084	(11 163)
	Interest and rent on land	-	589	(589)	500	500	-
	Transfers and subsidies	**3 687**	**(2 938)**	**6 625**	**3 936**	**3 979**	43
	Households	3 687	(2 938)	6 625	3 936	3 979	43
	Social benefits	3 687	3 216	471	3 903	3 938	35
	Other transfers to households	-	(6 154)	6 154	33	41	8
	Payments for capital assets	**8 566**	**4 265**	**4 301**	**6 746**	**6 187**	(559)
	Machinery and equipment	8 566	4 265	4 301	6 746	6 187	(559)
	Transport equipment	7 799	3 762	4 037	4 219	3 665	(554)
	Other machinery and equipment	767	503	264	2 527	2 522	(5)
		662 006	**651 360**	**10 646**	**615 633**	**598 794**	**(16 839)**



The Programme underspent by a net amount of R10,646 million primarily in the payment of transfers and capex in order to create cash flow in the PMG Account of the Department for the payment of court ordered medico legal claims in the affected clinical programmes.



PROGRAMME 2

DISTRICT HEALTH SERVICES

4.2. 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's health and nutrition, HIV and AIDS, STI and TB (HAST), prevention and control of chronic diseases, public health / other community-based services such 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

2.1 Sub – Programme: District Management

Sub-Programme purpose

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

Institutional outcomes

- 6. Quality of health services improved
- 9. Leadership and governance in the health sector enhanced to improve quality of care

PROGRESS AND ACHIEVEMENTS

Leadership and Governance

- All six districts and two metros successfully developed COVID-19 resurgence plans utilizing the integrated district development model.
- Re-organization and coordination of health service delivery teams prioritized compliance with COVID-19 regulations in health facilities and communities without compromising access to a comprehensive Primary Health Care services.
- All districts held sessions to develop District Health Plans (DHPS) 20201/22.
- All districts managed to reorganize teams (PPTICRM) to conduct Ideal Clinic Realization and Maintenance (ICRM) status determinations.
- Provincial ICRM review meetings were conducted for all districts to identify gaps and develop further improvement and maintenance plans.

Supervision of Primary Health Care Facilities

- Modelling alignment of Primary Health Care Facility supervision with the Ideal Clinic (ICRM) framework achieved the set target of 10% (78) for the year.
- PHC Facility Supervision tool was developed and tested in two primary healthcare facilities and in the facilities at Amahlathi in Amathole district to guide the process of aligning PHC facility supervision with ICRM quality improvement plans.

Table 4.2.1.: Performance against the re-tabled Annual Targets from 2020/21 Annual Performance Plan for Sub-Programme 2.1: District Management

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
6. Quality of health services improved	Supervision of fixed PHC facilities.	6.4.2 % of Fixed PHC Facilities Supervised.	New Indicator	New Indicator	40%	40%	0%	Target achieved
		Numerator: Number of PHC facilities supervised			308	308		
		Denominator: Total number of PHC facilities			771	771		
	Outreach campaigns conducted	6.4.3 Number of Districts Conducted outreach campaigns (Thuma Mina).	New Indicator	New Indicator	8	8	0	Target achieved
9. Leadership and governance in the health sector enhanced to improve quality of care	Districts Quality Improvement, monitoring and Response Forums established	9.1.1 Number of Districts with Quality Improvement, Monitoring and Response Forums formalized and convened quarterly	New Indicator	New Indicator	8	2	-6	Under achievement is attributed to the District Management Teams engagement on COVID-19 vaccination planning and implementation activities.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
9.1.1 Number of Districts with Quality Improvement, Monitoring and Response Forums formalized and convened quarterly	Establish District forums for quality improvement, monitoring & response.

2.2 SUB-PROGRAMME: 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 (re-engineering of PHC services) and mobile services in 8 districts.

Institutional outcomes

- 6. Quality of health services improved.
- 9. Leadership and governance in the health sector enhanced to improve quality of care.

PROGRESS AND ACHIEVEMENTS

Ideal Clinic Realization and Maintenance Program

All districts conducted clinics status determination and quality improvement plans according to the Ideal Clinic Realisation and Maintenance Standard Framework Version 19. Overall clinic ideal status achievement increased by 2.6% (19 new clinics). This achievement brought the province to 48.5% (355 clinics) cumulative achievement on ideal clinic status. The highest district is at 87% clinic coverage NMBM and the lowest at 22% Alfred Nzo district.

Table A12: Progress on Ideal clinic status per district: -

DISTRICT	NUMBER OF PHC FACILITIES	STATUS ACHIEVEMENT YEAR 2020/21		CUMULATIVE IDEAL CLINIC STATUS ACHIEVEMENT			
		TARGET	ACHIEVED	2019/20		2020/21	
Alfred Nzo	72	7	0	15	21.6%	15	21.6%
Amathole	143	9	4	74	52.7%	78	54.5%
Buffalo City	74	19	0	23	31%	23	31%
Chris Hani	152	27	10	41	27%	51	33.5%
Joe Gqabi	52	0	0	35	67%	35	67%
NMBM	39	5	4	30	80.6%	34	87.1%
OR Tambo	141	9	1	70	50%	71	50.3%
Sarah Baartman	59	4	0	48	80.6%	48	81.3%
EC Province	732	80	19	336	46%	355	48.5%

To improve easy access and communication external signage was provided in three PHC facilities in O.R. Tambo district in the form of services boards, disclaimer boards and emergency evacuation areas.

Increasing security and safety in risk areas, 'No entry Boards' were put in 100 PHC facilities for Pharmacy & Reception areas. Essential Medical Equipment & other supplies procured to improve PHC Ideal. The table A13 below show equipment distribution per district.

Table A13: Equipment distribution per district.

Equipment	Alfred Nzo	Amathole	BCM	Chris Hani	NMB	O.R. Tambo	Sara Baartman	Province
Vital Signs Monitor		53	2			26	40	121
Pulse Oximeter					134		75	209
Blood Pressure Machine		125						125
Haemoglobin meter	74	25		30		100		229
Defibrillators (AEDs)		5			5			10
Diagnostic Sets Wall Mounted				45				45
Airways 00,0, 1,2,3,4,5						700	120	820
Medicine Trolley		30	9					39
Infra-Red Lamp	74							74
Obstetric Bed	3							3 (CHCs)
Examination Single LED Head Mobile with Battery					34			34
Thermal blankets					5000			5000
Endotracheal tubes all sizes							10 ea.	10 ea.
Oropharyngeal Airway (Guedel Airways) size 4					50			50
Pin index oxygen regulators with flow and content gauge & seals regulator x 300					42			42
Thermoguns					34			34
Brose low tape						50		50
Foley's urinary catheter						50		50
Patella hammers						300		300
Stitch cutters						50		50
Wheelchairs					12	60		72
Laryngeal Mask 1, 2, 3, 4,						400		400
Soap Dispenser						30		30

Health Governance Structures

Provincial Health Council (PHC) and the Provincial Advisory Committee meeting were held successfully during the second quarter of the year. The provincial policy on Health Governance Structure Establishment and Functionality was established by the Office of the Honourable MEC to facilitate clinic committees and hospital board's effectiveness.

An Integrated Policy Guideline on Establishment and Functioning of various health governance structures (clinics, community health centres and hospital boards) was developed. Stakeholder engagement sessions were held in all districts and metros with good attendance and participation. Recruitment process for the establishment of new cohort of health governance structures was initiated, advertisement done and selection process on progress.

Table 4.2.2.: Performance against the originally tabled Annual Targets from 2020/21 Annual Performance Plan for Sub-Programme 2.2: Clinics

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021 until date of re-tabling	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
6. Quality of health services improved	Patient experience of care in fixed public health facilities improved	6.1.1 % of Patients satisfied with their experience of care	New Indicator	New Indicator	60%	87.2%	27.2%	Target overachieved due to improvement on governance in PHC facilities through clinic committees that is conducive to complaints response and redress.	The amendment is to correct the indicator so that it's aligned to the new approved NIDS. The indicator is also corrected in the Technical Indicator Description (TIDS).
		Numerator:				563 594			
		Denominator:				646 682			

Table 4.2.3: Performance against the re-tabled Annual Targets from 2020/21 Annual Performance Plan for Sub-Programme 2.2: Clinics

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
6. Quality of health services improved	PHC facilities that qualify as Ideal clinics increased	6.2.1 Ideal clinic status obtained rate	11%	32.5%	11%	2.5%	-8.5%	Under achievement is associated with timelines for the Ideal clinic framework assessments that were interrupted by the first and second COVID-19 wave activities that resulted to NDoH postponing status determinations.
		Numerator: Fixed PHC clinics have obtained Ideal status	80	251	80 new	18		
		Denominator: Fixed PHC clinics	727	773	730	732		
10. Community engagement improved	Clinic committees for all public health facilities established and trained	10.1.1 Percentage of clinics with functional clinic committee	New Indicator	New Indicator	17.8%	17.8%	0%	Target achieved
		Numerator: Number of clinics with functional clinic committees			130	130		
		Denominator: Number of PHC Facilities			730	730		
6. Quality of health services improved	Patient experience of care in fixed public health facilities improved	6.1.1 Patient experience of care satisfaction rate	New Indicator	New Indicator	60%	87.2%	27.2%	Target overachieved due to improvement on governance in PHC facilities through clinic committees that is conducive to complaints response and redress.

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
		Numerator: Patient Experience of Care survey satisfied responses				563 594	175 585	
		Denominator: Patient Experience of Care survey total responses				646 682	646 682	

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
6.2.1 Ideal Clinic Status obtained rate.	PHC facility supervision to be aligned to the Ideal clinic improvement plans.

2.3 SUB-PROGRAMME: COMMUNITY HEALTH CENTRES (CHCS)

Sub – Programme purpose

The sub-programme renders 24-hour health services, maternal health at midwifery units, provision of trauma services and the integration of community-based mental health services within the down referral system.

Institutional outcomes

- 6. Quality of health services improved.
- 10. Community engagement improved.

PROGRESS AND ACHIEVEMENTS

Ideal Community Health Centre Realization and Maintenance Program

All districts completed Community Health Centres (CHCs) final assessment according to the Ideal Status Framework up to the financial year 2019/20. Provincial overall coverage achievement is 68% (28) CHCs with Ideal CHC status. Quality improvement plans are developed, and implementation is in progress for the 32% (13).

Table A14: Provincial cumulative number of community health centres that obtained the ideal status.

DISTRICT	No. CHC Facilities	% final Assessments done	Current Year Achievement	No Achieved Ideal Status - Cumulative	%Achieved Ideal Status
Alfred Nzo	2	100%	0	1	50%
Amathole	5	100%	0	4	80%
Buffalo City	5	100%	0	2	40%
Chris Hani	7	100%	0	3	43%
Joe Gqabi	N/A	100%	N / A	N/A	N/A
NMBM	9	100%	0	9	100%
OR Tambo	10	100%	0	6	60%
Sarah Baartman	3	100%	0	3	100%
EC Province	**41**	**100%**	**0**	**28**	**68%**

Governance structures community health centres

All districts established CHC committees. Functionality of CHC committees is at 39% (16 CHCs). The target for the financial year is achieved. Recruitment of the new cohort of CHC committees is on progress, planned to start by the 1st of October 2021.

Table 4.2.4.: Performance against the originally tabled Annual Targets from 2020/21 Annual Performance Plan for Sub-Programme 2.3: Community Health Centres

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021 until date of re-tabling	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
6. Quality of health services improved	Patient experience of care in fixed public health facilities improved	6.1.2 % of Patients satisfied with their experience of care	New Indicator	New Indicator	59%	83.7%	24.7%	Target overachieved due to improvement on governance in PHC facilities through clinic committees that is conducive to complaints response and redress.	The amendment is to correct the indicator so that its aligned to the new approved NIDS. The indicator is also corrected in the Technical Indicator Description (TIDS).
		Numerator:				58 848			
		Denominator:				70 308			

Table 4.2.5: Performance against the re-tabled Annual Targets from 2020/21 Annual Performance Plan for Sub-Programme 2.3: Community Health Centres

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
6. Quality of health services improved	PHC facilities that qualify as Ideal CHC increased	6.2.2 Ideal CHC status obtained rate	9.8%	12%	15%	0%	-15%	The new Version 1. Ideal CHC Framework implementation was interrupted by the COVID-19 lockdown restrictions and negative effect to facilities. Planned activities could not be initiated.
		Numerator: Number of CHCs that have obtained Ideal status	4		6	0		
		Denominator: Total number of CHCs facilities	41		41	41		
10. Community engagement improved	CHC committees for all public health facilities established and trained	10.1.2 % of CHC facilities with functional CHC committee	New Indicator	New Indicator	39%	39%	0%	Target Achieved.
		Numerator: Number of functional CHC committees			16	16		
		Denominator: Number of CHC Facilities			41	41		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
6. Quality of health services improved	Patient experience of care in public health facilities improved	6.1.2 Patient experience of care satisfaction rate	New Indicator	New Indicator	59%	83.7%	24.7%	Target overachieved due to improvement on governance in PHC facilities through clinic committees that is conducive to complaints response and redress.
		Numerator: Patient Experience of Care survey satisfied responses				58 848		
		Denominator: Patient Experience of Care survey total responses				70 308		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
6.2.2 Ideal CHC status obtained rate	Implementation of the Ideal CHC version 1 framework.

2.4 SUB-PROGRAMME: COMMUNITY BASED SERVICES – DISEASE PREVENTION AND CONTROL (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.
- Providing chronic and geriatric services including rehabilitation as a supportive 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.

Institutional outcomes

- 4. Morbidity and Premature mortality due to Non-Communicable diseases reduced.

PROGRESS AND ACHIEVEMENTS

- Procurement orders for the APC guidelines, diabetes guidelines and Primary Eye Care manual have been issued and forwarded to the supplier for delivery of goods by first quarter of 2021/22 financial year.
- Tender for procurement of optical items (consumables for cataract surgery and prescribed spectacles for children and elderly people) is being processed is currently at the Bid Evaluation Stage.

Table 4.2.6.: Performance against the originally tabled Annual Targets from 2020/21 Annual Performance Plan for Sub-Programme 2.4: Community Based Services (NCDs)

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021 until date of re-tabling	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
4. Morbidity and Premature mortality due to Non-Communicable diseases reduced	Clients initiated on treatment and controlled	4.2.1 Hypertension client treatment new 18 - 44 years	New Indicator	New Indicator	47 924	20 282	-27 642	Target not achieved The contributory factor to the non-achievement is related to limited outreach programs that were conducted, during the period under review due to COVID-19 pandemic which impacted on early detection and screening for non-communicable diseases.	The amendment was to correct the indicator so that it is aligned to the new approved NIDS. The age groups are no longer separated in the New NIDS and the calculation type is a rate.
		4.2.2 Hypertension client treatment new 45 years and older	New Indicator	New Indicator	15 775	24 259	8 484	Target over-achieved due to continuous screening of Non-communicable Diseases, that is conducted in all the facilities and ensuring that all newly diagnosed patients with Hypertension are started on treatment.	The amendment was to correct the indicator aligned to be the new approved NIDS. The age groups are no longer separated in the New NIDS and the calculation type is a rate.

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021 until date of re-tabling	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
		4.3.1 Diabetes client treatment new 18 - 44 years	New Indicator	New Indicator	9 976	32 522	22 546	Target over-achieved due to continuous screening of Non-communicable Diseases, that is conducted in all the facilities and ensuring that all newly diagnosed patients with Diabetes, are started on treatment.	The amendment was to correct the indicator aligned to be the new approved NIDS. The age groups are no longer separated in the New NIDS and the calculation type is a rate.
		4.3.2 Diabetes client treatment new 45 years and older	New Indicator	New Indicator	5 706	20 617	14 911	Target over-achieved due to continuous screening of Non-Communicable Diseases, that is conducted in all the facilities and ensuring that all newly diagnosed patients with Diabetes, are started on treatment.	The amendment was to correct the indicator aligned to be the new approved NIDS. The age groups are no longer separated in the New NIDS and the calculation type is a rate.
	Prevention and early detection of mental illness	4.4.1 Mental disorder screening rate	24%	20%	25%	-	-	The numerator for this indicator has been discontinued in the Web-DHIS.	The amendment is to correct the indicator so that its aligned to the new approved NIDS. The indicator now focuses on treatment instead of screening.
		Numerator	4 017 220	5 108 384	4 151 392	-			
		Denominator	16 605 569	16 422 870	16 605 569	8 674 584			

Table 4.2.7: Performance against the re-tabled Annual Targets from 2020/21 Annual Performance Plan for Sub-Programme 2.4: Community Based Services (NCDs)

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
4. Morbidity and Premature mortality due to Non-Communicable diseases reduced	Early diagnosis of NCDs and prevention of complications	4.2.1 Hypertension new client 18 years and older detection rate	New Indicator	New Indicator	20%	1.4%	-18.6%	Target not achieved. The contributory factor to the non-achievement is related to limited outreach programs that were conducted, during the period under review due to COVID-19 pandemic which impacted on early detection and screening for non-communicable diseases.
		Numerator: Hypertension client 18 years and older new			411 326	63 758		
		Denominator: Population 18 years and older			2 056 630	4 418 057		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
		4.3.1 Diabetes new client 18 years and older detection rate	New Indicator	New Indicator	2%	1.7%	-0.3%	Target not achieved The contributory factor to the non-achievement is related to limited outreach programs that were conducted, during the period under review due to COVID-19 pandemic which impacted on early detection and screening for non-communicable diseases.
		Numerator: Diabetes client18 years and older new			39 138	74 811		
		Denominator: Population 18 years and older			1 956 904	4 418 057		
	Prevention and early treatment of mental illness	4.4.1 Mental disorders treatment rate new	New Indicator	New Indicator	0.3%	0.06%	-0.24%	The indicator not achieved due to non-availability of Community Based Mental Health Teams.
		Numerator: PHC client treated for mental disorders - new			15 760	7 722		
		Denominator: PHC headcount - total			5 253 392	12 950 671		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
	Refractive errors corrected	4.5.1 Cataract surgery rate	633/ 1 000 000	625/ 1 000 000	1300/ 1 000 000	54.6/ 1 000 000	-1245,5/ 1 000 000	Target not achieved The non-achievement is related to inadequate Eye specialists in the Regional and Tertiary hospitals and inadequate capital equipment.
		Numerator: Cataract surgery total				362		
		Denominator: Uninsured population				6 624 088		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
4.2.1 Hypertension new client 18 years and older detection rate.	• Strengthen screening of Non-Communicable Diseases at household during the visits by Ward Based Outreach Teams. • Implement the Integrated Screening Tool by Community Health Workers at all times.
4.3.1 Diabetes new client 18 years and older detection rate.	• Strengthen screening of Non-Communicable Diseases at household during the visits by Ward Based Outreach Teams. • Implement the Integrated Screening Tool by Community Health Workers at all times.
4.4.1 Mental disorders treatment rate new	Establish Community Based Mental Health Teams in all districts and metros.
4.5.1 Cataract surgery rate	Facilitate the in-reach programme at Regional & Tertiary hospitals by eye specialists and procure necessary medical equipment. Implementation of the integrated screening Tool by Community Health Workers at all times.

2.5 SUB-PROGRAMME: PUBLIC HEALTH / OTHER COMMUNITY BASED SERVICES

Sub-programme purpose

The 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)

Institutional outcomes

- 4. Morbidity and Premature mortality due to Non-Communicable diseases reduced.

PROGRESS AND ACHIEVEMENTS

- Buhle Waste is the new service provider awarded a tender for collection of medical waste from health facilities. Contract is from 01 April 2021 to 31 March 2023. This include the central storage areas for PHC facilities.
- A standardised checklist for monitoring the management of health care waste in health facilities was developed and is used by all districts.
- Forensic personnel including managers were trained on management of health care risk waste in all 8 districts.
- Three (3) Environmental Health Practitioners and eight (8) Assistant Environmental Health Practitioners were appointed in Amathole Health District on a contract bases to assist in the management of Health Care risk waste in health facilities.
- Safety boots and elbow length rubber gloves were given to Nelson Mandela Health district (20 boots and 20 gloves) and Nelson Mandela Academic hospital (10 boots and 10 gloves) as PPE for waste collectors within the facility.
- The collection sites for the service provider were extended to quarantine and isolation sites as identified by districts.

Table 4.2.8: Performance against the re-tabled Annual Targets from 2020/21 Annual Performance Plan for Sub-Programme 2.5: Public Health / Other Community Based Services

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	*Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
6. Quality of health services improved	Hospitals comply with health care risk waste norms and standards	6.4.4 Percentage of hospitals complying with health care risk waste norms and standards	New Indicator	New Indicator	60.6%	60.7%	0%	Target achieved.
		Numerator: Waste disposal management			54	54		
		Denominator: Number of Hospitals that dispose waste in line with SANS 10248 regulation at a given reporting period			89	89		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
N/A	N/A

2.6 SUB-PROGRAMME: 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 PDP goals, and to control the spread of TB, manage individuals infected with the disease and reduce the impact of the disease in the communities.

Institutional outcomes

- 3. Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced.

PROGRESS AND ACHIEVEMENTS

- Introduction and rollout of "Welcome Back" campaign in the prioritized facilities to encourage defaulting patients to return to treatment. This includes training and monitoring of clinical staff to establish welcoming atmosphere in the clinics, as well as educating the community on treatment adherence.
- The facilities that were prioritized for Siyenza programme (these are high volume facilities with TROA patients more than a 1000 and with high treatment defaulters) had been visited by the districts and partners to monitor progress.
- Staff from Alfred Nzo, OR Tambo, Chris Hani and Amathole were re-trained on TB/HIV Information System (THIS) to strengthen monitoring of performance by facilities.
- Through operation Phuthuma, the health districts submitted their weekly reports to the provincial office to identify patients who missed their appointments and treatment defaulters early. Same day initiation was implemented; all patients testing positive for HIV were linked to care. All early and late missed appointments are monitored and traced back to treatment through the Ward Based Outreach Teams and Tracers from Partners.
- Monitored the implementation of the 2019 HIV policy guidelines that introduced the new fixed dose combination drug, Tenofavir, Lamivudine and Dolutegravir (TLD) in December 2019. Vigorous health education was conducted continuously to promote the use of TLD by health facilities as first line treatment for HIV positive clients.
- Monitored availability of HIV drugs in health facilities (e.g. Tenofavir, Emtricitabine and Efavirens & TLD fixed dose combinations) by holding virtual meetings with all relevant stakeholders including district support partners, pharmacists and depot managers and HAST managers to prevent drug stock outs.
- During October and November 2020 districts were supported to strengthen activation and functioning of the Nerve Centres from facility to district level to monitor management of gaps in programme implementation. Monitored and guided the correct implementation of Circulars on Extended 12 Months Scripts for patients on CCMDD and 3 Months Scripts for patients collecting treatment monthly at facilities which were issued to facilities continuous access to treatment during the COVID-19 pandemic period.
- Total of 65 vehicles were hired under Medical Male Circumcision (MMC) budget, 20 vehicles in April 2020 to combat spread of COVID-19 in illegal initiation schools and 45 vehicles in December 2020 to support Customary Initiation program as one of COVID-19 mitigation strategies and also to reduce morbidity and mortality related customary male initiation.
- 45 nurses were contracted to enhance Customary Male Initiation (CMI) monitoring of initiation schools. This was achieved despite the fact that many nurses were already contracted under COVID-19 projects.
- As a strategy to upscale HIV prevention, trainings on PrEP coupled with youth zone concept were conducted to all districts. All facilities where provided with PrEP starter pack to commence initiation.
- In support management of adverse effects of ARV amongst pregnant women 945 Haemoglobin (Hb) meters were procured and distributed to all primary health care facilities.
- HIV self-screening and Index testing modalities rolled out and implemented by all the facilities to upscale HIV testing.
- Radio talks were conducted on STI and condom use during condom STI week in February 2021.
- Annual performance review meeting held with districts to review district performance and to craft an improvement plans.
- Targets are achieved for DS-TB, TBHIV and DR-TB with the exception of treatment initiation with variance of 2%, however, seven of the eight districts/metros are above 90% and also the lost to follow up has improve, although is still remains a challenge in BCM and that is being attended to.
- Capacity Building: The trainings for TB Program both DS-TB and DR-TB were conducted in the districts/metros. These trainings were conducted to close programme training gaps identified in the district performance during the support visits and data analysis. Also, the trainings are being continued as there are new guidelines on TPT and DR-TB. International Clinician Course on TB management and control in the era of COVID-19 held in September 2020 was conducted and facilitated by National Department of Health. The training was done to ensure clear understanding of the guidelines and to facilitate implementation.

- Physical and Virtual Supports: HAST programme conducted virtual meetings to discuss programme performance with the districts including supporting partners. The districts accounted for the underperformance, and gave progress on finding of the lost to follow up meetings. Also the sessions were giving necessary guidance and ensure access to care and treatment during COVID-19. Also this led to development of the catch up plan to close the gaps caused by COVID-19 pandemic.
- Mass Educational Campaigns: HAST programme embarked on digital screen messaging which started flying in April 2020 to March 2021 in seven districts/metros: Alfred Nzo, Amathole, BCM, Chris Hani, Joe Gqabi, Nelson Mandela Metro and O.R. Tambo. The screens were flying different HAST messages to empower the public. The educational talks were also conducted with national and various community radio stations especially in quarter 4. This platform helps the public to have more clarity as they were given chance to ask questions during the interviews.
- Monitoring of performance: Performance analysis is done monthly to allow programme managers to have in-depth understanding of the performance, identify gaps and the feedback to the districts with recommendations. This enables the districts to know how they performed and identify the gaps that assist them in developing quality improvement plans.
- Electronic TB patients Tracking System: The Department in partnership with the Nelson Mandela University, is exploring the use of an electronic system for tracking TB patients within the Metro and the software is being developed by Nelson Mandela University. This system will assist into identifying the hotspot areas and also reduce the lost to follow up.
- World TB Day build up campaigns: The commemoration was shifted to April 2021, however there were activations that took place in month of March in the communities as well as the services. These campaigns led to lost to follow up patients being tracked back to the system, and identification of new infected patients, which were put on treatment. Also this was implemented in partnership with Easter Cape AIDS Council (ECAC) and supporting partners.
- LA**M:** The new LAM guidelines have been received from National Department of Health (NDoH).

Table 4.2.9.: Performance against the originally tabled Annual Targets from 2020/21 Annual Performance Plan for Sub-Programme 2.6 HIV & AIDS, STIs & TB control

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021 until date of re-tabling	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
3. Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	HIV new cases identified and initiated	3.1.1 HIV test done	1 851 552	2 086 072	272 826	993 979	721 153	Target was incorrectly captured. The correct target in the HAST business plan is 1 748 481 (See below the table with the correct target and performance)	The amendment was to correct the indicator to be aligned to the new approved NIDS and targets with quarterly targets were aligned to the approved 2020/21 HAST Business Plan.
		3.2.1 New clients initiated on ART	New Indicator	New Indicator	9 428	32 735	23 307	Target was incorrectly captured. The correct target in the HAST business plan is 68 324 (See below the table with the correct target and performance	The amendment is to correct the indicator so that its aligned to the new approved NIDS and targets with quarterly targets are also aligned to the approved 2020/21 HAST Business Plan
	Male circumcision performed	3.2.5 Medical male circumcision – total	47 345	10 722	3 536	290	-3 246	The COVID-19 lockdown led to postponement of services like Medical Male Circumcision & focus on mitigating the COVID-19 disease.	The amendment is to correct the indicator so that its aligned to the new approved NIDS and targets with quarterly targets are also aligned to the approved 2020/21 HAST Business Plan.

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021 until date of re-tabling	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
	People viral load undetected	3.2.7 ART Adult - viral load suppressed rate	New Indicator	New Indicator	89%	87.6%	-1.4%	The indicator achieved, it is within 5% margin of error methodology.	Amendment is to revise the target and include the numerator and the denominator that were not included in the plan
		Numerator				42 745			
		Denominator				48 782			
		3.2.7 ART Child - viral load suppressed rate	New Indicator	New Indicator	89%	63.5%	-25.5%	Target not achieved. Viral load specimens depend on clients attending clinics and because of the COVID-19 lockdown regulations, there was a reduction in head count resulting in less specimens taken from clients/children. High lost to follow up of patients/children on treatment also had a negative contribution on the viral loads done.	Amendment is to revise the target and include the numerator and the denominator that were not included in the plan.
		Numerator				783			
		Denominator				1 233			

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021 until date of re-tabling	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
	TB/HIV co-infected clients identified and initiated	3.2.9 TB/HIV co-infected clients started on ART	94.5%	74.7%	70%	93.6%	23.6%	The target overachieved due to introduction of upgraded version of Tier.net system in April 2020. This enabled exporting of all TB/HIV co-infected clients started on ART, into Web-DHIS. The older version of TIER.net system was only exporting TBHIV co-infected clients started on ART within 2 weeks.	Amendment was to correct the wording and align to NIDS.
		Numerator	16 990	11 668	10 781	9 124			
		Denominator	17 980	15 616	1 5402	9 752			
	Positive clients initiation done and controlled	3.3.3 TB XDR treatment initiation rate	New Indicator	New Indicator	90%	100%	10%	Target overachieved because XDR TB patients are initiated in hospitals.	The amendment is to correct the indicator so that its aligned to the new approved NIDS
		Numerator			234	183			
		Denominator			260	183			
		3.3.5 TB Rifampicin Resistant treatment success rate	New Indicator	New Indicator	60%	59.4%	-0.6%	Target achieved because of the decentralization of MDR TB as there is a 100% full coverage DR TB site in all the Districts.	The amendment is to correct the indicator so that its aligned to the new approved NIDS.
		Numerator			661	810			
		Denominator			1103	1 363			

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021 until date of re-tabling	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
		3.3.6 All TB client LTF up rate	8.1%	11.8%	12%	14%	-2%	Target not achieved, 4 districts are below the set target with Buffalo City reported the highest TB Lost to follow up of 25%. System also contributes as New Version 13 considers "not evaluated" and the initial lost to follow up as confirmed LTFU.	The amendment is to correct the indicator so that its aligned to the new approved NIDS.
		Numerator	3 384	4 654	3911	4 486			
		Denominator	42 023	39 474	32597	32 290			

Table 4.2.10: Performance against the re-tabled Annual Targets from 2020/21 Annual Performance Plan for Sub-Programme 2.6 HIV & AIDS, STIs & TB control

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
3. Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	HIV new cases identified and initiated	3.1.1 HIV test done - sum	1 851 552	2 086 072	1 748 481	1 513 548	-234 933	Target not achieved due to Covid19 lockdown regulations which resulted in facility head counts decline and shortened time of physical contact with clients. The restrictions during lockdown level 3,4 and 5 had a negative impact as outreach testing activities were put on hold. The provincial WAD and February: STI Condom Week activities build up activities did not happen in respect of the regulations of not holding large gatherings.
		3.2.1 ART client naïve start ART during month – sum	New Indicator	New Indicator	68 324	50 059	-18 265	Target not met. During hard lockdown regulations as result COVID-19 pandemic there was poor clinic attendance (head count) and significant reduction in HIV testing rate contributed negatively as less patients were initiated on ART. Targeted positivity yield is 7%, achieved is 3.7% in 2020/2021 financial year

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
	People living with HIV retained on care	3.2.2 ART adult remain on ART end of period	New Indicator	New Indicator	643 089	526 288	-116 801	Target not achieved. COVID-19 infection and lockdown regulations resulted in clients staying away from clinics. This was also made worse by task shifting of data capturers and staff as they were inevitable focus more on COVID related activities.
		3.2.3 ART child under 15 years remain on ART end of period	New Indicator	New Indicator	26 795	17 284	-9 511	Target not achieved. COVID-19 infection and lockdown regulations resulted in clients staying away from clinics. This was also made worse by task shifting of all health professionals in health facilities, including data capturers as they were inevitable focus more on COVID-19 related activities.

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
	Access to condoms	3.2.4 Male condoms distributed	73 672 416	78 817 157	11 914 931	51 122 509	39 207 578	Target was incorrectly captured. The correct target for the province is 93 277 173 instead of 11 914 931 which was allocated to BCM. Target not achieved due COVID-19 regulations which affected the shipment of condoms resulting in intermittent/ reduced supply of condoms in district. This also resulted in condoms not being distributed to none traditional outlets which led to some sites not functioning optimally. Provincially seven districts did not achieve their targets, with the exception of Chris Hani District. Stock received in quarter 3 was not enough to meet the expected target due to delays in condom delivery by the suppliers. Low stock quantities were received late in quarter four not to what was expected.

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
								Infection and lockdown regulations resulted in clients staying away from clinics. This was also made worse by task shifting of all health professionals in health facilities, including data capturers as they were inevitable focus more on COVID related activities.
	Male circumcision performed	3.2.5 Medical male circumcision - sum	47 345	10 722	6 101	9 263	3 162	Target overly achieved due to 5573 Male circumcision performed by medical professional in the traditional sector during December 2020 when initiation season was opened.

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
		3.2.6 Traditional male circumcision total	New Indicator	New Indicator	11 258	6 517	-4 741	Target not achieved due to winter season suspension and summer season was opened only for _+ 2 weeks due to resurgence of COVID-19, Out of a total of 12 090 initiates during December 2020, 5 573 male circumcision cases were performed by medical practitioners at traditional sector (left with 6 517) and reported under MMC-sum (as per NIDS 2020).
	People viral load undetected	3.2.7 ART Adult - viral load suppressed rate	New Indicator	New Indicator	90%	87.7%	-2.3%	Target achieved within 5% margin of error range.
		Numerator: ART adult viral load under 400			578 780	53 622		
		Denominator: ART adult viral load done			643 089	61 129		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
		3.2.8 ART Child - viral load suppressed rate	New Indicator	New Indicator	90%	62,3%	-27.7%	Target not achieved. Viral load specimens depend on clients attending clinics and because of the COVID-19 lockdown regulations, there was a reduction in head count resulting in less specimens taken from clients/children. High lost to follow up of patients/children on treatment also had a negative contribution on the viral loads done.
		Numerator: ART child viral load under 400			24 116	986		
		Denominator: ART child viral load done			26 795	1 583		
	TB/HIV co-infected clients identified and initiated	3.2.9 TB/HIV co-infected client on ART rate	94.5%	74.7%	70%	93.5%	23.5%	The target overachieved due to introduction of upgraded version of Tier.net system in April 2020. This enabled exporting of all TB/HIV co-infected clients started on ART, into Web-DHIS. The older version of TIER.net system was only exporting TBHIV co-infected clients started on ART within 2 weeks.
		Numerator: DS TB HIV positive on ART	16 990	11 668	10 781	12 015		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
		Denominator: DS TB client HIV positive	17 980	15 616	1 5402	12 855		
	Positive clients initiation done and controlled	3.3.1 TB investigation done 5 years and older rate	New Indicator	New indicator	85%	88.3%	3.3%	Target overachieved. 7 of the 8 districts achieved the target. However, Nelson Mandela, O.R. Tambo and Sarah Baartman achieved more than 90%, 93,8%; 92,4%; 95,9% respectively.
		Numerator: TB investigation done 5 years and older			295 112	213 388		
		Denominator: TB symptomatic clients 5 years and older			347 190	241 612		
		3.3.2 DS - TB treatment start 5 years and older rate	101%	98%	95%	93%	-2%	The target is not achieved, however, all the districts are above 90%, with the exception of Sarah Baartman (89,7%).
		Numerator: DS - TB treatment start 5 years and older	33 179	31 392	31 517	23 393		
		Denominator: DS TB confirmed 5 years and older	3 2864	31 940	33 176	25 164		
		3.3.3 TB XDR treatment start rate	New Indicator	New Indicator	90%	100%	10%	Target overachieved because XDR TB patients are initiated in a hospital.
		Numerator: TB XDR client confirmed start on treatment			234	239		
		Denominator: TB XDR confirmed client			260	239		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
		3.3.4 All DS -TB client treatment success rate	80.3%	78.1%	75%	77.5%	2.5%	Six districts have achieved the target, except for BCM and Joe Gqabi at 68% and 73% respectively
		Numerator: All TB client successfully completed treatment	33 746	30 836	24 447	32 893		
		Denominator: All DSTB patients in treatment outcome cohort	42 023	39 474	32 597	42 421		
		3.3.5 TB Rifampicin Resistant/MDR/pre - XDR treatment success rate	New Indicator	New Indicator	60%	57%	-3%	Target achieved within 5% margin of error range.
		Numerator: TB Rifampicin Resistant/MDR/ pre - XDR successfully completed treatment			661	1 008		
		Denominator: TB Rifampicin Resistant/MDR/ pre – XDR start on treatment			1103	1 775		
	Lost clients tracked and re-initiated	3.3.6 All DS - TB client lost to follow – up rate	8.1%	11.8%	12%	14.2%	-2.2%	Target not achieved, 4 districts are below the set target, with BCMM reported the highest TB lost to follow up at 25%. THIS System also contributes as New Version 13 considers "not evaluated" and the initial lost to follow up as confirmed LTFU.
		Numerator: All DS TB client lost to follow up	3 384	4 654	3 911	6 030		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
		Denominator: All DS TB patients in treatment outcome cohort	42 023	39 474	32 597	42 421		
3. Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	Prevention and early detection of malaria cases managed	3.4.1 Malaria inpatient case reported	New Indicator	New Indicator	0	2	-2	The Department is monitoring surveillance of malaria and implementing strict isolation interventions.
	Social mobilisation and community engagement Screening of clients Testing of the clients who meet the testing criteria	3.5.3 COVID-19 positivity rate	New indicator	New indicator	< 20%	21.3%	1.3%	More positive cases were reported during the second wave. This was after the relaxation of lockdown regulations to level 3 including non-compliance to regulated numbers on social events and funeral attendance.
		Numerator: Number of confirmed COVID-19 cases - Total				195 413		
		Denominator: Number of COVID-19 tests conducted				916 091		
		3.5.4 COVID-19 incidence rate (per 100k)	New indicator	New indicator	<200 per 100 k	2,910 per 100k	2,710 per 100k	More positive cases were reported during the second wave. This was after the relaxation of lockdown regulations to level 3 including non-compliance to regulated numbers on social events and funeral attendance
		Numerator: Number of confirmed COVID-19 cases - Total				195 413		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
		Denominator: Total population/ 100 000				6 713 457		
		3.5.5 Case Fatality Rate for COVID-19	New indicator	New indicator	< 5%	21.7%	-16.7%	The pandemic was severe, and the population lacked immunity of the new disease. The target was under-estimated because there was no baseline data to estimate the case fatality rate.
		Numerator: Number of deaths in positive COVID-19 cases 5 – 60 years				2 723		
		Denominator: Separations COVID-19 cases 5 – 60 years (sum of deaths, discharges and transfer out)				12 543		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
3.1.1 HIV test done – sum	• Engage districts to scale up HTS services through HIV Self Screening (HIVSS) and Index testing. • Participate in community outreach and build-up activities.
3.2.1 ART client naïve start ART during month – sum	• Strategies to improve HIV positivity yield include targeted testing namely, HIVSS and index testing therefore the greater the yield the more clients will be initiated. • Support the implementation of community ART initiative in districts and fast-track initiation of all patients awaiting ART. • The HIV&AID S Directorate is completing a process of purchasing 88 computers to assist non partner supported districts with data capturing in order to improve treatment initiation. • To enhance capacity of data capturers and clinicians through district based Tier. net trainings. • Conduct district support performance reviews, and prioritise poor performing facilities.
3.2.2 ART adult remain on ART end of period	• To ensure district adherence to Standard Operating Procedure for comprehensive community HIV and TB services in a mobile unit to reduce treatment defaulters and improve treatment adherence. • Would ensure availability of resources such as computers and data capturers to improve data capturing that will eventually enable early identification and tracking of defaulters. • To roll-out training of data capturers and clinicians on TIER.NET training and NIMAART for professional nurses. • Treatment initiation and adherence messages on electronic billboards. • Rollout the SYNCH and bicycle project to non-partner supported districts (Joe Gqabi, NMMM and Sarah Baartman) to encourage ART treatment adherence and decentralisation of virally suppressed clients though Differentiated Model of Care (DMOC).
3.2.3 ART child under 15 years remain on ART end of period	• To ensure district adherence to Standard Operating Procedure for comprehensive community HIV and TB services in a mobile unit to reduce treatment defaulters and improve treatment adherence. • Would ensure availability of resources such as computers and data capturers to improve data capturing that will eventually enable early identification and tracking of defaulters. • To roll-out training of data capturers and clinicians on Tier.net training and NIMAART for professional nurses. • Strengthen and support the functioning of the Nerve Centres to reach out to each facility to intensify treatment initiation of all patients waiting for ART.
3.2.4 Male condoms distributed	• Decentralisation for condom procurement to 3 districts (NMBM, OR Tambo and Sarah Baartman) to speed up delivery. To continue support to the district to strengthen Condom distribution reporting in the Primary Distribution Sites.
3.2.5 Medical male circumcision - sum	• To increase competency of clinicians through 5-day training that includes theory and practical assessments. Provide continues support to the MMC sites through District Management.
3.2.6 Traditional male circumcision total	• Target achievement dependent on COVID-19 regulations.
3.2.7 Adult - viral load suppressed rate	• Work closely and jointly conduct district performance reviews with maternal and Child health Directorate to enhance IMCI for timely identification of children who require viral load monitoring. • Promote and ensure provision of baby mother pair comprehensive health care services • To strengthen reorientation of clinicians and data capturers on management of VL, blood results SOPs and capturing of blood results on updated version of tier.net 1.13.2.

Indicator not achieved	Proposed strategies
	• Rollout the SYNCH and bicycle project to non-partner supported districts (Joe Gqabi, NMMM and Sarah Baartman) to encourage ART treatment adherence and decentralisation of virally suppressed clients though Differentiated Model of Care (DMOC).
3.2.8 Child - viral load suppressed rate	• Work closely and jointly conduct district performance reviews with maternal and Child health Directorate to enhance IMCI for timely identification of children who require viral load monitoring. • Promote and ensure provision of baby mother pair comprehensive health care services • Strengthen implementation of HIV&AIDS & TB policy in schools by working closely with school health outreach teams. • To strengthen reorientation of clinicians and data capturers on management of VL, blood results SOPs and capturing of blood results on updated version of tier.net 1.13.2.
3.3.2 DS - TB treatment start 5 years and older rate	The TB Directorate is supporting districts in ensuring that all confirmed TB patients are traced and started on treatment
3.3.6 All DS - TB client lost to follow – up rate	All districts with a high TB lost to follow up except Alfred Nzo, are tracing patients using Ward based outreach teams. The districts are also encouraged to ensure early tracing of Primary defaulters so that they can be started on treatment
3.4.1 Malaria inpatient case reported	Implement and strengthen malaria surveillance mechanism to detect and treat malaria cases including spread of the disease.
3.5.3 COVID-19 positivity yield rate	Intensify Non-Pharmaceutical Interventions, screening, discouraged big gatherings and encourage population to vaccinate
3.5.4 COVID-19 incidence rate (per 100k)	Promote COVID-19 screening and vaccination.
3.5.5. Case Fatality Rate for COVID-19	Intensify Non-Pharmaceutical Interventions, screening, discouraged big gatherings and encourage population to vaccinate

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.

Institutional outcomes

- 1. Maternal, Neonatal, Infant and Child Mortality reduced
- 2. Stunting among children reduced
- 4. Morbidity and Premature mortality due to Non-Communicable diseases reduced

PROGRESS AND ACHIEVEMENTS

- The Department implemented Hypertension Action Plan to reduce Hypertensive Diseases in Pregnancy. As part of reducing teenage pregnancy, the Department focused on improving access to Sexual Reproductive Health services and encouraged women of child-bearing age to use long-acting contraceptive devices, like Intrauterine device.
- Four representatives (2 x Obstetrics DCST specialist nurses from Chris Hani and Amathole and all Programme Managers from Sarah Baartman and Alfred Nzo) attended a workshop organized by the National Department of Health and World Health Organisation (WHO) on Sexual Reproductive Health Policy Review in December 2020. They are currently in a process of rolling -out of trainings on the review of policy in all districts and metros.
- The programme is currently rolling out the new trainings on new Sexual Reproductive Health Rights and Policy.
- To improve competency amongst health professionals rendering Maternal, Child & Women's Health services, on-line trainings (K2) on Essential Steps for Management of Obstetric Emergencies (ESMOE), Basic Ante-Natal Care (BANC) are continuously conducted to prevent maternal and neonatal deaths. K2 trainings are targeting large number of doctors, midwives and nurses working in the labour wards to capacitate them on intrapartum care and use of partogram during labour.
- As part of Integrated Management of Childhood Illnesses (IMCI) to address under five child mortality rate, Emergency Triage Assessment Training (ETAT) was conducted for 100 nurses.
- Mid-Upper Arm Circumference (MUAC) Mom Project in districts where malnutrition was high (Alfred Nzo and OR Tambo is being piloted. The project aims at capacitating mothers in identifying early signs of acute malnutrition, measuring MUAC and teaching best complementary feeding practices.
- To address child malnutrition, inter-sectoral collaboration was operationalized in a project called Maternal and Child Development programme. The programme is led by the Department of Health and Social Development. The programme involves other Departments namely SASSA to issue social grants and food parcels, Home Affairs to register children and issuing of birth certificates and Identity Documents (ID's), Agriculture to provide seedlings, gardening equipment and small businesses to teach mothers on how to sew clothes and starting small businesses. The programme has since reaped great rewards in OR Tambo district which led to reduced case fatality rate due to malnutrition.
- The Eastern Cape Department of Health has collaborated with Rhodes (Psychology Department) for counselling of Choice on Termination of Pregnancy (CTOP) nurses and imparting of counselling skills.
- To address child malnutrition, inter-sectoral collaboration was operationalized in a project called Maternal and Child Development programme. The programme is led by the Department of Health and Social Development. The programme involves other Departments namely SASSA to issue social grants and food parcels, Home Affairs to register children and issuing of birth certificates and Identity Documents (ID's), Agriculture to provide seedlings, gardening equipment and Small businesses to teach mothers on how sew clothes and starting small businesses. The programme has since reaped great rewards in OR Tambo district which led to reduced case fatality rate due to malnutrition.
- The Eastern Cape Department of Health has collaborated with Rhodes (Psychology Department) for counselling of CTOP nurses and imparting of counselling skills.

Table 4.2.11: Performance against the originally tabled Annual Targets from 2020/21 Annual Performance Plan for Sub-Programme 2.7: MCWH&N

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021 until date of re-tabling	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
1. Maternal, Neonatal, Infant and Child Mortality reduced	Antenatal clients visit before 20 weeks increased	1.1.3 Antenatal clients start on ART rate	93.4%	84.4%	97%	92%	-5%	Target not achieved Due to two districts that reported a performance that is below 90%, that is Buffalo City and Joe Gqabi. The other contributing factor is related to delayed capturing by the districts which occurred due to COVID-19 pandemic as most of the Data Capturers contracted SARS Cov2 and had to take sick leave and that resulted in Backlog in the capturing of data.	The amendment is to correct the indicator so that its aligned to the new approved NIDS.
		Numerator	12 171	7713	12 634	5 925			
		Denominator	13 025	8069	13 025	6 443			

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021 until date of re-tabling	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
	Increased immunization for children	1.3.2 Fully Immunised <1 year	71.9%	57%	80%	45.4%	-34.5%	Target not achieved. Although the target has not been achieved, there is 1 district that reported good Performance which is Chris Hani reported 91% during the period under review. During the COVID-19 pandemic, PHC utilisation was reduced due to lockdown regulations resulting in most of the children missing their immunisation schedule.	The amendment is to correct the indicator so that its aligned to the new approved NIDS. The indicator is also corrected in the Technical Indicator Description (TIDS).
		Numerator	117 114	92 434	130 218	73 329			
		Denominator	162 773	162 128	162 773	161 497			
	Institutional Infant mortality reduced	1.3.4 Infant under 1year Mortality rate (in facility)	New indicator	New indicator	11/1000	-	-	-	The amendment is to correct the indicator so that its aligned to the new approved NIDS. The infant under 1-year mortality has been replaced by two indicators that is death in facility and Neonatal mortality.
		Numerator				-			
		Denominator				-			

Table 4.2.12: Performance against the re-tabled Annual Targets from 2020/21 Annual Performance Plan for Sub-Programme 2.7: MCWH&N

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
1. Maternal, Neonatal, Infant and Child Mortality reduced	Family planning improved	1.1.1 Couple year protection rate	53.7%	52.4%	65%	41.5%	-23.5%	Target not achieved The non-achievement of this indicator is related to inadequate availability of long acting methods of contraception at Medical Depots as this was a national problem.
		Numerator: (SUM ([Oral pill cycle]) / 15) + (SUM ([Medroxyprogesterone injection]) / 4) + (SUM ([Norethisterone enanthate injection]) / 6) + (SUM ([IUCD inserted]) * 4.5) + (SUM([Male condoms distributed]) / 120) + (SUM([Sterilisation - male]) * 10) + (SUM([Sterilisation - female]) * 10) + (SUM([Female condoms distributed]) / 120) + (SUM([Sub-dermal implant inserted]) * 2.5)	1 020 122	1 015 691	1 233 581	810 499		
		Denominator: (SUM {[Female 15-44 years]} + SUM {[Female 45-49 years]})	1 897 817	1 938 343	1 897 817	1 952 556		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
	Antenatal clients visit before 20 weeks increased	1.1.2 Antenatal 1st visit before 20 weeks rate	61.7%	63.2%	63%	62.5%	-0.5%	Target achieved within acceptable range of 59.8% - 66.2% (see paragraph on Methodological Considerations). Continuation of pregnancy screening by WBCOTS for early detection and referral for early antenatal bookings.
		Numerator: Antenatal 1st visit before 20 weeks	75 710	57 729	77 346	78 855		
		Denominator: Antenatal 1st visit total ([Antenatal 1st visit 20 weeks or later]) + SUM ([Antenatal 1st visit before 20 weeks]	122 773	93 076	122 773	126 241		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
		1.1.3 Antenatal clients start on ART rate	93.4%	84.4%	97%	91.8%	-5.2%	Target not Achieved The reason for not achieving the target is related to two districts that reported a performance that is below 90%, that is Buffalo City and Joe Gqabi. The other contributing factor is related to delayed capturing by the districts which occurred due to COVID-19 pandemic as most of the Data Capturers contracted SARS Cov2 and had to take sick leave and that resulted in Backlog in the capturing of data.
		Numerator: Antenatal start on ART	12 171	7713	12 634	8 893		
		Denominator: Antenatal known HIV positive but NOT on ART at 1st visit	13 025	8069	13 025	9 692		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
	Teenage pregnancy reduced	1.1.4 Delivery 10 to 19 years in facility rate	16.4%	17%	10%	17.1%	-7.1%	Target not achieved The contributory factor to the underperformance is related to the four districts that reported a high delivery rate during the period under – review namely, Chris Hani: 20.1%, O.R Tambo: 20.5%, Joe Gqabi: 21.4% Alfred Nzo: 23.9% The other reason is related to inadequate availability of the long acting contraceptive devices in the province resulting to poor access to sexual reproductive health services by adolescent and youth in the province.
		Numerator: Delivery 10-19 years in facility	17167	13 490	10 483	18 401		
		Denominator: Delivery in facility - total	104827	79 565	104 827	107 469		
	Postnatal care coverage increased	1.1.5 Mother postnatal visit within 6 days rate	67.1%	69%	70%	71.2%	1.2%	Target achieved.
		Numerator: Mother postnatal visit within 6 days after delivery	70 331	54 910	73 378	76 543		
		Denominator: Delivery in facility - total	104 827	79 565	104 827	107 469		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
	Low birth weight red	1.2.1 Live birth under 2500g in facility rate	New Indicator	New Indicator	15/1 000	135.7/1 000	-120,7/1 000	Target not achieved The contributory factor resulting to non-achievement of this indicator is related to high premature delivery rate of >1000g reported especially in regional and tertiary hospitals.
		Numerator: Live birth under 2500g in facility				14 896		
		Denominator: Live birth in facility				109 775		
	Mother to child transmission eliminated	1.3.1 Infant PCR test positive around 10 weeks rate	1.0%	0.9%	<1%	0.6%	0.4%	Target achieved.
		Numerator: Infant PCR test positive around 10 weeks	218	142	213	135		
		Denominator: Infant PCR test around 10 weeks	21 343	16 341	21 343	20 844		
	Increased immunization for children	1.3.2 Immunisation under 1year coverage	71.9%	57%	80%	69.3%	-10.7%	Target not achieved. Chris Hani reported 91% during the period under review. During the COVID-19 pandemic, PHC utilisation was reduced due to lockdown regulations resulting in most of the children missing their immunisation schedule.
		Numerator: Immunised fully under 1 year	117 114	92 434	130 218	111 911		
		Denominator: Population under 1 year	162 773	162 128	162 773	161 497		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
		1.3.3. Measles 2nd dose coverage	64.9%	56%	80%	66.3%	-13.7%	Target not achieved, only 2 districts Chris Hani at 92.8% and Alfred Nzo at 84.9% that managed to achieve the target. During the COVID-19 pandemic, PHC utilisation was reduced due to lockdown regulations resulting in most of the children missing their immunisation schedule.
		Numerator: Measles 2nd dose	107 475	91 327	132 356	107 772		
		Denominator: Target population 1 year	165 446	163 395	165 446	162 542		
	Reduced death for Children under 1	1.3.4 Death in facility 29 days – 11 months rate	New indicator	New indicator	0.27%	0.33%	-0.06%	Target not achieved The reason for not achieving is related to the babies born with congenital abnormalities and prematurity reported in all districts.
		Numerator: Death in facility 29 days - 11 months			24	366		
		Denominator: Live birth in facility			8 860	109 775		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
		Neonatal Mortality in facility	New indicator	New indicator	10/1 000	13.1/1 000	-3.1/1 000	Target not achieved due to high proportion of Extreme Low Birth Weight (ELBW) < 1000g reported in Alfred Nzo, O.R. Tambo, Sarah Baartman and Nelson Mandela Metro and is attributed to eclampsia diagnosed in women during intrapartum care.
		Numerator: Neonatal deaths (under 28 days) in facility			94	1 441		
		Denominator: Live birth in facility			8 860	109 775		
	Increased immunization for children	1.3.5 Vitamin A dose 12-59 months coverage	54.9%	62.4%	62%	49%	-13%	Target not achieved, only two districts that achieved the target Alfred Nzo at71.7% and Chris Hani at 62.4%, the other districts reported poor performance on this indicator. The main contributory factor to the non-achievement is related to the inconsistent attendance of Early Childhood Development centres by children due to COVID-19 regulations.
		Numerator: Vitamin A dose 12-59 months (Vitamin A dose 15-59 months + COS vitamin A dose 12 to 59 months)	740 339	825 843	835 245	645 728		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
		Denominator: Target population 12 – 59 months *2 (Female 1 year + Female 02-04 years + Male 1 year + Male 02-04 years) * 2	1 347 170	1 332 006	1 347 170	1 317 266		
	Nutritional status improved	1.3.6 School learner underweight rate	New Indicator	New Indicator	8%	0.3%	-7.7%	The school health programme screening could not be done due to COVID-19 lockdown; the learners were not attending classes. New indicator. There needs to be procurement of anthropometric equipment (height measures, scales and BMI wheels) to assess nutritional status of children.
		Numerator: School learner underweight			112	71		
		Denominator: School leaners screened - sum			1 400	21 670		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
	Reduced death for Children under 5	1.3.7 Child under 5 years diarrhoea case fatality rate	3.0%	2.5%	2.8%	4%	-1.2%	Target not achieved: Only 3 districts achieved the target: Amathole (1.1%), Sarah Baartman (1.8%) and BCM (0%). However, five other districts did not achieve the target: The underperformance is attributed to late presentation of children to hospital combined with use of herbal medicines as per the findings of the audits conducted in facilities.
		Numerator: Diarrhoea death under 5 years	127	26	117	127		
		Denominator: Diarrhoea separation under 5 years	4 196	1 034	4 196	3 166		
		1.3.8 Child under 5 years pneumonia case fatality rate	3.2%	3.1%	3%	3.3%	0.3%	Target achieved.
		Numerator: Pneumonia death under 5 years	147	29	136	98		
		Denominator: Pneumonia separation under 5 years	4 564	927	4 564	2 955		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
		1.3.9 Child under 5 years severe acute malnutrition case fatality rate	8.9%	9.2%	8%	8.5%	-0.5%	Target not achieved. Only 3 districts performed well, viz. Buffalo City at 0%, Chris Hani at 5.7% and NMB at 6.3%. The reason for not achieving is related to poor growth monitoring which is attributed to decreased PHC utilisation of the under 5 children due to COVID-19 regulations. Most cases of malnutrition were children who defaulted ARVs and TB treatment.
		Numerator: Severe acute malnutrition death under 5 years	131	28	117	72		
		Denominator: Severe acute malnutrition inpatient under 5 years	1 464	306	1 464	838		
2. Stunting among children reduced	Nutritional status improved	2.1.1 Child under 5 years food nutritional supplementation coverage	New Indicator	New Indicator	<10%	0.5%	9.5%	Target achieved.
		Numerator: Child under 5 years food nutritional supplementation new			82 014	3 864		
		Denominator: Population under 5 years			820 136	820 136		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
4. Morbidity and Premature mortality due to Non-Communicable diseases reduced		4.1.1 School learner overweight rate	New Indicator	New Indicator	10%	0.8%	-9.2%	The school health programme screening could not be done due to COVID-19; the learners were not attending classes. New indicator. There needs to be procurement of anthropometric equipment (height measures, scales and BMI wheels) to assess nutritional status of children.
		Numerator: School learner overweight			140	184		
		Denominator: School learner screened - sum			1 400	21 670		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
1.1.1 Couple year protection rate	Training on new Sexual Reproductive Health policy. Ensure the availability of long-term contraceptives and a new single dose emergency contraceptives (Escapel). Reach out to all the tertiary education institutions and integrate with their on-site clinics. DCST's will mentor nurses in health facilities on the insertion of Long Reversible Contraceptives e.g. Implanon.
1.1.2 Antenatal 1st visit before 20 weeks rate	Continue testing pregnancy in women of child bearing age attending PHC facilities and at a community level by WBCOTs
1.1.3 Antenatal clients start on ART rate	Ensure that all pregnant women who are HIV positive are started on ART by implementing Universal Test and Treat policy. The districts are currently supported to ensure that capturing of the backlog is done and completed, as this will improve the quality of data reported
1.1.4 Delivery 10 to 19 years in facility rate	Engage with institutions of higher learnings and ensure availability of a single dose emergency contraceptives (Escapel). Strengthen collaboration between Department of Education and Health to address teenage pregnancy. DCSTs will mentor nurses in health facilities in insertion of Long Reversible Contraceptives e.g. Implanon.
1.2.1 Live birth under 2500g in facility rate	Strengthen Antenatal visit before 20 weeks. Screen all pregnant women for infections. Strengthen of Sexual Reproductive Health policy and guidelines. (New Indicator). Reduce Foetal Alcohol Syndrome and smoking by educating communities on risk of alcohol and smoking during pregnancy.
1.3.2 Immunisation under 1year coverage	Ensure continuous availability of immunisations in the Depots and health facilities. Ensure the implementation of focal days for the immunisation of under 5 children. Improve data collection, capturing, verification and reporting.
1.3.3. Measles 2nd dose coverage	Ensure continuous availability of immunisations in the Depots and health facilities. Ensure the implementation of focal days for the immunisation of under 5 children. Improve data collection, capturing, verification and reporting.
1.3.4 Death in facility 29 days – 11 months rate	Train nurses and doctors on ETAT. Strengthen Kangaroo Mother Care practices.
Neonatal Mortality in facility	Delivery of CPAPS and compressors in district hospitals is already taking place include other critical equipment. This will reduce overcrowding in regional and tertiary hospitals whilst improving management of premature babies in district hospitals. Procurement of new born admission books by the province will be done soon. The regional heads of Department are finalizing protocols on management of HIE. Infrastructure needs to install medical air in hospitals, employment of staff in neonatal units in order to comply with norms and standards. Increase saturation of MSSSN trained staff. Strengthen Kangaroo Mother Care practices.
1.3.5 Vitamin A dose 12-59 months coverage	Administration of Vitamin A in children attending ECD centres. Administration of Vitamin A by WBCOTs at a community level and reconcile data collection (data collected at a community level and PHC facilities).
1.3.6 School learner overweight rate	To conduct ISHP catch up campaign.
1.3.7 Child under 5 years diarrhoea case fatality rate	Strengthen the implementation of IMCI by training relevant health professionals managing paediatrics. Strengthen of community IMCI to reduce late presentation. Promotion of Mother Baby Friendly Initiative at a community level to increase breastfeeding rate. Collaborate with community leaders to address Herbal Intoxication.
1.3.8 Child under 5 years pneumonia case fatality rate	Strengthen the implementation of IMCI by training relevant health professionals managing paediatrics. Strengthen growth monitoring and monitoring at a community level. Promotion of Mother Baby Friendly Initiative at a community to increase breastfeeding rate.
1.3.9 Child under 5 years severe acute malnutrition case fatality rate	Conduct provincial support of districts (Amathole, Joe Gqabi and Sarah Baartman) with high case fatality rate of under-five children with malnutrition. Implementation of the reviewed Infant and Young Child Feeding Policy in all districts. Conduct Audits of in-hospital patients with SAM. Train health professionals on growth monitoring course in all districts. WBOTS to screen patients during home visits and refer early.
4.1.1 School learner overweight rate	To conduct ISHP catch up campaign.

2.8 SUB-PROGRAM: 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.

Institutional outcomes

- 6. Quality of health services improved

PROGRESS AND ACHIEVEMENTS

Strengthening Governance and Leadership

The Department has developed a Professionalization and Modernisation Plan with its objective focus on staffing, structural, and digitalised service models over a period of five (5) years.

The facilities are adhering to COVID-19 guidelines in terms of continuous temperature screening, visitor's recordings, washing of hands, sanitization, wearing of masks and social distancing amongst the officials and users.

Facilities, Infrastructure and Maintenance

Continuous fridge repair in progress through log call at Call Centre. The challenge experienced is on turn-around time and parts.

- Mthatha freezer has been properly fixed and electrically upgraded.
- Network connectivity has been installed at Butterworth facility.
- Queenstown has acquired a building at Komani Hospital as a new archives centre for bulk storage of documents, stock and equipment.
- The drainage at Mthatha facility has been fixed.
- Diesel tank has been erected at Queenstown Laboratory as a fuel backup system for the generator.
- Mobile offices have been provided at Bhisho Facility.
- 8 channel CCTV cameras have been installed at Joubertina and Port Alfred.
- Joubertina Holding Facility has been newly refurbished with three years contract on gardening services.

Forensic Pathology Operations

- Post-mortem report backlog and proper filing at Mthatha facility has been addressed and all documents are properly arranged for easy access. The challenge is on limited archive facility.
- PPE (body temperature thermometer, Hand Sanitizers, Masks, Face Shields and Coveralls) has been provided by centralized provincial procurement team for transmission prevention of Corona Virus and was fairly and equitably distributed to all four (4) Regional Offices in the province.
- Mthatha facility had a mass death of 10 people at Mqanduli in August 2020. All those post mortems were conducted within 24 hours.
- A total of 127 unclaimed and unidentified bodies (34 at Sabata Dalindyebo, 15 at Joe Gqabi Health District and 78 at NMB Health District) have been buried by local municipalities as paupers.
- Most of accruals have been paid in two regions (9% at Queenstown Region and 90% at Mthatha Region).

Capacity Building

- COVID-19 training was conducted in all four (4) regions across the province and a total of 44 officials were in attendance.
- The post of Mortuary Manager at New Brighton has been filled and the incumbent commenced on the 15 August 2020
- Forty-one (41) Community Health Workers (contract workers) were employed during COVID-19 pandemic period- (Mthatha x 5, Lusikisiki x 1, Bizana x 1, Mt Fletcher x 4 and Mt Frere x 1, Adelaide x 1, Butterworth x 3, Bhisho x 2, Mdanstane x 3, Woodbrook x 4, East London Regional Office x 5, Uitenhage x 1, New Brighton x 2, Mount Road x 1, Queenstown Regional Office x 2, Queenstown Lab x 2, Aliwal North x 3).

- One Medical Officer's contract has been renewed on sessional basis at Mthatha Forensic Pathology Laboratory ending on the 31 March 2021.
- Queenstown Regional Office has conduct personnel awareness of Disaster Management Act in two forensic pathology facilities (Queenstown and Aliwal North) and it was 100% attendance.
- Two Forensic Pathology Managers at Queenstown Region have attended a benchmarking workshop/training regarding good practice at Graaff Reinet.
- Occupational Health and Safety training was conducted at Mthatha by Wellness office of the Department of Health.
- Two employees at East London Regions have been trained on Occupational Health and Safety Committee Course.

Forensic Pathology Fleet

The province projected 70 vehicles (1 vehicle per100 000 population) to be reasonably adequate to service the Eastern Cape population taking into consideration the increased need due to COVID-19 pandemic, to achieve a target of 90% for response time of one hour in urban setting and 3 hours in rural setting. All non-compliant and non-economically repairable vehicles have been replaced with 43 new 4 x 4 body loading vehicles. Seven of these vehicles have been allocated to patient referring districts. By the end of the financial year 2020/21, the EC DOH had a total of 58 forensic pathology body loading vehicles achieving 81% against 90% target in rural setting and 90% in urban setting. Seven (7) of these body loading vehicles have been allocated to six (6) referring districts. The distribution of these vehicles by district is shown in Table 5.1.

Table A15: Distribution of forensic pathology body loading vehicles by district

District	No of vehicles for FPS- unnatural deaths	No of vehicles for hospital referrals- natural deaths
A Nzo	5	1
Amathole	4	1
Buffalo City	10	0
C Hani	4	1
Joe Gqabi	7	1
NMMM	12	0
OR Tambo	8	2
Sarah Baartman	7	1
TOTAL	**58**	**7**

Table 4.2.13. Performance against the re-tabled Annual Targets from 2020/21 Annual Performance Plan for Sub-Programme 2.8: Coroner Services

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
6. Quality of health services improved	All post mortem cases finalised	6.4.5 Percentage of post – mortem performed within 72 hours	95%	96%	95%	96.9%	1.9%	Target achieved.
		Numerator: Number of cold bodies with post-mortem performed within 72 hrs. of receipt of body	10 159	9 483	10 139	9 538		
		Denominator: Total number of cold bodies received from SAPS (expressed as percentage)	10 673	9 860	10 673	9 839		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
N/A	N/A

SUB-PROGRAMM 2.9 DISTRICT HOSPITALS

Sub-programme purpose

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

PROGRESS AND ACHIEVEMENTS

One of the key responsibilities of District Hospital Management is to strengthen security systems. In an endeavour to beef up security systems 10 percent and more of district hospitals are prioritised for installation of CCTVs. The request was made and the specification committee has set to advance the process. Eight hospitals have been prioritised to benefit from the project. The targeted eight (8) hospitals to benefit from the project are: -

DISTRICTS	FACILITIES
Alfred Nzo	St. Patricks Hospital
Amathole	Butterworth Hospital
	Victoria Hospital
Chris Hani	All Saints Hospital
	Glen Grey Hospital
OR Tambo	Isilimela Hospital
Joe Gqabi	Taylor Bequest Hospital (Mt. Fletcher)
Sarah Baartman	Midlands Hospital

The key responsibilities of the District Hospital Management Unit include co-ordination of support towards strengthening good governance, and active community participation to ensure that all districts have functional hospital boards.

During the period under review a lot of work has been carried out:

- A list of appointed hospital board was drawn.
- Finalization of selection & recommendation of established hospital boards.
- Submissions has been made for approval by the Executing Authority.

Part of the functions of the unit is to work collaboratively with other directorates within the Department e.g. infrastructure. During the reporting period there were infrastructural projects that were running within the district hospitals.

Table A16: Infrastructural projects by district

District	Facility Name	Completion Date	Infrastructure Challenges	Proposed Recommended
ALFRED NZO	Taylor Bequest Hospital	10/20/2021	The DOH did not receive a report of challenges experienced on this project from the Implementing Agent; DPW.	Not applicable
	Sipethu Hospital	1/20/2021	The DOH did not receive a report of challenges experienced on this project from the Implementing Agent; DPW.	Not applicable
AMATHOLE	Butterworth	1/28/2021	The DOH did not receive a report of challenges experienced on this project from the Implementing Agent; DPW.	Not applicable
	Tafalofefe Hospital	1/28/2021	The DOH did not receive a report of challenges experienced on this project from the Implementing Agent; DPW.	Not applicable
	Komga Hospital	1/28/2021	The DOH did not receive a report of challenges experienced on this project from the Implementing Agent; DPW.	Not applicable
	Stutterheim Hospital	1/28/2021	The DOH did not receive a report of challenges experienced on this project from the Implementing Agent; DPW.	Not applicable
	Tafalofefe Hospital	03/18/2021	Payment delays created a challenge for the project.	The Provincial Department should allocate sufficient funding requirements for each project over the required MTEF period.
BUFFALO CITY METRO	Grey Hospital	25/03/2021	Delayed Payment Poor performance by SMME's Inavailability of construction material.	The Provincial Department should allocate sufficient funding requirements for each project over the required MTEF period.

Table 4.2.14: Performance against the re-tabled Annual Targets from 2020/21 Annual Performance Plan for Sub-Programme 2.9: District Hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
6. Quality of health services improved	Hospitals that qualify as Ideal hospitals increased	6.2.3 Ideal Hospitals status obtained rate	New indicator	New indicator	31%	10.8%	-20.2%	The programme was negatively affected by the pandemic as facilities were overwhelmed and most of the resources were channeled to curb the infection rate. Most of the facilities could not conduct the assessments hence the poor performance.
		Numerator: Health facilities have obtained Ideal status			20	7		
		Denominator: Number of hospitals			65	65		
	Patient satisfaction increased	6.1.3 Patient experience of care satisfaction rate	New indicator	New indicator	60%	81.4%	21.4%	Target overachieved. This is attributed to access and staff attitude.
		Numerator: Patient Experience of Care survey				81 389		
		Denominator: Patient Experience of Care survey total responses				99 996		
	Patient safety improved	6.3.1 Severity assessment code 1 incident reported within 24 hours rate	New indicator	New indicator	60%	68%	8%	Target overachieved due to continuous support on the proper implementation of the guidelines and use of the of the electronic system which assist in timeous reporting.
		Numerator: Severity				62		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
		assessment code 1 incidents reported within 24 hours						
		Denominator: Severity assessment code 1 incident reported				91		
10. Community engagement improved	Hospital boards for all public health facilities established and trained	10.2.1 Percentage of Hospitals with functional hospital boards	New indicator	New indicator	50%	4.62%	-45.38%	The target not achieved. Due to COVID-19 many hospital boards did not sit. Department has a turnaround strategy for prioritizing recruitment of new governance structures, that warranted stakeholder engagement in all the districts.
		Numerator: Number of functional Hospital Boards			32	3		
		Denominator: Number of Hospitals			65	65		
3. Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	Symptomatic Person under investigation and COVID-19 positive clients admitted for inpatient management	3.6.1 Number of admissions of patients with COVID-19 (sum of standard care and critical care)	New indicator	New indicator	15 000	9 833	-5 167	Target not achieved due to decline in COVID-19 infection rate.

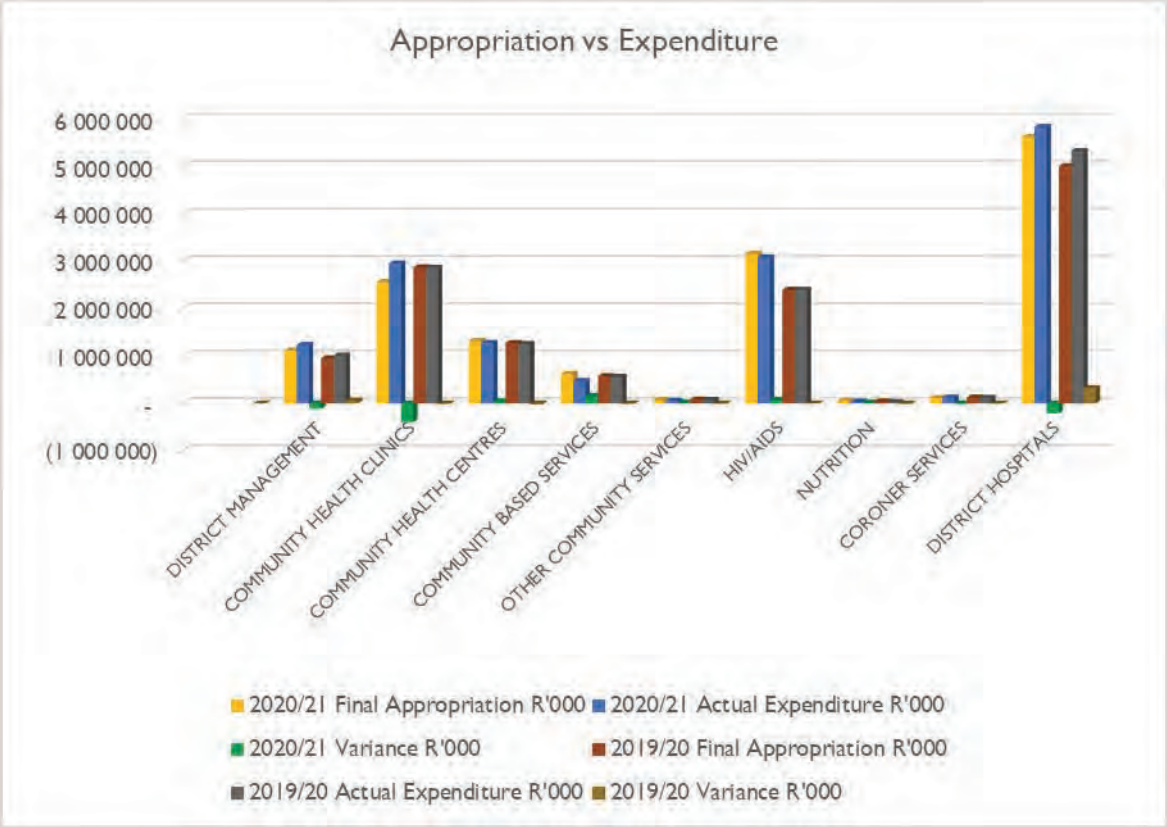
STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
6.2.3 Ideal Hospitals status obtained rate.	Conduct Ideal Hospital status at all district hospitals during the quarter 1 of 2021/22. Develop and implement quality improvement plans at facilities to improve on the gaps identified. Priority will be given to the vital measures that bear more weight in terms of the final score.
10.2.1 Percentage of hospitals with functional hospital boards	• Fast-track the recruitment and selection of new Hospital Boards and ensure effective functionality through conducting of virtual meetings.

LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)

		2020/21			2019/20		
		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
Sub programme							-
1.	DISTRICT MANAGEMENT	1 115 838	1 233 777	(117 939)	954 296	1 012 920	58 624
2.	COMMUNITY HEALTH CLINICS	2 561 298	2 956 236	(394 938)	2 873 699	2 862 890	(10 809)
3.	COMMUNITY HEALTH CENTRES	1 317 801	1 276 808	40 993	1 274 741	1 254 401	(20 340)
4.	COMMUNITY BASED SERVICES	623 143	471 870	151 273	573 631	562 012	(11 619)
5.	OTHER COMMUNITY SERVICES	68 633	54 342	14 291	79 867	72 687	(7 180)
6.	HIV/AIDS	3 157 298	3 082 132	75 166	2 399 145	2 398 092	(1 053)
7.	NUTRITION	53 230	36 816	16 414	39 685	27 281	(12 404)
8.	CORONER SERVICES	112 050	124 823	(12 773)	123 328	117 315	(6 013)
9.	DISTRICT HOSPITALS	5 626 194	5 838 597	(212 403)	5 011 898	5 332 442	320 544
		14 635 485	**15 075 401**	**(439 916)**	**13 330 290**	**13 640 040**	**309 750**
Economic classification							-
	Current payments	**14 371 607**	**14 468 614**	**(97 007)**	**13 108 354**	**13 082 349**	(26 005)
	Compensation of employees	9 835 966	9 835 966	-	9 313 114	9 328 322	15 208
	Goods and services	4 535 641	4 602 676	(67 035)	3 787 000	3 745 787	(41 213)
	Interest and rent on land	-	29 972	(29 972)	8 240	8 240	-
	Transfers and subsidies	**80 554**	**462 984**	**(382 430)**	**83 138**	**462 964**	379 826
	Non-profit institutions	8 495	8 495	-	11 300	9 060	(2 240)
	Households	72 059	454 489	(382 430)	68 985	453 904	384 919
	Social benefits	58 601	50 242	8 359	69 015	66 842	(2 173)
	Other transfers to households	13 458	404 247	(390 789)	(30)	387 062	387 092
	Payments for capital assets	**183 324**	**143 803**	**39 521**	**138 798**	**94 727**	(44 071)
	Machinery and equipment	183 324	143 803	39 521	138 798	94 727	(44 071)
	Transport equipment	60 110	68 692	(8 582)	94 162	65 322	(28 840)
	Other machinery and equipment	123 214	75 111	48 103	44 636	29 405	(15 231)
		14 635 485	**15 075 401**	**(439 916)**	**13 330 290**	**13 640 040**	**309 750**



The net overspending of R439,916 million in the Programme has primarily been caused by the net settlement of court ordered medico legal claims of R412,40 million - which are unfunded and unbudgeted as well as goods and services pressures in several sub programmes including inter alia District Management, Community Health Clinics and District Hospitals, mitigated by capex cash flows withheld.



PROGRAMME 3

EMERGENCY MEDICAL SERVICES

4.3. PROGRAM 3: EMERGENCY MEDICAL SERVICES

Programme purpose

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

Institutional outcomes

- 6. Quality of health services improved.

PROGRESS AND ACHIEVEMENTS

COVID-19 Emergency Response

- During 3rc quarter the districts increased the number of oxygen cylinders by 50%, this mitigated against shortage of oxygen during the second wave.
- Allocated dedicated ambulances for COVID-19 response with dispatch protocol to achieve allocative efficiency.
- Ensure all staff members and management are aware of the national policy with regards to the steps that needs to be taken at a station when staff members are found to be COVID-19 positive.
- Districts are collaborated with other call centres (e.g. SAPS/ Disaster Centre) for business continuity in the event of a call centre staff member testing COVID positive.
- Coordinated inter-facility transfer of COVID-19 suspected/ infected patients to move patients to quarantine or isolation site.
- Coordinated decanting of hospitals and monitor hospital bed availability status.

Manage development programs for all levels of management within EMS

Emergency Medical Services developed a three days' in-service mentorship program for Shift Leaders and Station Managers. The first cohorts that attended the management development program were 112 Shift Leaders during the 4th quarter. The facilitators of the programme are experienced EMS Managers that are subject experts of the given topics. The aim of the mentorship programme is:

- To promote exchange of good practices and strengthening the overall quality of supervision.
- Ensure sustained policies by adopting more innovative working practices together with up-skilling and/ or re-skilling of management staff.
- Ensure administrative competencies to all relevant documents are kept as per legislative requirements and available on request by the inspectorate.
- Standardise governance in the stations as required by the relevant legislation governing EMS.
-

Improvements in the planned patient transport service

The Department has received support from Right to Care, a non - profit organization, to improve the operations of the planned patient transport. This service is dedicated to moving patients from lower-level facilities to access specialized care at regional and tertiary/central facilities.

The volumes of patients being transported to the different levels have been on the rise over the past few years. There has been a need to restructure the service and also consider efficiencies in the operation of the planned patient transport service.

The technical assistance from Right to Care has been started in Amathole and OR Tambo districts during the reporting period. Consultations are ongoing to have the system set up in the Sarah Baartman and Nelson Mandela Metro.
The project seeks to ensure a coordinated and patient-centered planned patient transport services. The expected outcome of the project will include a reduced bed occupancy at hospitals and also reduced the out of pocket cost on patients who have to travel long distances to access specialized services.

Integration of EMS with Accident and Emergency Centre

- EMS identified three priority accident and emergency centres to be integrated for quality assurance and clinical governance. These are Livingstone Hospital, Cecilia Makiwane and Nelson Mandela Academic hospital.
- Phase one started in Livingstone hospital, Dr. Maharaj will be leading the project from the hospital side. Subsequent to nomination:
    a) NMB paramedics are being invited to join Livingstone Continuous Medical Education (CME) and Morbidity & Mortality (M&M) meetings.
    b) Some of Livingstone hospital registrars were trained on Part 138 to assist with aeromedical inter-facility transfers.
- This collaboration will assist in strengthening continuum of quality care.

Availability of Aeromedical Services in the Eastern Cape

- Subsequent to a court interdict for provision of aeromedical services, the state attorney office advised that an interim service provider be appointed to ensure continuum of aeromedical services.
- Air Mercy Services started as an interim service provider on the 1st December 2020 in EL and PE bases, Umtata base started on the 1st January 2021.
- The service is assisting by bringing Advanced Life Support (ALS) expertise to the deep rural areas of the province.
- Air Mercy Service (AMS) Part 138 training was conducted for EMS staff and doctors.

EMS regulations compliance

Six districts have been assessed for compliance according to EMS Regulations in the financial year 2020-21:

- Total of 126 ambulances have been assessed, the low rate is due to shortage of capital equipment and the high rate of grounded fleet.
- 60 response cars and 13 rescue vehicles were assessed.

EMS aims to achieve 50% ambulance compliance in the next financial year 2021-22.

EMS received 98 replacement vehicles; below is the breakdown:

- 76 Ambulances
- 10 Planned Patient vehicles
- Seven (7) Rescue vehicles
- Three (3) response cars
- Two (2) administration cars

Tracker has been installed on 720 vehicles and 19 managers were trained on how to monitor vehicles using the system.

CHALLENGES

Human Resources: high vacancy rate resulting from attrition post that cannot be filled. The disciplines are

- Advanced Life Support Paramedics
- Management and supervisor post
- Interfacility transfer staff
- Planned Patient transport staff
- Call centre Agents

Medical Equipment: There is a dire shortage of medical equipment for EMS vehicles to meet minimum requirements in accordance to EMS regulations. Equipment that was cited by assessors as hindrance for compliance are as follows

- ECG machine with defibrillator
- Ventilators
- Incubators
- Infusion pumps and syringe drivers
- Traction splits
- Immobilisation devices

Infrastructure: Most of the EMS bases are dilapidated, not meeting OHS requirements. Below are the requirements that EMS bases have failed to meet on top of the OHS minimum requirement

- Wash bays
- Oxygen cages
- Medical waste storage
- Medical record storage

Table A17: Attacks on EMS Personnel

DATE OF INCIDENT	TIME OF INCIDENT(24 HOUR FORMAT)	TYPE OF INCIDENT	BRIEF DESCRIPTION OF INCIDENT	SERVICE AREA/LOCATION
01-Jan-20	02H30	Ambulance Stoned	Rear window stoned (Broken)	Gelvandale
17-Feb-20	21H37	Ambulance stoned and set alight	Ambulance set alight	Qunu Booysen's Park
17-Feb-20	21H37	Ambulance stoned	Ambulance was send to assist the crew of the burnt ambulance when it was stoned with damage to Windscreen	Qunu Booysen's park
22-Feb	04H15	Crew robbed at gunpoint	Only Ms. Siwela was robbed of her cell phone (Mr. Mahokoto and Mr. Delport - NMMU Student was at in the back of ambulance busy treating patient).	Walmer Location
10-Apr	14H00	Robbed	Mr. Mabona was robbed at gunpoint of his cell phone.	Kwa Zakhele
02-Jun	22H09	Crew robbed and one member stabbed	Crew (Mr. Nyongo and Mr. Triegaardt) was robbed of personal belongings and Mr Nyongo was stabbed in the chest.	Walmer Location
25-Aug	18H00	Ambulance vandalised	Both front and back windscreen smashed by a patient at Motherwell Health Centre.	Motherwell
27-Oct-20	18H07	Crew robbed at gunpoint	Crew (Ms. Tela and Mr. Vusani) robbed at gunpoint.	New Brighton

Table 4.3.1: Performance against the originally tabled Annual Targets from 2020/21 Annual Performance Plan for Programme 3: Emergency Medical Services

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021 until date of re-tabling	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
6. Quality of health services improved	Efficient transfer of patients between facilities	6.5.3 Inter facility transfer	33.3%	35%	25%				The data elements for this indicator are no longer captured in DHIS as they are not part of the new National Indicator Data Set (NIDS).
		Numerator	154 911	168 060	116 450				
		Denominator	465 804	478 198	465 804				

Table 4.3.2: Performance against the re-tabled Annual Targets from 2020/21 Annual Performance Plan for Programme 3: Emergency Medical Services

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
6. Quality of health services improved	EMS P1 rural and urban response time	6.5.1 EMS P1 urban response under 30 minutes rate	New Indicator	New Indicator	55%	48%	-7%	The increase in case load of COVID-19 patients resulted in delays of calls.
		Numerator: EMS P1 urban response under 30 minutes			22 149	21 910		
		Denominator: EMS P1 urban response			40 272	45 618		
		6.5.2 EMS P1 rural response under 60 minutes rate	New Indicator	New Indicator	70%	64%	-6%	The increase of COVID-19 patients resulted in delays of calls.
		Numerator: EMS P1 response rural under 60 minutes			28 190	60 742		
		Denominator: EMS P1 rural response			40272	94 913		
	Functional PTVs availability	6.5.4 Number of Patients transported on the PTV services	New Indicator	New Indicator	10 000	10 571	571	Monitor the number of patients transferred by PPT services.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

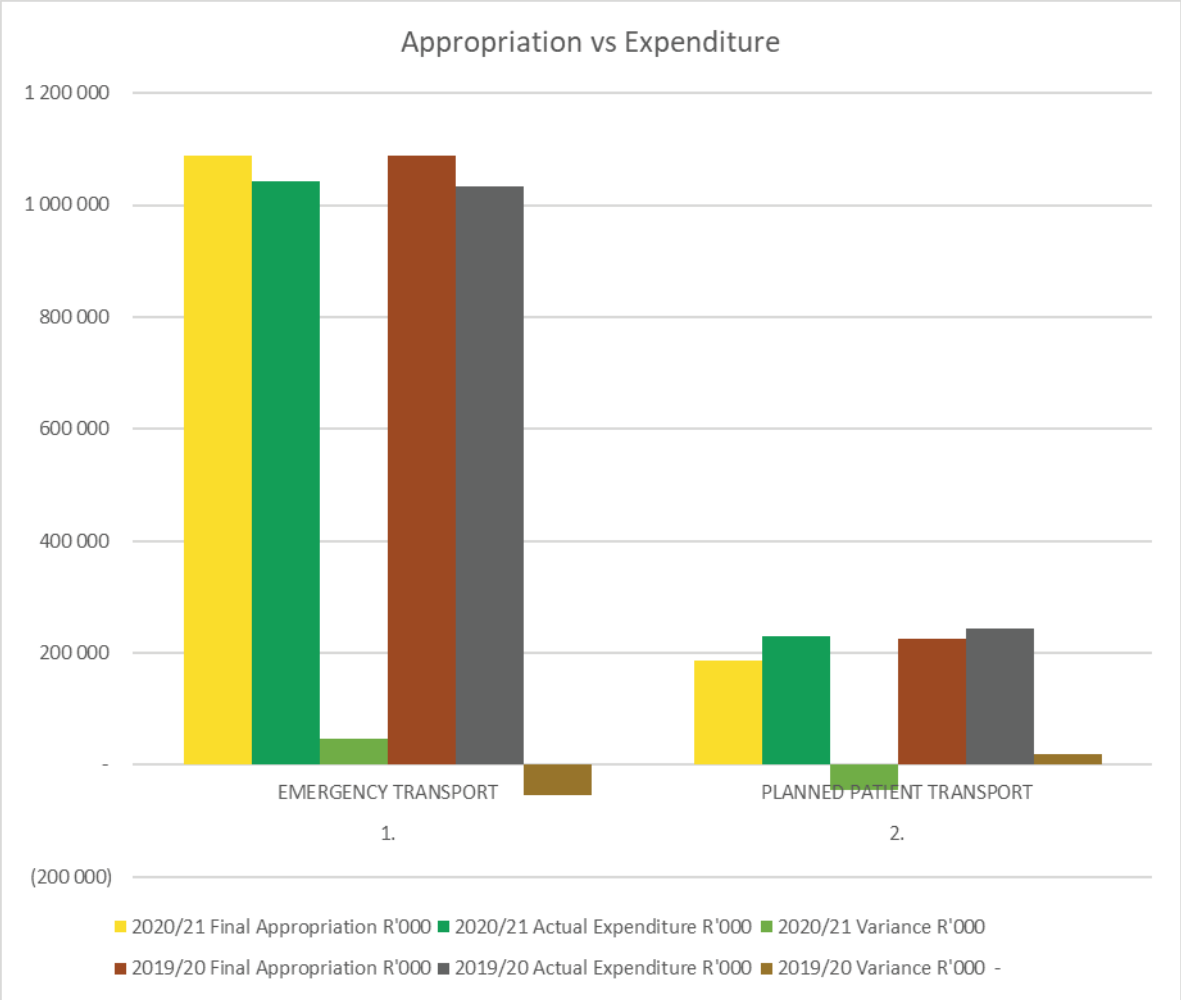
Indicator not achieved	Proposed strategies
6.5.1 EMS P1 urban response under 30 minutes rate	Recruitment of additional personnel for ambulances and inter facility transfers.
6.5.2 EMS P1 rural response under 60 minutes rate	Recruitment of additional personnel for ambulances and inter facility transfers.
6.5.4 Number of Patients transported on the PTV services	Develop a fully-fledged Planned Patient Transport Services with dedicated personnel.

LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

		2020/21			2019/20		
		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
Sub programme							-
1.	EMERGENCY TRANSPORT	1 087 503	1 041 760	45 743	1 088 849	1 034 403	(54 446)
2.	PLANNED PATIENT TRANSPORT	185 915	230 286	(44 371)	224 806	243 358	18 552
		1 273 418	**1 272 046**	**1 372**	**1 313 655**	**1 277 761**	**(35 894)**
Economic classification							-
	Current payments	**1 124 485**	**1 173 637**	**(49 152)**	**1 174 649**	**1 174 650**	1
	Compensation of employees	931 071	980 226	(49 155)	913 265	913 266	1
	Goods and services	193 414	193 411	3	261 384	261 384	-
	Interest and rent on land	-	-	-	-	-	-
	Transfers and subsidies	**1 922**	**1 921**	**1**	**3 407**	**3 128**	(279)
	Households	1 922	1 921	1	3 407	3 128	(279)
	Social benefits	1 922	1 921	1	3 407	3 128	(279)
	Other transfers to households	-	-	-	-	-	-
	Payments for capital assets	**147 011**	**96 488**	**50 523**	**135 599**	**99 983**	(35 616)
	Machinery and equipment	147 011	96 488	50 523	135 599	99 983	(35 616)
	Transport equipment	135 022	96 292	38 730	115 408	83 593	(31 815)
	Other machinery and equipment	11 989	196	11 793	20 191	16 390	(3 801)
		1 273 418	**1 272 046**	**1 372**	**1 313 655**	**1 277 761**	**(35 894)**

4.4. PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES



The net underspending of R1,372 million in the programme arose from an overspend of R49,16 million in the COE of the Programme, primarily caused by the payment of shift allowances to personnel while Capex underspent by a net amount of R50,52 million in order to create cash flow in the PMG Account of the Department for the payment of court ordered medico legal claims in the affected clinical programmes



PROGRAMME 4

PROVINCIAL HOSPITAL SERVICES

4.4. PROGRAM 4: PROVINCIAL HOSPITAL SERVICES (REGIONAL AND SPECIALISED)

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 at 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 hospitals into strategically placed centres of excellence in which a small percentage of patients may undergo hospitalization under 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
- PZ Meyer
- Majorie Parks
- Winter Berg
- Osmond
- Khotsong
- Empilweni
- Themba

Sub-Programme 4.3

Psychiatric Mental Hospital Services: Rendering a specialist psychiatric hospital services 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 Nginza Hospital 72-hour observation Unit plus

SUB-PROGRAMME 4.1

PROGRESS AND ACHIEVEMENTS

CECILIA MAKIWANE HOSPITAL

Clinical

- COVID-19 pandemic had serious effects on rendering of clinical services. 90 inpatient beds in Internal Medicine Department were repurposed to accommodate COVID-19 admission to make 172 adult beds during second wave of COVID-19 and a 32 beds surgical ward was released to accommodate medical patients.
- A process was undertaken to review 371 COVID-19 deaths captured before 12 November 2020. Preliminary findings revealed that some of the captured deaths did not meet the criteria. The hospital is in communication with National Institute Communicable Diseases (NICD) regarding those cases. The number of COVID-19 related deaths from Jan-March 2021 is 94.
- With the decrease in number of COVID-19 related cases, i.e. Patients Under Investigations (PUI)s and Confirmed cases led to a closure of ward 16, which accommodated confirmed COVID-19 cases.

Pharmacy

- Tracer drug availability was 99%.
- Pharmacy waiting times reduced – strengthened down-referral system. Enrolled new patients on Central Chronic Medicine Dispensing Distribution (CCMDD).
- Responded to COVID-19 by dispensing for 2 months for all those stable patients on chronic medicines.
- CMH launched a vaccination site on the 26 March 2021 and is doing well.
- Siemens donated a hundred bedded modular structure with 10 beds for ICU and 90 for general care of patients all meant to assist accommodate COVID-19 patients.
- **Promotion of Access of Information Act (PAIA)** requested 94, **Granted** 62 (including backlog) and Responded within 30 days were **21.**

Radiology

- The vendor, (Energy X-Ray) has tasked the CMH ICT to put icons on all the dicoms in various clinical Departments in preparation for the imminent PACS/RIS rollout, which has finally been implemented.
- PACS roll-out started off smoothly.
- The Department started the training of clinicians and all radiology staff.
- Emigration to PACS/RIS commenced on 1st March 2021 whilst data is entered manually and the issue of HMS2 is attended by provincial office.
- The hospital received a donation of one mobile x-ray unit and an ultrasound machine to be utilised for the diagnostic purposes in the 100 beds modular structure from Siemens. On the 9th of April, the Siemens application specialist commenced application instruction on the general radiography and that will be followed by the same with ultrasonography.

Human Resource Management

The hospital recruited personnel to mitigate COVID-19 infections: These are indicated below:

- 2 medical officers.
- 3 social workers.
- 22 Professional nurses.
- 19 staff nurses.
- 25 nursing assistants.
- 28 ward assistants.
- 148 health care workers.

There was an intake of community services professional and post community services:

- 36 professionals were placed and these were all paid within the first month of assumption of duty where all documents were submitted.
- Appointed 3 additional Social Workers to deal with COVID-19 psychosocial issues among staff.

- 252 staff members were participants in the debriefing sessions with special focus on post COVID-19 and trauma debriefing.
- Established prayer sessions for the spiritual uplifment of the employees during the Covid-9 pandemic.
- A COVID-19 support group was established for employee's support system.
- Formulation of a project team in conjunction with Provincial Office to look at all Occupational Specific Dispensation (OSD) related complaints and identify the validity of each claim.
- All grievances are attended to within 30 days from the day the grievance is lodged.
- Workplace induction and training was done to General Assistants, Mortuary Attendants, Artisans, Foodservices, Porters and Laundry workers.

SCM

The following long-term bids were advertised (36 months) as at end of January as per Procurement plan:

- Garden services.
- Accommodation for clinicians.
- Patient food.

Head office currently evaluating bid for Endoscopic machine.

Facilities and Infrastructure

- Food services tenders have been renewed for 7 months.
- 5 months' contract for garden services have been awarded.
- New Laundry machines were received with washer and 4 driers.
- Old hospital wards A & E and Orthopaedics renovations completed.
- Painting of old hospital corridor from Intensive Care Unit (ICU) to EMS and dental completed.
- Siemens project construction of 100 beds sub constructed to WBHO busy with site-established, plan scheduled for completion on the 31 March 2021.
- Approval obtained for replacement of medical compressor at old hospital plant room.
- Generators serviced as scheduled by MAUNGA with 14000 litres.
- Xhobani Security started a 36 /12 contract with 90 guards and additional 20 to start in April 2021.
- Fire extinguishers serviced.

Quality Assurance

- Capturing of Ideal hospital realisation assessments in progress delays are caused by resetting of password by National Department of Health.
- Patient Experience of care conducted score at 74 %.
- Complaints resolution rate within 25 working rate 100%.
- Occupational Health, Infection Prevention and Quality Assurance committees sat as mandated under strict COVID-19 regulations.
- 428 employees were infected with COVID-19 with 17 Covid related deaths since the start of COVID-19.

DORA NGINZA HOSPITAL

Governance, Leadership and Compliance

- Health and Safety Committee continues to be functional and effective.
- Accredited as a Vaccination Site with 6 vaccination points.

Implementation of Regional Hospital Package

Complete movement of Internal Medicine to the new renovated wards.

Capacity building

53 nurses trained as vaccinators.

Infrastructure

Maternity High Care renovated with isolation cubicles.

FRONTIER HOSPITAL

- Ideal facility assessment done and report still compiled.
- Patient Experience of Care Survey done, some areas for improvement identified and the Quality Improvement Plans developed and implemented.
- Movement to the new building done to create more space for COVID-19 patients.

MTHATHA REGIONAL HOSPITAL

CLINICAL

- During 4th quarter the COVID-19 ward was equipped with medical equipment, oxygen delivery and infection control measures instituted.
- The institution has been established fully functional vaccine site. COVID-19 vaccination started through Medical Research Council (MRC) research initiative with collaboration of Department of Health. We achieved an average of 200 vaccines on daily basis to health care staff of Mthatha Regional Hospital (MRH) and surrounding district hospitals and health facilities.
- Establishment of staff clinic and rendering clinical and administrative services for Mthatha Regional Hospital (MRH) staff.
- Obstetrics & Gynecology and Pediatrics Department outreach started at Ngangelizwe Community Health Centre to improve perinatal outcomes.
- Bulk oxygen tank and oxygen points at Accident and Emergency Department and medical and surgical wards inserted The oxygen capacity assist to prevent the COVID-19 related deaths compare to previous quarter.
- Parkhome for 72hrs observation for acute psychosis was procured to overcome the infrastructure limitation.
- Parkhome for lodger mothers procured to accommodate them during their newborn infants seeking care at neonatal ICU.

CHALLENGES:

- Pediatric ward is still closed due to repurpose for COVID-19 ward.
- Infrastructure challenge of record keeping resulting in increase of litigation by losing the patient's records.

QUALITY ASSURANCE AND INFECTION CONTROL OFFICE

- Complaints, Compliments and Suggestion management conducted successfully amid the pandemic.
- Revival of Policy formulation committee revived.
- Patient Experience of Care conducted and report available.
- National Core Standards conducted and report available.
- Ideal Hospital Realisation and Maintenance done and report available.
- Quality Assurance and Infection Control office were part of Vaccination team at Mthatha Regional Hospital vaccination site monitoring and reporting adverse events at the site.

HUMAN RESOURCES MANAGEMENT AND GENERAL ADMINISTRATION

Appointments:

- 10 x Medical Officers.
- 12 x Professional Nurses COVID-19 contract.
- 13 X Enrolled Nurses COVID-19 contract.
- 30 x Enrolled Nursing Assistants COVID-19 contract.
- 100 x Community Health Workers COVID-19 contract.
- 24 x Laundry contract workers Expanded Public Works Programme (EPWP).
- 57 x Food Service Aid EPWP.
- 20 x Gardening Services EPWP.

Advertised of Head Clinical units, Operational Managers posts.

HRD

- Workplace Skills Plan (WSP) developed.
- 678 Performance Management Development System (PMDS) Contract coordinated.
- 707 x employees were trained on different program including COVID-19 awareness.
- 5 x employees were awarded bursaries.

Service Benefits

- Grade progression implementation on track.
- Leave capturing within 5 working days from the date of receipts.
- Pension pay out within 30 working days.
- Housing benefits and qualification bonus memo and approvals within 30 days.

Employees Relations

- 7 cases were closed within stipulated time of 90 days.
- 1 grievance were resolved within 30 days.

Patient Administration

- 99% Patient registration on BAS.
- Improvement of response to requests for information (PAIA) 5 working days.
- 99% Patient registration on BAS.
- Improvement of response to requests for information (PAIA) 5 working days.

Table 4.4.1: Performance against the originally Annual Targets from 2020/21 Annual Performance Plan for Sub-Programme 4.1 Regional Hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
	Patient satisfaction increased	6.1.4 Percentage of patients satisfied with their experience of care in public health facilities	New indicator	New indicator	60%	85%	20%	Target overachieved. This is attributed to access and staff attitudes towards patients	The amendment is to correct the indicator so that it's aligned to the new approved NIDS. The indicator is also corrected in the Technical Indicator Description (TIDS)
		Numerator				3627			
		Denominator				4265			

Table 4.4.2: Performance against the re-tabled Annual Targets from 2020/21 Annual Performance Plan for Sub-Programme 4.1: Regional Hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
6. Quality of health services improved	Hospitals that qualify as Ideal hospitals increased	6.2.4 Ideal Hospitals status obtained rate	New indicator	New indicator	20%	0%	-20%	Target not achieved. All facilities did not conduct / complete assessments due to COVID-19 additional responsibilities.
		Numerator: Health facilities have obtained Ideal status			1	0		
		Denominator: Number of hospitals			5	5		
	Patient satisfaction increased	6.1 4 Patient experience of care satisfaction rate	New indicator	New indicator	60%	73.7%	13.7%	Target overachieved. All facilities have conducted surveys in previous quarters.
		Numerator: Patient Experience of Care survey				32 858		
		Denominator: Patient Experience of Care survey total responses				44 594		
	Patient Safety increased	6.3.2 Severity assessment code 1 incident reported within 24 hours rate	New indicator	New indicator	80%	87.8%	7.8%	Target over-achieved as all code 1 incidents were reported within 24 hours.
		Numerator: Severity assessment code 1 incidents reported within 24 hours				394		
		Denominator: Severity assessment code 1 incident				449		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
		reported						
10. Community engagement improved	Hospitals with functional hospital boards established	10.2.2 Percentage of Hospitals with functional hospital boards	New indicator	New indicator	100%	0%	-100%	The meeting did not take place due to COVID-19 outbreak.
		Numerator: Number of functional Hospital Boards			5	0		
		Denominator: Number of Hospitals			5	5		
3. Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	Symptomatic Person under investigation and COVID-19 positive clients admitted for inpatient management	3.6.4 Number of inpatients with COVID-19 admitted in standard care bed	New indicator	New indicator	900	4 279	3 379	Target over-achieved as more patients presented to the facilities and were admitted as per need.
		3.6.5 Number of inpatients with COVID-19 admitted in critical care bed	New indicator	New indicator	250	111	-139	Target not achieved as more patients needed standard care as opposed to critical care.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
6.2.4 Ideal Hospitals status obtained rate (Regional)	To conduct Ideal Hospital status determination in the 1st quarter of 2021/22.
10.2.2 Percentage of Hospitals with functional hospital boards	The institutions to finalize the appointment of hospital boards in the 1st quarter of 2021/22 financial year.
3.6.5 Number of inpatients with COVID-19 admitted in critical care bed	The ICU beds in regional hospitals will be established and commissioned in 2022.

4.2 SUB- PROGRAMME: SPECIALISED TB HOSPITALS

PROGRESS AND ACHIEVEMENTS

- Refurbishment of the following hospitals finished: Ormond, Marjorie Parrish, Winterberg and Nkqubela TB Hospitals in order to repurpose some of the wards for COVID-19 patients with TB disease.
- At Jose Pearson DR-TB hospital, the NGO Acquity has renovated the Paediatric ward to create more space for admitting MDR-TB pediatric patients.
- Recruitment of the hospital boards in progress for all the TB hospitals. the Hon. MEC has since given six-month extension.

Table 4.4.3: Performance against the re-tabled Annual Targets from 2020/21 Annual Performance Plan for Sub-Programme 4.2: Specialised TB Hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
6. Quality of health services improved	Hospitals that qualify as Ideal hospitals increased	6.2.5 Ideal Hospitals status obtained rate	New indicator	New indicator	20%	0%	-20%	Target not achieved due to pandemic outbreak
		Numerator: Health facilities have obtained Ideal status			2	0		
		Denominator: Number of Regional hospitals			10	10		
	Patient satisfaction increased	6.1.5 Patient experience of care satisfaction rate	New indicator	New indicator	60%	86.6 %	26.6%	Target overachieved as all the TB Hospital achieved the target. The overachievement of this target is attributed to the new therapeutic agents with less side effects that are used especially for MDR-TB patients, as patients are no longer staying for a long time in hospital.
		Numerator: Patient Experience of Care survey satisfied responses				5 889		
		Denominator: Patient				6 798		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
		Experience of Care survey total responses						
	Patient Safety increased	6.3.3 Severity assessment code 1 incident reported within 24 hours rate	New indicator	New indicator	80%	0%	0%	There were no incidents reported during the period under review.
		Numerator: Severity assessment code 1 incidents reported within 24 hours						
		Denominator: Severity assessment code 1 incident reported						
10. Improve community engagement	Hospitals with functional hospital boards established	10.2.3 Percentage of Hospitals with functional hospital boards	New indicator	New indicator	100%	60%	-40%	Target not achieved, only 7 TB hospitals managed to hold meetings during the period under review. The other 4 hospitals, Jose Pearson, Nkqubela, Marjoire Parish and PZ Meyer TB hospitals could not hold meetings as they are still in a process of recruiting hospital board members as this process also was also hindered by COVID-19 pandemic, as gatherings were prohibited as according to the COVID-19 protocols.
		Numerator: Number of functional Hospital Boards			10	6		
		Denominator:			10	10		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
		Number of Hospitals						

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
10.2.3 Percentage of Hospitals with functional hospital boards	The TB Directorate is giving support to the 4 TB hospitals namely, Jose Paerson, Nkqubela, Marjorie Parish and PZ Meyer TB that do not have functional hospital boards. The hospital has been advised to engage with Councillors to convene the meetings in small gatherings so that nomination of members to serve to the hospital boards is done. The directorate is going to monitor this process working very closely with the hospital management of the hospitals.

4.3 SUB- PROGRAMME: SPECIALISED PSYCHIATRIC HOSPITALS

PROGRESS AND ACHIEVEMENTS

- Appointed one Psychiatric specialist for Elizabeth Donkin Hospital (EDH) from the five (5) Registrars who passed their examinations, and the other 4 registrars are completing their dissertations to qualify for registration as specialist.
- Installed Psychiatric Mental Health Beds and mattresses at EDH
- Patient Experience of Care conducted, overall score was 82.5%.
- Komani Hospital commissioned a new laundry and is fully operational.
- Komani completed renovations for three wards i.e. ward 2, 3, 4 as field hospital for COVID-19.
- Elizabeth Donkin Hospital and Mthatha Mental Health Unit installed new psychiatric beds and mattresses to improve therapeutic environment for the facilities.

Table 4.4.4: Performance against Annual Targets from 2020/21 Annual Performance Plan for Sub-Programme 4.3 Specialized Psychiatry Hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
6. Quality of health services improved	Hospitals that qualify as Ideal hospitals increased	6.2.6 Ideal Hospitals status obtained rate	New indicator	New indicator	33.3%	33.3%	0%	Target achieved
		Numerator: Health facilities have obtained Ideal status			1	1		
		Denominator: Number of hospitals			3	3		
	Patient satisfaction increased	6.1 6 Patient experience of care satisfaction rate	New indicator	New indicator	60%	78.9%	18.9%	Target over-achieved. All hospitals conducted PEC.
		Numerator: Patient Experience of Care survey				5 037		
		Denominator: Patient Experience of Care survey total responses				6 383		
	Patient Safety increased	6.3.4 Severity assessment code 1 incident reported within	New indicator	New indicator	80%	100%	20%	Target over-achieved. All Code 1 incidents were reported within 24 hours.

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
		24 hours rate						
		Numerator: Severity assessment code 1 incidents reported within 24 hours				4		
		Denominator: Severity assessment code 1 incident reported				4		
10. Improve community engagement	Hospitals with functional hospital boards established	10.2.4 Percentage of Hospitals with functional hospital boards	New indicator	New indicator	66.6%	66.6%	0%	Target achieved.
		Numerator: Number of functional Hospital Boards			2	2	0%	
		Denominator: Number of Hospitals			3	3		
4. Morbidity and Premature mortality due to Non-Communicable diseases reduced	Functional mental health review boards	4.4.2 District specialist mental health teams established	New indicator	New indicator	5	0	-5	Target not achieved, Posts were not filled due to budgetary constraints.

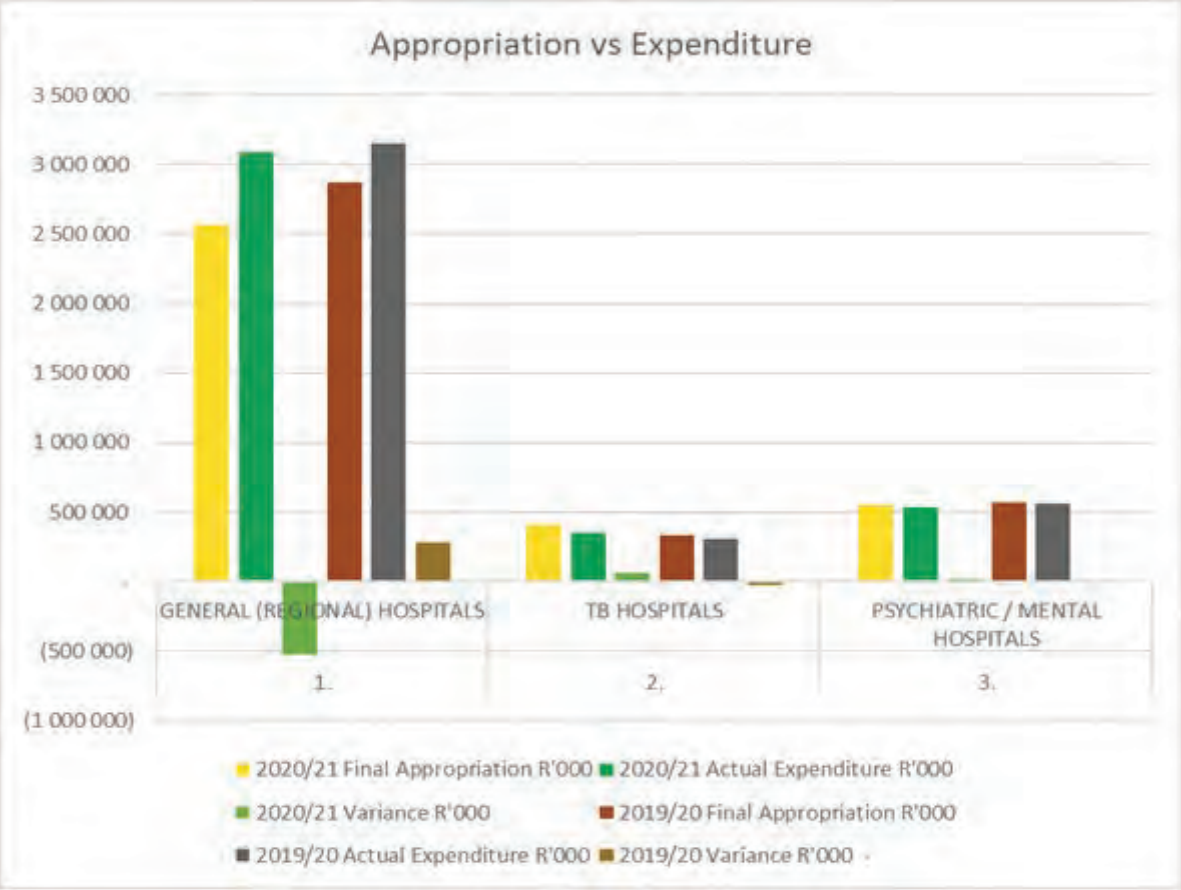
STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
4.4.2 District specialist mental health teams established	To establish Community Based Mental Health Teams through Mental Health Conditional Grant in 2021/22 financial year.

LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES (REGIONAL AND SPECIALISED)

		2020/21			2019/20		
		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
Sub programme							-
1.	GENERAL (REGIONAL) HOSPITALS	2 564 585	3 093 261	(528 676)	2 868 263	3 152 971	284 708
2.	TB HOSPITALS	409 790	348 096	61 694	335 793	310 434	(25 359)
3.	PSYCHIATRIC / MENTAL HOSPITALS	556 294	539 008	17 286	566 664	562 994	(3 670)
		3 530 669	**3 980 365**	**(449 696)**	**3 770 720**	**4 026 399**	**255 679**
Economic classification							-
	Current payments	**3 506 348**	**3 650 814**	**(144 466)**	**3 719 940**	**3 726 914**	6 974
	Compensation of employees	2 704 696	2 829 001	(124 305)	2 850 830	2 844 562	(6 268)
	Goods and services	801 652	801 650	2	855 856	869 098	13 242
	Interest and rent on land	-	20 163	(20 163)	13 254	13 254	-
	Transfers and subsidies	**13 141**	**318 371**	**(305 230)**	**11 818**	**286 900**	275 082
	Households	13 141	318 371	(305 230)	11 818	286 900	275 082
	Social benefits	13 141	13 355	(214)	11 787	9 323	(2 464)
	Other transfers to households	-	305 016	(305 016)	31	277 577	277 546
	Payments for capital assets	**11 180**	**11 180**	**-**	**38 962**	**12 585**	(26 377)
	Machinery and equipment	11 180	11 180	-	38 962	12 585	(26 377)
	Transport equipment	3 654	6 547	(2 893)	4 640	6 202	1 562
	Other machinery and equipment	7 526	4 633	2 893	34 322	6 383	(27 939)
		3 530 669	**3 980 365**	**(449 696)**	**3 770 720**	**4 026 399**	**255 679**



The net overspending of R449,696 million in the Programme has primarily been caused by the net settlement of court ordered medico legal claims of R325,39 million - which are unfunded and unbudgeted as well as COE pressures of R124,305 million caused through baseline cuts in the 1st 2020/21 AEPRE and erroneous Persal link codes.



PROGRAMME **5**

CENTRAL & TERTIARY HOSPITAL

4.5. PROGRAM 5: CENTRAL & TERTIARY HOSPITAL

5.1 Sub – programme 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 Province:

SUB-PROGRAMMES

Central Hospital: Nelson Mandela Academic Hospital

PROGRESS AND ACHIEVEMENTS

Table A18: HOSPITAL EFFICIENCY INDICATORS MAINTAINED WITHIN NORMAL LIMITS THROUGHOUT

<table>
<tr><th>Period April 2020- March 2021</th><th>Achievement</th><th>Impact on service delivery</th></tr>
<tr><td>Efficiency Indicators Annual performance</td><td>HOSPITAL EFFICIENCY INDICATORS MAINTAINED WITHIN NORMAL LIMITS
See table below:
<table>
<tr><th></th><th>TARGET 2020/21</th><th>Quarter 1</th><th>Quarter 2</th><th>Quarter 3</th><th>Quarter 4</th><th>Average performance 2020/21</th></tr>
<tr><td rowspan="2">Nelson Mandela Academic Hospital</td><td>BUR-83%</td><td>53.3</td><td>59%</td><td>73.7</td><td>60.9%</td><td>61.7%</td></tr>
<tr><td>ALOS-8 Days</td><td>6,2 days</td><td>6.7 days</td><td>6.6 days</td><td>7 days</td><td>6.6 days</td></tr>
<tr><td rowspan="2">Bedford Orthopaedic Unit</td><td>BUR-75%</td><td>36.5%</td><td>65.3%</td><td>83,4%</td><td>82..4%</td><td>66.9%</td></tr>
<tr><td>ALOS-18 Days</td><td>14.7 days</td><td>23 days</td><td>27,5 days</td><td>24.8 days</td><td>22.5 days</td></tr>
<tr><td rowspan="2">Mental Health Unit</td><td>BUR-75%</td><td>37.6%</td><td>37.6%</td><td>64,9%</td><td>46.3%</td><td>46.6 %</td></tr>
<tr><td>ALOS 30 Days</td><td>31.9 days</td><td>45.5 Days</td><td>24.9 days</td><td>32,5 days</td><td>33.7 days</td></tr>
</table></td><td>Specialist Services offered cost effectively within targets as per established guidelines.
Access to specialized services for the target area.
Efficiency and quality of health services offered maintained within established norms.</td></tr>
<tr><td>Specialized Departments fully functional and attracting clients beyond Eastern Cape</td><td>SPECIALISED DEPARTMENTS FULLY ESTABLISHED AND FUNCTIONAL

COCHLEAR IMPLANT UNIT

Cochlear implant services established are now fully functional. They attract clients all over South Africa and even beyond. Implants are financed by either medical aid or from the hospital budget according to patient categorization (UPFS policy)).
In spite of disturbances and delays in cochlear implant plans brought about by COVID-19 lockdown regulations that limited theatre procedures to emergencies and life threatening situations, the institution managed to insert 9 cochlear implants out of 14 planned implants as per 2020/21 operational plan.
Number of implants inserted for 2020/21 financial year = 09 (3 implants in quarter 2, 4 in quarter 3 and 02 in quarter 4)
Some patients especially those financed by medical aid have implants inserted on both ears.</td><td>Access to rehabilitation services for clients with special needs, giving them an opportunity to lead a normal life.
Development of specialized services in line with the package of the hospital.</td></tr>
</table>

<table>
<tr><th>Period April 2020- March 2021</th><th>Achievement</th><th>Impact on service delivery</th></tr>
<tr><td></td><td>
2 implants inserted to private patients and 07 inserted to public patients.
All the above clients are currently attending cochlear implant rehabilitation school within Nelson Mandela Academic Hospital.

COCHLEAR IMPLANT REHABILITATION SCHOOL

After insertion of an implant patients need comprehensive Multidisciplinary Rehabilitation services to teach skills that were not there before.
The school has received a teacher (on stipend from a company).
Number of students at school is increasing.
First patient came profoundly deaf, was inserted cochlear implant in January 2019, attends rehabilitation school now can engage in normal conversation.
Training of children on skills that were not there before needs constant participation and engagement of the care giver, house to be renovated for utilisation as cochlear implant mother's lodge has been identified and is targeted for renovation in 2021/22 financial year.

EFFECTIVE UTILISATION OF CATHLAB SERVICES

Cathlab services are utilized not only by people from Mthatha but from as far as Gqeberha (formerly Port Elizabeth)
Services rendered are being expanded i.e. in July 2020 we have seen growth in the number of specialists using cathlab i.e. vascular surgery.
The unit still needs different specialists in order to function maximally.

See statistics below:
<table>
<tr><th>Service</th><th>Quarter 1</th><th>Quarter 2</th><th>Quarter3</th><th>Quarter4</th></tr>
<tr><td>Adult cardiology</td><td>4</td><td>15</td><td>40</td><td>19</td></tr>
<tr><td>Paeds cardiology</td><td>0</td><td>13</td><td>10</td><td>10</td></tr>
<tr><td>Vascular surgery</td><td>-</td><td>31</td><td>60</td><td>67</td></tr>
<tr><td>TOTAL</td><td>4</td><td>59</td><td>110</td><td>96</td></tr>
<tr><td>GRAND TOTAL</td><td colspan="4">269 Patients seen and managed</td></tr>
</table>

EFFECTIVE MANAGEMENT OF COMPLAINTS

<table>
<tr><th>Indicator</th><th></th><th>Quarter 1</th><th>Quarter 2</th><th>Quarter 3</th><th>Quarter 4</th></tr>
<tr><td rowspan="2">Complaints management rate</td><td>NMAH</td><td>23/23 - 100%</td><td>11/11 - 100%</td><td>19/19 - 100%</td><td>25/25 - 100%</td></tr>
<tr><td>Bedford Orthopaedic Unit (BOU)</td><td>03/3 - 100%</td><td>7/7 - 100%</td><td>8/8 - 100%</td><td>8/8 - 100%</td></tr>
<tr><td rowspan="2">Complaints managed within 25 working days rate</td><td>NMAH</td><td>23/23 - 100%</td><td>11/11 - 100%</td><td>19/19 - 100%</td><td>25/25 - 100%</td></tr>
<tr><td>Bedford Orthopaedic Unit (BOU)</td><td>03/3 - 100%</td><td>7/7 - 100%</td><td>8/8 - 100%</td><td>8/8 - 100%</td></tr>
</table>
</td><td>
Access to specialized services improved. Cost effective services that are within reach of patients served.
Developing package of central hospital.
</td></tr>
<tr><td colspan="3">All complaints were effectively managed according to complaints management guidelines and resolved or escalated to the next level within targeted time

NMAH - SIR HENRY ELLIOT PROJECTS</td></tr>
<tr><td>Oncology Project</td><td>REFURBISHMENT OF OLD WARD IN SIR HENRY ELLIOT HOSPITAL TO CATER FOR ONCOLOGY SERVICES -</td><td>State of the art infrastructure for</td></tr>
</table>

Period April 2020- March 2021	Achievement	Impact on service delivery
	Refurbishment of old Sir Henry Elliot ward to cater for oncology services is complete. The unit has already moved in and as from the 1st of March 2021 oncology services have been offered through this site. Brief description: Oncology unit is an Outpatient structure that consists of the reception area that caters for 30 patients, social distance maintained, chemotherapy mixing room, chemotherapy administration room catering for 12 clients, Pharmacy area, doctors consulting rooms 06, procedure room, offices and store rooms, large packing area for both staff and clients. lecture room, psychosocial rooms, Background: Nelson Mandela Academic hospital is implementing a decentralized cancer services model which introduces cancer care services within the drainage region of the hospital. It's a coordinated multi-disciplinary approach to cancer care with the aim to improve access to cancer care services. Its implementation ensures that cancer patients are picked up at lower levels of care and are referred for diagnosis and treatment early at the Nelson Mandela Academic Hospital. Lower level of care services focusses on prevention, screening, early detection and access to treatment. Chemotherapy is administered in this site, only radiotherapy patients are transported to East London. These services have been offered in a small passage next to A&E and it became a matter of urgency that a unit be identified and renovated for these services to get space	oncology services Full effect of the decentralized programme putting Nelson Mandela Academic Hospital as a HUB
Urology Project	**REFURBISHED WARD TO OFFER UROLOGY SERVICES (INCLUDING PENILE REHABILITATION SERVICES)** The refurbished unit in Sir Henry Elliot Hospital to cater for urology services is complete. Theatre room was completed and awaiting insertion of relevant equipment i.e. anaesthetic machine, theatre table, procurement processes are in place. At present it is working as vaccination site.	State of the art infrastructure for urology services. Access to specialized services. Extra theatre to deal with issues of theatre time
Nelson Mandela Academic Hospital Research Unit(NEMACRU)	**NELSON MANDELA ACADEMIC HOSPITAL RESEARCH UNIT (NEMACRU)** NEMACRU has played prominent role in conducting trials for COVID-19 Vaccine (Johnson and Johnson) a role that has earned it international recognition. Vaccination of health workers is continuing under the watchful eye of this unit.	Development of package of a central hospital, international recognition as a research platform, learning and teaching space
	VACCINATION SITE Nelson Mandela Academic Hospital Vaccination Site in Sir Henry Elliot is operational. Permit for it to operate has been issued by the National Department of Health. More than 7800 health care workers have been vaccinated through this site. Nelson Mandela Academic Hospital research unit is storing, preparing and monitoring vaccines for this site. No severe reaction has been reported and there is an allocated medical team to manage any adverse reaction.	Access to COVID-19 vaccine for all health workers.
Bulk Oxygen tank	**SIR HENRY ELLIOT BULK OXYGEN TANK** Oxygen Tank to offer uninterrupted oxygen supply to recently renovated units in Sir Henry Elliot has been installed. Both Oncology and Urology have piped medical gas fully operational.	Availability of Uninterrupted supply of medical gas to the services in the Sir Henry Elliot Hospital.
Sir Henry Elliot Mortuary	**SIR HENRY ELLIOT MORTUARY** Sir Henry Elliot Mortuary renovation is completed, installation of mortuary cabinets and fridges has been finalized. Mortuary is ready for use.	Access to more space for mortuary services.

Period April 2020- March 2021	Achievement	Impact on service delivery
Effective management of COVID-19	**PROVISION OF ICU FACILITY FOR MANAGEMENT OF COVID-19 PATIENTS** Renovation of ward A in Mthatha Regional Hospital to be used as ICU specifically for critically ill COVID-19 clients has been effected in the financial year 2020/21.359 critically ill patients have been cared for in this facility. Procurement of equipment to be utilized in COVID-19 ward i.e. beds, ventilators, high flow machines, monitors, Employed staff on contract for a period of 12 Months. Properly managed both first and second wave of COVID-19 with more recoveries.	Access to ICU facility for all COVID-19 patients in need of critical care Well-coordinated and improved management of communicable diseases.
Reverse osmosis plant	**REVERSE OSMOSIS PLANT** Installed reverse osmosis plant is operational and dialysis of renal patients is progressing well.	Improved access to renal dialysis services. Improved management Development of T2 Services in line with package of the hospital
Training and Development	**REGISTRAR PROGRAM PERFORMING WELL AND PRODUCING SPECIALISTS** Vascular surgery specialist that the hospital invested in returned back from specialization and commenced vascular services within the Cathlab. Reproductive Medicine and Infertility specialist has written final exams., The hospital aims to start reproductive clinic in the next financial year and future plan is to have embryology lab, benchmarking for the lab in Tigerberg Hospital is in planned. The hospital has produced three specialist in Radiology,, Psychiatry, Obstetrics and Gynaecology.	Development of new Vascular Services to the people of the Eastern region. Development of modern tertiary services platform in response to the needs of the community of the Eastern Cape Province. Reduced expenditure for out of province referrals
Major equipment purchased	**MAJOR EQUIPMENT PURCHASED** Ultra sound machine procured. Viewing stations had been installed in all clinical strategic units for easy accessing of x-ray images.	Increased access to care
Gardening Services	**INSOURCING OF GARDENING AND LAUNDRY SERVICES** Laundry and gardening services have been insourced.	Improved service delivery Cost effective services
Upgrade of Bedford Kitchen	**UPGRADE OF BEDFORD KITCHEN** Bedford Orthopaedic Unit Kitchen has been in a very bad condition for years. The institution has invested on the upgrade to improve service delivery. The upgrade is completed.	Improved facility for Bedford Orthopaedic Unit
Backup Generator	**BACKUP GENERATOR** Generator to act as backup in cases of power failure has been installed and is fully operational	Uninterrupted power supply
HUMAN RESOURCE	**APPOINTMENTS:**	

Period April 2020 - March 2021	Achievement	Impact on service delivery
	Human Resource appointments: • Appointments during the period under review include various specialists i.e. Maxillofacial specialist and Oral surgeon, 'Neuro surgeon, Public Health specialist as a joint venture with W.S.U, Psychiatry, Paediatric specialists, • Furthermore, the hospital devised a multidisciplinary team approach to curb the impact of staff shortages; to this end, multidisciplinary team members were appointed from various Departments' i.e. medical officers, professional nurses and support staff.	Strengthening the functionality of various clinical disciplines and to improve service delivery,

CHALLENGES

- Medico-legal claims towards the hospital negatively affecting its functionality as resources ie cars are being attached. The institution needs a comprehensive medico legal strategy.
- Backlogs especially in Orthopaedics unit.
- Space for medical records.
- Space to expand services i.e. Cerebral Palsy Clinic etc.

Table 4.5.1: Performance against the re-tabled Annual Targets from 2020/21 Annual Performance Plan for Sub-Programme 5.1: Central Hospital

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
6. Quality of health services improved	Hospitals that qualify as Ideal Hospitals increased	6.2.7 Ideal Hospitals status obtained rate	New indicator	New indicator	100%	100%	0%	Target achieved.
		Numerator: Health facilities have obtained Ideal status			1	1		
		Denominator: Number of hospitals			1	1		
	Patient satisfaction increased	6.1.7 Patient experience of care satisfaction rate	New indicator	New indicator	60%	80%	20%	Target over-achieved. The facility improved on attitudes and access.
		Numerator: Patient Experience of Care survey				69		
		Denominator: Patient Experience of Care survey total responses				100		
	Patient Safety	6.3.5 Severity	New indicator	New indicator	80%	100%	20%	Target overachieved.

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
	increased	assessment code 1 incident reported within 24 hours rate						
		Numerator: Severity assessment code 1 incidents reported within 24 hours				1		
		Denominator: Severity assessment code 1 incident reported				1		
10. Improve community engagement	Percentage of Hospitals with functional hospital boards	10.2.5 Percentage of Hospitals with functional hospital boards	New indicator	New indicator	100%	0%	-100%	The hospital board is non-functional.
		Numerator: Number of functional Hospital Boards			1	0		
		Denominator: Number of Hospitals			1	1		
6. Quality of health services improved	Infrastructure refurbished Medical equipment Procured Unit staff recruited	6.7.1 Penile rehabilitation unit established			Penile rehabilitation unit established	Penile rehabilitation unit established	0	The unit is complete. The building is being used for COVID-19 patients.
3. Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	Symptomatic Person under investigation and COVID-19 positive clients admitted for inpatient management	3.6.8 Number of inpatients with COVID-19 admitted in standard care bed	New indicator	New indicator	900	36	-864	Target not achieved as standard care patients were mostly treated in the district and regional hospitals.
		3.6.9 Number of inpatients with COVID-19 admitted in	New indicator	New indicator	700	215	-485	Target not achieved. Patients are admitted as per need.

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
		critical care bed						

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
6.3.5 Severity assessment code 1 incident reported within 24 hours rate	• Management attention has been drawn to the issue and improvement plan addressing that has been developed. • Office of quality assurance has been beefed up with more staff to be able to monitor SAC incidents. • Dedicated person has been allocated to deal specifically with SAC1 incidents under the supervision of quality assurance manager
10.2.5 Percentage of Hospitals with functional hospital boards	• The institution to finalize recruitment and selection of hospital boards members in the 1st quarter of 2021/22.
3.6.8 Number of inpatients with COVID-19 admitted in standard care bed	• To monitor admission of patients relevant to tertiary services. • No intervention needed clients are admitted as they come.
3.6.9 Number of inpatients with COVID-19 admitted in critical care bed	• Patients are admitted as they come in need of critical care services.

5.2 SUB-PROGRAMME PURPOSE FOR TERTIARY HOSPITALS SERVICES

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 Province:

Sub-Programmes

Tertiary Hospitals:
- Livingstone Hospital
- Frere Hospital

PROGRESS AND ACHIEVEMENTS

FRERE TERTIARY HOSPITAL

Information Management Systems and Services

Frere Hospital developed an electronic medical record system (HMS2) through IT Department that has been rolled-out in phases since 2018. The HMS2 system is now fully implemented within 98% of wards and outpatient Departments at Frere Hospital and manual registers have been discontinued, clinical staff are using the system to electronically record consultations and clinical discharges, which are stored as part of the patient electronic medical record. The system provides real time data of the status of the hospital and this in turn, assists the hospital management to make more informed decisions.

The HMS2 system is also used as:

- An electronic liability register for the Provincial Department of Health to manage all medico-legal claims against the Department. It enables to know the extent of claims received and gives real time data that assist the Executive Management to make informed decisions.
- An electronic employee verification system to verify employees by pay point and to ensure that employee information is accurately captured on the PERSAL transversal system.

Table A19: ICT Projects for the year 2020-21:

No.	Project name	Project Type	Primary beneficiaries	Project Scope	Project Start	Project End	Project Status
1	Development and maintenance of the **www.echealth.gov.za** public website for the ECDoH	Information Systems	Mr. S. Manana and all Healthcare facilities	Ongoing development and maintenance of the ECDoH public website. The website is used for external communication, sharing of documentation with the public, tender publications etc.	1/1/2019	Ongoing	Website has been moved into the Azure cloud and is @ a 100% uptime.
2	Development and maintenance of the **www.siyaphila.gov.za** intranet website for the ECDoH	Information Systems	Mr. S. Manana and all Healthcare facilities	Ongoing development and maintenance of the ECDoH public website	1/1/2015	Ongoing	100% operational
3	Data analytics on the monthly PERSAL data for the ECDoH	Information Systems	Ms. N. Mavuso and all Healthcare facilities	Performing data analytics on the monthly PERSAL data for the ECDoH and all Healthcare facilities. Produce a monthly HR management report to the Department	1/1/2017	Ongoing	Monthly reports are produced and submitted to end users, normally around the 10th day of the month.
4	ECDoH Electronic Liability register	Information Systems	Mr. M. Daca (CFO), Ms. N. Mavuso, Provincial	Development and implementation of an electronic liability register to manage all	1/1/2017	Ongoing	Monthly reports are produced as submitted to end users, normally

No.	Project name	Project Type	Primary beneficiaries	Project Scope	Project Start	Project End	Project Status
			Treasury, OTP and all Healthcare facilities	claims against the Department, of which medico-legal claims are the highest			around the 10th day of the month.
5	HMS2 electronic medical record system	Information Systems	Frere Hosp. CEO, Ms. N. Mavuso	Development of an EMR that records the patient journey, electronically from point of admission to discharge and revenue collected. The extent to which the system is implemented, depends on the maturity of the healthcare facility ICT infrastructure	1/1/2016	Ongoing	HMS2 implemented within all wards and 90% of OPDS @ Frere Hospital. ECDoH identified 28 hospitals that will receive HMS2 over a 3 year period that will commence in Feb/March 2021
6	Electronic employee verification system	Information Systems	Ms. N. Mavuso and all Healthcare facilities	Development and maintenance of the electronic employee verification system for the ECDoH that are normally used annually for staff verification	1/1/2016	Ongoing	Next verification scheduled for 2021
7	Development of an electronic PAIA module for the ECDOH	Information Systems	ECDoH, all healthcare facilities	Development of an electronic PAIA module that will be used by the ECDOH to record and process all PAIA requests	1/12/2020	Ongoing	System user specification completed. Awaiting Executive approval
8	Development of a cloud based employee verification module as part of the HMS2 suite of products	Information Systems	ECDoH, all healthcare facilities	Development of a cloud based employee verification module as part of the HMS2 suite of products	1/3/2021	Ongoing	Frere Hospital pilot commenced in mid-March 2021 to verify all employees at the hospital.

Outreach Services:

- The ICT team were involved with various outreach projects that assisted various healthcare facilities in the Department of Health.
- Different clinical support services Departments also reached their target of making 30 home visits for 40 patients during Lockdown level 1.

Cost-Savings Projects:

Picture Archiving Communication System (PACS):

- The system continues to reduce printing costs for X-Ray.
- There was a saving of R663 668 in Q3 2020/21 (films printed for medico-legal cases) compared to R663 697 in Q2 2020/21

Loan wheelchairs:

- It reduces Average Length of Stay (ALOS) – patients are discharged with loan wheelchair while customized chair is ordered.
- Currently, there are 140 wheelchairs in the loan pool which are all in use.

Reduction of Electrical Consumption:

- Areas where there was a high consumption of electricity were identified. Meters and monitoring system were installed.
- Energy saving on steam reticulation (new line reduced HFO from 25 KL/week to 22 KL/week).

LIVINGSTONE TERTIARY HOSPITAL

- Employed 12 out of 22 Professional Nurses, 8 Staff Nurses and 16 Nursing Assistants on contract to assist with the opening of the new 73 beds COVID-19 ward.
- 100 contract General Workers continue to assist with non-clinical duties during COVID-19, this includes Clerks, Porters and General Assistants.
- Continual provision of adequate Personal Protective Equipment (PPE) for all staff.
- Clinical response to COVID-19 successful.
- Numbers of affected staff at one time is less and manageable, no units are closed anymore.
- Laundry services are outsourced due to frequent breakages of the laundry machine.
- Soft Services:
  - Laundry and Linen Services: 6 650 new linen items procured (3270 items still to be delivered)
- 1 100 Items procured by ECDOH.
  - Pre-Plated Food Service System – equipment procured, food items converted to individual items and currently on rollout phase. Regionalization of Laundry – concept document drafted, service delivery model for linen services drafted.
  - Policies in selected areas reviewed, awaiting presentation to policy committee.
- Facilities: - 900 000L Water tank completed.
- Vaccination Centre opened and functioning.
- 2 new lifts installed at Port Elizabeth Hospital (PEH).
- Livingstone Hospital (LTH): Gym and physiotherapy area build at Ward 3B
- All perimeter gates fixed at LTH.
- Theatres: Particle count completed at all theatres at LTH and PEPH
- Supply Chain Management (SCM):
  - Bids and Contracts: 36-month bids closed for patient food and cleaning material.
  - Inventory: Year end (2020/21) stock count conducted at both LTH and PEPH.
  - Assets: All capital assets procured via National Tertiary Services Grant (NTSG) were received.

Challenges

- Lack of supervision for porters, clerks, general assistants leading to services being disrupted.
- Linen is still not enough as no extra linen purchased
- Backlog in orthopedic surgeries.
- Nursing staff shortages particularly in theatre and ICU,

Soft Services:

- Integrated Access Control Systems - boom gates, repair access control of A&E Department, CCTV System: repairing of all these systems does not happen timeously.
- Facilities: - Laundry not operational
- Late payment of contractors causes delays in work completion.
- Shortage of artisans to attend to maintenance and infrastructure challenges in the 2 hospitals.

Table 4.5.2: Performance against the originally tabled Annual Targets from 2020/21 Annual Performance Plan for Sub-Programme 5.2: Tertiary Hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
	Patient satisfaction increased	6.3.6 Severity assessment code (SAC) 1 incident reported within 24 hours rate	New indicator	New indicator	80%	100%	20%	Target overachieved. This is due to prompt reporting of code 1 incidents within 24 hours.	The amendment is to correct the indicator so that it's aligned to the new approved NIDS. The indicator is also corrected in the Technical Indicator Description (TIDS)
		Numerator:				225			
		Denominator				225			

Table 4.5.3: Performance against the re-tabled Annual Targets from 2020/21 Annual Performance Plan for Sub-Programme 5.2: Tertiary Hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
6. Quality of health services improved	Hospitals that qualify as Ideal Hospitals increased	6.2.8 Ideal Hospitals status obtained rate	New indicator	New indicator	50%	0%	-50%	Target not achieved. Assessment was not done due to COVID-19 challenges experienced by the hospital.
		Numerator: Health facilities have obtained Ideal status			1	0		
		Denominator: Number of hospitals			2	2		
	Percentage of patients satisfied with their experience of care in public health facilities	6.1 8 Patient experience of care satisfaction rate	New indicator	New indicator	80%	72.7%	-7.3%	Target not achieved due to COVID-19 demands, This resulted hospitals inability to conduct PEC.
		Numerator: Patient Experience of Care survey				9 396		
		Denominator: Patient Experience of Care survey total responses				12 917		
	Patient satisfaction increased	6.3.6 Severity assessment code 1 incidents reported within 24 hours rate	New indicator	New indicator	80%	0%	+80%	There were no severity assessment code 1 incidents reported within 24 hours' rate.
		Numerator: Severity assessment code 1 incidents reported within 24 hours				0		
		Denominator: Severity assessment code 1 incident reported				0		
10. Improve community engagement	Patient Safety increased	10.2.6 Percentage of Hospitals with functional	New indicator	New indicator	100%	0%	-100%	Tertiary Hospitals were non-functional due to COVID-19 outbreak,

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
		hospital boards						
		Numerator: Number of functional Hospital Boards			2	0		
		Denominator: Number of Hospitals			2	2		
3. Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	Symptomatic Person under investigation and COVID-19 positive clients admitted for inpatient management	3.6.12 Number of inpatients with COVID-19 admitted in standard care bed	New indicator	New indicator	750	4 330	3 580	The target was exceeded due to increased admissions during the COVID-19 waves,
		3.6.13 Number of inpatients with COVID-19 admitted in critical care bed	New indicator	New indicator	250	187	-61	Target not achieved. Patients are admitted as per need.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
6.2.8 Ideal Hospitals status obtained rate	Ideal Hospitals status determination is planned to be done in the first quarter of 2021-22 financial year.
6.1.8 Patient experience of care satisfaction rate	Develop Quality Improvement Plan for implementation.
10.2.6Percentage of Hospitals with functional hospital boards	The institution to finalize recruitment and selection of hospital boards members in the 1st quarter of 2021/22.

5.3 SUB- PROGRAMME SPECIALISED (PSYCHIATRIC) TERTIARY HOSPITAL

Sub-programme purpose

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 is one Specialised Tertiary Hospital in the Eastern Cape Province:

Sub-Programmes

Specialised Tertiary Hospitals
- Fort England (specialized psychiatric Hospital).

PROGRESS AND ACHIEVEMENTS

- There were no severity assessment code 1 incidents reported for Q4 2020/21.
- Hospital Board meeting took place on the 21st January 2021.

Table 4.5.4: Performance against Annual Targets from 2020/21 Annual Performance Plan for Sub-Programme 5.3: Specialized Psychiatry Hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
	Patient satisfaction increased	6.1.9 Percentage of *patients* satisfied with their experience of care in public health facilities	New indicator	New indicator	80%	86.7%	6.7%	Target overachieved. This is attributed to improved access and personnel attitudes towards patients	The amendment is to correct the indicator so that its aligned to the new approved NIDS. The indicator is also corrected in the Technical Indicator Description (TIDS)
		Numerator:				1 369			
		Denominator:				1 578			
	Patient Safety increased	6.3.7 Severity assessment code (SAC) 1 incident reported within 24 hours rate	New indicator	New indicator	80%	100%	20%	Target overachieved due to prompt reporting within 24 hours	The amendment is to correct the indicator so that its aligned to the new approved NIDS. The indicator is also corrected in the Technical Indicator Description (TIDS)
		Numerator:				58	-		
		Denominator:				58	-		

Table 4.5.5: Performance against the re-tabled Annual Targets from 2020/21 Annual Performance Plan for Sub-Programme 5.3: Specialized Psychiatry Hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
6. Quality of health services improved	Hospitals that qualify as Ideal hospitals increased	6.2.9 Ideal Hospitals status obtained rate	New indicator	New indicator	100%	0%	-100%	The planned Ideal Hospital Assessment for Q4 2020/21 was not done.
		Numerator: Health facilities have obtained Ideal status			1	0		
		Denominator: Number of hospitals			1	1		
	Patient satisfaction increased	6.1 9 Patient experience of care satisfaction rate	New indicator	New indicator	80%	86.7%	6.7%	Target overachieved. This is attributed to improved access and personnel attitudes towards patients
		Numerator: Patient Experience of Care survey				1 369		
		Denominator: Patient Experience of Care survey total responses				1 578		
	Patient Safety increased	6.3.7 Severity assessment code 1 incident reported within 24 hours rate	New indicator	New indicator	80%	0%	+80%	There were no SAC reported.
		Numerator: Severity assessment code 1 incidents reported within 24 hours				0		
		Denominator: Severity assessment code 1 incident reported				0		
10. Improve community engagement	Percentage of Hospitals with functional hospital boards	10.2.7 Percentage of Hospitals with functional hospital boards	New indicator	New indicator	100%	100%	0%	Target achieved. Hospital Board meeting took place on the 21st January 2021. Hospital board is functional.
		Numerator: Number of			1	1		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
		functional Hospital Boards						
		Denominator: Number of Hospitals			1	1		

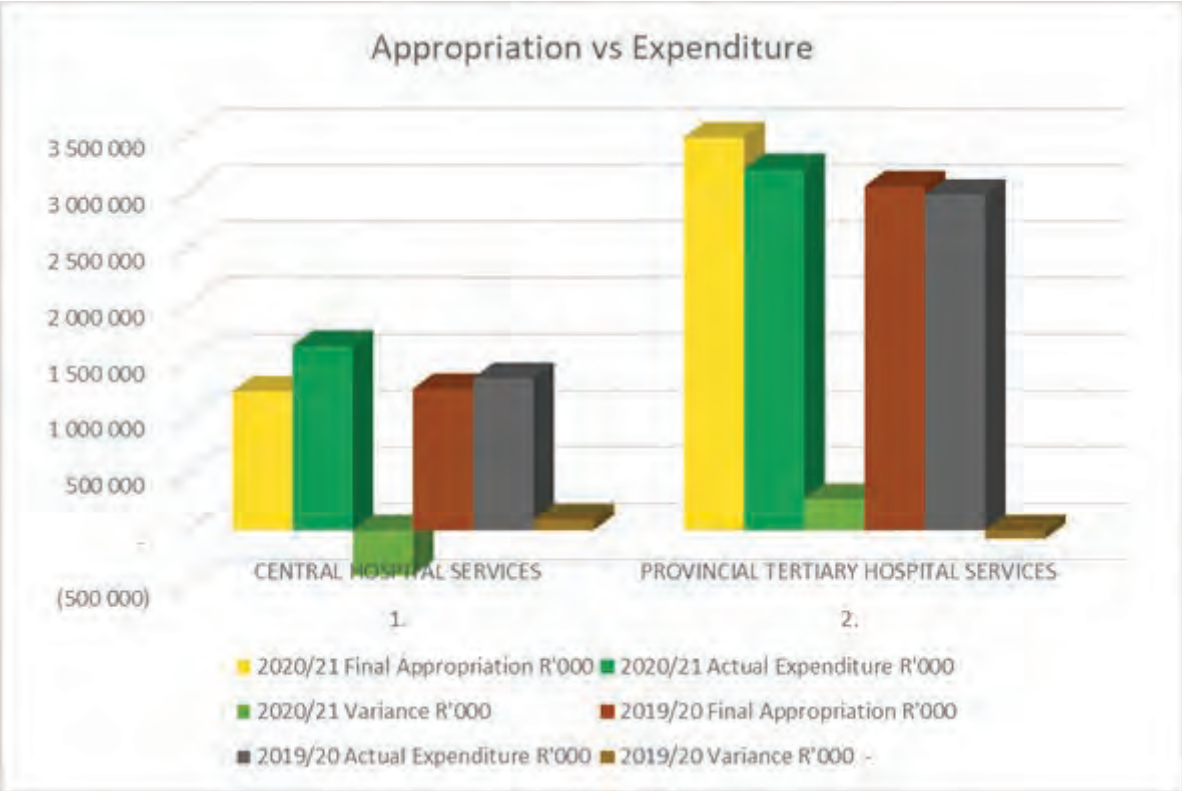
STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
6.2.9 Ideal Hospitals status obtained rate	To conduct ideal clinic status determination in the 1st quarter of 2021-22.

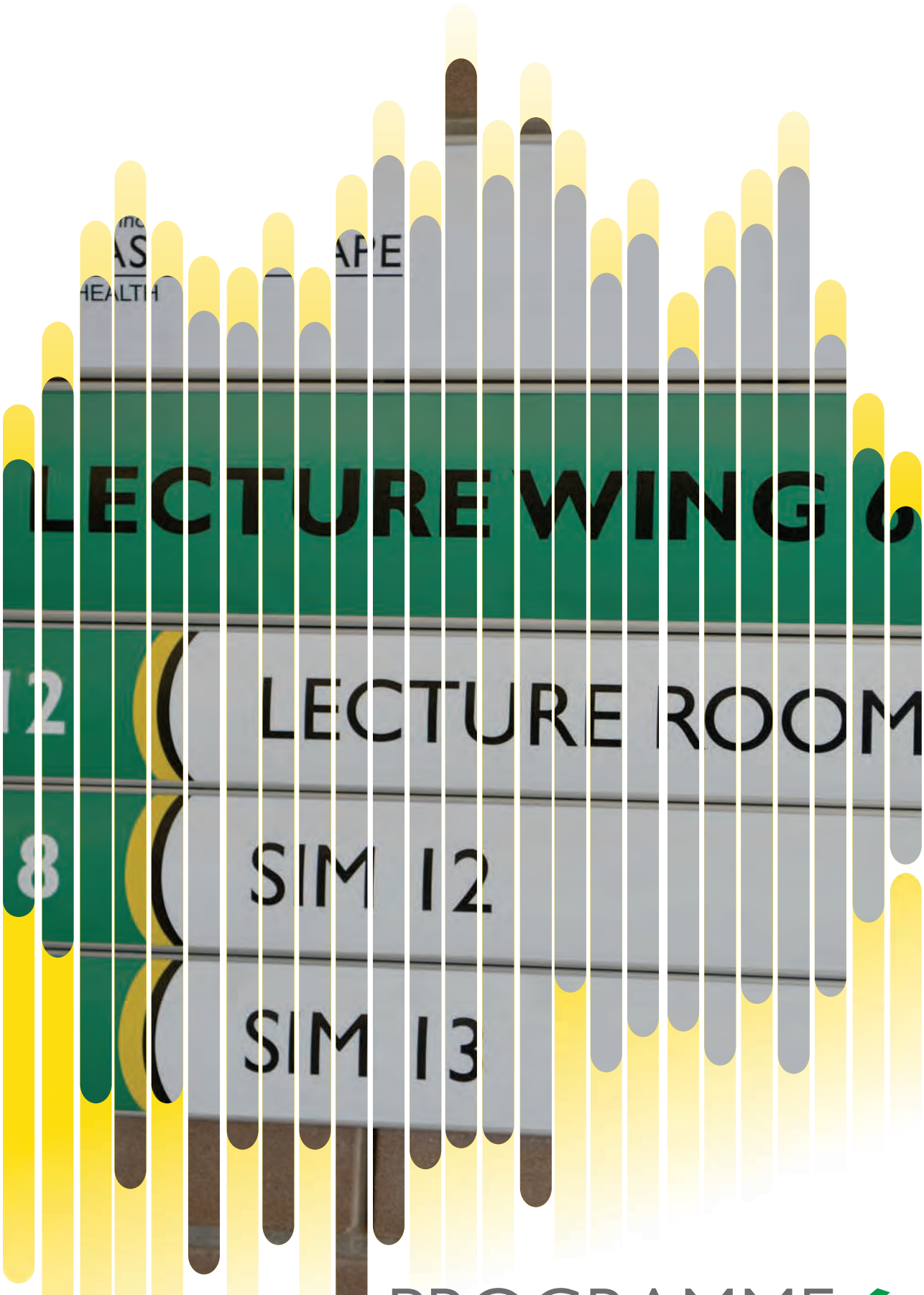
LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 5: CENTRAL & TERTIARY HOSPITAL

		2020/21			2019/20		
		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
Sub programme							-
1.	CENTRAL HOSPITAL SERVICES	1 232 187	1 636 775	(404 588)	1 255 569	1 350 353	94 784
2.	PROVINCIAL TERTIARY HOSPITAL SERVICES	3 486 670	3 208 628	278 042	3 053 540	2 978 937	(74 603)
		4 718 857	**4 845 403**	**(126 546)**	**4 309 109**	**4 329 290**	**20 181**
Economic classification							-
	Current payments	**4 560 000**	**4 564 702**	**(4 702)**	**4 198 686**	**4 150 526**	(48 160)
	Compensation of employees	3 277 917	3 277 916	1	3 005 311	3 005 961	650
	Goods and services	1 282 083	1 282 084	(1)	1 193 375	1 142 641	(50 734)
	Interest and rent on land	-	4 702	(4 702)	-	1 924	1 924
	Transfers and subsidies	**29 596**	**173 977**	**(144 381)**	**11 785**	**107 343**	95 558
	Households	29 596	173 977	(144 381)	11 785	107 343	95 558
	Social benefits	-	10 943	(10 943)	9 180	9 181	1
	Other transfers to households	29 596	163 034	(133 438)	2 605	98 162	95 557
	Payments for capital assets	**129 261**	**106 724**	**22 537**	**98 638**	**71 421**	(27 217)
	Buildings and other fixed structures	4 466	3 849	617	-	-	-
	Buildings	4 466	3 849	617	-	-	-
	Other fixed structures	-	-	-	-	-	-
	Machinery and equipment	124 795	102 875	21 920	98 638	71 421	(27 217)
	Transport equipment	-	3 631	(3 631)	2 542	3 341	799
	Other machinery and equipment	124 795	99 244	25 551	96 096	68 080	(28 016)
		4 718 857	**4 845 403**	**(126 546)**	**4 309 109**	**4 329 290**	**20 181**



The net overspending of R126,546 million in the Programme has primarily been caused by the net settlement of court ordered medico legal claims of R149,08 million - which are unfunded and unbudgeted while the underspending of R22,54 million in the capex of the Programme arose in order to create cash flow in the PMG Account of the Department for the payment of the court ordered medico legal claims.



PROGRAMME 6

HEALTH SCIENCES AND TRAINING (HST)

4.6. 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.

Institutional outcomes

- 6. Quality of health services improved

PROGRESS AND ACHIEVEMENTS

Eastern Cape College of Emergency Care (ECCOEC)

Academic Achievements

The college presented an Emergency Medical Care Dispatch course to dispatchers from the EMS call centre. The course aimed to equip staff working within the EMS call centre to effectively manage resources employed by EMS for service delivery. The course also equipped staff who engage with the public with the required communication skills to ensure that the interaction with the public is professional. A total of 20 staff attended the program which was presented over a period of 7 weeks.

The rescue Department presented a Fire Search and Rescue as well as High Angle and Vehicle Rescue refresher program to 19 EMS staff members. Of the 19 attendees 13 managed to successfully complete the programme. This allowed attendees to obtain the Rescue Practitioner qualifications. The aim of the program is to equip EMS rescue personnel with the skills required to safely extricate patients in situations which require the use of ropes, firefighting equipment or the Jaws of Life.

Lilitha Nursing College

Table A20: 2020/2021 ACADEMIC YEAR LCON

Programme graduated	EL campus	PE campus	QT campus	Lusikisiki campus	Mthatha campus
ENAs			6		
ENs			6		
Bridging course	Madwaleni = 44 Tafalofefe = 7 Victoria = 28	Andries Vosloo = 11 Dora Nginza = 40 Midlands = 12 Settlers = 9	Umlamli = 1	Madzikane = 16 St Patricks = 3	Dr Malizo = 23 Nessie Knight = 8 St Lucy's = 12
1 year Diploma in Midwifery	Victoria = 19		All saints = 8	St Patricks' = 20	St Lucy's = 11
4-year Diploma	59	66	70	59	62

First year Health Professionals students receiving bursaries by 2020

1. Training and development of new health care professionals

During the financial year 2020/21, the Department continues to support students pursuing various health science and related studies in South Africa and in Cuba. In total, the ECDOH supports 502 bursary holders in South African universities (362 old and 140 new students), and a total of 205 medical students under the Nelson Mandela – Fidel Castro Medical Scholarship Programme. Eighty-nine (89) of these students returned from Cuba in August 2020 for reintegration back in South Africa whilst completing their final clinical training in local universities.

Bursaries awarded to 1st Year Medical Students

There are a total of 140 new health care professionals awarded bursaries in the 2020/21 financial year.

Table A21: Number of students awarded bursaries per category

Category	Number
Bachelor Of Oral Hygiene	1
Bachelor Of Medicine in Clinical Practice	8
Bachelor Of Dentistry	10
Bachelor Of Pharmacy	3
Bachelor Of Dietetics	1
MBChB	112
Bachelor Of Radiography	1
Bachelor Of Speech Therapy	4
Total	140

Table A22: Skills Development Programme Summary

NO	CONTRACT DESCRIPTION	TARGET	PROGRESS ON TRAINING	NO. TRAINED TODATE
1	National Certificate in Funeral Services Practice Learnership for Mortuary Attendants and Forensic Pathology Officers for a period of 36 months	90	Training Started in November 2020	90 Trained
2	Artisan Training Learnership Programme for Maintenance and Repair Services to Health Institutions Infrastructure for a period of 36 months	90	Training Started in June 2020	90 Trained
3	Provision of Training for Quality Management and Pattern recognition in Accident and Emergency Radiographers for a period of 36 months	30	Training done and finished for this financial year	30 Trained
4	Provision of Training on Cerebral Palsy for Therapist for a period of 36 moths	30	Training Started in December 2020	30 Trained
5	Provision of Training on Basic Wheelchair sitting for the Therapist for a period of 36 months	30	Training started in November 2020	30 Trained
6	Provision of the Trauma Debriefing Training for Health Professionals over a period of 36 months	120	Training Not Yet Started, to move to 2021	0 Trained
7	Infection Control & Prevention Training for Health Professionals for a period of 36 months	150	Training Not Yet Started, to move to 2021	0 Trained
8	Training of OHS Committees on Basic Occupational Health and Safety Training Certificate Course	90	Training Started in November 2020	90 Trained
9	Training for Managers & CEO on Emotional Intelligence and Change Management in the Context of COVID-19	30	Training Started in November 2020	30 Trained
10	Training of Personal Assistants, Office Manages and Call Centre Agents on Case Management and Emotional Intelligence in the Context of COVID-19	90	Training Started in November 2020	90 Trained
11	Hygiene, Cleaning and Disinfection of Health Environment Surfaces	150	Waiting SG to Sign Award Letter	No Training
12	Training of Learners on Post Basic Pharmacy Assistants Learnership for a duration of 12 Months for a contract period of 3 years	120	Training Started March 2021	120 Commenced Training
13	Training of Learners on Post Basic Pharmacy Assistants Learnership for a duration of 12 Months for a contract period of 3 years	120	Training Started March 2021	120 Commenced Training

Youth Programme as at March 2021

Sub Programme	Interventions	Target	No. Achieved	Detail
Learnership	Learner Post Basic Pharmacist`s Assistants for the intake 2019	130	137	Had a total intake of 137, 2 students Dropped out and 135 remained in the program Students are placed in the facilities for 90% of their academic programme.
	Pharmacy Technician Interns	117	67	The qualification for the Pharmacy Technicians is only offered by Nelson Mandela University only provider in the Eastern Cape Province.
	Pharmacy Technician Interns	87	75	Recruitment has been still a challenge but improved from the previous financial year. Students were placed at the most critical period during the start of the Corona Virus outbreak.
Internship	General Admin Interns (Skills Levy Funding)	560	560	General Admin Interns were recruited and placed in Department's district offices, tertiary hospitals, regional hospitals, specialized hospitals and head office. They commenced on the 3rd June 2019 and exiting on 31 May 2021.
	Generic Interns (Logis Project)	300	300	Logis Interns were recruited and placed in the Department's district offices, tertiary hospitals and head office. They assumed the duties in January 2019 and their contract ended in December 2020.
	Social Work Interns (HWSEAT Funding)	22	22	Social Work Interns were recruited and placed in the Department's district offices, tertiary hospitals and head office.
TVET Learners	TVET Experiential Training Programme (Skills Levy)	150	150	TVET Learners were recruited and placed in the Department's district offices, tertiary hospitals and head office.
Artisan Development Programme	Unemployed Youth on Plumbing and Carpentry Learnership	51	51	

No.	Focus Area	Type of Work	Number of FTEs	
1.	**Clinical Engineering**	Traineeship	9	
2.	**Artisan Apprentices**	Traineeship	32	
3.	**IT Software Engineers**	Traineeship	10	
			51	

	Artisan Apprentices, Clinical Engineering Technicians completed training on a 3 Year Contract Placed	87	87

NO	TRADE	TOTAL	TRADE TEST	WITHOUT A TRADE TEST
1	Carpenters	18	13	5
2	Electricians	20	15	5
3	Plumbers	16	15	1
4	Painting and Décor	**5**	**5**	**0**
5	Engineering Technician	21	17	4
GRAND TOTAL	**80**	**65**	**15**	

Table 4.6.1: Performance against the re-tabled Annual Targets from 2020/21 Annual Performance Plan for Programme 6: Health Sciences and Training

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
6. Quality of health services improved	Qualified and competent staff	6.4.6 Number of registrars trained	New Indicator	New Indicator	20	11	-9	The budget for new appointments was used for the extension of Registrar training to cover the time that was affected by COVID-19. Some rotation of registrars and exams were put on hold due to COVID-19 pandemic.
		6.4.7 Number of nurses trained on post basic courses	New Indicator	New Indicator	195	193	-2	Target achieved. 193 falls within the 5% margin of error. Child: 25, Clinical: 40, critical:13, OT:24, Adv. Midwifery: 62, Orthopaedic:23 and Ophthalmic:6, Only two (2) Orthopaedic students who are supplementing papers in the April 2021 examination.

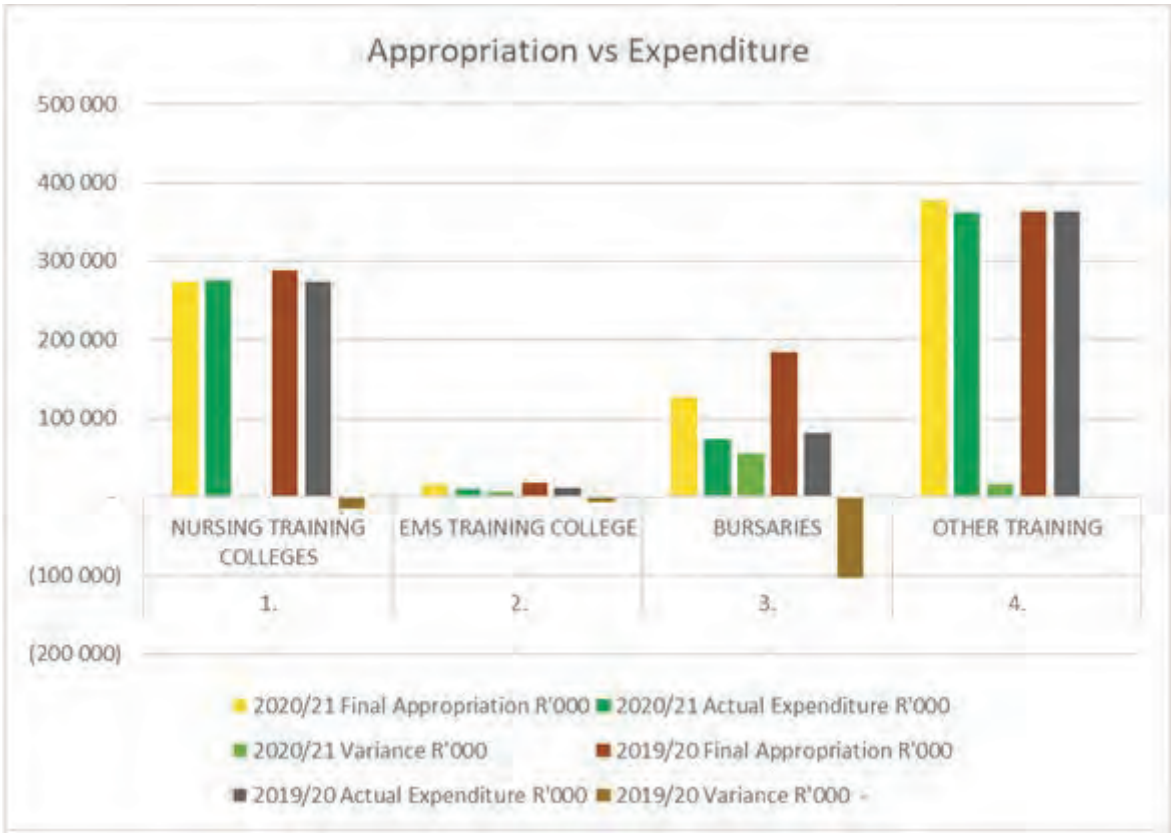
STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
6.4.6 Number of registrars trained	Dedicated time be allowed for Registrars to focus on their M. Med research requirement. Universities to provide more assistance and support to registrars in training e.g. development of research proposals.
6.4.7 Number of nurses trained on post basic courses	Programme is phasing out and the last groups are writing summative exams in April 2021. Concurrently, the college is developing curricula for Post Graduate Diplomas to be offered as soon as accreditation is finalised by SANC and Council for Higher Education (CHE) respectively.

LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 6: HEALTH SCIENCES AND TRAINING (HST)

		2020/21			2019/20		
		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
Sub programme							-
1.	NURSING TRAINING COLLEGES	273 211	275 481	(2 270)	288 864	274 293	(14 571)
2.	EMS TRAINING COLLEGE	16 109	9 892	6 217	17 982	10 441	(7 541)
3.	BURSARIES	127 632	72 463	55 169	184 693	81 139	(103 554)
4.	OTHER TRAINING	378 306	362 261	16 045	364 070	362 689	**(1 381)**
		795 258	**720 097**	**75 161**	**855 609**	**728 562**	**(127 047)**
Economic classification							-
	Current payments	**639 610**	**639 598**	**12**	**637 016**	**625 048**	(11 968)
	Compensation of employees	561 710	561 706	4	544 674	544 030	(644)
	Goods and services	77 900	77 892	8	92 342	81 018	(11 324)
	Interest and rent on land	-	-	-	-	-	-
	Transfers and subsidies	**136 422**	**74 263**	**62 159**	**193 358**	**93 233**	(100 125)
	Departmental agencies and accounts	13 058	-	13 058	13 733	12 263	(1 470)
	Departmental agencies	13 058	-	13 058	13 733	12 263	(1 470)
	Households	123 364	74 263	49 101	179 625	80 970	(98 655)
	Social benefits	1 993	2 240	(247)	2 000	2 118	118
	Other transfers to households	121 371	72 023	49 348	177 625	78 852	(98 773)
	Payments for capital assets	**19 226**	**6 236**	**12 990**	**25 235**	**10 281**	(14 954)
	Machinery and equipment	19 226	6 236	12 990	25 235	10 281	(14 954)
	Transport equipment	3 725	2 007	1 718	3 309	1 862	(1 447)
	Other machinery and equipment	15 501	4 229	11 272	21 926	8 419	(13 507)
		795 258	**720 097**	**75 161**	**855 609**	**728 562**	**(127 047)**



The Programme underspent by a net amount of R75,161 million in order to create cash flow in the PMG Account of the Department for the payment of court ordered medico legal claims in the affected clinical programmes.



PROGRAMME 7

HEALTH CARE SUPPORT SERVICES (HCSS)

4.7. 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. 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.

Institutional outcomes

- 6. Quality of health services improved
- 3. Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced

PROGRESS AND ACHIEVEMENTS

REHABILITATION SERVICES

The rehabilitation programme has been working to improve access to assistive devices for people living with disabilities in the province. The high prevalence of chronic diseases and injuries has put an additional burden on the provincial resources to provide rehabilitation. According to the Statistics South Africa report (2011), the prevalence by type of disabilities shows that 11% of people 5 years and older had seeing difficulties, 4,2% had cognitive difficulties,3,6% had hearing difficulties, and around 2% had communication, self-care and walking difficulties. The eastern cape was ranked as the 3rd province with the highest reported disabilities at 9,6%.

It is from this background that the provincial Department of health has been working hard to improve access to assistive devices and services for people living with disabilities.

Wheelchairs

The program has exceeded the planned target of 55% by 8.5 % in wheelchairs issued to adult 19yrs and older The programme has also exceeded the set target of 100% by 3 % in wheelchairs issued to children 0-18 years of age.

The Department continues to establish partnership and mobilize resources to support the provision of assistive devices to eligible residents of the Eastern Cape Province. an agreement was signed with the Latter Day Saints charities to provide training of therapists and supply assistive devices for a period of 12 months. The support from LDS charity organization had a great impact in the provision of wheelchairs in the Province and contributed to the over performance of the programme. Latter Day Saints (LDS) charities supplied 413 wheelchairs since the beginning of the agreement in November 2019. Two hundred and sixty-one (261) wheelchairs were issued in financial year 2020/21

Following the successful implementation of the first cycle of the agreement, a new addendum for Partnership was signed in March 2021 increasing the support from USD25 000 (equivalent to R350,000) to R4.1 million

The western districts (Nelson Mandela Metro and Sarah Baartman) established bi-monthly wheelchair seating outreach clinics which contributed a lot in reaching more people in remote areas. Wheelchair seating outreach services were conducted in the Sarah Baartman District AND Nelson Mandela Bay Metro with 97 patients assessed

and seated. The outreach service is in line with the provincial approach to make rehabilitation services accessible at lower levels of care, not just a regional and tertiary hospitals.
Sixty-one (61) health facilities in the Province are conducting the wheelchair seating clinics on a weekly basis.

Hearing aids

The program has exceeded the set target of 80% by 33.72% for hearing aids issued to adult 19 years of age. The program has underperformed by 73.5% for the indicator on hearing aids issued to children between the ages of 0 – 18 years of age. This has been attributed to the impact of the COVID19 pandemic on the outreach services and accessing schools where the target population for this indicator are sourced from.

Table A23: Number of clients that have been supplied with the different assistive devices

Devices	Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
Wheelchairs	246	549	393	519	**1 707**
Hearing aids	248	521	363	358	**1 490**
Crutches	1665	1864	3758	3517	**10 804**
Other walking aids	1512	1158	2246	1114	**6 030**

The province has a backlog of 4 727 at the end of the financial year. These are people that have been assessed and are eligible for a wheelchair. 3 639 of these clients have been waiting for wheelchairs for more 3 months.

Table A24: Distribution of the backlog by the districts.

WHEELCHAIRS	ALFRED NZO	AMATOLE	BUFFALO CITY	CHRIS HANI	NELSON MANDELA	O R TAMBO	JOE GQABI	SARAH BAARTMAN	TOTAL
In stock	35	43	52	62	157	105	11	21	**486**
Waiting List (less than 3 months)	107	68	179	59	67	69	8	45	**602**
Backlog (more than 3 months)	343	483	656	444	773	667	87	186	**3 639**

Cerebral Palsy Management

The province has prioritized the management of cerebral palsy cases as part of the overall medico-legal mitigation strategy. The management of cerebral palsy cases requires a full multi-disciplinary team of experts which include rehabilitation health professionals, social workers, dietician, psychologists, and specialist medical doctors. The Department has continued to make investments in building internal capacity for the effective management of these cases around the province.

Forty-three (43) health facilities are conducting functional Cerebral palsy management clinics with 1 902 patients on the database.

The province has placed community service rehabilitation professionals during the 4th quarter of this year. These professionals include 12 Audiologists, 42 Occupational Therapist, 41 Physiotherapists, nine Speech therapists, and a speech and Audiology therapist.

An additional Eight (8) speech therapists, ten (10) Audiologists, twenty-eight (28) Occupational therapists and twenty-three (23) physiotherapists were appointed as part of the post-community service retention programme of the Department of health.

Training

The Department has awarded tenders to service providers for a period of three years to train rehabilitation professionals on Basic and Intermediate wheelchair seating as well as cerebral palsy management courses. During this reporting period, 4 trainings were conducted with 56 therapists trained on Basic (24) and Intermediate wheelchair seating (32). The aim of the training is to improve the skills of therapists working in rehabilitation clinics. 24 therapists from the hospitals identified as centres of excellence were trained on Cerebral Palsy management. These 8 hospital are Cradock Hospital, Butterworth Hospital, Aliwal North Hospital, Nelson Mandela Academic Hospital, Cecelia Makiwane Hospital, Madzikane Kazulu Memorial Hospital, Uitenaghe Hospital, and St Elizabeth Hospital.

PHARMACEUTICAL SERVICES

Central Chronic Medicines Dispending and Distribution (CCMDD)

The CCMDD programme continues to be the Department's strategy to reduce patient numbers at health facilities. CCMDD relevance is even more important during the COVID-19 pandemic in controlling the spread of COVID-19 especially amongst the vulnerable groups of people with chronic conditions. The programme has increased the number of patients enrolled during the year to 471 158. The OR Tambo district has 33% of the provincial enrolments while Joe Gqabi district and Sarah Baartman district have 4% enrolments each. The low enrolment in the two district is attributed to the general patient population in the two districts.

At the end of the year, there were 283 353 active patients who collected their medicines packs through the CCMDD programme. This is an increase 112 364 patients from 170 989 which was reported in 2020 financial year. This substantial increase was enabled by the investments made with technical support from the PEPFAR funded partners working in the province. the CCMDD became part of the provincial response to COVID-19 in ensuring that the elderly clients with co-morbidities do not make the monthly trip to health facilities to refill their scripts, but rather the medicines are sent closer to where they live and they can collect the medicines at a convenient time.

Table A25: Number of CCMDD active patients

District	Number of active patients
Alfred Nzo	41 498
Amathole	43 606
Buffalo City Metro	44 734
Chris Hani	38 406
Joe Gqabi	9 211
Nelson Mandela Metro	13 785
OR Tambo	82 666
Sarah Baartman	9 447
TOTAL	**283 353**

The programme has also increased the pickup points during this year to 182. These are facilities that are either private pharmacies or private doctors' practices amongst others. There are 69 797 patients that collect their medicines from this facility. The majority the clients collect their medicines through the fast lane model established at health facilities or the adherence clubs in the community for HIV treatment. The fast lane model is a dedicated point where patients can go directly and collect their medicines without having to go through the health facility and also spending a long time waiting in the queues for medicines.

The programme will continue to grow and ensure that more elderly clients and those on HIV treatment are receiving their medicines through the CCMDD programme as part of a broader strategy to improve access to medicines and also reduce exposure of this high risk patients to the COVID-19 disease.

MEDICINE AVAILABILITY

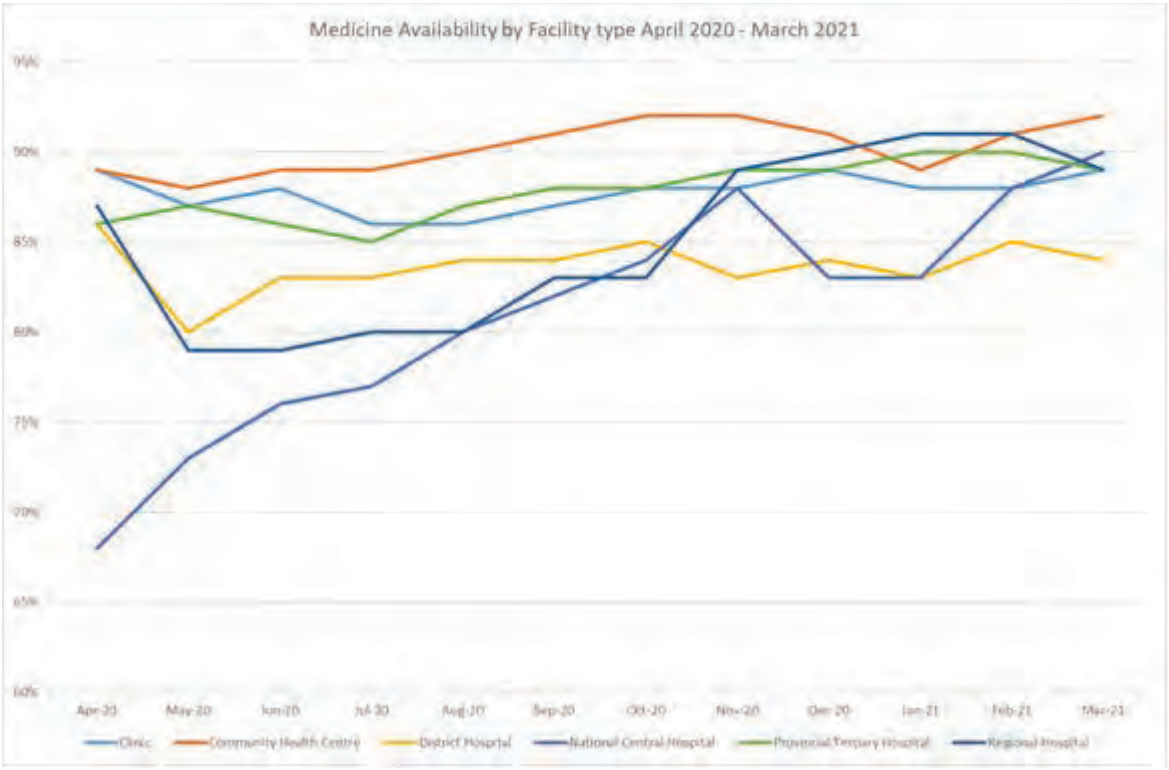
The Department has a Stock Visibility Solution (SVS), which is a mobile phone application used to track and monitor stock status of tracer medicines and personal protective equipment from hospitals and clinics. The SVS is used in clinics while RxSolution is a desktop application used in hospitals. The combined provincial data reported weekly to National Surveillance Centre (NSC) which creates a dashboard for the province.

Table A26: Medicine availability by month

	Medicines Availability
Apr-20	88%
May-20	83%
Jun-20	84%
Jul-20	84%
Aug-20	85%
Sep-20	86%
Oct-20	86%
Nov-20	87%
Dec-20	87%
Jan-21	87%
Feb-21	88%
Mar-21	88%

The medicines availability at the end of the year was recorded at 88% while PPE availability was at 87,4%. There were many challenges with medicines availability during the year as a result of, amongst other factors, the impact of the COVID-19 pandemic on global supply chain systems. The importation of raw materials for the manufacturing of medicines was affected negatively especially for products that are sourced in Asian and European markets. The availability improved after the second quarter of the year but a few other products such as injectable family planning products and tablets for the treatment of tuberculosis were in short supply though available.

Below is a chart with the medicines availability in the different health facilities of the province.



The community health centres, tertiary hospitals, the central academic hospital had maintained an average availability of medicines above 80% during the year. This was an outcome of the interventions introduced by the Department to ensure that these facilities are able to procure their medicines directly from suppliers with reduced dependency on the depots. During the year under review, the Department increased the number of items that are procured through direct delivery methods, where the supplier delivers the medicines directly to the facility without going through the depots. This is a strategy to mitigate against the increased work volumes at the depot against diminished human resources. With the increasing line items and volume of medicines to be procured, this will further put pressure on the Department's warehousing capacity in the two depots. The long term strategy is for the depots to be responsible for the supply of medicines to the clinics and health centres, while the larger facilities are responsible for the procurement and warehousing of their medicines.

Personal protective equipment

When the COVID-19 pandemic was declared a national disaster, the province took a decision to increase the stock holding of personal protective equipment as these items were essential in protecting health workers against contracting the virus. Stock of PPE were procured and distributed to all health facilities from 3 central storage sites in the province. The availability of PPE was constantly increasing from the low levels reported in quarter 1 to the 87,4% reported at the end of the year. The target was to maintain above 90% availability in the province. there were shortages of examination gloves, N95 respirator masks at different times of the year. The global restriction on export of these items affected their availability in the country.

The province continued to promote rational use of the PPE at all facilities as part of reducing wastage and ensure appropriate use to protect against the virus.

RADIOLOGY SERVICES

The provincial radiological services programme has been working on implementation and rollout of the picture archiving and communication systems (PACS) at selected hospitals as part of the contract awarded to a third part service provider. The PACS and the radiological information system (RIS) are two applications that are used in the radiological services. The two systems have been successfully installed at Cecelia Makhiwane Hospitals. Installation at Frere hospitals and Livingstone hospital are at 90% and 70% completion. In all the hospitals, the imagining is accessible electronically in all consulting rooms and wards of the hospital. The solution helps in fast tracking the diagnostic decision and also safe storage of patient radiological services information at health facilities.

The programme has also gained diagnostic radiographers, ultrasonographers and radiotherapists from the provincial Departments' community service placement of health professionals. Eighty diagnostic radiographers were trained in pattern recognition and quality management. This is an ongoing activity of the programme to continuously develop the radiographers on essential skills in radiological services.

LABORATORY SERVICES

The Department has a service level agreement with the national health laboratory services (NHLS) for the provision of health laboratory services. The NHLS is responsible for all laboratory services while the SA National Blood Services (SANBS) is responsible for the provision and supply of blood at all health facilities.

During the period under review, the programme has worked closely with the NHLS and SANBS to ensure efficient use of laboratory and blood services in the province. the blood and laboratory user's committees (BLUC) and patient blood management programmes were introduced as part of bringing efficiency in laboratory and blood services. the electronic gatekeeping system continues to be implemented in the province.

The laboratory service programme was very essential in the provincial COVID-19 response. The Department worked closely with NHLS to ensure that there are adequate resources to provide testing and diagnostic services for SARS-CoV-2 virus. At the beginning of the year there was a severe shortage of test kits and reagents in the laboratory. The percentage of test results received within 48 hours was recorded at 28,8% which was the lowest during the reporting period. The performance improved to 62% at the end of the second quarter.

Table A27: COVID-19 test turnaround time

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
% COVID-19 tests with turnaround time (<48hours)	28,8%	62%	42%	87,3%

He province introduced the antigen rapid testing kits in the 3rd quarter of the year, the rapid test kit further increased the provincial capacity to conduct tests and have results available quickly to the client and the health worker. At the end of the year, there were 88 829 rapid tests done in the province, against 569 272 PCR tests that were done for SARS-CoV-2. The antigen rapid test kits are available at all facilities especially those with no laboratory on site. The province was supplied with 214 350 tests and these are distributed from the depots to health facilities.

MEDICAL ORTHOTICS AND PROSTHETICS

The medical orthotics and prosthetics programme continues to provide devices to clients in the three centres located in Gqeberha (Port Elizabeth), East London, and Mthatha. The Gqeberha centre offers outreach services to communities around the western districts of Sarah Baartman and Nelson Mandela Metro. The centres have seen 11 178 clients during the reporting period under review. 312 patients where seen in the outreach programme conducted by the Gqeberha centre.

Table A28: Number of devices issued to clients by the three centres.

Medical Orthotics and Prosthetic Centre	Prostheses fitted	Orthosis
Gqeberha (Port Elizabeth)	200	2 636
East London	355	1 020
Mthatha	31	1 298
TOTAL	**586**	**4 954**

There is a waiting list of 1 790 clients for prostheses and 1 269 clients waiting for orthosis devices.

During the period under review, there was a shortage of boots and leather due to a delay in the procurement of the suppliers. The Department was supported by the LDS charities to repair the three phase connection at the Mthatha centre. This connection allows for the different electronic equipment used to manufacture plastic orthoses to run efficiently at all times.

Table 4.7.1: Performance against the originally tabled Annual Targets from 2020/21 Annual Performance Plan for Programme 7: Health Care Support Services

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021 until date of re-tabling	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
6. Quality of health services improved	Availability of assistive devices in primary health care	6.4.8 Wheelchair issued rate	21%	51.92%	60%	132.2%	72.2%	The program has exceeded the planned target of 55% by 72.2 % in wheelchairs issued to adult 19yrs. 2.The support from LDS charity organization had a great impact in the provision of wheelchairs in the Province with 261 wheelchairs issued, which contributed to the over performance of the programme. The support has now been expanded to 700 chairs inclusive of specialized intermediate level wheelchairs.	The amendment is to correct the indicator so that its aligned to the new approved NIDS. The age group for wheelchairs has been separated hence there are two indicators covering adult and child.
		Numerator	1 156	1 298	3 306	3 306			
		Denominator	5 510	2 500	5 510	2 500			

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021 until date of re-tabling	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
		6.4.9 Hearing aids issued rate	75.3%	81.3%	76%	113,7%	33,7%	The programme has exceeded the target by 33.72%. Adults now are aware of the hearing aids after the awareness campaign and now more people are self-referrals and no longer waiting for doctors' referrals. Also no stigma attached to hearing aids now.	The amendment is to correct the indicator so that it is aligned to the new approved NIDS. The age group for hearing aid has been separated hence there are two indicators covering adult and child.
		Numerator	1 883	1 626	1 900	1 251			
		Denominator	2 500	2 000	2 500	1 100			

Table 4.7.2: Performance against the re-tabled Annual Targets from 2020/21 Annual Performance Plan for Programme 7: Health Care Support Services

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
6. Quality of health services improved	Availability of assistive devices in primary health care	6.4.8 Wheelchair issued adult 19 year and older rate	New Indicator	New Indicator	55%	63.5%	8.5%	1. The program has exceeded the planned target of 55% by 8.5 % in wheelchairs issued to adult 19yrs. 2. The support from LDS charity organization had a great impact in the provision of wheelchairs in the Province with 261 wheelchairs issued, which contributed to the over performance of the programme. The support has now been expanded to 700 chairs inclusive of specialized intermediate level wheelchairs. 3. Western region established by monthly wheelchair seating outreach clinics with 97 patients seated which contributed a lot in reaching out to the people in the peripheries. 4. There were 486 wheelchairs in stock awaiting the wheelchair seating clinics. 5. Sixty one (61) health facilities in the Province are conducting the wheelchair seating clinics on a weekly basis.
		Numerator: Wheelchairs issued to adults 19 years and older			1 210	1397		

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
		Denominator: Wheelchairs required 19 years and older			2 200	2200		
		Wheelchair issued child 0-18 years rate	New Indicator	New Indicator	100%	103%	3%	The programme has exceeded the set target of 100% by 3 % in wheelchairs issued to children 0-18yr.
		Numerator: Wheelchairs issued children 0 - 18 years			300	310		
		Denominator: Wheelchairs required by children 0 - 18 years			300	300		
		6.4.9 Hearing aid issued adult 19 year and older rate	New Indicator	New Indicator	80%	113.72%	33.72%	The program has exceeded the target of 80% by 33.72%.
		Numerator: Hearing aid issued to adults 19 years and older			880	1251		
		Denominator: Hearing aid required by adults19 years and older			1 100	1100		
		Hearing aid issued child 0-18 years rate	New Indicator	New Indicator	100%	26.5%	-73.5%	The program has underperformed by 73.5%. The Audiology outreach services to the schools and clinics were suspended due to COVID-19 and that resulted in the decrease in the number of children tested and fitted with hearing aids. The program has 816 hearing aids on stock.
		Numerator: Hearing aid issued to children 0 - 18 years			900	239		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
		Denominator: Hearing aid required by children 0 - 18 years			900	900		
3. Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	Monitor the NHLS	3.7.1 % COVID-19 tests with turnaround time (<48hours)	New Indicator	New Indicator	60%	55.1%	1%	The programme has over performed by 1% as a result of the Antigen rapiod test that was introduced in the province in quarter 3.
		Numerator: Number of COVID-19 tests with results < 48 hours				266 218		
		Denominator: Number of COVID-19 tests conducted				482 992		
	Facilities supported by centrally procuring the Personal Protective Equipment; Monitor facilities to prevent stock-outs. Stock visibility system utilised to monitor stock levels in facilities Protocols on rational use of PPE developed.	3.8.1 % Personal Protective Equipment availability in facilities	New Indicator	New Indicator	90%	87.4%	-2.6%	Target not achieved The was a shortage of examination gloves. 1. Suppliers were facing challenges with sourcing Active Pharmaceutical Ingredients and shipment timing, resulting in further production delays, due to the coronavirus pandemic. 2. Distribution delays due to lockdown regulations During the 2nd wave of the COVID-19 outbreak, the need for PPE increased dramatically and the contracted suppliers could not meet the demand.
		Numerator: Number of PPE available per facility				7		

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
		Denominator: Total number of PPE available in the essential list				8		
6. Quality of health services improved	Availability of medicine in depos and facilities	6.4.10 % Order fulfilment for essential drugs at depot	75.5%	73,1%	95%	76,2%	-18,8%	Target not achieved. Supplier constraints due to corona pandemic. Lockdown regulations disrupted logistics and delivery of medicines to the depots. Departmental Cash flow negatively affected the payment of suppliers. In turn some Suppliers suspended accounts in Q4 and did not supply medicines
		Numerator: Number of order fulfilled completely	472 310	90 475	594 423	374 422	220 001	
		Denominator: Number of orders received x 100	625 709	123 735	625 709	491 347	134 362	
		6.4.11 % of availability of essential medicine at facilities.	New Indicator	New Indicator	95%	88,8%	-6,25%	Nationally there where challenges with Family Planning commodities (Norethisterone injection, Nur-Isterate) and TB Medicines (rifampicin + isoniazid + Pyrazinamide + Ethambutol combination treatment for first phase) which form part of essential medicines.
		Numerator: Number of essential medicines out of stock				71		

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
		Denominator: Total number of essential medicines				80		
		6.4.12 Number of active patients on CCMDD	New Indicator	New Indicator	250 000	283 353	33 353	The target was exceeded. The implementation of the electronic Synchronised National Communication in Health (SyNCH) system for the prescription generation and for medicines pick up in 5 districts made an improvement in retaining active patients.

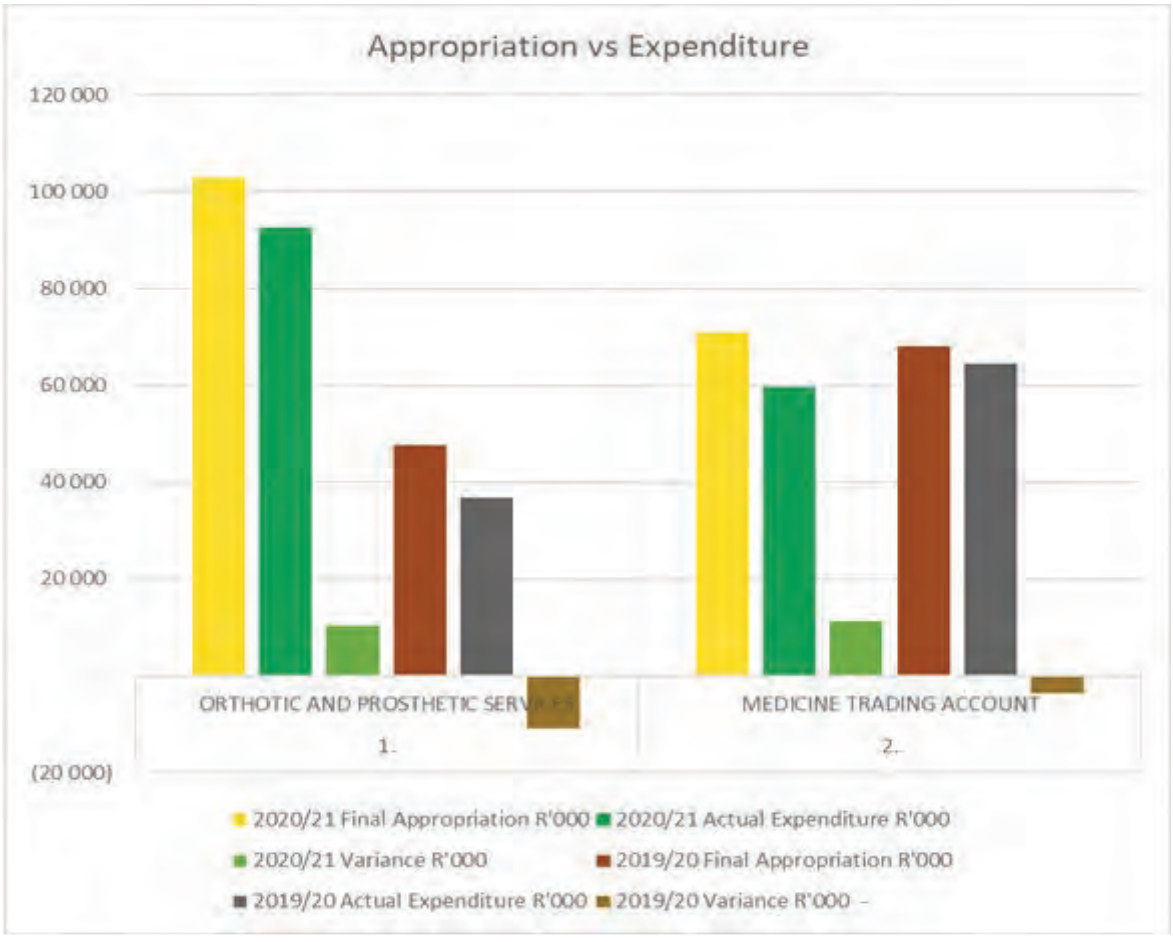
STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
Hearing aid issued child 0-18 years rate	Re-introduce the outreach services for audiology assessments. Work closely with the Department of education to bring the service closer to learners.
6.4.10 % Order fulfilment for essential drugs at depot	Conduct a demand planning exercise, which will anticipate/forecast the need of essential medicines and use the plan to guide procurement. To seek alternative suppliers in collaboration with National Affordable Medicines Directorate. Improve procurement processes e.g. establish provincial contracts, central procurement unit. Timeous payment of suppliers and service providers so that the medicine accounts are not suspended and medicines are delivered to the depots.
6.4.11 % of availability of essential medicine at facilities.	Decentralise monitoring and evaluation of medicine availability to districts such that they are able to interrogate their own data and have customised interventions to improve medicine availability. Continue to provide additional support to depots to improve medicine availability.
3.8.1 % Personal Protective Equipment availability in facilities	Access to the National Surveillance Centre will also be provided to designated champions who will be responsible for resolving PPE stock outs. A terms of reference document outlining the roles and responsibilities of PPE co-ordinators will also be developed. Improve stock management of PPE at all health facilities and promote appropriate use of PPE to avoid wastage.

LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

		2020/21			2019/20		
		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
Sub programme							-
1.	**ORTHOTIC AND PROSTHETIC SERVICES**	102 899	92 668	10 231	47 680	36 740	(10 940)
2.	**MEDICINE TRADING ACCOUNT**	70 957	59 719	11 238	68 095	64 589	(3 506)
		173 856	**152 387**	**21 469**	**115 775**	**101 329**	**(14 446)**
Economic classification							-
	Current payments	**165 990**	**151 460**	**14 530**	**114 402**	**100 819**	(13 583)
	Compensation of employees	64 907	64 908	(1)	68 045	64 231	(3 814)
	Goods and services	101 083	86 552	14 531	46 357	36 588	(9 769)
	Interest and rent on land	-	-	-	-	-	-
	Transfers and subsidies	**200**	**76**	**124**	**194**	**68**	(126)
	Households	200	76	124	194	68	(126)
	Social benefits	200	76	124	194	68	(126)
	Payments for capital assets	**7 666**	**851**	**6 815**	**1 179**	**442**	(737)
	Machinery and equipment	7 666	851	6 815	1 179	442	(737)
	Transport equipment	1 329	227	1 102	450	125	(325)
	Other machinery and equipment	6 337	624	5 713	729	317	(412)
		173 856	**152 387**	**21 469**	**115 775**	**101 329**	**(14 446)**



The Programme underspent by a net amount of R21,469 million in order to create cash flow in the PMG Account of the Department for the payment of court ordered medico legal claims in the affected clinical programmes.



PROGRAMME 8

HEALTH FACILITIES MANAGEMENT

4.8. PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM)

Programme purpose

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

The programme has 5 sub-programmes, which is supports namely:

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

Institutional outcomes

- 6. Quality of health services improved.

PROGRESS AND ACHIEVEMENTS

Pre-determined objectives performance indicators are annual indicators (targets), however, progress made on the health facilities is provided below.

During the period under review, the Health Facilities Management (HFM) Programme through the Department of Public Works & Infrastructure implemented a total of 85 projects at 61 facilities in response to the COVID-19 pandemic. The estimated cost of the 85 projects is R590,428,636 million. These projects will yield 2 468 isolation bed spaces on completion.

- Of the 85 projects, a total of 73 projects have been completed to date at a cost of R318 million. These projects provided a total of 2 029 COVID-19 Isolation bed spaces.
- A total of ten (10) projects are currently at advanced stages of construction with a combined cost of R267,812,735.52. Upon completion, these projects will yield a total of 608 COVID-19 isolation bed spaces.
- One (1) project namely, Mthatha Airport Hanger with an award value of R5.7 million is the only non-health facility with a total of 81 beds.
- The cumulative expenditure to date on the 85 projects is R401,632,493.06.
- A total of 152 local SMMEs have been subcontracted on various projects. The total value of work that has been subcontracted to local SMMEs is a sum of R47,598,290.85. These figures will increase as more work is being done.

Hereunder is a detailed report on work done by the Department during 2020/21 financial year throughout the province. This information is classified per district.

Alfred Nzo District

- Five projects under the COVID-19 programme were completed namely:
  - Madzikane Ka Zulu Hospital - Refurbishment of buildings for COVID-19 (14 beds) was completed in May 2020 at a cost of R332.916.50
  - Mt. Ayliff Hospital - Provision of additional beds using Alternative Building Technology, providing 20 beds with 5 high care beds was completed in September 2020 at a cost of R2,188,335.
  - Taylor Bequest Hospital - Provision of additional beds using Alternative Building Technology, providing 20 beds with 5 high care beds was completed in October 2020 at a cost of R1,655,855.
  - Sipethu Hospital – Provision of new isolation beds for COVID-19 (20 beds) was completed in January 2021.
  - Taylor Bequest Hospital Phase 2 – Provision of outpatient Department, screening & testing area was completed in January 2021.
  - Madzikane ka Zulu Hospital Phase 2 – Rehabilitation of existing building to avail COVID-19 beds (46 beds) to be recommended for cancellation.
- Completion of Mpindweni Clinic was achieved in March 2021. The cost of the project was R15.7 million.

The following projects were underway and progressing well:

- Construction of a New 100 bedded health facility namely Khutsong Hospital is underway and progressing well. The project is expected to be completed in June 2021. The project is 92% complete. The budget allocated for this project this current financial year is a total of R45.3 million.
- Construction of Sipetu Hospital is underway and progressing well; at 60% complete stage. A sum of R198.4 million is allocated towards this project for this financial year.
- Replacement of Meje CHC is on site and progressing well. The project is 60% complete. A total of R85.3 million was set aside for this project during this financial year.

Amathole District

- Fifteen projects under the COVID-19 program were completed namely:
  - Tafalofefe Hospital – Refurbishment of an existing ward to avail COVID-19 40 beds at a cost of R4,735,746. Contractor had reached practical completion stage.
  - Komga Hospital – Refurbishments and alterations to the existing ward for COVID-19 patient providing 30 beds at a cost of R3,394,371 had reached practical completion stage.
  - Butterworth Hospital Phase 2 – Refurbishments and alterations to the Nurses College to accommodate COVID-19 Patients providing 20 beds at a cost of R7,890,541 had reached practical completion stage.
  - Stutterheim Hospital – Refurbishment of an existing building for COVID-19 beds (20 beds) at a cost of R11,587,843.72 had reached practical completion stage.
  - Nompumelelo Hospital Phase 1 – Rehabilitation of an existing block in accordance to medical requirements (8 beds) was completed in April 2020 at a cost of R254,237.
  - SS Gida Hospital – Rehabilitation of Male Ward & Lab for quarantine and isolation providing 52 beds with 5 high care beds, was completed in June 2020 at a cost of R283,237.24.
  - Victoria Hospital Phase 1 – Reconfiguration of the existing gateway clinic with partitions to provide a total of 8 beds, was completed in May 2020 at a cost of R664,501.74.
  - Ngqamakhwe CHC – Rehabilitation of the existing Block to provide 8 beds was completed in June 2020 at a cost of R143,000.
  - Victoria Hospital Phase 2: Rehabilitation of existing Block providing 23 beds with 2 high care beds was completed in August 2020.
  - Butterworth Hospital – Rehabilitation of existing Block providing 16 beds with 2 high beds was completed in September 2020 at a cost of R2,478,856.05.
  - Nompumelelo Hospital Phase 2 – Rehabilitation of additional ward; providing 20 beds with 4 high care beds was completed in November 2020 at a cost of R730,716.02.
  - Winterberg Hospital – Internal repairs to existing TB hospital; providing 40 beds with 5 high care beds was completed in November 2020 at a cost of R3,548,491.75.
  - Cathcart Hospital – Refurbishment of an existing building for COVID-19beds (20 beds) was completed in November 2020 at a cost of R1,972,553.80.
  - Adelaide Hospital – Refurbishment of an existing building for COVID-19 beds (20 beds) was completed in December 2020 at a cost of R5,171,922.09.
  - Madwaleni Hospital – Rehabilitation of the existing Block (59 beds) was completed in December 2020 at a cost of R20,397,061.98. (Major refurbishment above R10m)
- The Department is continuing with the upgrading of staff accommodation at Victoria hospital in Alice. The total value of the project is a total of R19.9 million. However, the progress is not in accordance with the program and penalties were applied.
- Construction of staff accommodation and gateway clinic at Tafalofefe Hospital is underway. Upgrading of Water and Sanitation at Tafalofefe is underway and nearing practical completion stage.
- Upgrading of Water and Sanitation Plant at Tower hospital has been completed in June 2020.

Buffalo City Metropolitan Municipality District

- Nine projects for COVID-19 were completed namely:
  - Cecilia Makiwane Phase 1 & Phase 2 – Rehabilitation of the Old Hospital; providing 100 beds with 10 high care beds; both projects to the value of R3.4 million. Completed in May 2020.
  - Frere Hospital – Installation of Medical Gas to value of R1.1 million. Completed in August 2020.
  - Grey Hospital – Rehabilitation of existing Block, providing 16 beds with 4 high care beds at a cost of R461,989.50. Completed in May 2020.
  - Duncan Village CHC – Construction of waiting, screening and testing area was completed in September 2020 at a cost of R1,144,671.80

- Bhisho Hospital – Rehabilitation of existing building to avail COVID-19 beds (92 beds) was completed in October 2020 at a cost of R6,998,594.22
- Nkqubela TB Hospital – Refurbishment of the existing building including ablutions (10 beds) was completed in September 2020 at a cost of R4,839,909.92
- Frere Hospital – Internal repairs to an existing ward to avail COVID-19 Beds (40 beds) had reached practical completion stage. The value of the project was R6,578,916.55
- Frere Hospital – 100 Bed ABT – Provision of new isolation wards (100 beds) had reached practical completion stage in February 2021. The cost of the project was R48,818,261.23

- Provision of accommodation for health professionals at Grey hospital had reached practical completion in January 2021. The value of this project was a total R16.4 million
- Renovations and Repairs of Bhisho hospital is in progress at cost of R7.5 million.
- Renovations and Repairs of Nontyatyambo Community Health Centre is in progress at cost of R3 million. Percentage of work done is 40%.
- SCM to review contractors notice of termination, in lieu of non-payment and negotiate for contractors to proceed.

Chris Hani District

- Nine projects for COVID-19 were completed namely:
  - Frontier Hospital – Minor Repairs and Renovations providing a total of 80 beds were completed in May 2020 at a cost of R203,294.70.
  - Glen Grey Hospital – Rehabilitation of the additional wards including plumbing related works (108 beds) was completed in October 2020 at a cost of R5,425,180.87.
  - Hewu Hospital – Rehabilitation of an existing block for COVID-19 beds (56 beds) was completed in October 2020 at a cost of R4,104,375.82.
  - Dordrecht Hospital – Rehabilitation of existing ward to avail COVID-19 beds (9 beds) was completed in October 2020 at a cost of R4,839,909.92.
  - Cala Hospital – Rehabilitation of existing ward to avail COVID-19 beds (11 beds) was completed in October 2020 at a cost of R6,722,937.54.
  - All Saints Hospital – Rehabilitation of an existing block in accordance to medical requirements (51 beds) was completed in December 2020 at a cost of R6,402,652.63.
  - Mjanyana Hospital – Rehabilitation of existing ward to avail COVID-19 beds (26 beds) was completed in December 2020 at a cost of R6,783,551.21.
  - Komani Hospital Phase 1 – Rehabilitation of an existing block for COVID-19 beds (31 beds) was completed in January 2021 to the value of R5,344,036.01.
  - Komani Hospital Phase 2 – Rehabilitation on an existing ward to avail COVID-19 beds (64 beds) was completed in January 2021 at a cost of R13,726,961.67.
- Upgrading of staff accommodation for health professionals at All Saints Phase 2 hospital was awarded, however, site handover had not taken place due to the contractor not meeting the minimum SMME 30% threshold.
- All Saints Hospital Phase 1 – Contractor not performing, requested to waive penalties.
- Cradock Hospital Repairs and Renovations underway. Work done was 82% complete. SMME had left the site due to delayed payments.
- Mjanyana Hospital Phase 2 is at 42% complete and the project is expected to be finished on the 31st October 2021.

Joe Gqabi District

- Seven projects for COVID-19 were completed:
  - Umlamli Hospital – Refurbishment of an existing building (30 beds) was completed in March 2021 at a cost of R43,769,699.4.
  - Aliwal North Hospital – Refurbishment of an existing building and provision of a new Isolation Ward (25 beds) was completed in March 2021 at a cost of R31,203,16.52.
  - Burgersdorp Hospital – Refurbishment of an existing building to avail COVID-19 beds (8 beds) was completed in February 2021 at a cost of R3,536,556.26.
  - Maclear Hospital – Rehabilitation of existing building including plumbing works, providing 38 beds with 8 high care beds was completed in July 2020 at a cost of R3,671,864.90.
  - Empilisweni Hospital – Refurbishment of an existing Block (15 beds) was completed in August 2020 at a cost of R5,634,146.
  - Lady Grey Hospital – Refurbishment of existing building for COVID-19 beds (10 beds) was completed in November 2020 at a cost of R4,929,092.00.
  - Steynsburg Hospital – Refurbishment of existing building for COVID-19 beds (20 beds) was completed in December 2020 at a cost of R14,875,999.80 (Major refurbishment above R10m)

- Construction of staff accommodation at Empilisweni Hospital is underway and 37% of work had been completed on site. The project has challenges on site and had to be terminated. A replacement contractor will be procured by the Department of Public Works. The site is expected to be handed over to the contractor during the third quarter of 2021/22 financial year.
- Upgrading of Ndofela Clinic is underway and 60% of work had been completed on site. There were problems on site, resulting to the contract being terminated. The Department of Public Works was asked to procure a replacement contractor to complete the project.
- Urgent Repairs and Maintenance of buildings at Empilisweni Hospital was underway and 81% of work had been carried out. Due to challenges on site, the contractor will be replaced. DPW will procure the new contractor to complete works on site.
- Provision of Temporary Accommodation for Health Professionals for Tembisa and Ugie Clinics were at Tender stage

Nelson Mandela Bay Metropolitan District

- Six projects, to the value of R58,513,954.18 million for COVID-19 were completed namely,
  - Dora Nginza Phase 1 & Phase 2; providing a total of 46 with 10 high care beds at a cost of R5.3 million
  - Empiliweni Hospital – Internal repairs to an existing TB Hospital (128 beds) was completed in August 2020
  - Osmond Hospital – Rehabilitation of an existing building for COVID-19 (50 beds) was completed in August 2020
  - Livingstone Hospital – Repurposing of the basement to avail COVID-19 beds (73 beds) was completed in September 2020
  - Dora Nginza Hospital Phase 3 – Refurbishment of existing buildings to avail COVID-19 beds (100 beds) was completed in November 2020
- Upgrading of the Cathlab and CSSD areas is underway and the is expected to be completed in the 4th quarter of 2020/2021.The mechanical section i.e. Lifts etc. will be completed during the next financial year
- Upgrading of Leticia Bam CHC was at construction stage, however, the project is undergoing cancellation of contract resulting from delays on commencing on site due to Facility Management issues
- Construction of PE Hospital Psychiatric Hospital achieved practical completion stage in the last financial year; however, there were defects identified and the contractor is attending to those defects.
- The contractor was attending to defects at Elizabeth Donkin Psychiatric Hospital.
- Renovations and repairs of at least 17 primary health care facilities was at Tender stage, but 12 facilities will have to be re-advertised.

OR Tambo District

- Twenty-Five projects under the COVID-19 program to the value of R82,939,350.59 million were completed. These provided 485 beds with 20 High Care Beds. Names of hospital are listed hereunder.
  - Nessie Knight Hospital – Rehabilitation of existing structure to avail COVID-19 beds (38 beds).
  - Canzibe Hospital – Refurbishment of existing building for COVID-19 beds (18 beds).
  - Dr Malizo Mpehle Hospital – Rehabilitation of existing structure to avail COVID-19 beds (18 beds) was completed in March 2021.
  - St Lucy's Hospital – Provision of 46 beds for COVID-19 using ABT structures (46 beds) was completed in March 2021.
  - Zithulele Hospital – 13 beds with 2 high care beds. Completed May 2020.
  - St. Barnabas Hospital – 20 beds with 4 high care beds. Completed May 2020.
  - Isilimela Hospital – 43 beds with 5 high care beds. Completed May 2020.
  - Mthatha General Hospital – 30 beds with 5 high care beds. Completed May 2020.
  - St Elizabeth Hospital Phase 1 & 2 - provided a total of 12 beds. Completed June 2020.
  - Bambisana Hospital Phase 1 - 12 beds with 4 high care beds. Completed June 2020.
  - Bambisana Hospital Phase 3 – 12 beds. Completed June 2020.
  - Bambisana Hospital Phase 5 – 12 beds. Completed July 2020.
  - Isilimela Hospital Phase 2 – Walkways and Thoroughfares. Completed August 2020.
  - Bambisana Hospital Phase 4 – 19 beds. Completed August 2020.
  - Sir Henry Hospital Phase 1 – 96 beds. Completed August 2020.
  - St Barnabas Hospital Phase 2 – Driveways, thoroughfares and ramps to enable access to COVID-19 beds. Completed September 2020.
  - Sir Henry Hospital Phase 3 – Plumbing & drainage, thoroughfares including ramps linked to the 96 bed repair works. Completed September 2020.
  - Bambisana Hospital Phase 2 – All minor repairs are lined to phase which availed 12 COVID-19 beds. Completed June 2020.

- Isilimela Hospital – Installation of Medical Gas Points in existing wards. Completed October 2020 at a cost of R1,69m.
- St Elizabeth Hospital Phase 3 – 14 Beds. Completed October 2020 at a cost of R2,9m.
- Mthatha Airport Hanger – 81 Beds. Completed November 2020 at a cost of R5,7m.
- Sir Henry Mortuary – Provision of Mortuary for all COVID-19 cases. Completed November 2020 at a cost of R2,7m.
- Isilimela Hospital – 20 beds. Completed November 2020 at a cost of R5,7m.
- Bedford Hospital – 14 beds. Completed November 2020 at a cost of R4,7m.

- One project for COVID-19; namely, Mtatha General Hospital – Provision of new Isolation Ward (100 beds) is underway and due for completion at the end of April 2021.
- Construction of St Elizabeth New Paediatric ward, Lilitha Colleges and Laundry enabling works for moving paediatrics and kitchen services is underway in accordance with the program. A total of R55.7 million was allocated for this project this financial year. This project is due for completion in May 2021.
- Renovations and Repairs of Canzibe hospital is underway in accordance with the program.
- Upgrading of staff accommodation at Nessie Knight Hospital is underway in accordance with the program. A budget of R25 million was allocated for the current financial year and is due to be completed in May 2021.
- Construction of a Mental Unit at St. Barnabas Hospital is implemented by the Coega Development Corporation. The project is being delayed because of a defaulting Contractor. Coega Development Corporation is in the process of procuring a new replacement contractor.
- Rehabilitation of Nursing Accommodation and Depot at Mthatha General hospital was uncerway with a total budget allocation of R11.8 million this financial year
- Construction of Flagstaff CHC is on site and the percentage of work done is 80%. The project will be completed on the 30 May 2021

Sarah Baartman District

- Six (6) projects, to the value of R24,277,200.50 for COVID-19 were completed namely,
  - Midlands Hospital – Refurbishment of ablutions and alterations to Neo Natal ICU; providing a total of 10 high care beds. Completed in June 2020
  - Humansdorp Hospital – Provision of beds using Alternative Building Technology; providing a total of 4 beds with 1 high care bed. Completed in June 2020, but not currently in use.
  - Joubertina Hospital – Provision of beds using Alternative Building Technology; providing 4 beds with 1 high care bed. Completed in July 2020.
  - Willowmore Hospital – Emergency Repairs and Renovations. Completed in July 2020.
  - SAWAS Memorial Hospital – Rehabilitation of existing facility for COVID-19 beds (20 beds). Completed in November 2020 at a cost of R8,65m.
  - Marjorie Parrish Hospital – Rehabilitation of existing facility for COVID-19 beds (20 beds). Completed in December 2020 at a cost of R7m.
- Renovations of Bhongweni Clinic is in progress and 80% of works have been completed.
- Replacement of roof at Andries Vosloo Hospital was placed on hold.
- Relocation of Misgund Clinic from the current premises on hold.
- Erection of walkways and refurbishment of nurses' call station on hold.
- Refurbishment of bathrooms, consulting rooms, waiting areas, stores, pharmacy etc at PZ Meyer and Aberdeen hospitals as well as several primary health care facilities on hold.

Engineering & Technical Services - Medical Gas, Bulk Oxygen Supply & Oxygen reticulation – All Districts

REGIONAL, TERTIARY HOSPITALS AND FIELD HOSPITAL

- All Regional and Tertiary Hospitals and the VW Field hospital have wall mounted oxygen points and bulk VIE oxygen tanks which are kept operational 24 hours. Monitoring of tank supplies are done by a telemetry on-line system by AFROX.
- The VW Field Hospital with Bulk Oxygen tank, with 244 bed spaces with wall mounted oxygen points was commissioned in July 2020
- 2 Regional / Specialised hospitals received additional oxygen points during the 3rd Quarter. The actual Outputs in Quarter 3 are consistent with the planned target with no deviation.
- Additional oxygen points were installed at Orsmond TB Hospital and Dora Nginza Hospital during the 3rd quarter.

DISTRICT HOSPITALS:

- NEWLY INSTALLED AND COMMISSIONED (VIE) BULK OXYGEN TANKS AT DISTRCT HOSPITALS WITH WALL MOUNTED OXYGEN POINTS INCLUDE:
  - Grey Hospital – commissioned in September 2020.
  - Mthatha General Hospital – commissioned in August 2020
  - Sir Henry Elliot Hospital - commissioned in August 2020.
  - Butterworth Hospital – commissioned July 2020.
  - Victoria Hospital – commissioned 3rd of December 2020.
  - Bhisho Hospital – commissioned 23 December 2020.
  - Settlers Hospital (Port Alfred) – commissioned on 22 December 2020
  - Cloete Joubert Hospital commissioned during the 4th quarter of 2020/21.
  - Taylor Bequest Matatiele commissioned during the 4th quarter.
  - Dr. Malizo Mpehle Hospital commissioned during the 4th quarter.
  - St. Barnabas Hospital commissioned during the 4th quarter.
  - Mt. Ayliff Hospital commissioned during the 4th quarter.
  - Nkqubela TB Hospital commissioned in the 4th quarter.
  - Steynsburg Hospital commissioned during the 4th quarter.
  - Empilisweni Hospital commissioned during the 4th quarter.
  - Holy Cross Hospital commissioned during the 3rd quarter.
  - Isilimela Hospital commissioned during the 3rd quarter.
  - Stutterheim Hospital commissioned in the 3rd quarter.
  - Cathcart Hospital commissioned during the 3rd quarter
  - Glen Grey Hospital commissioned during the 3rc quarter.
  - All Saints Hospital commissioned during the 3rd quarter.
  - Cofimvaba Hospital commissioned during the 3rd quarter of 2020/21 financial year.

LIFTS INSTALLATIONS & UPGRADES

- Refurbishment of Lifts in Dora Nginza, Frere and Cradock hospitals are progressing in accordance with the programme.

WATER AND SANITATION UPGRADES

Upgrading of Water and Sanitation Plant Upgrades was at Procurement Stage for the following hospitals;

- Taylor Bequest Hospital (Mt Fletcher)
- St. Barnabas Hospital
- Tafalofefe Hospital
- Tower Hospital
- Empilisweni Hospital
- Butterworth Hospital
- Bisho Hospital
- Bedford Orthopaedic Hospital

Professional Service Providers were appointed by Public Works to complete the implementation of the Upgrading of Water and Sanitation Plant for All Saints Hospital.

Table A29: List of Completed Projects during 2020-2021 Financial Year

	FACILITY NAME	SCOPE OF WORKS	CONTRACT VALUE
		Alfred Nzo District	
1	Madzikane ka Zulu Hospital	Phase 1 - Refurbishment of buildings for COVID-19 (14 beds	R 332 916.00
2	Madzikane ka Zulu Hospital	Phase 2 - Rehabilitation of existing building to avail COVID-19 beds	R 1 944 855.00
3	Mt. Ayliff Hospital	Provision of additional beds using Alternative Building Technology	R 2 188 335.00
4	Taylor Bequest Hospital	Phase 1 - Provision of additional beds using Alternative Building Technology	R 1 655 855.00
5	Sipetu Hospital	Provision of new isolation beds for COVID-19 (20 beds)	R 14 470 536.00
6	Mpindweni Clinic	Completion of a donated clinic	R 15 000 000.00
		Amathole District	
1	Nompumelelo Hospital	Ph 1 - Rehabilitation of an existing block in accordance to medical requirements	R 254 237.00
2	Nompumelelo Hospital	Ph 2 - Rehabilitation of the additional ward including plumbing related works	R 730 716.02
3	SS Gida Hospital	Rehabilitation of male A (ward) & Lab for quarantine & isolation (52 beds)	R 283 237.24
4	Victoria Hospital	Ph 1 - Reconfiguration of the existing Gateway Clinic (with partitions) (8 beds)	R 664 501.74
5	Victoria Hospital	Ph 2 - Rehabilitation of an existing block in accordance to medical requirements (23 beds)	R 992 105.00
6	Ngqamakhwe Community Health Centre	Rehabilitation of the existing block (8 beds)	R 143 000.00
7	Butterworth Hospital	Ph 1 - Rehabilitation of the existing block including partitioning, plumbing (16 beds)	R 2 478 856.05
8	Butterworth Hospital	Ph 2 - Refurbishment of the nurses' college to accommodate COVID-19 patients (20 beds)	R 7 890 541.00
9	Winterberg Hospital	Internal repairs to existing TB Hospital (40 beds)	R 3 548 491.75
10	Cathcart Hospital	Refurbishment of an existing building for COVID-19 beds (20 beds)	R 1 972 553.80
11	Adelaide Hospital	Refurbishment of an existing building for COVID-19 beds (20 beds)	R 5 171 922.09
12	Madwaleni Hospital	Refurbishment of an existing block (59 beds)	R 20 397 061.98
13	Tafalofefe Hospital	Refurbishment of an existing ward to avail COVID-19 beds (40 beds)	R 4 735 746.00
14	Komga Hospital	Refurbishment and alterations to the existing ward for COVID-19 beds (40 beds)	R 3 394 371.86
15	Stutterheim Hospital	Refurbishment of an existing building for COVID-19 beds (20 beds)	R 11 587 843.72
16	Tafalofefe Hospital	Water and Sanitation Project	R 4 104 375.82
		Buffalo City Metro	
1	Cecilia Makhiwane Hospital	Repairs and renovations to existing hospital for Covid Patients	R 707 400.00
2	Cecilia Makhiwane Hospital	Repairs and renovations to existing hospital for Covid Patients	R 2 791 995.17
3	Cecilia Makhiwane Hospital	Installation of medical gas	R 1 134 799.88
4	Frere Hospital	Internal repairs to an existing ward (Ward C8 &C9) to avail COVID-19 beds (40 beds)	R 6 578 916.55
5	Grey Hospital	Rehabilitation of existing block (16 beds)	R 461 989.50
6	Duncan Village CHC	Construction of waiting, screening and testing areas	R 1 144 671.80
7	Bhisho Hospital	Rehabilitation of existing building to avail COVID-19 beds (92 beds)	R 6 998 594.22
8	Nkqubela Hospital	Refurbishment of the existing building including ablutions (10 beds)	R 4 839 909.92
9	Grey Hospital	Repairs and renovations to Staff Accommodation	R 4 735 746.00
Chris Hani District			
1	Frontier Hospital	Minor repairs and Renovations (80 beds)	R 203 294.70
2	Glen Grey Hospital	Rehabilitation of the additional ward including plumbing related works (108 beds)	R 5 425 180.87
3	Hewu Hospital	Rehabilitation of an existing block for COVID-19 beds (56 beds)	R 4 104 375.82
4	Dordrecht Hospital	Rehabilitation of an existing ward for COVID-19 beds (9 beds)	R 4 839 909.92
5	Cala Hospital	Rehabilitation of an existing ward for COVID-19 beds (11 beds)	R 6 722 937.54
6	All Saints Hospital	Rehabilitation of an existing block in accordance to medical requirements (51 beds)	R 6 402 652.63
7	Mjanyana Hospital	Rehabilitation of an existing ward for COVID-19 beds (26 beds)	R 6 783 551.21
		Joe Gqabi District	
1	Maclear Hospital (General	Rehabilitation of existing building including plumbing works (38	R 3 671 864.90

	FACILITY NAME	SCOPE OF WORKS	CONTRACT VALUE
	building alterations and maintenance)	beds)	
2	Empilisweni Hospital (General building alterations and maintenance)	Refurbishment of an existing block (15 beds)	R 5 634 146.70
3	Lady Grey Hospital	Refurbishment of existing building for COVID-19 beds (10 beds)	R 4 929 092.00
4	Steynsburg Hospital	Refurbishment of existing building for COVID-19 beds (20 beds)	R 14 875 999.80
		OR Tambo District	
1	Zithulele Hospital	Rehabilitation of an existing hospital including plumbing (13 beds)	R 977 511.50
2	St Barnabas Hospital	Phase 1 - Rehabilitation of an existing building including wet works (20 beds)	R 2 819 941.16
3	St Barnabas Hospital	Phase 2 - Driveway, ramps & thoroughfares to enable access to COVID-19 Beds	R 784 362.67
4	Isilimela Hospital	Phase 1 -Rehabilitation of existing building including wet works to avail 43 COVID-19 beds (43 beds)	R 915 705.90
5	Isilimela Hospital	Phase 2 - Walkways and Thoroughfares	R 1 691 428.00
6	Isilimela Hospital	Phase 3 - Installation of the medical gas points on existing wards	R 364 840.00
7	Isilimela Hospital	Phase 4 - Rehabilitating existing ward to avail COVID-19 beds (20 beds)	R 5 714 575.44
8	Mthatha General Hospital	Phase 1 - Repairs on existing building including wet works (30 beds)	R 1 799 931.01
9	St Elizabeth Hospital	Ph 1 - Repair work on existing structure including wet works and covered walkway (12 beds)	R 844 991.25
10	St Elizabeth Hospital	Ph 2 - Repair work on existing structure including wet works and covered walkway	R 487 699.00
11	St Elizabeth Hospital	Ph 3 - Rehabilitation of existing structure to avail COVID-19 Beds (14 beds)	R 2 938 542.10
12	Bambisani Hospital	Ph 1 - Internal repairs including electromechanical works as well as the covered walkway (12 beds)	R 5 804 729.33
13	Bambisani Hospital	Ph 2 - All minor repairs are lined to phase which availed 12 COVID-19 beds	R 448 160.00
14	Bambisani Hospital	Ph 3 - All minor repairs are lined to phase which availed 12 COVID-19 beds	R 458 160.00
15	Bambisani Hospital	Ph 4 - All minor repairs are lined to phase which availed 12 COVID-19 beds	R 761 910.00
16	Bambisani Hospital	Ph 5 - All minor repairs are lined to phase which availed 12 COVID-19 beds	R 124 792.25
17	Sir Henry Hospital	Phase 1 - Rehabilitation of an unused building including electromechanical (96 beds)	R 5 868 223.74
18	Sir Henry Hospital	Ph 3 - Plumbing & Drainage, thoroughfares including ramps linked to the 96 bed repair works	R 2 731 787.34
19	Sir Henry Hospital	Provision of a mortuary for COVID-19 cases	R 6 880 804.00
20	Mthatha Airport Hangar	Internal repairs on the existing hanger for COVID-19 beds (81 beds)	R 5 732 813.26
21	Bedford Hospital	Refurbishment of existing building (14 beds)	R 4 785 442.65
22	Nessie Knight Hospital	Rehabilitation of existing building (38 beds)	R 5 291 618.90
		NMB District	
1	Dora Nginza Hospital	Phase 1 - Rehabilitation of existing ward T2 as well as repair works at the family ward including wet works (6 beds)	R 317 405.75
2	Dora Nginza Hospital	Phase 2 - Rehabilitation of existing ward T2 as well as repair works at the family ward including wet works (40 beds)	R 5 065 261.00
3	Dora Nginza Hospital	Phase 3 - Refurbishment of existing buildings to avail COVID-19 beds (100 beds)	R 33 548 878.85
4	Empiliweni Hospital	Internal Repairs to an existing TB Hospital (128 beds)	R 4 889 649.35
5	Orsmond Hospital	Rehabilitation of an existing building for COVID-19 beds (50 beds)	R 3 036 752.30
6	Livingstone Hospital	Repurposing of the basement to avail COVID-19 beds (73 beds)	R 11 656 006.93
7	PE Provincial Hospital	PE Provincial - Renovations to Cathlab and CSSD	R 10 000 000.00
		Sarah Baarthman District	
1	Midlands Hospital	Refurbishment of ablutions and alterations of neonatal ICU (10 beds)	R 1 359 316.00
2	Humansdorp Hospital	Provision of beds using ABT Structures (4 beds)	R 3 506 350.00
3	Joubertina Hospital	Provision of beds using ABT Structures (4 beds)	R 2 323 000.00
4	Willowmore Hospital	Rehabilitation of the existing structure & wet works to avail COVID-19 beds	R 1 506 560.85
5	SAWAS Memorial Hospital	Rehabilitation of existing facility for COVID-19 beds (20 beds)	R 8 569 718.70

	FACILITY NAME	SCOPE OF WORKS	CONTRACT VALUE
6	Marjorie Parrish	Rehabilitation of existing facility for COVID-19 beds (20 beds)	R 7 012 254.95

Table A30: List of Projects in Construction

	Project Name	Milestone Reached	Estimated Project Completion Date
1	All Saints Hospital: Phase 1 - Upgrade of Staff Accommodation	Construction 51% - 75%	2022/03/31
2	Bhisho Hospital: Urgent repairs and maintenance	Construction 26% - 50%	2022/04/01
3	Bhongweni Clinic Phase 1 - Renovations & Extensions	Construction 26% - 50%	2022/08/30
4	Canzibe Hospital Upgrade Phase 1 - Urgent Maintenance and Repairs Works	Construction 76% - 99%	2022/07/28
5	COVID-19 Aliwal North Hospital (30 ABT beds, Laundry & Kitchen)	Construction 76% - 99%	2022/08/30
6	COVID-19 Dr Malizo Mpehle Hospital (reconfiguration)	Construction 1% - 25%	2022/08/30
7	COVID-19 Frere Hospital (100 beds ABT)	Construction 26% - 50%	2022/08/30
8	COVID-19 Komani Hospital Phase 2 - Repairs & Renovations	Construction 26% - 50%	2022/08/30
9	COVID-19 Komani Psychiatric Hospital (75 beds reconfiguration)	Construction 76% - 99%	2022/08/30
10	COVID-19 Mlamli Hospital - Repairs & Renovations	Construction 51% - 75%	2022/08/30
11	COVID-19 Mthatha General Hospital (100 beds – ABT)	Construction 26% - 50%	2022/08/30
12	COVID-19 St Lucy's Hospital (100 Beds - nurses home)	Construction 51% - 75%	2022/08/30
13	COVID-19 Taylor Bequest Matatiele New Isolation Bed Spaces	Construction 51% - 75%	2022/08/30
14	Cradock Hospital - Infrastructure Improvements, maintenance work to existing hospital	Construction 76% - 99%	2024/03/29
15	Cwele Clinic - New Replacement Clinic and Staff Accommodation	Construction Started	2022/10/31
16	Empilisweni Hospital Phase 1. - Temporary Staff Accommodation (Provision of Park Homes)	Construction 26% - 50%	2022/04/29
17	Fencing & Guardhouses Alfred Nzo DM Project 1	Construction 51% - 75%	2022/08/30
18	Fencing & Guardhouses Amathole DM & BC Metro Project 1	Construction 51% - 75%	2022/08/30
19	Fencing & Guardhouses Amathole DM & BC Metro Project 2	Construction 76% - 99%	2022/03/31
20	Fencing & Guardhouses Amathole Project 1- SCMU3-16/17-0194-HO	Construction 76% - 99%	2022/08/30
21	Fencing & Guardhouses Amathole Project 2	Construction 76% - 99%	2022/08/30
22	Fencing & Guardhouses BC Metro Project 1	Construction 76% - 99%	2022/08/30
23	Fencing & Guardhouses BC Metro Project 2	Construction 26% - 50%	2022/08/30
24	Fencing & Guardhouses Chris Hani / Joe Gqabi DM Project No 1:	Construction 76% - 99%	2022/08/30
25	Fencing & Guardhouses NM Bay Metro / Sarah Baartman DM Project 1	Construction 76% - 99%	2022/03/31
26	Fencing & Guardhouses NM Bay Metro / Sarah Baartman DM Project 2	Construction 76% - 99%	2022/03/31
27	Fencing & Guardhouses OR Tambo DM Project 1	Construction 51% - 75%	2022/08/30
28	Flagstaff CHC Phase 2: New Community Health Centre Buildings	Construction 76% - 99%	2023/09/29
29	Greenville Hospital - Upgrades and additions to theatres, maternity, pharmacy,	Construction 1% - 25%	2022/06/29
30	Isikhoba Clinic in Ngcobo Replacement of existing Clinic	Construction 76% - 99%	2022/05/31
31	Isilimela Hospital Upgrade Phase 1 - Refurbishment of Existing Staff Accommodation	Construction 26% - 50%	2022/08/31
32	Khambi Clinic - New Replacement Clinic and Staff Accommodation	Construction 76% - 99%	2022/05/04
33	Khotsong Hospital Phase 3: The construction of the main hospital buildings and staff housing	Construction 76% - 99%	2022/03/31
34	Meje CHC Phase 2: Construction of CHC, site works & services	Construction 51% - 75%	2022/08/31
35	Mjanyana Hospital - Phase 2 Upgrading of Staff Accommodation	Construction 26% - 50%	2022/06/30
36	Mjanyana Hospital: Phase 1: Infrastructure Improvements to Pharmacy, OPD and external works	Construction 26% - 50%	2023/12/14
37	Mthatha General Hospital - Rehabilitation of Mthatha Nursing Accommodation and Medical Depot	Construction 76% - 99%	2022/11/30
38	Ndofela Clinic - Clinic Upgrade and Refurbishment	Construction 51% - 75%	2023/06/30
39	Nessie Knight Hospital Upgrade Phase 4 - Refurbishment and Renovation of Hospital Buildings	Construction 1% - 25%	2024/03/29
40	Nessie Knight Hospital Upgrade Phase 3: New Health Professional Accommodation	Construction 76% - 99%	2023/03/31
41	Nontyatyambo CHC: Urgent repairs and maintenance	Construction 1% - 25%	2022/03/31
42	Nyaniso CHC Phase 2: Construction of CHC and External Services.	Construction 1% - 25%	2024/03/29

	Project Name	Milestone Reached	Estimated Project Completion Date
43	Qebe Clinic in Ngcobo: Replacement of existing Clinic	Construction 76% - 99%	2022/04/29
44	Relocatable Health Professional Accommodation - Phase I Dr Malizo Mpehle & Zithulele Hospital	Construction Started	2022/06/08
45	Sipetu Hospital: Construction of Main Hospital	Construction 26% - 50%	2022/06/29
46	SS Gida Hospital - Renovations & refurbishments	Construction Started	2022/04/29
47	St Barnabas Hospital - New Psychiatric Unit, Refurbishment and Renovation of Existing Staff Houses	Construction 76% - 99%	2022/03/30
48	St Elizabeth Hospital Upgrade - New Paediatric Ward, Laundry and Lilitha College	Construction 76% - 99%	2023/03/31
49	Tafalofefe Hospital Phase 03: Accommodation and Building Repairs	Construction 26% - 50%	2023/05/31
50	Victoria Hospital - Accommodation Refurbishment and Various Civil Works	Construction 76% - 99%	2022/08/30

Table 4.8.1: Performance against the re-tabled Annual Targets from 2020/21 Annual Performance Plan for Programme 8: Health Facilities Management

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
6. Quality of health services improved	Health facilities with major refurbishment or rebuild	6.6.1 Number of Health facilities with major refurbishment or rebuild	18	1	4	4	0	Actual output in line with planned target
		6.6.2 Number of Health facilities with minor refurbishment or rebuild	30	38	16	75	59	More facilities were refurbished than planned due to the need to create additional beds to accommodate COVID-19 patients
	Health facilities with major refurbishment or rebuild or repurposed for COVID management Increase the capacity for isolation, high care and Intensive care beds in existing hospitals Increase isolation, high care capacity in field hospitals	6.6.3 Number of Major renovations or upgrades completed at facilities	New Indicator	New Indicator	4	4	0	Actual output in line with planned target
		6.6.4 Number of Minor renovations or upgrades completed at facilities	New Indicator	New Indicator	4	75	59	More facilities were refurbished than planned due to the need to create additional beds to accommodate COVID-19 patients
		6.6.5 Number of additional High Care bed spaces and beds at existing hospitals	New Indicator	New Indicator	257	446	189	Over-achievement was due to the initial strategy to create more ICU capacity for treatment of severe COVID-19 cases. This strategy was later changed to focus on providing oxygenated general beds

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
		6.6.6 Number of additional Isolation bed spaces and beds at existing hospitals	New Indicator	New Indicator	1 613	1 168	-445	Under-achievement was due to delays in completing some projects at Dept of Public Works
		6.6.7 Number of additional Isolation Field Hospital bed spaces and beds	New Indicator	New Indicator	1 600	1 253	-347	Under-achievement was due to a shift from focusing on building more field hospitals to creating additional beds in existing facilities.
		6.6.8 Number of additional High Care Field Hospital bed spaces and beds	New Indicator	New Indicator	800	244	-556	Focus was directed at providing additional oxygen points and bulk oxygen at Field hospital instead of additional ICU beds
		6.6.9 Number of Regional and Tertiary Hospitals fitted with additional oxygen points at beds	New Indicator	New Indicator	8	13	5	The over-achievement was due to the strategic move from creating more ICU beds to providing oxygenated beds. All regional and tertiary hospitals including specialised hospitals (TB hospitals) were provided with oxygen points

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2018/19	Audited Actual Performance 2019/20	Planned Annual Target 2020/21	Actual Achievement 2020/2021	Deviation from planned target to Actual Achievement 2020/2021	Reasons for deviations
		6.6.10 Number of District Hospitals fitted with additional oxygen points at beds	New Indicator	New Indicator	16	29	13	The over-achievement was due to the strategic move from creating more ICU beds to providing oxygenated beds. Additional oxygen points were provided to identified district hospitals based on the report of the audit of oxygen points in the province.

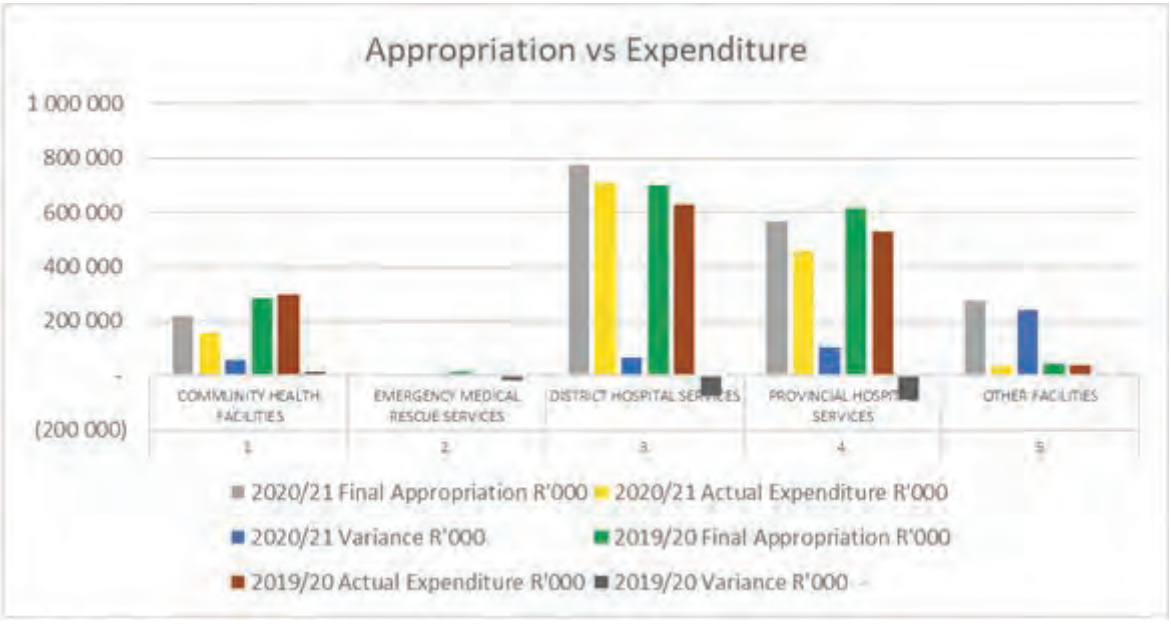
STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
6.6.6 Number of additional Isolation bed spaces and beds at existing hospitals	Speedy procurement of contractors / service providers and project implementation by the Department of Public Works and Infrastructure.
6.6.7 Number of additional Isolation Field Hospital bed spaces and beds	Strategy was changed to move away from creating more field hospitals but to provide additional oxygen points in existing hospitals beds.
6.6.8 Number of additional High Care Field Hospital bed spaces and beds	Strategy was changed to move away from creating more field hospitals but to provide additional oxygen points in existing hospitals beds.

LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

		2020/21			2019/20		
Programme 8: HEALTH FACILITIES MANAGEMENT		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
Sub programme							-
1.	COMMUNITY HEALTH FACILITIES	217 618	158 168	59 450	284 289	300 782	16 493
2.	EMERGENCY MEDICAL RESCUE SERVICES	-	-	-	16 753	-	(16 753)
3.	DISTRICT HOSPITAL SERVICES	777 075	707 280	69 795	700 448	626 499	(73 949)
4.	PROVINCIAL HOSPITAL SERVICES	566 235	459 877	106 358	614 845	528 898	(85 947)
5.	OTHER FACILITIES	275 748	32 565	243 183	43 243	40 128	(3 115)
		1 836 676	**1 357 890**	**478 786**	**1 659 578**	**1 496 307**	**(163 271)**
Economic classification							-
	Current payments	**231 965**	**299 494**	**(67 529)**	**367 237**	**378 344**	11 107
	Compensation of employees	18 403	18 401	2	28 281	28 283	2
	Goods and services	213 562	281 093	(67 531)	338 347	349 452	11 105
	Interest and rent on land	-	-	-	609	609	-
	Transfers and subsidies	**7**	**6**	**1**	**6**	**6**	-
	Households	7	6	1	6	6	-
	Social benefits	7	6	1	6	6	-
	Payments for capital assets	**1 604 704**	**1 058 390**	**546 314**	**1 292 335**	**1 117 957**	(174 378)
	Buildings and other fixed structures	1 321 606	929 914	391 692	1 162 194	1 060 483	(101 711)
	Buildings	1 321 606	929 914	391 692	1 162 194	1 060 483	(101 711)
	Machinery and equipment	283 098	128 476	154 622	130 141	57 474	(72 667)
	Transport equipment	-	-	-	98	-	(98)
	Other machinery and equipment	283 098	128 476	154 622	130 043	57 474	(72 569)
		1 836 676	**1 357 890**	**478 786**	**1 659 578**	**1 496 307**	**(163 271)**



The Programme underspent by a net amount of R478,786 million in order to create cash flow in the PMG Account of the Department for the payment of court ordered medico legal claims in the affected clinical programmes.

4.9 REPORTING ON THE INSTITUTIONAL RESPONSE TO THE COVID-19 PANDEMIC

Following the first case of SARS-CoV-2 virus in the republic of South Africa, the President declared a national state of disaster on March 2020. This meant that all resources should be redirected to strengthen the national and provincial response to COVID-19 pandemic. The provincial Department of health immediately established a task team with representatives from different functional units to prepare a Departmental plan to manage the outbreak of COVID-19 cases in the province. The provincial response team under the Department of health worked with the Provincial Disaster Management Committee under the Department of Cooperative Governance and Traditional Affairs. This became the platform for all stakeholders to contribute to the provincial plan for COVID-19. The office of the Premier immediately took the charge of the coordination and providing technical guidance on the provincial response in terms of mobilizing additional resources and seeking participation of even the business sector.

The priority in the first quarter of the financial year was to manage and contain the spread of the virus, while also preparing the facilities for the possible surge in COVID-19 cases.

Hospital readiness

The provincial government worked to ensure that there is adequate hospital capacity to manage the imminent surge in SARS-CoV-2 cases in the province. The investment included ensuring adequate supply of beds, oxygen, health technology, and medicines. The Department embarked on a project to procure additional beds spaces through a partnership with the Department of public works and infrastructure (DPW&I). Through the funding and technical support from the DPW&I, the province made available an additional 2 029 beds around the province at the end of the financial year for COVID19 isolation and management. These beds were made available in 85 facilities through the province. The projects were mainly rehabilitation of existing building and also the use of alternative built technology (ABT) structures.

Oxygen supply and availability was identified as a major area of facility readiness interventions. The Department made significant investments in ensuring that there is adequate supply of oxygen in the existing and newly rehabilitated facilities. The Department established a system to actively monitor the supply of oxygen at all health facilities. Weekly sessions were held and facility managers assigned officers to monitor supply of oxygen and raise any risks with the head office, a project to install additional oxygen reticulation points. Additional oxygen points and bulk oxygen tanks were installed in various hospitals, starting with the 28 priority hospitals in the hub and spoke model.

The procurement of medical equipment for the management of COVID19 in the hospital was done during the second quarter of the financial year. Medical services provided were 121 ICU beds, Ventilators, Patient Monitors, ECGs, Video Laryngoscopes, Infusion Pumps, Suctions to facilities to cope with the referred patients from the district hospitals who do not have ICU and high care facilities. 35 Donated ventilators played a huge role in ensuring availability of essential services, New mattresses were procured and distributed to all the health facilities that had new wards opened for COVID19.The district hospitals were provided with essential equipment such as Vital Signs Monitors, CPAPs/HFOT, Oxygen Flow Meters.

Availability of personal protective equipment in the province was prioritized as a key activity in protecting the front line workers from contracting the virus. The Department issued a circular which provided guidance on the essential PPE to be used at each point in the health facility, using a risk based approach. Health workers in settings that cared after patients with known COVID19 infection were provided with the full kit of essential PPE. This included respirator masks, examination gloves, isolation gowns, visors/goggles. Those in low risk setting were only provided with a mask and apron as their work did not expose them to major risk of contracting the virus. The institutional IPC and OHS team were delegated to continuously review the risk level and ensure that PPE is available for all in the facility.

The Stock Visibility System was updated to include the monitoring of PPE. The SVS has always been used for the tracking of stock levels of medicines and vaccines in our health facilities. It was then important that the same system is used to track availability of PPE at clinics to the tertiary hospital level. The province set a target of 90% availability of PPE at all health facilities. Majority of the items on the essential PPE list were already available on transversal contracts managed by the National Treasury. At the beginning of the pandemic in March/April 2020, the contracted suppliers were already under pressure and not coping with the volumes of PPE required by the government. The provincial Department struggled to secure adequate quantities of PPE and had to resort to procuring from various small and medium enterprises that are locally based to supplement the National Treasury contracted suppliers. A provincial contract was established which contributed significantly to the improved availability of PPE in the facilities. Since the local suppliers were new entrants in the space of supply and distribution of PPE, there were quality

concerns over the items they procured and the Department had limited capacity to confirm the quality of the PPE. With support from institutions such as the Rhodes University and the National Department of Health partnership with the Council for Scientific and Industrial Research (CSIR), the Department was able to conduct routine quality checks on the PPE supplied and raise issues with the suppliers as reported in the quality investigations.

Occupational Health Safety

A provincial OHS committee was established and trainings provided to ensure that all frontline workers are in compliance with the infection prevention control measures and the occupational health and safety protocols. The Department invested in the procurement of essential PPE for all frontline workers including those that are not patient facing such as administrative personnel in our health facilities. A total of R43 million was allocated by the provincial treasury through a grant to procure and supply essential PPE. The expenditure was increased in the second half of the year as cases were rising with the discovery of the Beta variant in the Nelson Mandela Metro during the 3rd quarter of the financial year.

Human Resources

The Department identified a need to establish a re-enforced frontline workforce around the province. The key personnel for the management of COVID19, case surveillance and general support were identified and recruited. The Department embarked on a recruitment drive to increase the number of frontline workers at community to tertiary level of care. A total of 2 949 health workers were recruited in the categories of nurses (nursing assistants, professional nurses, staff nurses), emergency care officer, community health workers and health promoters. These professionals were employed on a contract with an end date of March 2021. The Department also embarked on various efforts to train the personnel on basic knowledge on managing COVID19 cases and also prevention strategies in the community.

Table A31: Number of cases and deaths by month, as at 31 March 2021

Month	Cases	Deaths	Percent (%)	Case Fatality Rate (%)	Mortality Rate (per 100,000)
Mar – 20	13	1	0,0	7,7	0,0
Apr – 20	638	35	0,3	5,5	0,5
May – 20	3 282	285	2,5	8,7	4,2
Jun – 20	23 787	1 036	9,1	4,4	15,4
Jul – 20	50 290	2 034	17,9	4,0	30,3
Aug – 20	8 295	668	5,9	8,1	10,0
Sep – 20	2 992	213	1,9	7,1	3,2
Oct – 20	8 626	287	2,5	3,3	4,3
Nov – 20	34 232	1 710	15,1	5,0	25,5
Dec – 20	42 751	2 779	24,4	6,5	41,3
Jan – 21	18 167	1 911	16,8	10,5	28,5
Feb – 21	1 705	207	1,8	12,1	3,1
Mar – 21	0	145	1,3	0,0	2,2
Total	**195 413**	**11 362**	**100,0**	**5,8**	**169,2**

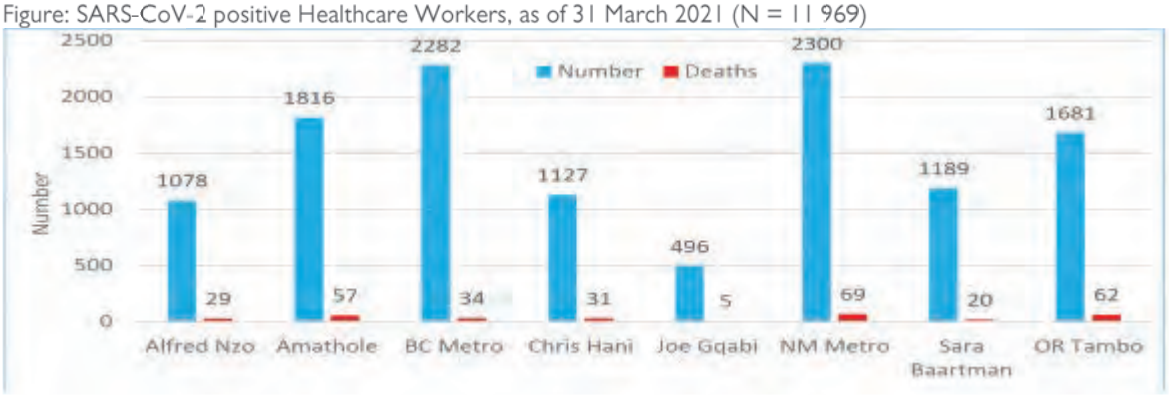
Outcomes of the intervention

The province had to deal with two devastating waves of the COVID19 disease in the financial year. The first wave began in May 2020 until August 2020, followed by a second wave that began in October 2020 until January 2021. The total number of cases confirmed during the financial year was 195 425 with 11 359 deaths. The majority of the confirmed cases were from the Nelson Mandela Metro, followed by Buffalo City Metro and OR Tambo. Alfred Nzo and joe Gqabi districts contributed 8 002 and 7 521 cases respectively.

The province reported the highest case fatality rate in the country at 5,8%. The highest case fatality rate was amongst male patients at 6,3% compared to the 5,5% for female patients. Chris Hani district, nelson O R Tambo District, Buffalo City Metro and Nelson Mandela Metro had the highest case fatality rate in the province. The month of January 2021 has the highest case fatality rate in the province, recording a 12,1% CFR.

The frontline health workers had to be the brunt of this pandemic as they were dealing with the sick that present at our health facilities. The community transmission also contributed to the infections reported by health workers in the province's health institutions. At the end of the financial year, the province had reported 11 969 health workers that contracted the SARS-CoV-2 virus. The district that reported the highest case load is the Nelson Mandela Metro, followed by Buffalo City Metro, and Amathole District. The number of health workers who tested positive for SARS-CoV-2 in Nelson Mandela Metro was 2 300 (69 deaths), Buffalo City Metro 2 282 (34 deaths), and Amathole 1 816 (57 deaths).

Figure: SARS-CoV-2 positive Healthcare Workers, as of 31 March 2021 (N = 11 969)



The positivity rate amongst nurses was 24,0% followed by doctors and clinical associates at 19%. Allied professionals accounted for 7,6% and emergency medical services personnel had a positivity rate of 11,9%. The positivity rates among health workers negatively affected patient safety, staff morale and confidence, and the capacity of the state to provide quality health services to the population.

The case fatality rate among health workers was 2,6%. Sarah Baartman reported the highest case fatality rate of 3,7% followed by Amathole (3,1%), Nelson Mandela Metro (3,0%), Chris Hani (2,8%) and Alfred Nzo (2,7%). The case fatality rate of less than 2% was reported in 3 districts, namely Joe Gqabi, Buffalo City Metro and OR Tambo.

Table A32: Progress on Institutional Response to the COVID-19 Pandemic

BUDGET PROGRAMME	INTERVENTION	GEOGRAPHIC LOCATION (PROVINCIAL / DISTRICT / LOCAL MUNICIPALITY) (WHERE POSSIBLE)	NO. OF BENEFICIARIES (WHERE POSSIBLE)	DISSAGREGATION OF BENEFICIARIES (WHERE POSSIBLE)	TOTAL BUDGET ALLOCATION PER INTERVENTION	BUDGET SPENT PER INTERVENTION	COMMITMENTS	IMMEDIATE OUTCOMES
					R'000	R'000	R'000	
COVID-19 RESPONSE FUNDS	Buildings & Other Fix Struct	-	-	-	566 758	281 796	-	Health and safety of frontline workers Improve case finding and isolation Case management and better treatment outcomes Tracking and tracing of cases, and management of those confirmed infection Tracking and tracing of cases
COVID-19 RESPONSE FUNDS	Compensation of Employees	-	-	-	999 740	959 977	-	
COVID-19 RESPONSE FUNDS	Goods and Services	-	-	-	295 385	179 077	98 213	
COVID-19 RESPONSE FUNDS	Households (Hh)	-	-	-	-	86	-	
COVID-19 RESPONSE FUNDS	Machinery and Equipment	-	-	-	286 833	123 630	81 263	
COVID-19 RESPONSE FUNDS Total		-	-	-	**2 148 716**	**1 544 566**	**179 475**	
COVID-19 COMPONENT	Compensation of Employees	-	-	-	-	5 236	-	
COVID-19 COMPONENT	Goods and Services	-	-	-	480 826	455 469	8 415	
COVID-19 COMPONENT	Machinery and Equipment	-	-	-	2 284	1 490	967	
COVID-19 COMPONENT Total		-	-	-	**483 110**	**462 195**	**9 382**	
COVID-19 DISASTER RESPONSE GRANT	Goods and Services	-	-	-	44 551	44 509	1 841	
COVID-19 DISASTER RESPONSE GRANT Total		-	-	-	**44 551**	**44 509**	**1 841**	
COVID-19 FUNDS	Buildings & Other Fix Struct	-	-	-	-	393	-	
COVID-19 FUNDS	Goods and Services	-	-	-	-	13 577	441	
COVID-19 FUNDS	Machinery and Equipment	-	-	-	-	(1 077)	12 729	
COVID-19 FUNDS Total		-	-	-	**-**	**12 893**	**13 170**	
HIV&AIDS COMPONENT	Goods and Services	-	-	-	54 689	74 286	27 951	
HIV&AIDS COMPONENT Total		-	-	-	**54 689**	**74 286**	**27 951**	
NATIONAL TERTIARY SERVICES GRANT	Goods and Services	-	-	-	10 000	10 964	813	
NATIONAL TERTIARY SERVICES GRANT	Machinery and Equipment	-	-	-	26 122	32 058	187	

BUDGET PROGRAMME	INTERVENTION	GEOGRAPHIC LOCATION (PROVINCIAL / DISTRICT / LOCAL MUNICIPALITY) (WHERE POSSIBLE)	NO. OF BENEFICIARIES (WHERE POSSIBLE)	DISSAGREGATION OF BENEFICIARIES (WHERE POSSIBLE)	TOTAL BUDGET ALLOCATION PER INTERVENTION	BUDGET SPENT PER INTERVENTION	COMMITMENTS	IMMEDIATE OUTCOMES
					R'000	R'000	R'000	
NATIONAL TERTIARY SERVICES GRANT Total		-	-	-	36 122	43 022	1000	
VOTED FUNDS	Goods and Services	-	-	-	274	674	64	
VOTED FUNDS	Machinery and Equipment	-	-	-	356	498	1 757	
VOTED FUNDS Total	-	-	-	-	630	1 172	1 821	
Grand Total	-	-	-	-	2 767 820	2 182 643	234 641	

Table A33: Reconciled as follows: -

INTERVENTION	TOTAL BUDGET ALLOCATION PER INTERVENTION	BUDGET SPENT PER INTERVENTION	COMMITMENT	VARIANCE
	R'000	R'000	R'000	R'000
Compensation of employees	999 740	965 214	0	34 526
Goods & Services	885 727	778 555	137 738	107 172
Transfers and subsidies		86	0	-86
Expenditure for capital assets	882 353	438 788	96 903	443 565
Buildings and other fixed structures	566 758	282 189		284 569
Other machinery and equipment	315 595	156 599	96 903	158 996
TOTAL COVID 19 RESPONSE EXPENDITURE	**2 767 820**	**2 182 643**	**234 641**	**585 177**

Compensation of Employees

Overall, the budget for COVID-19 Response Cost of Employment spent at 97% of budget, once adjustments of R318,25 million are factored in as a result of Persal link codes not interfacing correctly.

Goods & Services

Overall, the budget for COVID19 Response Goods and Services spent at 100% of budget, once timing difference and year end commitments of R107,17 million are factored in.

Expenditure for Capital Assets

Overall, the budget for COVID19 Response expenditure for Buildings and other Fixed Structures spent at 100% of budget, once year end commitments of R284,57 million to the Department of Public Works are factored in.

Similarly, the budget for COVID19 Response expenditure for Other Machinery and Equipment spent at 80% of budget, once year end commitments of R96,903 are factored in.

5. TRANSFER PAYMENTS

5.1 Transfer Payments to Public Entities

There were no Transfer Payments to Public Entities.

5.2. Transfer payments to all organisations other than public entities

The Department utilises various institutions, government entities, universities, 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 Agreement. During the year under review, the Department transferred R1,029 billion to the transferees detailed in the table below, for the period 1 April 2020 to 31 March 2021. Details of these transfer payments are given in Annexures 1A, 1B, 1F and 1G respectively of the Annual Financial Statements section.

Funds were transferred to various universities and Technikons for the provision of health sciences, training & development, to hospices for palliative care, no-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.

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).

The table below reflects the **transfer payments made** for the period 1 April 2020 to 31 March 2021

Name of Transferee	Type of Organisation	Purpose for which the funds were used	Did the dept comply with s38 (1) (j) of the PFMA	Amount transferred (R'000)	Amount spent by the entity	Reasons for the funds unspent by the entity
Ebehenezer Home Community Based Care	CBO	Home Based Care related activities, stipend and administration.	Yes	160	160	N/A
Empilisweni HIV/AIDS	CBO	Home Based Care related activities, stipend and administration	Yes	350	350	See explanation below
Faith and Hope Integrated Care	CBO	Home Based Care related activities, stipend and administration	Yes	165	165	N/A
Good Shepherd Hospice	CBO	Home Based Care related activities, stipend and administration	Yes	400	400	See explanation below
Illitha Community Psychological Services	CBO	Home Based Care related activities, stipend and administration	Yes	320	320	See explanation below
Keiskamma Trust	CBO	Home Based Care related activities, stipend and administration	Yes	640	640	See explanation below
Khanyisani HIV/Aids Awareness	CBO	Home Based Care related activities, stipend and administration	Yes	330	330	See explanation below
Mpumakapa Multipurpose	CBO	Home Based Care related activities, stipend and administration	Yes	300	300	N/A
Mzamomhle HBC	CBO	Home Based Care related activities, stipend and administration	Yes	330	330	N/A
Ndonga HCBC	CBO	Home Based Care related activities, stipend and administration	Yes	350	350	See explanation below
Never Give Up Support Group	CBO	Home Based Care related activities, stipend and administration	Yes	175	175	N/A
Nywarha Home Based Care	CBO	Home Based Care related activities, stipend and administration	Yes	330	330	N/A

Name of Transferee	Type of Organisation	Purpose for which the funds were used	Did the dept comply with s38 (1) (j) of the PFMA	Amount transferred (R'000)	Amount spent by the entity	Reasons for the funds unspent by the entity
Port St Johns Creative Young Women	CBO	Home Based Care related activities, stipend and administration	Yes	150	150	N/A
Sakhimpilo Home Based Care	CBO	Home Based Care related activities, stipend and administration	Yes	340	340	N/A
Sinako Wellness and Development	CBO	Home Based Care related activities, stipend and administration	Yes	680	680	See explanation below
Sinothando Home of Safety	CBO	Home Based Care related activities, stipend and administration	Yes	300	300	N/A
Siyakhana Home Based Care	CBO	Home Based Care related activities, stipend and administration	Yes	350	350	See explanation below
Siyakhanyisa HIV/AIDS Support Group	CBO	Home Based Care related activities, stipend and administration	Yes	170	170	N/A
Sizanenguqu Home Based Care	CBO	Home Based Care related activities, stipend and administration	Yes	320	320	See explanation below
Sophumeleo Clinic Incorporated	CBO	Home Based Care related activities, stipend and administration	Yes	330	330	See explanation below
St Bernards Hospice	Hospice	Home Based Care related activities, stipend and administration	Yes	1,000	1,000	See explanation below
St Francis Hopice	Hospice	Home Based Care related activities, stipend and administration	Yes	500	500	N/A
Ukhamba Projects	CBO	Home Based Care related activities, stipend and administration	Yes	340	340	See explanation below
Vukuzenzela Community Development Organisation	CBO	Home Based Care related activities, stipend and administration	Yes	165	165	N/A
Leave Gratuity	Natural Persons	Leave Grauity	Yes	81,097	81,097	
Bursaries (Non-Employee)	Natural Persons	Bursary no non-employees	Yes	72,024	72,024	
Claims Against State (Cash)	Natural Persons	Medico-Legal claims	Yes	866,144	866,144	
Post Retirement Benefit	Natural Persons	Service Benefits	Yes	900	900	
Total				1,028,660	1,028,660	

Reason funds are not spent by the entity:

In order for the funds to be transferred to the CBOs (entities), they must be compliant on the Central Supplier Database of the National Department of Treasury. The majority of the CBOs were not compliant with SARS and therefore until SARS issued the CBOs to be tax compliant funds could then be transferred. This caused a delay in the transfer and expenditure of funds. Therefore, the funds are not all utilized in the 2020/2021 financial year. However, the funds are with the CBOs (entities) who continue to provide a service as their financial year is not the same as the Departments financial year.

Secondly the Department of Health only transfers funds to the CBOs (entities) once it has received their monthly financial reports and quarterly reports and the Department of Health is satisfied that funds have been utilized as per the agreement.

The CBOs (entities) utilize the budget according to their approved business plans. The funds will be utilized monthly until they are exhausted. The CBOs (entities) will continue to forward monthly and quarterly reports until the funds are completely used. The Department will also carry out quarterly monitoring and support visits to the CBOs to monitor financial management, governance and home based care activities.

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 table/s below details the conditional grants and ear marked funds received during for the period 1 April 2020 to 31 March 2021
Conditional grants have spent at the level of 100% resulting in a net under expenditure of R 1,577 million.

The tables below detail the conditional grants and ear marked funds received during for the period 1 April 2020 to 31 March 2021.

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 new patients started on ART • Total number of patients on ART remaining in care • Number of male condoms distributed • Number of female condoms distributed • Number of exposed infants HIV positive at 10 weeks Polymerase Chain Reaction (PCR) test • Number of clients tested for HIV (including antenatal) • Number of medical male circumcisions performed • Number of patients on ART initiated on Isoniazid Preventative Therapy • Number of adherence clubs • Number of patients participating in adherence clubs	
Actual outputs achieved (HIV/AIDS)	No of Male condoms distributed	Target not met. Condom stock levels were still low during Q4. Condom deliveries took place late in February with low quantities as was expected, furthermore one supplier did not deliver at all.
	No of Female condoms distributed	Target not met. Generally, there is low uptake of female condoms due to lack of awareness. Improvement when compared with previous quarters is noted f
	No of HTA intervention sites	Target achieved
	No of Peer educators receiving stipends	All Community Health Workers (with the inclusion of Peer Educators and exclusion of Lay Counsellors) have been diverted/relocated to community outreach services.
	Male Urethritis Syndrome treated - new episode	Target achieved, With the lockdown being eased to level one there are increased number of people attending facilities. STIs were diagnosed and managed accordingly.
	No of Individuals who received an HIV service or referral at High Transmission Area sites	Target not met. Out of nine sites only five reported with two of them having not submitted reports in January and February. Other 4 sites no reports received.
	No of Individuals from key populations reached with individual/ small group HIV prevention interventions designed for the target population	Target not met. Out of nine sites only five reported with two of them having not submitted reports in January and February. Other 4 sites no reports received.
	No of active Lay counsellors on stipend	Target achieved
	No of clients tested (including antenatal)	Target not achieved. The activities that were expected to take place did not happen as was anticipated (February: STI Condom Week activities and March:

COMPREHENSIVE HIV/AIDS & TB GRANT:		
Department who transferred the grant	Health (Vote 16)	
		Provincial TB Day) and this affected the performance with a shortfall of 13 222 which is an improvement from Q3 shortfall of 65 650.
Actual outputs achieved	No of health facilities offering MMC	Target achieved
	No of MMC performed	Demand was very low due to COVID-19 related challenges; however, 5 543 cases were done in December 2020 under MMC as MC performed by clinicians in the traditional sector. Total of 7 329 include 782 from DHIS plus 6 547 from TMC
	No of sexual assault cases offered ARV prophylaxis	Target not achieved, currently performance is at 67%. The total number of clients seen is 1579 and 975 offered PEP. 604 did not meet the criteria (96 tested positive during routine HTS, 104 were already on ART and 404 presented after 72 hours). The highest achieved district is Alfred Nzo achieving 80,6% and the lowest performing is Sarah Baartman at 50,5%.
	No of antenatal clients initiated on ART	Target not met the reason for non-achievement can be attributed to the following: no. of eligible clients were only 2662 which is less than the target for the quarter. Under reporting of ANC initiated on ART as a result of ANC files captured under general ART Initiation.
	No of Exposed infants HIV positive at 10 weeks Polymerase Chain Reaction (PCR) test	Target not achieved due to under reporting, not all PCR done are captured
	No of new patients started on treatment	There is a low HIV positivity yield. Targeted positivity yield is 7%, achieved is 3.3% in 2020/2021 financial year. This results in a reduced number of HIV positive people and therefore fewer new patients were initiated on treatment.
	No of patients on ART remaining in care	Target not me. Reason is poor supervision of data at sub-district and facility level. There is a high number of LTFU which is attributed to backlogs in data capturing and poor capturing of CCMDD visits. Workload of data capturers is overstretched with multiple systems e.g. HPRS.
Actual outputs achieved	No of HIV positive clients screened for TB	Target achieved
	No of HIV positive clients started on IPT	Target not achieved; however improvement is noted, affected Sarah Baartman and Nelson Mandela.
	No of Doctors trained on HIV/AIDS, TB, STIs and other chronic diseases	Target not achieved there was less trainings that targeted Drs in the RTC unit. Most focus was on COVID-19 Vaccination trainings. Some trainings were conducted in the 3rd quarter and were not reported due to lack of co-ordination at district level
	No of Nurses trained on HIV/AIDS, TB, STIs and other chronic diseases	Target not achieved; most focus was on COVID-19 Vaccination trainings. A lot of trainings were conducted virtually and that hindered the calculation of people in this category, some fail to complete their names on registration
	No of Non-professional trained on HIV/AIDS, TB, STIs and other chronic diseases	Most officials in this category were diverted to community mobilisation activities to market the vaccine and this took the priority over other programs including training. Some contracts were expiring in

COMPREHENSIVE HIV/AIDS & TB GRANT:	
Department who transferred the grant	Health (Vote 16)
	March 2021 and that hindered training in this category. They could not join the virtual trainings.
Actual outputs achieved (Community Outreach Services (COS))	Number of CHWs receiving a stipend
	Number of CHWs trained
	Number of OTLs trained
	Number of HIV defaulters traced
	Number of TB defaulters traced
Actual outputs achieved (TB Control)	TB symptom clients screened in facility rate (under 5yrs and 5 yrs and older)
	Number of patients tested for TB using Xpert
	Number of eligible HIV positive patients tested for TB using urine lipoarabinomannan assay
	Client 5yrs and older start on treatment rate
	TB Rifampicin Resistant confirmed treatment start rate
	Number of eligible clients initiated on Delaminid containing regimen
Amount per amended DORA (R'000)	R 3,157, 298
Amount transferred (R'000)	R 3,157, 298
Reasons if amount as per DORA was not received	N/A
Amount spent by the Department (R'000)	R3,155,239
Reasons for the funds unspent by the entity	Insignificant under-spend of R2 million
Reasons for deviations on performance	N/A
Measures taken to improve performance	• Catch-up plans developed • Partner / Stakeholder collaboration strengthened • Community outreach interventions strengthened
Monitoring mechanism by the receiving Department	• Weekly Provincial Cost Containment Committee (PCCC) meeting • Monthly IYM / Provincial Budget Advisory Committee (PBAC) meeting • Quarterly Departmental performance reviews • Monthly IYM financial variance report (DORA) • Quarterly non-financial performance report (DORA)

*STATUTORY HUMAN RESOURCES, TRAINING AND DEVELOPMENT GRANT	
Department who transferred the grant	Health (Vote 16)
Purpose of the grant	• To appoint statutory positions in the health sector for systematic realisation of human resources for health strategy and phased-in of National Health Insurance; • 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	Number and percentage of statutory posts funded from this grant (per category and discipline) and other funding sources; Number and percentage of registrars posts funded from this grant (per discipline) and other funding sources; Number and percentage of specialists posts funded from this grant (per discipline) and other funding sources; Number and percentage of other health professionals (clinical and allied) appointed (total by district, category and by discipline); Number of posts needed per funded categories; To report on the number of clinical supervisors associated with clinical training and supervision of students, funded on the public health service delivery platform: • number of specialists • number of registrars • number of medical officers • number of clinical associates • number of postgraduates

*STATUTORY HUMAN RESOURCES, TRAINING AND DEVELOPMENT GRANT	
Department who transferred the grant	Health (Vote 16)
	• number of clinical supervisors/trainers per category in nursing, emergency medical services (EMS) and allied health and pharmacy number of grant administration staff
Actual outputs achieved	12 Registrars have successfully completed their training and are Specialists in the financial year 2020/2021 5 Doctor of Pharmacy students have graduated and are qualified Clinical Pharmacists; 1 was converted to Master of Pharmacy as she could not meet the requirements of Doctor of Pharmacy as the programme is now discontinued. 1 Dietetics Allied Clinical Supervisor has been appointed at Livingstone Hospital. 1 Medical Officer appointed at Butterworth Hospital. This is in addition to the existing ones at Settlers, All Saints, Butterworths, Frontier and St Elizabeth. 79 Interns funded under the Grant. • 63 Comm Serves funded under the Grant.
Amount per amended DORA (R'000) Rollover	R366.523 R24.770
Amount received (R'000)	R391.293
Reasons if amount as per DORA was not received	Full amount received
Amount spent by the Department (R'000)	R391.820
Reasons for the funds unspent by the entity	N/A.
Reasons for deviations on performance	• The Unit had an annual target of 10 Medical Officers, of which 5 are now on Baseline: Madzikane, St Elizabeth, All Saints Dr Malizo Mpehle, and Butterworth hospitals. • 1 at Madzikane could only appoint now on the 7 April 2021 • 4 Medical Officer (St Patricks', Dora Nginza, CMH, Frontier) posts were on the 2020/21 Business Plan and are still vacant. Candidates could not be found for these hospitals. • 1 MO has resigned at Settlers on the 30 March 2021.
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.

*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: 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: 36 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 the Nelson Mandela Central Hospital Sir Henry, Oncology, Cochlear and Urology units set to be commissioned in 2021-2022. Supported the National initiative to fight COVID-19 with the reprioritisation of funds to procure life saving devices, ventilators, cpaps, bipaps, sanitising equipment and consumables, personal protective equipment (ppe) and other medical supplies. Digital X-rays were procured for all three tertiary facilities.
Amount per amended DORA (R'000)	R1,091,882

*NATIONAL TERTIARY SERVICES GRANT	
Department who transferred the grant	**Health (Vote 16)**
Rollover	
Amount received (R'000)	R1,091,882
Reasons if amount as per DORA was not received	N/A
Amount spent by the Department (R'000)	R1,092,006
Reasons for the funds unspent by the entity (R'000)	The grant overall spent at a level of 100%
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. The current measures have been employed to improve performance: ✓ 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.
Measures taken to improve performance	The current measures have been employed to improve performance: ✓ 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. 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.
Monitoring mechanism by the receiving Department	The NTSG Programme is monitored by a provincial task team. The frequency of the monitoring of the grant at the facilities is as follows: 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	45 Projects have been completed in this financial year and another 111 projects are in various stages of implementation. Of the 45 projects completed, 41 projects relate to COVID-19 projects fast track as part of the response to the pandemic. These projects were co-funded.	
	Completed Projects:	**Comments**
	Mpindweni Clinic	Completion of a donar clinic
	Empilweni Gompo CHC	Urgent Maintenance
	Grey Hospital	Repairs and renovations to Staff Accommodation

*HEALTH FACILITY REVITALISATION GRANT		
Department who transferred the grant	Health (Vote 16)	
	PE Provincial Hospital	Renovations to Cath lab and CSSD
	COVID-19 Projects Completed Projects	
	Mt. Ayliff Hospital	Provision of additional beds using Alternative Building Technology
	Taylor Bequest Hospital	Phase 1 - Provision of additional beds using Alternative Building Technology
	Sipethu Hospital	Provision of new isolation beds for COVID-19 (20 beds)
	Nompumelelo Hospital	Ph 2 - Rehabilitation of the additional ward including plumbing related works
	SS Gida Hospital	Rehabilitation of male A (ward) & Lab for quarantine & isolation (52 beds)
	Butterworth Hospital	Ph 2 - Refurbishment of the nurses college to accommodate COVID-19 patients (20 beds)
	Winterberg Hospital	Internal repairs to existing TB Hospital (40 beds)
	Cathcart Hospital	Refurbishment of an existing building for COVID-19 beds (20 beds)
	Adelaide Hospital	Refurbishment of an existing building for COVID-19 beds (20 beds)
	Madwaleni Hospital	Refurbishment of an existing block (59 beds)
	Komga Hospital	Refurbishment and alterations to the existing ward for COVID-19 beds (40 beds)
	Stutterheim Hospital	Refurbishment of an existing building for COVID-19 beds (20 beds)
	Cecilia Makhiwane Hospital	Both projects comprise of rehabilitation of the old hospital (100 beds)
	Cecilia Makhiwane Hospital	Installation of medical gas
	Frere Hospital	Internal repairs to an existing ward (Ward C8 &C9) to avail COVID-19 beds (40 beds)
	Grey Hospital	Rehabilitation of existing block (16 beds)
	Duncan Village CHC	Construction of waiting, screening and testing areas
	Bhisho Hospital	Rehabilitation of existing building to avail COVID-19 beds (92 beds)
	Nkqubela Hospital	Refurbishment of the existing building including ablutions (10 beds)
	Glen Grey Hospital	Rehabilitation of the additional ward including plumbing related works (108 beds)
	Hewu Hospital	Rehabilitation of an existing block for COVID-19 beds (56 beds)
	Dodrecht Hospital	Rehabilitation of an existing ward for COVID-19 beds (9 beds)
	Cala Hospital	Rehabilitation of an existing ward for COVID-19 beds (11 beds)
	All Saints Hospital	Rehabilitation of an existing block in accordance to medical requirements (51 beds)
	Mjanyana Hospital	Rehabilitation of an existing ward for COVID-19 beds (26 beds)
	Empilisweni Hospital (General building alterations and maintenance)	Refurbishment of an existing block (15 beds)
	Lady Grey Hospital	Refurbishment of existing building for COVID-19 beds (10 beds)
	Steynsburg Hospital	Refurbishment of existing building for COVID-19 beds (20 beds)
	Isilimela Hospital	Phase 2 - Walkways and Thoroughfares
	Isilimela Hospital	Phase 4 - Rehabilitating existing ward to avail COVID-19 beds (20 beds)

*HEALTH FACILITY REVITALISATION GRANT		
Department who transferred the grant	Health (Vote 16)	
	Mthatha General Hospital	Phase 1 - Repairs on existing building including wet works (30 beds)
	Bambisani Hospital	Ph 3 - All minor repairs are lined to phase which availed 12 COVID-19 beds
	Bambisani Hospital	Ph 4 - All minor repairs are lined to phase which availed 12 COVID-19 beds
	Sir Henry Hospital	Phase 1 - Rehabilitation of an unused building including electromechanical (96 beds)
	Sir Henry Hospital	Ph 3 - Plumbing & Drainage, thoroughfares including ramps linked to the 96 bed repair works
	Sir Henry Hospital	Provision of a mortuary for COVID-19 cases
	Mthatha Airport Hangar	Internal repairs on the existing hanger for COVID-19 beds (81 beds)
	Bedford Hospital	Refurbishment of existing building (14 beds)
	Nessie Knight Hospital	Rehabilitation of existing building (38 beds)
	SAWAS Memorial Hospital	Rehabilitation of existing facility for COVID-19 beds (20 beds)
	Marjorrie Parrish	Rehabilitation of existing facility for COVID-19 beds (20 beds)
Amount per amended DORA (R'000) Rollover	R659,533 million R10,855 million	
Amount received (R'000)	R680.727	
Reasons if amount as per DORA was not received	N/A	
Amount spent by the Department (R'000)	R680.708	
Reasons for the funds unspent by the entity	N/A	
Reasons for deviations on performance	Funds had to be mandated for COVID-19	
Measures taken to improve performance	• The Department has now henceforth packaged its projects in small medium programme of works. These are much easier to procure and implement. • These work packages will be implemented internally, and this reduces dependency on the use of Implementing Agents. • 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.	
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 the provincial Social sector Departments identified in 2015 Social Sector EPWP Log-frame to increase job creation by focusing on the strengthening and expansion of social service programmes that have employment potential.
Expected outputs of the grant	• Number of beneficiaries benefiting from the Grant. • Increased number of people tracked and traced back to the system. • Improved and strengthened referral pathway. • Decreased number of people who are lost to follow. • Adherence to treatment improved. • Improved access to health services.
Actual outputs achieved	301 beneficiaries contracted and benefited from the Grant
Amount per amended DORA (R'000)	R14 861
Amount received (R'000)	R14 861
Reasons if amount as per DORA was not received	N/A
Amount spent by the Department (R'000)	R14 861
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 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	Number of people employed and receiving income through the EPWP Increased average duration of the work opportunities created
Actual outputs achieved	41 Young people were employed by the Department, through the EPWP Grant. They were employed as plumbers and artisans and were placed at various health facilities in the Province.
Amount per amended DORA (R'000)	R2.020
Amount received (R'000)	R2.020
Reasons if amount as per DORA was not received	N/A
Amount spent by the Department (R'000)	R1.895
Reasons for the funds unspent by the entity	N/A
Reasons for deviations on performance	N/A
Measures taken to improve performance	N/A
Monitoring mechanism by the receiving Department	Monthly reports are received on the payment and progress in respect of the on-job training opportunities provided to young people.

NATIONAL HEALTH INSURANCE GRANT	
Department who transferred the grant	Health (Vote 16)
Purpose of the grant	To achieve Universal Health Access through the phased implementation of National Health Insurance (NHI) and to improve access to quality health care services.
Expected outputs of the grant	• Improve Doctor Coverage in PHC Facilities • Improve Access to Support Services Practitioners in PHC Level • Improve Payment of Contracted Health Practitioners • Programme Monitoring and Evaluation
Actual outputs achieved	• Improve Doctor Coverage in PHC Facilities - 18 Sessional Doctors Contracted • Improve Access to Support Services Practitioners in PHC Level – Not Achieved • Improve Payment of Contracted Health Practitioners – 100% Achieved • Programme Monitoring and Evaluation – 100% Achieved
Amount per amended DORA (R'000) Other Adjustments	R45.262 (R20.000)
Amount received (R'000)	R25.262
Reasons if amount as per DORA was not received	Full amount received
Amount spent by the Department (R'000)	R25.249
Reasons for the funds unspent by the entity	N/A there was no underspend
Reasons for deviations on performance	There were challenges with the recruitment of support service practitioners and hence the funds were re-channelled to the recruitment of Doctors.
Measures taken to improve performance	Better planning and intense follow up on service delivery units where the conditional grant funding gets spent.

COVID-19 DISASTER RESPONSE GRANT	
Department who transferred the grant	Health (Vote 16)
Purpose of the grant	Provincial Disaster Grant for immediate response to COVID-19 within the Health Sector
Expected outputs of the grant	Procurement of Personal Protection Equipment
Actual outputs achieved	Procurement of Personal Protection Equipment
Amount per amended DORA (R'000) Other Adjustments	44,551
Amount received (R'000)	44,551
Reasons if amount as per DORA was not received	Full amount received
Amount spent by the Department (R'000)	44,539
Reasons for the funds unspent by the entity	Amount insignificant
Reasons for deviations on performance	Performance Achieved
Measures taken to improve performance	N/A as it is a once off grant

7. DONOR FUNDS

7.1 Donor Funds Received

The table/s below details the donor funds received during for the period 1 April 2020 to 31 March 2021

Name of donor	USAID/PEPFAR
Full amount of the funding	In kind support to the value of R217 916 338
Period of the commitment	1 April 2020 to 31 March 2021
Purpose of the funding	The purpose of the Accelerating Program Achievements to Control the Epidemic (APACE) project is to improve upon and expand comprehensive clinical and non-clinical services to accelerate the HIV response in Alfred Nzo, and Buffalo City Metro in the Eastern Cape.
Expected outputs	COP 19 Targets: Alfred Nzo: 91 625 TROA/TX CURR Buffalo City Metro: 79 511 TROA/TX CURR
Actual outputs achieved	COP19 Achievements: Alfred Nzo: 77 391 TROA/TX CURR (84%) Buffalo City Metro: 52 787 TROA/TX CURR (66%)
Amount received (R'000)	N/A
Amount spent by the Department (R'000)	N/A
Reasons for the funds unspent	N/A
Monitoring mechanism by the donor	PEPFAR Partnership Framework

Name of donor	President's Emergency Plan for AIDS Relief (PEPFAR) through CDC agency and Bristol-Myers Squibb Foundation (BMSF)
Full amount of the funding	In kind support to the value of R440,456,126
Period of the commitment	**30/09/2016-29/09/2021** (5-year award)
Purpose of the funding	**Care & Treatment:** Direct service delivery and Technical Assistance (Through Human Resource and material support as per facility needs), Staff capacitation through trainings, Health Information Systems Strengthening (HISS) **Comprehensive Prevention (HTS):** Direct Services delivery- community based HIV testing Services with same day ART initiations (HTS) Direct service delivery(DSD) and technical assistance(TA) **(PP_PPREV) DREAMS:** DSD –community based multi sectoral approach to find the Adolescent girls and young women(AGYW)most vulnerable to HIV and keep her negative. TA-improve layering and sequencing of SHE CONQUERS interventions (AYFS, youth zones and youth care clubs) **Key Populations for sex workers (OR Tambo and Chris Hani):** Direct service delivery- key populations providing HTS, ART initiations and behavioural change **Key populations for People Who Inject Drugs (PWID) in Nelson Mandela Bay:** DSD to PWID **Bristol-Myers Squibb Foundation (BMSF):** Technical support to four community based organisations, two in OR Tambo and two in Alfred Nzo Health District to find the five priority cancers; breast, cervical, lung, oesophageal, prostate and any HIV related cancers.
Expected outputs	Strengthening health systems, improving efficiencies, building DoH capacity, reduction in new HIV infections, behavioural change, sensitisation, community mobilisation, youth economic empowerment
Actual outputs achieved	*(Refer to DHIS data on district performance for HIV and TB indicator for the period in question)* **Care & Treatment:** Service delivery at facility level, supports the districts in health planning, strategic information, district implementation plans, nerve centre coordination at all tiers **Prevention (HTS):** The community mobile teams support the DoH facilities in the 3 HTS modalities e.g. mobile community services, index testing and trailing of contacts, HIV self-screening and continuity of testing the screening of reactive client into ARV care **PP_PREV (DREAMS):** Community based mobile teams provide structural, behavioural and biomedical services including PrEP **BMSF:** Community based organisations in raising community awareness of common cancers through education and referral to mobile service and Nelson Mandela Academic Hospital and its satellite
Amount received (R'000)	As per the initial full allocated amount
Amount spent by the Department (R'000)	Year-to-date (YTD) expenditure on track as per budget timelines
Reasons for the funds unspent	No underspent funds
Monitoring mechanism by the donor	Monthly expenditure reports

Name of donor	The Global Fund Grant
Full amount of the funding	In kind support to the value of R 310 000 000
Period of the commitment	1 April 2020 to 31 March 2021
Purpose of the funding	• Comprehensive and integrated HIV/TB/SRHR/socioeconomic programs for adolescent girls and young women (in and out of school, including men and boys). • Comprehensive, integrated, Peer-Led HIV/TB/SRHR programs for HIV key populations (men who have sex with men, transgender people, sex workers and people who inject drugs). • HIV Treatment, care and support as part of comprehensive programs for key and vulnerable populations listed above. • Focused and comprehensive TB/DR-TB/HIV case finding and prevention (in facilities and communities). • Building resilient and sustainable health and community systems. • Removing gender- and human rights-related barriers to accessing services
Expected outputs	1. Accelerate prevention to reduce new HIV and TB infections and STIs 2. Reduce morbidity and mortality by providing treatment, care and adherence support for all 3. Reach all key and vulnerable populations with customised and targeted interventions 4. Address the social and structural drivers of HIV, TB and STIs, and link these efforts to the National Development Plan 5. Ground the response to HIV, TB and STIs in human rights principles and approaches 6. Promote leadership and shared accountability for sustainable response to HIV, TB and STIs 7. Mobilise resources and maximise efficiencies to support the achievement of NSP goals and ensure a sustainable approach 8. Strengthen strategic information to drive progress towards achievement of NSP goals
Actual outputs achieved	• Reduce new HIV infections to less than 100,000 by 2022 through combination prevention interventions • Implement the 90-90-90 strategy for HIV and TB • Increased engagement, collaboration and advocacy of key and vulnerable populations in the development and implementation of social and health support activities • Provided an enabling environment to increase access to health services by key and vulnerable populations • Implemented social and behaviour change programmes to address key drivers of the epidemic and build social cohesion • Implemented economic strengthening programmes with a focus on youth in priority focus districts • Strengthened AIDS Councils to provide effective co-ordination and leadership of all stakeholders for shared accountability in the implementation of the NSP
Amount received (R'000)	
Amount spent by the Department (R'000)	
Reasons for the funds unspent	• COVID-19 resurgence with limitations to community-based activities and gatherings • Limitations within school activities for learner's safety and to allow for exams • Alternate schedules for interventionists to allow social distancing in health facilities and safe spaces • Critical key SR staff turnover-frontline managers
Monitoring mechanism by the donor	• BZ projects are monitored and reported on through a purposively-designed monitoring and evaluation system that ensures adequate collection of routine programme data for stand-alone projects and collation of collected data obtained from DHIS and other health information systems (e.g., Tier.net, Sinjani, ETR.net) for projects linked to South African health delivery system. • Performance Framework and Theory of Change: The performance frameworks include standard indicators and target allocation for BZ use for measuring performance of the grant. The performance framework includes impact, outcome (custom) and coverage indicators for HIV, TB programmes • Rapid Services Quality Assessment (RSQA): – main objective: to assess and improve quality of services at country level, and to continuously build capacity in establishing and using quality improvement as an integral part of program management – findings from assessments => complemented other relevant indicators from the performance framework – implemented in general by the LFA, in conjunction with OSDV

8. CAPITAL INVESTMENT

8.1 Capital investment, maintenance and asset management plan

Progress made on implementing the capital, investment and asset management plan.

- Infrastructure projects which have been completed in the current year and the progress in comparison to what was planned at the beginning of the year. (refer to **Table 2** below)
  - The Planned Annual target for the number of Health Facilities with major refurbishment or rebuild was 4. The actual achievement was in line with the planned target with no deviation. These 4 Facilities include the Mpindweni Clinic (New Clinic), Grey Hospital Health Professional Accommodation (Repairs & Renovations), Tafalofefe Hospital Water & Sanitation Upgrade, New Cathlab at PE Provincial Hospital.
  - The Planned Annual target for the number of Health Facilities with minor refurbishment or rebuild was 16. The actual achievement was 75 projects completed on 63 facilities. The reason for the deviation is that, more facilities were refurbished than planned due to the need to create additional bed spaces to accommodate COVID-19 patients. Refer to the list of 75 completed projects on 63 facilities attached hereto in Programme 8. (page 198)
  -
  - The Planned Annual target for the Number of additional High Care bed spaces and beds at existing hospitals was 257. The actual achievement was 446. The reason for the over-achievement was due to the change in strategy to provide oxygenated isolation bed spaces instead of creating more High Care bed spaces.
  - The Planned Annual target for the Number of additional Isolation bed spaces and beds at existing hospitals was 1613. The actual achievement was 1168. The variance is 445 which represents a percentage of under achievement of 27,6%. The reason for the variance is because there were delays experienced on projects where contractors employed by the Department Public Works & Infrastructure failed to complete the works on time.
  - The Planned Annual target for the Number of additional Isolation Field Hospital bed spaces and beds was 1600. The actual achievement was 1253. The variance is 347 which represents a percentage of 21,7%. The reason for the under-achievements was due to a shift in focus from building less field hospitals and rather invest on existing facilities in order to create additional bed spaces.
  - The Planned Annual target for the Number of additional High Care Field Hospital bed spaces and beds was 800. The actual achievement was 244. The variance is 556 which represents a percentage of 69,5%. The reason for the under-achievement was due to a shift in focus whereby additional oxygen points and bulk oxygen were provided at existing hospitals instead of Field Hospitals.
  - The Planned Annual target for the Number of Regional and Tertiary Hospitals fitted with additional oxygen points at beds was 8. The actual achievement was 13. The variance was 5 which represents a percentage of 62,5%. The over-achievement was due to the strategic move to providing oxygenated isolation bed spaces instead of more ICU bed spaces. All regional and tertiary hospitals including specialised hospitals (TB hospitals) were provided with additional oxygen points.
  - The Planned Annual target for the Number of District Hospitals fitted with additional oxygen points at beds was 16. The actual achievement was 29. The deviation was 13 more which represents a percentage of 81,25%. The reason for the over-achievement was due to the change in strategy to provide oxygenated isolation bed spaces instead of creating more High Care bed spaces. Additional oxygen points were provided to identified district hospitals based on the report of the audit of oxygen points in the province.

- Infrastructure projects that are currently in progress (list projects) and when are they expected to be completed.
  - There are 50 Projects in various stages of Construction as per the attached list in Programme 8. (page 200)
  - with indicative Practical Completion dates.

- Plans to close or down-grade any current facilities.
  - The closing down or down-grade of Facilities did not form part of the Program 8 HFM Infrastructure Plans for the year under review, because the optimization of the Service Delivery Model with specific reference to District Hospitals with bed numbers less than fifty is still in progress.
- Progress made on the maintenance of infrastructure.
  - The budget for maintenance for Infrastructure for the year under review was R264,45 million. The expenditure achieved was R245,543 million which represents a 93% expenditure. The reason for the deviation was that in order to create cash flow in the PMG Account of the Department for the payment of court ordered medico legal claims in the affected clinical programmes, the Infrastructure programme was targeted. This impacted negatively on the Department's ability to pay Service Providers within 30 days and to maintain buildings & engineering infrastructure. **(Refer to Table A34 below).**

- Developments relating to the above that are expected to impact on the Department's current expenditure.
  - The failure to further capacitate the Programme has resulted in a small number of the Engineering & Technical Service (Maintenance) Directorate officials having to manage the Health Facilities planned an un-planned maintenance from 1 February 2020 when the outsourced Health Facilities Maintenance Consortium contract ended, and Public Works was not ready to take over. This resulted in an unsustainable work-overload for the 4 officials in the Engineering & Technical Service (Maintenance) Directorate. The previous outsourced entity had a staff compliment of 36 people.
  - The leadership vacuum caused by the Director post vacancies in the Planning, Delivery and Engineering & Technical Service (Maintenance) Directorate has resulted in a flat reporting structure as no Acting Directors were appointed.
  - Slow government procurement process that could take up to six months, poses challenges on meeting the turnaround times for Infrastructure Maintenance Delivery. The delay by Public Works to give full effect to the takeover and full management of the Facilities Maintenance Management is causing the planned maintenance back-log to increase, resulting in additional pressure to respond to unplanned maintenance incidents.

- Details as to how asset holdings have changed over the period under review, including information on disposals, scrapping and loss due to theft.
  - The details of the change in the asset holdings for the period under review is reflected in the immovable assets register which is updated on a quarterly basis and reflected in the Annual Financial Statements.

- Measures taken to ensure that the Department's asset register remained up to date during the period under review.
  - The immovable asset register is updated on a quarterly basis and is audited annually by the Auditor General.

- The current state of the Department's capital assets, for example what percentage is in good, fair or bad condition.
  - Of the total number of 1028 Capital Assets, 64% meets the minimum operating criteria in terms of the functional performance index (Functionality & Condition), 36% doesn't meet the minimum operating criteria. The current backlog for infrastructure interventions and maintenance on buildings only is estimated at approximately R20,5 billion. The maintenance backlog portion is estimated to be R6,697 billion.

- Major maintenance projects that have been undertaken during the period under review.
  - The Engineering & Technical Service (Maintenance) Directorate has undertaken a total number of 63 Engineering Maintenance Framework Rates-based Contracts to alleviate the pressure on reactive un-planned maintenance. These projects are at various stages of implementation.

- Progress made in addressing the maintenance backlog during the period under review, for example, has the backlog grown or become smaller? Is the rate of progress according to plan? If not why, and what measures were taken to keep on track.
  - Of the total number of 1028 Capital Assets, 64% meets the minimum operating criteria in terms of the functional performance index (Functionality & Condition), 36% doesn't meet the minimum operating criteria. The current maintenance backlog is estimated to be R6,697 billion and is R 1,532 billion more than the previous year which represents an increase of 22,8% over ten years. The Department submits as part of the bidding process to Provincial Treasury the User Asset Management Plan (U-Amp – 10 Year Infrastructure Plan) which illustrates the budget required to address the Maintenance backlogs. On receipt of the U-AMP, Provincial Treasury responds with issuance of the Budget allocations for the MTEF. These allocations inform the Infrastructure Program Management Plan (IPMP – 3 Year Infrastructure Plan) which is constrained and does not fully address the needs as reflected in the U-AMP.

Table A34: Budget analysis by nature of investment

	2020/2021			2019/2020		
Infrastructure projects	**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**
New and replacement assets	599 203	446 818	152 385	613 270	573 532	39 738
Existing infrastructure assets						
- Upgrades and additions	128 508	67 024	61 484	136 441	118 300	18 141
- Rehabilitation, renovations and refurbishments	780 171	445 098	335 073	551 594	528 403	23 192
- Maintenance and repairs	264 450	271 422	-6 872	356 929	270 644	86 286
- Non-Infrastructure	342 550	197 600	144 951	217 266	79 409	137 856
Infrastructure transfer	0	0	0	0	0	0
Current	607 000	469 022	138 078	574 195	350 053	224 142
Capital	1 507 881	958 940	548 842	1 301 305	1 220 235	81 071
Total	2 114 881	1 427 961	686 920	1 875 500	1 570 288	305 213



PART C

GOVERNANCE

1. INTRODUCTION

In the year under review, the Department remained committed to maintaining the highest standards of governance which is fundamental in the management of public finances and resources. The Department has established good governance structures as mandated by the Public Finance Management Act (PFMA) and these include a Risk Management Committee and an independent Audit Committee.

2. RISK MANAGEMENT

Risk Management Policy Framework and Strategy

The Director: Risk Management Services is the appointed risk champion for the Department, 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 Enterprise-wide Risk Management (ERM) which is a formal and systematic response to all key risks is being utilized by the Department. 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

Prior to the commencement for the 2020/21 financial year, the risk management team had an approved risk management plan. However, due to the advent of COVID-19 in the country and an introduction of lockdown level 5 from 27 March 2020, the Risk Management unit immediately amended the risk management plan to accommodate the emerging risk with specific focus on the following key areas:

- Personal Protective Equipment (PPE) stock monitoring and reporting.
- Update of the COVID-19 donations register.
- Attendance of the Provincial JOC (Joint Operations Centre) on COVID-19.
- Preparation and monitoring of mitigations as per a COVID-19 risk register.
- Conducting COVID-19 preparedness at selected facilities.

Risk Management Committee (RMC)

The Department has an appointed RMC, which functions in terms on 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 risk committee reports to the audit committee on a quarterly basis. Annually the Internal Audit audits the Risk Management function of the Department and to date no negative findings have been found.

The activities of Risk Management were reviewed by Provincial Treasury on a quarterly basis and positive feedback was received in this regard. The Strategic Risk Assessment Workshop was held to confirm existing risks and incorporate new emerging risks. For 2021/22 financial year, the unit will focus on targeted hospitals with the emphasis on monitoring management's actions to mitigation against COVID-19 and vaccinations risks.

3. FRAUD AND CORRUPTION

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

The Fraud Prevention Policy and Plan outlines various channels for reporting fraud and corruption. Each allegation received is recorded in a sequentially numbered case register, which is then used to report progress made on these

cases on quarterly basis to the Office of the Premier, The Public Service Commissioner, the ECDOH Risk Management Committee and Audit Committee.
Upon completion of a forensic investigation and once the occurrence of Fraud and corruption has been confirmed, the implicated officials 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. In the year under review, the Department made use of a panel of fourteen highly experienced forensic investigating firms to augment the capacity of the fraud and management unit in conducting fraud and corruption investigations.

During the 2020/2021 financial year progress made on fraud and corruption cases was as follows:

DESCRIPTION	Financial Year 2019/2020	Financial Year 2020/2021
Brought over from previous Financial Year	42	36
Add: Cases received during the year under review	17	15
Less: Finalised Cases	**28**	**35**
Active Cases	**31**	**16**
STATUS OF ACTIVE CASES		
- Referred to SAPS/SIU	5	5
- Referred to Labour	0	0
- Investigation completed (finalising report)	11	6
- Not fraud related	0	0
Cases still under investigation	21	5
TOTAL CASES (Closing)	**36**	**16**

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 that were reported through the National Anti-Corruption Hotline (NACH) were forwarded to the Public Service Commission (PSC). Due to the COVID-19 lockdown restrictions, fraud awareness campaigns were put on hold in 2020/21 and will resume in the 2021/22 financial year.

Also in the 2021/2022 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 Public Service Regulations, 2016 incorporates the management of conflict of interests especially in the Supply Chain Management (SCM) processes. The Department has observed a downward trend on the number of conflicted officials. All employees who are found to be having companies that are registered with Central Supplier Database (CSD) are written to and are required to deregister the companies, alternatively resign from the company or from the service. Since March 2020, most of conflicted employees are those that are on a one-year COVID-19 contracts. These are Community Health Workers (CHWs) mainly and their contract with the Department are for a very short period. Assessment has also been done by Internal Audit on conflicted employees. Conflict of interest committee has been established between ECDOH and Provincial Treasury. All issues that are raised by Auditor General South Africa (AGSA) are also discussed to ensure that preventative measures are put in place.

5. CODE OF CONDUCT

The Department is adhering to Chapter 2 the Public Service Regulations, 2016. In the year under review all SMS Members declared their business interests, using the eDisclosure system as prescribed by the Department of Public Service and Administration (DPSA). In support of uninterrupted service to our patients, the Department decided to put in abeyance all RWOPS approvals during the peak of COVID-19 and when the numbers lockdown regulations were eased due to reduced numbers of infection, RWOPS applications were processed again. As the Department's role continues to be in high demand, all approved RWOPS are now capped at 20 hours per month. The Department will however focus more on the management of RWOPS as they have a potential of creating conflict and poor management might also result in poor service to the recipients of our services.

6. HEALTH SAFETY AND ENVIRONMENTAL ISSUES

The Eastern Cape is a province which is largely rural in nature with many areas having poor infrastructure for buildings, roads, water and electricity. This results in high levels of exposure to accidents, pollutants and harmful microbes which increased the burden of disease and possibility of injury. The poor road infrastructure also challenged both delivery and access to health care.
Poor quality of water and water supply is a key a driver of the province's disease burden especially for children, resulting in a case fatality rate of more than 3% for children under 5 years especially in O.R Tambo, Alfred Nzo, Joe Gqabi, Nelson Mandela and Chris Hani for the period under review.

The Eastern Cape is also home to many migrant mineworkers who are at high risk for lung diseases due to exposure to silica dust.The most significant health and safety risk for the period under review was the outbreak of SARS-Cov-2, a hazardous biological agent that caused serious illness and death at large. This pandemic substantively increased the general disease burden of the province and compromised Health Care Service delivery with Health Workers being infected, hospitalized with serious disease, incapacity, and death.

Lockdown, social distancing, quarantine, and isolation placed the Health Care System under serious strain both with capacity and resources. Financial and human resources had to be reprioritized and reorganized to ensure continuity of essential health care services.

The SARS-Cov-2 pandemic response also presented an addition load of environmental risk from cleaning and disinfecting chemicals and contaminated human/medical waste.

The net result of the above risks was an unprecedented physical and mental strain on the Health Care System.

7. PORTFOLIO COMMITTEES

For the year under review, the Department met with the Portfolio Committee on Health on the following dates:

- 07April 2020 Briefing to the Portfolio Committee on the status of COVID-19 in the province
- 25 June 2020 Consideration of the 2020/21 Budget Vote
- 24 October 2020 Consideration of the 2020/21 amended Annual Performance Plan
- 03 November 2020 Consideration of the 2020/21 amended Annual Performance Plan
- 20 November 2020 Consideration of the 2020/21 half year Financial Oversight Report
- 26 November 2020 Consideration of the 2020/21 half year Financial Oversight Report
- 08 December 2020 Consideration of the 2019/20 Annual Report
- 11 December 2020 Consideration of the 2020/21 amended Annual Performance Plan
- 17 December 2020 Consideration of the 2019/20 Annual Report

For all the above sittings, the Portfolio Committee sent clarity seeking questions to the Department which were all responded to.

8. SCOPA RESOLUTIONS

The SCOPA meeting was held on 02 February 2021

The 2019/20 SCOPA resolutions have not been received by the Department yet, please find below the 2018/19 SCOPE resolutions.

<table>
<tr><th>Resolution no.</th><th>Subject</th><th>Details</th><th>Response by the Department</th><th>Resolved (Yes/No)</th></tr>
<tr><td>a)</td><td>The Department has regressed in its performance and obtained a “qualified with findings” audit outcome</td><td>The Department must submit a comprehensive plan outlining the interventions that will be deployed to present a positive shift in the overall performance of the Department. The plan must be submitted within 30 days of adoption</td><td>(a) The Department ’s Audit Intervention Plan to address SCOPA Resolutions is per below:
<table>
<tr><th>No.</th><th>Activity To Be Performed</th><th>Responsible GM and Accountable DDG</th><th>Commencement Date</th><th>Completion Date</th><th>Portfolio of Evidence</th></tr>
<tr><td>1</td><td>Facilitate formal appointment of GMs as Sub Audit Controllers for 2020/21 with clear terms of reference including addressing the SCOPA resolutions</td><td>GM – Financial Management

Chief Financial Officer</td><td>01 August 2020</td><td>14 August 2020</td><td>Appointment letters signed by Superintendent General</td></tr>
<tr><td>2</td><td>Distribute SCOPA Resolutions to all GMs, CEOs and DMs</td><td>GM- Financial Management

Chief Financial Officer</td><td>17 August 2020</td><td>19 August 2020</td><td>Email copies available</td></tr>
<tr><td>3</td><td>Presentation of the SCOPA Resolutions at the Top Management meeting</td><td>GM – Financial Management

Chief Financial Officer</td><td>24 August 2020</td><td>24 August 2020</td><td>Agenda item and minutes of the Top Management meeting</td></tr>
<tr><td>4</td><td>Submission of the SCOPA Resolutions to the Audit Committee</td><td>GM- Financial Management

Chief Audit Executive</td><td>28 August 2020</td><td>28 August 2020</td><td>Emails sent to Audit Committee members</td></tr>
<tr><td>5</td><td>Submission of the SCOPA Resolutions at EC Provincial Legislature</td><td>GM- Office of Superintendent General</td><td>07 September 2020</td><td>07 September 2020</td><td>Copy of SCOPA Resolutions delivered at Provincial Legislature</td></tr>
<tr><td>6</td><td>Monthly reports of implementation of SCOPA are collected</td><td>GM – Financial Management

Chief Financial</td><td>Monthly</td><td>Monthly</td><td>Monthly reports collected</td></tr>
</table></td><td>No</td></tr>
</table>

Resolution no.	Subject	Details	Response by the Department						Resolved (Yes/No)
					Officer				
			7	Invitation of stakeholders (Provincial Treasury and Internal Auditors) to be part of the meetings to discuss SCOPA Resolutions	GM – Financial Management Chief Financial Officer	Monthly	Monthly	Copies of the invitation letters	
			8	Presentation of the progress on implementation of the SCOPA Resolutions at the Top Management meetings	GM – Financial Management Chief Financial Officer	Monthly	Monthly	Agenda of the Top Management Meetings	
			9	SCOPA Resolutions are presented at the Audit Committee quarterly meetings	GM – Financial Management Chief Financial Officer	Quarterly	Quarterly	Agenda and minutes of the Audit Committee meetings	
			10	Recommendations of the Audit Committee on SCOPA Resolutions are implemented by GMs, monitored by DDGs and reported by Internal Auditors at the Audit Committee meetings	GM- Financial Management Chief Audit Executive	Monthly	Monthly	Independent reports compiled and presented by the Internal Auditors	
			11.	Have one on one meetings with the relevant GMs/ Senior Managers where there is poor progress or no progress. Make a report about the feedback of those sessions.	GM- Financial Management SM-Financial Improvement Services Chief Financial Officer	Monthly	Monthly	Attendance Register and Resolutions of the one on one meeting	
b)	The Department incurred R295.6 million of irregular expenditure during 2018/2019. The greatest portion of this relates to the extension of contracts	The underlying cause of the perpetual extension of contracts leading to the incurrence of irregular expenditure has been found to be as a result of	The recommendation of SCOPA is acknowledged. The contracts nearing extension are presented at the Department at Bid Adjudication Committee (BAC). As recommended by SCOPA, this will also be done at the monthly Top Management meetings and Budget Advisory Committee meetings chaired by the Accounting Officer. The Department has found that in the main, delays in implementing new bids are a result of inability of Supply						No

Resolution no.	Subject	Details	Response by the Department	Resolved (Yes/No)
	beyond the thresholds prescribed by Treasury. This is a recurring finding	deficiencies in the management of contracts and improper document management. The monthly top management meetings of the Department must include lists of contracts nearing their completion dates for proper monitoring. The management of the procurement plan must also be used as a preventative measure for the incurrence of irregular expenditure	Chain Management committees to meet as scheduled. The delays cut across demand planning, bid specification and bid evaluation processes. The composition of the bid specification and bid evaluation committees generally include; End User / Contract Holder Technical Specialist Supply Chain Officials (advisor and secretariat to committees) The Department constantly implements improvement measures which include revision of supply chain management delegations to decentralized bid committees at districts and facilities (with the exception of the Bid Adjudication Committee process). The intention was to implement processes closer to the end users directly needing the services whilst providing technical capacity to procure fit for purpose goods and services contracts. However, it has been found that the decentralized functions have not always resulted in prevention of contract extensions. In addition, to strengthen accountability regarding sitting of bid committees, the Department will be including this element as a key performance area in the performance agreements of bid committee members. Furthermore, SCM is considering clustering demand and acquisition processes to avoid duplication and to realise quicker turnaround times and value for money.	
c)	Disciplinary steps were not taken against officials who had incurred fruitless and wasteful expenditure, as required by section 38(1)(h)(iii) of the PFMA. This failure is due to the fact that no proper and complete records were maintained to act as evidence in supporting the investigations into fruitless and wasteful expenditure	Section 40(1)(a) of the PFMA gives the Accounting Officer a responsibility to maintain full and proper records of all financial affairs of the Department. It is equally the responsibility of the Accounting Officer to put in place controls that will prevent the incurrence of fruitless and wasteful expenditure. A plan to address these issues must be provided to the Committee within 30 days of adoption of this report	The recommendation of SCOPA is acknowledged. Disciplinary processes have been fast tracked during the financial year by referring confirmed cases of fruitless and wasteful expenditure to the Employee Relations Directorate (ER) under Human Resources Branch to institute disciplinary action against responsible employees. Eight (8) such cases with ten (10) employees involved were referred to ER as per Register of Cases Referred to ER. One (1) employee was dismissed for other transgressions, one (1) written warning issued and six (6) cases involving eight (8) employees are still pending finalization of the disciplinary processes. In addition to this the Department institutes recovery processes for assessed financial losses in some of these cases. Letters are issued to employees to provide reasons why the financial losses incurred should not be deducted from their salaries to which they must respond within 10 working days. This is monitored by means of spreadsheet. Two cases related to fruitless and wasteful expenditure were received by the Employee Relations Directorate in the year ending 30 March 2019. Both cases are finalized. One employee was dismissed on a charge related to fraud and corruption. The second one was withdrawn by the line manager on account of insufficient evidence.	No
d)	Investigations were not conducted into all allegations of financial misconduct committed by some officials, as required by Treasury Regulation 4.1.1	The Accounting Officer must provide reasons why cases of corruption were not investigated and followed up with disciplinary action. This has been a recurring finding for the past two financial years and this Committee	Financial Misconduct cases (TR 4.1.1 investigations) are conducted by the Financial Internal Control unit (FIC). The unit previously experienced delays in investigating financial misconduct cases due to the low capacity to conduct investigations and close cases timeously. The capacity has been improved with the appointment of two managers in the unit and the situation has improved. It should be noted that not all financial misconduct cases relate to Fraud and Corruption and FIC unit refers such cases to Fraud Management Unit (FMU) for further investigation. In the year under review, there were no cases referred by FIC unit to the FMU that were not investigated during the 2018/19 financial year.	No

Resolution no.	Subject	Details	Response by the Department	Resolved (Yes/No)
		requests the said report within 30 days of adoption of this report		
e)	Effective and appropriate steps were not taken to prevent unauthorized expenditure of R569.4 million as required by section 38(1)(c)(ii) of the PFMA	The Accounting Officer of a Department must exercise all reasonable care to prevent and detect unauthorized expenditure and must, for this purpose, implement effective, efficient and transparent processes of financial and risk management in line with Treasury Regulation 9.1.1. The Committee requests an update on the outcome of the disciplinary action taken against the relevant employees.	The Department incurred unauthorized expenditure as a result of the cumulative financial pressure of paying unfunded court settlements for medico legal claims. In the 2018/19 year alone, the Department paid R797,120 million in medico legal court orders of which of R277,240 million represented writs of execution that were served directly to the Department 's bank and debited from the account without even the Department 's consent. Given the constitutional mandate of the Department, it is unable to stop providing services when the budget is depleted due to the payment of medico legal claims but negotiates with suppliers for extended credit terms. In the 2018/19 year, the Department sought a credit facility from Treasury which was approved by EXCO to bring relief caused by the settlement of medico legal claims to the Department. Thus, no consequence management was effected for the unauthorized expenditure given the circumstances that gave rise to it. To mitigate the unauthorized expenditure going forward, the Department continues to implement its medico legal strategy which includes vigorous defense of medico legal cases in court. The EXCO has also set up an inter Department al Task Team that is looking at a sustainable plan to deal with the scourge of medico legal claims with emphasis on law reform, medico legal funding model as well as investigating instances of fraud and corruption. Through the weekly District and Provincial Cost Containment Committees, the Department strictly monitors its commitments and expenditure to prevent run away unauthorized expenditure by rationalizing payments according to available budget whilst also ensuring that SMMEs are prioritized.	No
f)	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	The Department must synergize its processes, both at head office and district level. The portfolio of evidence for audit purposes must be maintained throughout the year and monitored closely. The Department must further adjust the control environment to effectively manage the contingent liability register	The recommendation of SCOPA is acknowledged. The financial statements misstatement was in respect of the medico legal claims contingent liability. To address this finding, the Department has developed an implementation plan to address the findings on contingent liabilities. The key feature of this plan is the digitization of the contingent liability register which is expected to be completed by December 2020 and ready for full implementation by April 2021. The Department has also bolstered the capacity of legal unit to include temporarily clerks to manage accounts and also update the contingent liability register. These clerks working with the interns have also established a proper registry which links manual files with the contingent register. Also, based on the AGSA recommendation, the legal unit is also in constant interaction with Finance section to ensure that updates are done as and when are necessary.	No
g)	Payments were not made within 30 days or within an agreed period after	The Committee requests an update on the effectiveness of the medico-legal strategy post review	The update on the medico legal strategy and its effectiveness is as below: Health's medico legal strategy is broken down into the following critical areas: Clinical interventions.	No

Resolution no.	Subject	Details	Response by the Department	Resolved (Yes/No)
	receipt of an invoice as required by Treasury Regulation 8.2.3. The Department has attributed this to the payment of medico-legal claims		The Department has developed a safe Caesarian section plan which aims to conduct safe caesarian sections in hospitals in a bid to reduce medico legal claims. A total of 28 hospitals (inclusive of the 26 highly litigated hospitals) have been identified The District Clinical Specialist Teams (DCSTs) have adopted a clustering approach in order to ensure full coverag of all the districts including those struggling to attract at retain DCSTs. The non- pneumatic anti-shock garment (NASG) to arrest bleeding have been procured and are used but have no yet been rolled out to all EMS vehicles across the province. There has been an improvement in ambulance response services in the OR Tambo district which now transfer patients in less than 2 hours. The Department is conducting monthly audit of Caesarian sections and using the results of these audits to refine the strategy. Continuous training on surgical skills and competency assessment of doctors is ongoing. The Department is also strictly monitoring patient safety incidents (PSI) reports as a proactive way to manage medico legal claims. As at the end of December 2019, the Department had 2 752 PSIs of which 426 were Severity Assessment Code (SAC) 1 or life-threatening cases which could lead to death or possible litigation. The Department is intensifying its teenage pregnancy and contraceptive programmes as the results show that more than 50% of the maternal deaths in 2019/20 were less than 24 years in 2019, Nelson Mandela Central Hospital and Cecilia Makiwane were gazette as Centres of Excellence for the management of Cerebral Palsy (CP) cases in the province. In addition, Dora Nginza, Frontier, St Elizabeth and Butterworth Hospitals have also been designated as key CP centres in the province Between 250 and 300 medico legal claims files have been assessed and responded to by these specialists and many of the files require multiple updates as additional information becomes available as and when its required. This unit is currently being beefed up with extra capacity, as more than 1300 cases were received in the 2018/2019 financial year. This is done in cognizance of the impending function shift. Most medico legal claims assessed at this stage involve cases at summons stage and probably less than 1/3 are letters of demand. A majority of these cases are Cerebral Palsy with allegation of negligence in labour managemen of patients. Challenges observed are that the assessment of these files takes a significant number of time (on average take 4-5 hours to review all the notes). Therefore, based on the assessment conducted, there is a need for 3-4 full time doctors who are skilled in the medico legal assessment of cases to provide a reasonable service in trying to build defense on these cases which will withstand court scrutiny. That quantum in these cases is often excessive and must be considered in terms of the reasonableness of the actual amount, the possibility of service in lieu of money, and the possibility to create a Trust account that is separate from the plaintiff's lawyers which must employ professional case management and financial management services. There are also challenges with the quality of patient records which often compromises the cases for defense,	

Resolution no.	Subject	Details	Response by the Department	Resolved (Yes/No)
			The recording of obstetric management is often very poor from most hospitals and leads to the inability to defend many of the cases – in particular poor/absent foetal heart and CTG records, failure to respond to worrying findings in line with the national guidelines, the delay in assisted delivery when required (C/S, forceps, vacuum), the failure to record why delays may be unavoidable, failure to get early secondary opinions (doctors, receiving referral hospitals), delays in patient transport – all are the major problems. Lessons learnt from the audit of files conducted to date has been shared with clinicians in the following forums: • Weekly medico legal task team meetings which is a multi-disciplinary team • Midwifery Seminars held by the Department • Mediation Seminars held by Legal Services in conjunction with Norton Rose Fulbright Smith Tabata Consortium • Clinical Outreach Programmes of the Department • Chief Executive Officers' forum The Clinical Audit team will continue to share identified challenges and recommended solutions at future sessions and workshops Legal interventions The Department appointed Norton Rose Smith Tabata Consortium to assist with the defence of medico legal claims from October 2017, the contract of which was extended to 31 March 2020. Over their contract period, the consortium was able to have 45 matters amounting to about R 1 billion withdrawn by litigating attorneys, whilst an additional 37 cases amounting to R465.9 million have been decided in favour of the Department. In the 2019/20 year, NDOH procured a panel of experts for medico legal case management, forensic investigation and related services for all provincial health Departments. Norton Rose Fulbright SA (NRFSA) was appointed to support the Eastern Cape and Kwazulu Natal provinces. As part of this NDOH contract, the Department has since stopped instructing the Office of the State Attorney in Mthatha to defend the Department on medico legal cases and is referring all the matters previously handled by the Mthatha State Attorney office to NRFSA. The Department has also participated in the two other national contracts wherein it appointed Deloitte and Abacus for forensic investigations into possible fraudulent medico legal claims and medico legal case management, respectively. The Department is engaging with Office of the Premier regarding the take-over of the medico legal defence function once the new unit has been established at OTP. A Memorandum of Agreement for the take-over of the functions has been developed and is in the process of being signed between the two Departments. Also working with Treasury and the Special Investigative Unit (SIU), the Department continues to fight fraudulent	

Resolution no.	Subject	Details	Response by the Department	Resolved (Yes/No)
			elements in the medico legal claims. Administrative interventions. From a human resources point of view, the Department continues to prioritise appointments of clinical staff for health facilities particularly the 26 priority hospitals. As at end of March 2020, the Department made 735 clinical appointments which include replacement posts as indicated in Annexure 1. Subsequent to March, appointments made were only in relation to the management of COVID-19 in line with the Disaster Management Grant. With regards to strengthening legal support services, the Department has advertised the following posts in November 2019: Senior Legal Admin Officer (MR 6) (permanent) Assistant Director: Legal Services Support (Contract post) Legal Admin Officers (MR 1-3 x 10 posts) (Contract posts) Admin clerk: Legal services Support x 4 posts (Contract) Registry Clerk: Legal Services (Contract Post) Finance Clerk: Legal Services. (Contract) Master lists for these posts have been developed interviews were expected to take place before the end of April 2020, however given the current national lockdown, this process is expected to be delayed by the advent of COVID-19 and the focus which has been on recruiting for COVID-19. The Department has also procured medical equipment for the targeted facilities in order to conduct safe caesarean sections, help babies breathe and monitor pregnancy and foetal distress. The list of equipment procured to date is attached hereto as Annexure 2. For the 2020/21 financial year Provincial Treasury allocated an additional R53 million for medical equipment to strengthen maternal health interventions. This will include procurement of rehabilitative equipment in the identified Cerebral Palsy (CP) centres in the province. With regards to filing and patient records management, in the 2020/21 financial year, the Department will obtain 100 interns (50 of which will have an IT background) from the HW SETAs to be allocated to all the districts and regional and tertiary hospitals and will be dedicated to the management of records, including scanning. The project plan is in the process of being developed and will be operationalised when the official lockdown has been lifted. The Department has commenced procurement processes for the scanners and copiers targeting mainly the 26 highly litigated hospitals.	
h)	Effective steps were not taken to prevent fruitless and wasteful expenditure amounting to R1.2 million as disclosed in Note 26 to	The Department must expedite investigations relating to vehicle damages as well as instituting recoveries from officials not showing up	The Department initially established a Transport Misconduct Committee during the 2018/19 financial year facilitated by the SCM Chief Directorate, as a strategy to assess transgressions relating to vehicle damages for recovery and to institute disciplinary proceedings where necessary. The aim of this strategy was to ensure the Department complied with all applicable legislation in relation to recovery of debts and disciplinary measures to avoid any possible litigation due to not following proper procedures.	No

Resolution no.	Subject	Details	Response by the Department	Resolved (Yes/No)
	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 caused by interest incurred on late and overdue payments, vehicle damages and no-shows. This is a recurring finding	for booked accommodation. Progress on these investigations must be forwarded to the Committee on a quarterly basis	This strategy was not as effective as planned as Committee members sat only three sessions due to other competing priorities, and no effective progress was achieved. This effectively delayed the process of recovery which resumed thereafter. Claims for damages of state vehicles and losses for no shows are instituted against the individual drivers and other officials through issuing of recovery letters and when confirmed by these individuals, such cases are then transferred to the Debt Recovery Unit for debt take-on thus removed from the balance of fruitless and wasteful expenditure. A Register for monitoring the issuing of Recovery Letters (Ms-Excel spreadsheet) is maintained as a dashboard for letters issued and status of responses. The Register shows that 34 letters were issued during the 2019/20 financial year. This is an ongoing process and due to the volume of letters for a single transaction (average 8 letters per transaction for 60+ transactions) with limited resources due to budget constraints and challenges with distribution of the letters as drivers are scattered all over the province, the system can be slow. However, through this system, what the Department has ensured is that every single transaction gets identified, reported in terms of section 38 (1)(g) of the PFMA, is followed up for recovery or write off depending on the facts obtained from responses to the letters issued and there is ongoing monitoring of the cases. A Register for Debts transferred to the Debt Management System under Financial Accounting Services is maintained to follow up on progress with recovery of confirmed debts. Twelve (12) cases were transferred during the financial year 2019/20 including seven (7) cases for vehicle damages. However, through this system, what the Department has ensured is that every single transaction gets identified, reported in terms of section 38 (1)(g) of the PFMA, is followed up for recovery or write off depending on the facts obtained from responses to the letters issued and there is ongoing monitoring of the cases.	
i)	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.	The Department must continuously seek the counsel and guidance of Treasury on the interpretation of Treasury Notes and Guidelines to avoid any further misinterpretations. Evidence of consequence management measures taken against employees who have been found to have transgressed, must be submitted to this Committee within 30 days after the tabling of the report	The recommendation of SCOPA is acknowledged. In the Department's assessment, the underlying root cause of delays in contract extension has been systemic (i.e. bid committees not sitting timeously because members have other line function responses) rather than it being attributable to managers' failure to manage the process. The corrective measures implemented by the Department in this regard include consideration for inclusion of participation of members in bid committees as part of the members' key performance indicators. Furthermore, SCM processes have been strengthened by clustering demand and acquisition processes to avoid duplication, to realise quicker turn-around times and value for money. The contracts register has been enhanced to include triggers for contract extensions 6 months before contracts expire so that the processes start on time.	No

9. PRIOR MODIFICATIONS TO AUDIT REPORTS

The 20119/20 audit outcome included a qualification on Contingent liabilities. In the auditor's opinion the register that supports the disclosure was not adequately maintained resulting in an understatement of the amount disclosed in the Annual Financial Statements of R 2,1 billion.

The mechanism put in place by the Accounting Officer to resolve the matters reported by the AGSA in the previous financial year was to re-introduce the Integrated Audit Improvement Strategy (IAIS).

The 2020/21 Integrated Audit Improvement Strategy (IAIS) encompasses financial and performance information improvements in the Department and not just specific previous audit qualifications. The Audit Improvement Plan (AIP) is required by Provincial Treasury on a monthly basis, is based on the previous audit report and is a separate but a complementary document to the IAIS. This IAIS is comprised of the AIP; AOPO; Information Systems Audit (ISA); Medical Records, Infrastructure, Radiology and Maternal equipment; Standing Committee on Public Accounts (SCOPA) recommendations; Financial Management Capability Maturity Model (FMCMM); Self-Assessment Tool (SAT) and Annual and Interim Financial Statements (IFS) Plan.

The IAIS assigns specific responsibilities to GMs, DMs & CEOs in the Department with time frames and reporting framework. These are vested with authority and are in strategic positions to implement, monitor and report vertically (to DDGs and SG) and report horizontally, hence they are the drivers and implementers of the IAIS. The results of the 2020/21 IAIS is depicted in the table below:

Nature of qualification, disclaimer, adverse opinion and matters of noncompliance	Financial year in which it first arose	Progress made in clearing / resolving the matter
Inadequate maintenance of the contingent liability register	2018/19	Controls have improved, the register has been digitised with claim documentation scanned onto the system.
Specific information systems were not implemented to enable the monitoring of progress made towards achieving targets, core objectives and service delivery as required by public service regulation 25(1)(e)(i) and (iii).	2016/17	Controls have improved, the matter had however not been cleared by the end of 2020/21
Effective and appropriate steps were not taken to prevent unauthorised expenditure	2018/19	The matter had not been cleared by the end of 2020/21due to funding shortages.
Effective and appropriate steps were not taken to prevent irregular expenditure	2013/14	Controls have improved, the matter had however not been cleared by the end of 2020/21
Effective steps were not taken to prevent fruitless and wasteful expenditure	2013/14	Controls have improved, the matter had however not been cleared by the end of 2020/21
Payments were not made within 30 days or an agreed period after receipt of an invoice, as required by treasury regulation 8.2.3	2013/14	Controls have improved, the matter had however not been cleared by the end of 2020/21 due to funding shortages.
Information Technology related goods and services, classified as mandatory, were not procured through State Information Technology Agency (SITA) as required by treasury regulation 16A6.3(e) and section 7(3) of the SITA Act of South Africa, 1998 (Act no. 88 of 1998.	2019/20	Controls have improved, future mandatory procurement will be performed through SETA.
Some of the contracts were extended or modified without the approval of a properly delegated official as required by section 44 of the PFMA and treasury regulations 8.1 and 8.2	2017/18	Controls have improved, the matter had however not been cleared by the end of 2020/21
We were unable to obtain sufficient appropriate audit evidence that disciplinary hearings had been held for some of the confirmed cases of financial misconduct committed by officials, as required by treasury regulation 4.1.1	2019/20	Controls have improved, the matter had however not been cleared by the end of 2020/21
In some instances, persons in service of the Department who had private or business interest in contracts awarded by the Department failed to disclose such interest, as required by treasury regulation 16A8.4 and public service regulations 18(1) and (2)	2019/20	Controls have improved, the matter had however not been cleared by the end of 2020/21
In some instances, persons in service of the Department whose close family members, partners or associates had a private or business interest in contracts awarded by the Department failed to disclose such interest, as required by treasury regulation 16A8.4	2019/20	Controls have improved, the matter had however not been cleared by the end of 2020/21

10. INTERNAL CONTROL UNIT

The Internal Control Unit (ICU) held virtual workshops with internal stakeholders during the financial year as part of the process of promoting a compliance culture in the Department. This was a start of a process of transitioning the ICU from a merely pre-audit functionary to a more proactive unit that must not only sit idly and await documents to be submitted to check compliance with legislation and internal policies. The aim is to establish a fully-fledged compliance function for the ECDOH which must be able to identify, assess, manage, monitor and report on risks that hinder compliance. A draft compliance charter was produced but completion has been delayed due to other units like Infrastructure not yet engaged. The Compliance Charter, when complete and approved will then culminate in the development of a Compliance Risk Management Plan(CRMP) for the Department that will assist in managing compliance risks which are more likely to hinder the aim of obtaining a clean audit.

The Pre-audit unit of the ICU over and above the monitoring of compliance in other goods and services transactions during the financial, was instrumental in reducing the backlog in the payment of leave gratuities for capped leave. Due to the risks of fraud and errors that occurred in the past some of which were identified by the Auditor-General in prior years, it was imperative that documents be thoroughly checked to ensure valid, accurate and complete payment to the relevant beneficiaries of type of employee benefit. During the financial year almost 1000 cases of capped leave were processed by only two officials who also had to work off-site due to the risk-adjusted lockdowns to prevent the spread of COVID-19.

The Policy on Unauthorized irregular, fruitless and wasteful expenditure was revised due to changes introduced by National Treasury in the new Frameworks effective in the 2019/20 financial year. Though not yet approved by the MEC for Health, the Policy is in operation as the Framework for Irregular expenditure became effective on 01 May 2019 and for fruitless and wasteful expenditure was effective from November 2019 onwards.

The above culminated in fast-tracking the identification of irregular expenditure for loss recovery, referral to Employee Relations and the Fraud and Anti-corruption unit for further investigation and referral to Provincial Treasury for condonation. the assessment conducted by the ICU was that no financial losses were suffered by the Department due to the incurrence of irregular expenditure as services were delivered by the service providers at agreed values. The irregular expenditure mainly results from contracts extended above a threshold (15% of original contract amount) set by National Treasury which requires the approval of the Provincial Treasury. The extensions are approved by the BAC to avoid disruption of services in the Health facilities which could result in the suffering of patients. Soft services such as security, cleaning, catering etc. are critical for the Department of Health.

During the financial year under review 27 cases of irregular expenditure amounting to R175 million were condoned by Provincial Treasury as they complied with the requirements for condonation prescribed by the new framework. Another submission of cases totaling R187 million was submitted but not yet condoned by financial year-end. The aim is to substantially reduce irregular expenditure from prior years, tighten up controls to prevent any further recurrence thereof.

To strengthen controls around the continued incurrence of fruitless and wasteful expenditure, the ICU issued a FW expenditure Circular effective from January 2021. The Circular seeks to guide officials on preventative mechanisms against incurrence of fruitless and wasteful expenditure, and to ensure recovery and consequence management against officials who cause or allow fruitless and wasteful expenditure. Fruitless and wasteful expenditure is expenditure made in vain and should have been avoided had reasonable care been exercised. Drivers of fruitless and wasteful expenditure are mainly interest on late payments, vehicle damages and no shows. Recoveries mainly on vehicle damages and no shows were ongoing by financial year end but interest, which has mainly been incurred due to depletion of the budget almost 4 months before financial year-end, has always been written off as no official can be deemed liable.

Disciplinary action taken for financial misconduct

Of the 42 financial misconduct cases referred to Employee Relations during the financial year, 23 were finalised and 19 still pending by end of the financial year, which translates into a 55% completion. The detail of the sanctions imposed appear in the Human Resource Section of this report. The Consequence Management Committee (CMC), chaired by the Head of Department, of which the ICU is an official convenor and monitor, played a very critical oversight role on the progress of disciplinary cases in relation to financial misconduct. The only outstanding matter by financial year-end was the endorsement of the new terms of reference which aim to make the committee more effective. Such draft terms of reference include mechanisms for self-assessment to evaluate the performance of the CMC as a governance structure to support continued improvement in its performance and effectiveness which must be included in its report.

11. INTERNAL AUDIT AND AUDIT COMMITTEES

INTERNAL AUDIT

The internal audit function operates independently and unimpeded by operational management. This is achieved through the function reporting administratively to the Superintendent General and 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 audits conducted. The plans take cognisance of the relative degrees of risk of each function or aspect of the Department.

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 most of the activities being assurance reviews. In total, twenty 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 but was amended during year cue to additional COVID-19 Risks being identified.

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 year ended 31 March 2021.
The Audit Committee was established in accordance with section 38(1) (a) (ii) and 77 of the PFMA. The Committee members are all independent non-executive members with adequate knowledge and experience to equip the Committee to perform its functions. The Committee satisfies the requirements as stipulated in the PFMA, Act 1 of 1999.

Throughout the year under review, the Committee operated in terms of an approved Audit Committee Charter, which was the Committees' approved terms of reference.

Structure of Meetings

The Head of Internal Audit as well as External Auditors, attended and reported at all the Committee meetings. The Chief Financial Officer, DDG Human Resources, DDG Hospital Services, DDG District Management, Head Risk Management, Head Forensics function and other assurance providers were also represented at meetings. Relevant senior managers attended by invitation. To ensure an integrated and coordinated approach to the risk management process, the Chair of the Audit Committee is also invited to attend the Risk Committee meetings.

The Audit Committee Meeting that was scheduled for 30 April 2020 did not take place due to the Coronavirus pandemic, however subsequent meetings and update sessions were held virtually and as planned.

As and when the need arose, the Audit Committee held meetings with the Accounting Officer, Senior Management, and Internal Audit Function collectively and individually, to receive updates on plans that Management was developing and putting in place to mitigate the risk of COVID-19.

The Committee also had two meetings with the Honourable MEC to report on governance, internal control, risk, performance, other financial information, and other relevant matters concerning the Department.

After serving as Audit Committee chairman for the last six years, Ms. I Kriel and Dr. T Mjekevu completed their term on 31 March 2021. Management expressed appreciation for the valuable input and guidance provided by the two Committee Members during their tenure.
Noting however

- The vacuum created by the Members' exit and the fact that the positions had not yet been filled,
- That the external audit season had commenced,
- The filling of the vacant post of the Head of Department was imminent,
- A new Executive Authority had recently been deployed to the Department,

Management decided that to ensure a seamless transition to the Executive while also holding a grip on critical issues, the term of the two Members be extended by 4 months to 31 July 2021.

The following is a schedule of meetings attended by the committee members for the year ended 31 March 2021

Committee members and meetings

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

The individual members satisfy the requirements to serve as members of an Audit Committee as provided in section 76 and 77 of the PFMA and have adequate knowledge and experience. The composition of the committee and the attendance at the meetings by its members for the period 1 April 2020 to 31 March 2021 are set out below. The committee meets quarterly.

The members are:

Name	Qualifications	Internal or external	If internal, position in the Department	Date appointed
Ms Ingrid Kriel (Chairperson)	*CA (SA)*	External	N/A	1 April 2015
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 2015
Mr Vuyolwethu Tshangana	B Proc; LLM	External	N/A	1 April 2018

Committee meetings were held as below:

Member	22/05/2020	23/07/2020	27/07/2020	27/11/2020	19/02/2021
Ms. Ingrid Kriel (Chairperson)	√	√	√	√	√
Ms Loren Smith	√	√	√	√	√
Ms. Refiloe Kwela	√	√	√	√	√
Dr Thobekile Mjekevu	√	√	√	√	√
Mr Vuyolwethu Tshangana	√	√	√	√	√

Key
√ = Present

Audit Committee Responsibility

The Audit Committee is pleased to present its report in line with sections 76 (4) d) and 77 of the PFMA, read with Treasury Regulation 3.1.8.

The Audit Committee assists management in discharging its duties by independently monitoring and advising on the adequacy and effectiveness of governance, controls, and risk management. These include internal financial and operational controls to ensure that assurance services and functions enable an effective control environment and that these support the integrity of information produced in compliance with applicable legal and regulatory requirements. During the 2021 financial year, the strength of the Department, its agility and responsiveness to adapt its processes and controls to address the COVID-19 Pandemic were tested to unprecedented levels. While evaluating, monitoring, and mitigating new risks brought about by the COVID-19 Pandemic, the Audit Committee continued to exercise oversight to ensure business continuity is maintained whilst ensuring that the Department is prepared and ready to tackle the challenges brought about by the Pandemic.

Duties and responsibilities

The Audit Committee is responsible for ensuring that there is appropriate corporate governance and compliance within the scope of its mandate, with specific focus on providing assurance that potential risks of the Department are addressed and there is adequate IT, Strategic, Operational, and financial governance in operation. This is done by monitoring the efficiency of internal controls and the effectiveness of the internal audit function.

EXECUTION OF FUNCTIONS

The committee is satisfied that, in respect of the financial year under review, it has conducted its affairs and discharged its duties and responsibilities in accordance with its terms of reference.

The committee discharged the following responsibilities during the year under review:

External Auditors

In assessing the external auditor's independence, the Committee considered guidance contained in King IV, the Treasury Regulations, Guidelines issued by National and Provincial Treasury as well as the Independent Regulatory Board of Auditors (IRBA) publications. To this end, the committee has:

- Reviewed the scope and results of the external audit function, its cost-effectiveness, as well as the independence and objectivity of the external auditors.
- Reported 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

- Ensured the independence of the Internal Audit Function and that Internal Audit has the necessary resources, standing and authority within the Department to discharge its responsibilities.
- Confirmed/Approved the Internal Audit Charter and Internal Audit Plan.
- Recommended the Audit Committee Charter to the Accounting Officer for approval.
- Ensured the responsiveness of the Internal Audit coverage plan to the outcome of risk assessment and the three-year rolling plan.
- Ensured the effectiveness of the internal audit function and its adherence to the approved annual operational plan.
- Reviewed the reports of Internal Audit detailing their concerns from audits conducted and the appropriateness of responses from management.
- Monitored 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.
- Monitored and reviewed the staffing, work plan, resources, and activities of the internal audit function.
- Reviewed and evaluated the effectiveness of the internal audit, financial risk management and other compliance functions.

Financial Statements, accounting practices and other financial matters

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

The Audit Committee has similarly:

- Monitored and reviewed the effectiveness of internal control systems, including IT systems.
- Communicated any concerns, it deemed necessary to the Executive Authority and the Auditor General.
- Encouraged communication between, senior and executive management, Internal Audit, Health Portfolio Committee and the Auditor General.

Effectiveness of Internal Control

The Committee has amongst other things, also performed the following:

- Reviewed the appropriateness of financial reporting to ensure fair and balanced reporting is achieved, including 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.
- Assessed the effectiveness of internal financial control systems.
- Reviewed the effectiveness of the internal audit function.
- Ensured the risk areas of the Departments' operations are covered in the scope of internal and external audits.
- Ensured adequacy, reliability and accuracy of financial information and accounting practices provided by management for users of such information.
- Responded and provided advice on accounting and auditing concerns identified by internal and external audits.
- Conducted reviews to ensure the Department complies with legal and regulatory provisions.
- Exercised oversight over the activities of the internal audit function, including its annual work programme.
- Maintained oversight to ensure that the Department cooperates with external auditors.
- Conducted reviews and provided advice on reports pertaining to significant findings and the responses of management to specific recommendations.
- Conducted reviews and exercised oversight to ensure independence and objectivity of both the internal and external auditors.

Performance Information Systems

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.

The Audit Committee acknowledges efforts put in place by management to strengthen internal controls with regards to managing performance information. However, data capturing, connectivity and adequate reviews by management remain an issue. The Committee will continue to monitor and advise on the best strategies to deal with the situation to ensure the matter is dealt with and resolved with success.

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 partially adequate and partially effective.

The Committee remains concerned that the Department does not have adequate systems in place for the management of accruals and accounts payable. The committee notes the improvements which have been introduced

with regards to management of the legal liability register. The register was previously maintained on Microsoft Excel and the Committee is pleased with the fact that the Department has migrated to maintaining the register on a database. The Committee however notes the slow pace at which the migration has taken place and urges management to ensure the register is managed and monitored properly to ensure backlogs in processing, updating as well as monitoring are not created.

The Audit Committee remains concerned regarding the effect of Medico Legal matters on the financial viability of the Department. Although steps have been implemented by the Department to prevent future claims and address the fraud within the legal sector, 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. 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 Committee is concerned that the Logis project, which is aimed at automating the asset register, could not be finalised during the period under review. Asset Management becomes a critical risk for the Committee, and we will continue to monitor the Departments' processes until the register is transferred to Logis and is fully automated.

COVID-19 Pandemic

The Committee has noted the risk of the COVID-19 Pandemic, and the strain put on the Departments' resources and have through the period under review engaged with management to receive updates and offer guidance and support on the management thereof.

This required that Internal Audit becomes agile and responsive to the needs of the Department and the risk brought about by the emergence of the virus. The Committee thus requested that they be kept updated on the strategies developed and put in place by management to mitigate the risks, including support provided by Internal Audit.

The Audit Committee has made several recommendations during the period under review and its key focus areas included the following:

- Reviewed the Departments' comprehensive plan to manage and deal with the COVID-19 pandemic.
- Reviewed Supply Chain Policies put in place to enhance quick and agile procurement and adherence thereto.
- Reviewed measures put in place to ensure readiness of the Department to handle increased flows into hospital. These included appointment of doctors, nurses and support staff and the procurement of ICU beds and oxygen supplies.
- Monitored and advised on the strained fiscal budget of the Department including dealing and reporting on the unauthorised expenditure brought about by unbudgeted medico legal claims.
- Ensuring a MOU is concluded between Office of the Premier, Provincial Treasury and the Department of Health is signed and implemented to reduce the risk of medico legal claims.
- Ensuring a framework and strategy for the Department is finalised and implemented.
- Clarity is provided with regards to the management of the legal liability register, including establishment of a dedicated team to manage inputs and managing the database.
- Ensuring that the M&E unit is adequately resourced to ensure adequacy, accuracy and reliability of performance data produced and reported.
- Establishing capacity for the investigation of irregular and fruitless and wasteful expenditure to ensure investigations are done timeously and monies are recovered where necessary.
- Managing work arrangements with the Department of Public Works to ensure infrastructure projects are implemented without delay and the ability of the Department to spend on infrastructure projects is not hampered.
- The Department is to develop an Asset Management Strategy that will respond to the Department's strategic objectives and goals, such as providing guidelines on the utilisation and maintenance of strategic assets at facilities to minimize disruptions which could have a negative impact on service delivery.
- The Department must work closely with the Department of Public Works to ensure all buildings meet health and safety standards of buildings.
- The Department must manage the impact of the implementation of the NHI System, as it has been identified as one of the significant risks of the Department and this needs to be monitored carefully as the impacts of this are extensive and will impact on the core functions of the Department.
- The AC receives regular updates on measures put in place to deal with the emerging risk of the Coronavirus Pandemic.
- Critical posts, particularly in areas that are flooded with medical negligence matters, are filled as soon as possible.
- Document management is automated 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.
- The Mental Health Strategy together with the recommendations of the Ombudsman's report are implemented; and
- 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.
- Apprised 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 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 legacy 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 to some extent 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 performed the following during the year under review:

- Considered the effectiveness and independence of the internal audit function, its impact as a third line of assurance and monitored adherence to the annual internal audit plan.
- Reviewed the continued embedment of the third line of defence as a central reporting function and its effective positioning within the Department.
- Reviewed the performance of the Chief Audit Executive and confirmed that she had the requisite skill, experience, human resources, and budgetary support from the Department to successfully execute on her mandate in the year under review.
- The Audit Committee obtained appropriate evidence to satisfy themselves that the finance function fulfilled its mandate appropriately.
- Reviewed the critical matters raised by Internal Audit function, obtained, and evaluated management's action plans to address those matters and assessed the adequacy of actions to resolve the issues appropriately and sustainably.
- Reviewed the results of the external quality assurance review performed on the function, to validate that the governance, processes, and management thereof and ensured the quality of work delivered by the function is at the requisite level as required by International Standards for the Professional Practice of Internal Auditing.
- Considered the effectiveness of the combined assurances provided by all the lines of assurance, through a review of management's representations and attestations, reports from the risk and compliance function and other similar second lines of assurance, together with an evaluation of the assurance of third lines, namely external and internal audit functions
- Considered the organisational and functional independence of Internal Audit and is satisfied that Internal Audit has the necessary standing and authority to discharge its responsibilities.
- The Committee has similarly 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 2020/21 Annual Internal Audit Plan as approved by the Audit Committee.

We have met with Internal Audit and management in between scheduled normal committee meetings to receive updates on how the Department is managing the additional risks posed by the COVID-19 Pandemic. Meetings were also held with Internal Audit to ensure that the function executed its duties effectively and objectively from

management. At its quarterly meetings, the Committee reviewed the summary reports presented by Internal Audit, including management responses and action plans, and are satisfied with the quality of recommendations put forth. 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.

An assessment of the Internal Audit Function was conducted by the Committee during the year and based on the assessment, the Committee is of the view that Internal Audit is effective.

Due to the State of Disaster and COVID-19 Pandemic, contact training sessions were cancelled and all training was thus deferred to the fourth quarter.

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 continues to be 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 in future years.

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 Audit Committee chairperson is a permanent invitee to Risk Committee Meetings to ensure the Audit Committee considers holistically the financial and operational risks associated with the risk profile of the Department. Internal Audit reviewed the performance of the Chief Risk Officer and was satisfied that he has the necessary expertise and experience to fulfil this role and that he has performed appropriately during the year under review.

The Committee further considered the functioning of the Risk Management Unit and is satisfied that the Unit possessed the necessary experience and skill to fulfil its role during the period under review.

The Audit Committee also reviewed the following reports:

- Policies on risk assessment, risk management, monitoring and reporting.
- Matters related to risk reporting presented on the risk registers, their impact and likelihood of occurrence.
- The comprehensive strategy to manage the Department's response to the COVID-19 pandemic.

In fulfilling its responsibilities in relation to Risk Management, the Risk Committee met regularly with members of Senior Management and is fully satisfied with key judgements and assumptions made.

Finance Function

The Committee has reviewed the performance of the Chief Financial Officer and is satisfied that he had the necessary expertise and experience to fulfil this role during the year under review.

The Audit Committee also considered and has satisfied itself of the appropriateness of the expertise and experience of the finance function and adequacy of resources employed in this function.

The Committee is thus of the opinion that the finance function, including the CFO, is effective.

Internal Financial Controls

The Committee has:

- Reviewed reports, prepared by internal audit, on the effectiveness of risk management, governance, and system of internal financial controls.
- Reviewed the report from the forensic services function on the result of forensic investigations conducted in the period under review and their financial impact as they pertain to financial reporting.
- Considered the reports from management on fraud and information technology risks.
- Reviewed the reports of the external auditors detailing the findings arising from their audit and considered the appropriateness of the responses from management.
- Assessed the revenue assurance control environment and related revenue leakage exposure for the Department.
- Reviewed fraud and whistleblowing reports and ensured that appropriate management action is taken with regards to the control environment and consequence management.
- Engaged management to obtain assurance of medico legal claims and their impact on the financial health of the Department and has not 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 policy for medico legal claims and are satisfied with the accounting treatment proposed, however concern has been noted that the accounting policy is not being fully implemented.
- Have considered the structures put in place to manage the incidence of medico legal claims and how the various committees' function.
- Performed certain high-level technical reviews and provided advise and judgment on the accounting treatment and disclosure of certain key transactions.

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

Special Audit Committee meetings were held on the 21 May 2021 and 27 May 2021 to review the draft financial statements and annual report to be presented to Provincial Treasury and the Auditor General on the 31st May 2021. The Committee performed a high-level review of the financial statements that was based on enquiry from the Chief Financial Officer as to the completeness, accuracy and validity of balances and transactions within the financial statements. In addition, the accounting policies were reviewed, and recommendations made, as necessary. Following this Audit Committee review of the financial statements, recommendations were made concerning adjustments that were required to the format as well as the presented figures.

Evaluation of Performance Information

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 of indicators to make sure they are measurable and relate to the services provided by the Department.

The Committee has been receiving quarterly performance updates and is satisfied through reports received from Internal Audit, that the Annual Report is prepared in terms of the PFMA, Treasury Regulations and other related regulatory requirements for reporting performance.

The key focus areas for 2021 will be:

- Monitoring the IT strategy, ensuring that it addresses the needs of the Department adequately.
- Monitoring the Department's relationship with SITA, the service level agreement and advising on the Department's migration to HMS2.
- Monitoring implementation of the medico legal policy to ensure the contingent liability is recognised correctly in the accounting records.
- Ensuring use of best practice to ensure staggered payment in the event of settlement of medico legal claims.
- Monitoring and advising on the budget and spending of the Department.

- Engaging Treasury to enforce budgeting for medico legal claims.
- Evaluating the ongoing operational, financial and control risks posed by the COVID-19 Pandemic and the Departments' response and mitigation processes in place to ensure business continuity.
- Maintain focus on the enhancement of controls to reduce cyber risks, fraud risks and non-adherence to controls.

Monitoring the Internal Audit Quality Assurance & Improvement Program to ensure they maintain the "Generally Conforms" rating in their external assessment in 2022 and that they remain compliant with the Code of Ethics and Professional Practices Framework.

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 that the Annual Financial Statements and Performance Report for 2020/21 financial year be submitted to the Auditor General for Auditing.



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Ms. Ingrid Kriel CA (SA)
Chairperson of the Audit Committee
Eastern Cape Department of Health
30 August 2021

13. B-BBEE COMPLIANCE PERFORMANCE INFORMATION

Has the Department / Public Entity applied any relevant Code of Good Practice (B-BBEE Certificate Levels 1 – 8) with regards to the following:

Criteria	Response Yes / No	Discussion (include a discussion on your response and indicate what measures have been taken to comply)
Determining qualification criteria for the issuing of licences, concessions or other authorisations in respect of economic activity in terms of any law?	N/A	
Developing and implementing a preferential procurement policy?	Yes	Implemented. When the Department is procuring goods and services, the PPPR 2017 are utilised.
Determining qualification criteria for the sale of state-owned enterprises?	N/A	
Developing criteria for entering into partnerships with the private sector?	N/A	
Determining criteria for the awarding of incentives, grants and investment schemes in support of Broad Based Black Economic Empowerment?	N/A	



PART D

HUMAN RESOURCE MANAGEMENT

1. INTRODUCTION

The status of human resources in the Department

During the period, the Department employed 43 299 employees employed and more than 60% of which are health professionals. In terms of the employment equity profile of the Department there are 100 persons with disability and 50.5 per cent of senior management positions are held by females. The Department had a vacancy rate of 13.2%.

The Chief Directorate: IHRM provided integrated 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.

Human resource priorities for the year under review and the impact of these: Organisational Development:

The Department has conducted an analysis of its current organisational structure during this reporting period and established that the proposed Structure exceeds the available budget and therefore ought to reconfigure itself. This reality necessitated that the Department withhold the implementation of the approved 2018 Macro Structure as well as finalisation of the Micro Structure. Whilst the Department has undertaken the review of its organisational structure and gave consideration to various alternatives it will still ensure effective and efficient delivery of Health Care services to the Province. To this effect, the Department has since introduced the Service Optimization Project in order to maximise efficiencies and ensure delivery of better patient quality of care. All opportunities for the Department pertaining to the Service Optimization Project has been identified, mapped out for approval and implementation through the proposed organisational structure.

Furthermore, the Micro Structure has been reviewed and aligned to Work Load Indicator Staffing Needs (WISN), National Affordability Guidelines as well as against the Strategic Imperatives of the 6th Administration of Government. Further to this, unique circumstances of various facilities impacting on their current performance and functionality led to the determination of the final draft Micro Structures. The Department will embark on the on the final stage of Stakeholder Consultation process of the Micro Structure prior its approval and implementation.

Recruitment

The Department embarked on a recruitment drive to assist in curbing the COVID-19 pandemic in the province. The following projects were identified:

- 1000 Nurses (Staff Nurses & Nursing Assistants)
- 228 Nelson Mandela Metro Intervention
- 59 Livingstone Hospital intervention & Uitenhage Provincial Hospital intervention
- PE Stadium & VW Field Hospital
- Testing & Screening Intervention

The initial COVID-19 target was seven thousand five hundred and sixteen (7516) employees to assist the Department in curbing the surge of COVID-19, these resources were meant for the 1st Wave. Due to resurgence of COVID resulting in 2nd Wave, the Department made additional appointments of eight hundred and eighty-three (883) employees. In total, the Department made eight thousand three hundred and ninety-nine (8399) employees to curb COVID-19.

HUMAN RESOURCES OVERSIGHT STATISTICS

3.1. Personnel related expenditure

The following tables summarises 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 3.1.1 Personnel expenditure by programme for the period 1 April 2020 and 31 March 2021

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)
PRG 1: ADMINISTRATION	653 180	423 044	0	0	65%	79
PRG 2: DISTRICT HEALTH SERVICES	15 075 401	9 835 966	0	0	65%	700
PRG 3: EMERGENCY MEDICAL SERVICE	1 272 046	980 226	0	0	77%	78
PRG 4: PROVINCIAL HOSPITAL SERVICES	3 980 365	2 829 001	0	0	71%	352
PRG 5: CENTRAL HOSPITAL SERVICES	4 845 403	3 277 916	0	0	68%	34 145
PRG 6: HEALTH SCIENCE & TRAINING	720 097	561 706	0	0	78%	2 229
PRG 7: HEALTH CARE SUPPORT SERV	152 387	64 908	0	0	43%	2 513
PRG 8: HEALTH FACILITIES MANAGEMENT	1 357 890	18 401	0	0	1%	1
Total as on Financial Systems (BAS)	**28 056 769**	**17 991 168**	**0**	**0**	**64%**	**323**

Table 3.1.2 Personnel costs by salary band for the period 1 April 2020 and 31 March 2021

Salary Band	Personnel Expenditure including Transfers (R'000)	% of Total Personnel Cost	Number of Employees	Average Personnel Cost per Employee (R)
01 Lower skilled (Levels 1-2)	836 589	5%	5 379	156
02 Skilled (Levels 3-5)	4 455 431	25%	14 046	317
03 Highly skilled production (Levels 6-8)	5 302 114	29%	12 564	422
04 Highly skilled supervision (Levels 9-12)	6 231 150	35%	8 033	776
05 Senior management (Levels 13 -16)	185 213	1%	96	1 929
09 Other	107 553	1%	252	427
19 Periodical Remuneration	6 339	0%	26	245
20 Abnormal Appointment	866 779	5%	15 272	57
TOTAL	**17 991 168**	**100%**	**55 668**	**323**

Table 3.1.3 Salaries, Overtime, Home Owners Allowance and Medical Aid by programme for the period 1 April 2020 and 31 March 2021

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	Medical Aid (R'000)	Medical Aid as a % of Personnel Costs
PRG1: ADMINISTRATION	353 507	84%	3 084	1%	12 480	3%	17 967	4%
PRG2: DISTRICT HEALTH SERVICES	8 060 331	82%	218 773	2%	338 099	3%	425 977	4%
PRG3: EMERGENCY MEDICAL SERVICES	684 389	70%	113 844	12%	40 822	4%	70 381	7%
PRG4: PROVINCIAL HOSPITAL SERVICE	2 441 929	86%	223 029	8%	99 555	4%	154 998	5%
PRG5: CENTRAL HOSPITAL SERVICES	2 271 717	69%	293 063	9%	76 641	2%	112 980	3%
PRG6: HEALTH SCIENCES & TRAINING	464 029	83%	65 972	12%	8 165	1%	9 660	2%
PRG7: HEALTH CARE SUPPORT SERVICES	52 791	81%	17	0%	2 752	4%	3 937	6%
PRG8: HEALTH FACILITIES MANAGEMENT	20 476	111%	0	0%	601	3%	270	1%
TOTAL	**14 349 169**	**80%**	**917 782**	**5%**	**579 115**	**3%**	**796 170**	**4%**

Table 3.1.4 Salaries, Overtime, Home Owners Allowance and Medical Aid by salary band for the period 1 April 2020 and 31 March 2021

Salary Band	Salaries		Overtime		Home Owners Allowance		Medical Aid	
	Salaries (R'000)	Salaries as a % of Personnel Costs	Overtime (R'000)	Overtime as a % of Personnel Costs	HOA (R'000)	HOA as a % of Personnel Costs	Medical Aid (R'000)	Medical Aid as a % of Personnel Costs
01 Lower skilled (Levels 1-2)	671 176	3,73%	6 101	0,03%	84 712	0,47%	78 316	0,44%
02 Skilled (Levels 3-5)	2 945 833	16,37%	114 291	0,64%	237 069	1,32%	295 183	1,64%
03 Highly skilled production (Levels 6-8)	3 975 628	22,10%	71 041	0,39%	156 840	0,87%	281 291	1,56%
04 Highly skilled supervision (Levels 9-12)	5 540 775	30,80%	726 246	4,04%	97 642	0,54%	140 278	0,78%
05 Senior management (Levels 13 -16)	103 341	0,57%	0	0,00%	2 685	0,01%	753	0,00%
09 Other	121 433	0,67%	103	0,00%	167	0,00%	342	0,00%
19 Periodical Remuneration	6 850	0,04%	0	0,00%	0	0,00%	0	0,00%
20 Abnormal Appointment	984 133	5,47%	0	0,00%	0	0,00%	7	0,00%
TOTAL	**14 349 169**	79,76%	**917 782**	5,10%	**579 115**	3,22%	**796 170**	4,43%

3.2. Employment and Vacancies

Table 3.2.1 Employment and vacancies by programme as on 31 March 2021

Programme	Number of posts on approved establishment	Number of posts filled	Vacancy Rate (Includes Frozen Posts)	Number of employees additional to the establishment
PRG1: ADMINISTRATION, Permanent	890	700	21.35%	5
PRG2: DISTRICT HEALTH SERVICES, Permanent	29,032	25,295	12.87%	607
PRG2: DISTRICT HEALTH SERVICES, Temporary	167	167	0.00%	2
PRG3: EMERGENCY MEDICAL SERVICES, Permanent	2,844	2,495	12.27%	0
PRG4: PROVINCIAL HOSPITAL SERVICE, Permanent	8,585	7,554	12.01%	122
PRG4: PROVINCIAL HOSPITAL SERVICE, Temporary	29	29	0.00%	0
PRG5: CENTRAL HOSPITAL SERVICES, Permanent	7,274	6,173	15.14%	469
PRG5: CENTRAL HOSPITAL SERVICES, Temporary	33	33	0.00%	0
PRG6: HEALTH SCIENCES & TRAINING, Permanent	704	591	16.05%	0
PRG7: HEALTH CARE SUPPORT SERVICES, Permanent	231	175	24.24%	1
PRG8: HEALTH FACILITIES MANAGEMENT, Permanent	35	17	51.43%	1
TOTAL	49,824	43,229	13.24%	**1,207**

Table 3.2.2 Employment and vacancies by salary band as on 31 March 2021

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)	6,450	5,341	17.19%	44
Skilled(3-5)	16,585	14,780	10.88%	82
Highly skilled production (6-8)	13,034	11,595	11.04%	96
Highly skilled supervision (9-12)	9,229	7,028	23.85%	41
Senior management (13-16)	132	91	31.06%	1
09 Other, Permanent	20	20	0.00%	0
09 Other, Temporary	222	222	0.00%	2
10 Contract (Levels 1-2), Permanent	38	38	0.00%	0
11 Contract (Levels 3-5), Permanent	2,136	2,136	0.00%	0
12 Contract (Levels 6-8), Permanent	969	969	0.00%	185
13 Contract (Levels 9-12), Permanent	1,005	1,005	0.00%	755
14 Contract (Levels 13 -16), Permanent	4	4	0.00%	1
Total	**49,824**	**43,229**	**13.24%**	**1,207**

Table 3.2.3 Employment and vacancies by critical occupations as on 31 March 2021

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	486	20.07%	8
AGRICULTURE RELATED, Permanent	1	1	0.00%	0
ALL ARTISANS IN THE BUILDING METAL MACHINERY ETC., Permanent	233	145	37.77%	0
AMBULANCE AND RELATED WORKERS, Permanent	2742	2404	12.33%	0
ARCHITECTS TOWN AND TRAFFIC PLANNERS, Permanent	4	3	25.00%	0
ARTISAN PROJECT AND RELATED SUPERINTENDENTS, Permanent	17	14	17.65%	0
AUXILIARY AND RELATED WORKERS, Permanent	799	595	25.53%	6
BIOCHEMISTRY PHARMACOL. ZOOLOGY & LIFE SCIE.TECHNI, Permanent	1	1	0.00%	0
BOILER AND RELATED OPERATORS, Permanent	57	46	19.30%	0
BUILDING AND OTHER PROPERTY CARETAKERS, Permanent	117	94	19.66%	0
BUS AND HEAVY VEHICLE DRIVERS, Permanent	19	19	0.00%	0

Critical occupation	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
CARTOGRAPHIC SURVEYING AND RELATED TECHNICIANS, Permanent	2	2	0.00%	0
CASHIERS TELLERS AND RELATED CLERKS, Permanent	1	1	0.00%	0
CHEMISTS, Permanent	45	45	0.00%	0
CIVIL ENGINEERING TECHNICIANS, Permanent	1	1	0.00%	0
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC., Permanent	5120	4339	15.25%	61
CLIENT INFORM CLERKS(SWITCHB RECEPT INFORM CLERKS), Permanent	225	191	15.11%	0
COMMUNICATION AND INFORMATION RELATED, Permanent	83	75	9.64%	1
COMPOSITORS TYPESETTERS & RELATED PRINTING WORKERS, Permanent	1	1	0.00%	0
COMPUTER PROGRAMMERS., Permanent	2	0	100.00%	0
CONSERVATION LABOURERS, Permanent	5	5	0.00%	0
DENTAL PRACTITIONERS, Permanent	194	168	13.40%	22
DENTAL PRACTITIONERS, Temporary	2	2	0.00%	0
DENTAL SPECIALISTS, Permanent	2	1	50.00%	0
DENTAL TECHNICIANS, Permanent	8	5	37.50%	0
DENTAL THERAPY, Permanent	23	18	21.74%	0
DIETICIANS AND NUTRITIONISTS, Permanent	172	145	15.70%	17
DIPLOMATS, Permanent	1	1	0.00%	0
ELECTRICAL AND ELECTRONICS ENGINEERING TECHNICIANS, Permanent	5	5	0.00%	0
EMERGENCY SERVICES RELATED, Permanent	39	38	2.56%	0
ENGINEERING SCIENCES RELATED, Permanent	3	3	0.00%	1
ENGINEERS AND RELATED PROFESSIONALS, Permanent	26	21	19.23%	3
ENVIRONMENTAL HEALTH, Permanent	34	31	8.82%	1
FARM HANDS AND LABOURERS, Permanent	11	11	0.00%	0
FINANCE AND ECONOMICS RELATED,	195	145	25.64%	1

Critical occupation	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
Permanent				
FINANCIAL AND RELATED PROFESSIONALS, Permanent	92	64	30.43%	1
FINANCIAL CLERKS AND CREDIT CONTROLLERS, Permanent	424	359	15.33%	0
FIRE FIGHTING AND RELATED WORKERS, Permanent	1	1	0.00%	0
FOOD SERVICES AIDS AND WAITERS, Permanent	736	579	21.33%	3
FOOD SERVICES WORKERS, Permanent	5	5	0.00%	0
HANDYMEN, Permanent	1	1	0.00%	0
HEAD OF DEPARTMENT/CHIEF EXECUTIVE OFFICER, Permanent	22	11	50.00%	0
HEALTH SCIENCES RELATED, Permanent	444	387	12.84%	7
HOME-BASED PERSONAL CARE WORKERS, Permanent	1	1	0.00%	0
HOUSEHOLD AND LAUNDRY WORKERS, Permanent	953	802	15.84%	10
HOUSEHOLD FOOD AND LAUNDRY SERVICES RELATED, Permanent	5	4	20.00%	0
HOUSEKEEPERS LAUNDRY AND RELATED WORKERS, Permanent	18	17	5.56%	0
HUMAN RESOURCES & ORGANISAT DEVELOPM & RELATE PROF, Permanent	59	50	15.25%	0
HUMAN RESOURCES CLERKS, Permanent	316	271	14.24%	1
HUMAN RESOURCES RELATED, Permanent	248	200	19.35%	0
INFORMATION TECHNOLOGY RELATED, Permanent	17	14	17.65%	0
INSPECTORS OF APPRENTICES WORKS AND VEHICLES, Permanent	4	2	50.00%	0
LANGUAGE PRACTITIONERS INTERPRETERS & OTHER COMMUN, Permanent	34	30	11.76%	0
LEGAL RELATED, Permanent	5	2	60.00%	0
LIBRARIANS AND RELATED PROFESSIONALS, Permanent	2	1	50.00%	0
LIBRARY MAIL AND RELATED CLERKS, Permanent	82	67	18.29%	0

Critical occupation	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
LIFE SCIENCES RELATED, Permanent	3	3	0.00%	0
LIGHT VEHICLE DRIVERS, Permanent	202	170	15.84%	0
LOGISTICAL SUPPORT PERSONNEL, Permanent	129	86	33.33%	0
MATERIAL-RECORDING AND TRANSPORT CLERKS, Permanent	239	176	26.36%	1
MECHANICAL ENGINEERING THECHNICIANS, Permanent	3	3	0.00%	1
MEDICAL PRACTITIONERS, Permanent	2442	2069	15.27%	605
MEDICAL PRACTITIONERS, Temporary	200	200	0.00%	2
MEDICAL RESEARCH AND RELATED PROFESSIONALS, Permanent	5	5	0.00%	0
MEDICAL SPECIALISTS, Permanent	339	211	37.76%	1
MEDICAL SPECIALISTS, Temporary	20	20	0.00%	0
MEDICAL TECHNICIANS/TECHNOLOGISTS, Permanent	58	45	22.41%	0
MEDICAL TECHNICIANS/TECHNOLOGISTS, Temporary	2	2	0.00%	0
MESSENGERS PORTERS AND DELIVERERS, Permanent	875	713	18.51%	5
MIDDLE MANAGERS, Permanent	1	1	0.00%	0
MOTOR VEHICLE DRIVERS, Permanent	47	34	27.66%	3
NURSING ASSISTANTS, Permanent	6425	6121	4.73%	9
OCCUPATIONAL THERAPY, Permanent	208	171	17.79%	46
OCCUPATIONAL THERAPY, Temporary	1	1	0.00%	0
OPTOMETRISTS AND OPTICIANS, Permanent	15	6	60.00%	0
ORAL HYGIENE, Permanent	31	19	38.71%	0
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS, Permanent	1699	1434	15.60%	24
OTHER ADMINISTRATIVE POLICY AND RELATED OFFICERS, Permanent	373	319	14.48%	5
OTHER INFORMATION TECHNOLOGY PERSONNEL., Permanent	102	87	14.71%	2
OTHER OCCUPATIONS, Permanent	93	92	1.08%	1
PHARMACEUTICAL ASSISTANTS, Permanent	10	9	10.00%	0
PHARMACISTS, Permanent	1132	980	13.43%	127

Critical occupation	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
PHARMACISTS, Temporary	3	3	0.00%	0
PHARMACOLOGISTS PATHOLOGISTS & RELATED PROFESSIONA, Permanent	1	1	0.00%	0
PHYSICISTS, Permanent	6	6	0.00%	0
PHYSIOTHERAPY, Permanent	231	194	16.02%	43
PROBATION WORKERS, Permanent	1	1	0.00%	0
PROFESSIONAL NURSE, Permanent	13723	11781	14.15%	108
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS, Permanent	83	69	16.87%	9
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS, Temporary	1	1	0.00%	0
QUANTITY SURVEYORS & RELA PROF NOT CLASS ELSEWHERE, Permanent	1	1	0.00%	0
RADIOGRAPHY, Permanent	492	420	14.63%	28
RISK MANAGEMENT AND SECURITY SERVICES, Permanent	6	3	50.00%	0
ROAD WORKERS, Permanent	2	1	50.00%	0
SAFETY HEALTH AND QUALITY INSPECTORS, Permanent	22	16	27.27%	0
SECRETARIES & OTHER KEYBOARD OPERATING CLERKS, Permanent	1286	1144	11.04%	2
SECURITY GUARDS, Permanent	27	21	22.22%	1
SECURITY OFFICERS, Permanent	1	1	0.00%	0
SENIOR MANAGERS, Permanent	140	98	30.00%	0
SHOEMAKERS, Permanent	3	3	0.00%	0
SOCIAL SCIENCES RELATED, Permanent	4	3	25.00%	0
SOCIAL SCIENCES SUPPLEMENTARY WORKERS, Permanent	1	1	0.00%	0
SOCIAL WORK AND RELATED PROFESSIONALS, Permanent	160	148	7.50%	0
SPEECH THERAPY AND AUDIOLOGY, Permanent	96	76	20.83%	19
STAFF NURSES AND PUPIL NURSES, Permanent	4350	4148	4.64%	22
STUDENT NURSE, Permanent	7	0	100.00%	0
SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHERS, Permanent	29	13	55.17%	0
TRADE LABOURERS, Permanent	221	165	25.34%	0
TRADE RELATED, Permanent	6	4	33.33%	0
TOTAL	**69824**	**43229**	**13.24%**	**1207**

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 3.3.1 SMS post information as on 31 March 2021

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	0	0	0	0	0
Salary Level 16	1	0	0	1	8.33%
Salary Level 15	3	3	3.4%	0	0
Salary Level 14	23	17	19.31%	5	41.66%
Salary Level 13	74	68	77.27%	6	50%
Total	**100**	**88**	**100**	**12**	**100**

Table 3.3.2 SMS post information as on 30 September 2020

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	0	0	0	0	0
Salary Level 16	1	0	0	1	8.33%
Salary Level 15	3	3	3.4%	0	0
Salary Level 14	23	17	19.31%	5	41.66%
Salary Level 13	74	68	77.27%	6	50%
Total	**100**	**88**	**100**	**12**	**100**

Table 3.3.3 Advertising and filling of SMS posts for the period 1 April 2020 and 31 March 2021

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	1	0	1
Salary Level 15	0	0	0
Salary Level 14	5	0	0
Salary Level 13	6	0	0
Total	**12**	**0**	**1**

Table 3.3.4 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 2020 and 31 March 2021

Reasons for vacancies not advertised within six months

Reasons for vacancies not filled within twelve months
The Rationalisation & Service Optimization Project as a Strategic Intent of the of the Department to ensure maximisation of efficiencies negatively affected filling of vacant posts – within the stipulated time frames.
Rationalisation and Service Optimization Project were both introduced in the light of the constrained financial outlook of the Department.

Table 3.3.5 Disciplinary steps taken for not complying with the prescribed timeframes for filling SMS posts within 12 months for the period 1 April 2020 and 31 March 2021

Reasons for vacancies not advertised within six months
None

Reasons for vacancies not filled within six months
None

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 3.4.1 Job Evaluation by Salary band for the period 1 April 2020 and 31 March 2021

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 Upgraded	% of Upgraded Posts Evaluated	Number of Posts Downgraded	% of Downgraded Posts Evaluated
01 Lower Skilled (Levels 1-2)	6450	0	0	0	0	0	0
02 Skilled (Levels 3-5)	16585	0	0	0	0	0	0
03 Highly Skilled Production (Levels 6-8)	13034	0	0	0	0	0	0
04 Highly Skilled Supervision (Levels 9-12)	9229	0	0	0	0	0	0
05 Senior Management Service Band A	100	0	0	0	0	0	0
06 Senior Management Service Band B	25	0	0	0	0	0	0
07 Senior Management Service Band C	5	0	0	0	0	0	0
08 Senior Management Service Band D	2	0	0	0	0	0	0
09 Other	242	0	0	0	0	0	0
10 Contract (Levels 1-2)	38	0	0	0	0	0	0
11 Contract (Levels 3-5)	2136	0	0	0	0	0	0
12 Contract (Levels 6-8)	969	0	0	4	25	0	0
13 Contract (Levels 9-12)	1005	0	0	0	0	0	0
14 Contract Band A	4	0	0	0	0	0	0
TOTAL	**49828**	**0**	**0**	**4**	**25**	**0**	**0**

The following table provides a summary of the number of employees whose positions were upgraded due to their post being upgraced. 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 3.4.2 Profile of employees whose positions were upgraded due to their posts being upgraded for the period 1 April 2020 and 31 March 2021

Gender	African	Asian	Coloured	White	Total
Female	0.00	0.00	0.00	0.00	0.00
Male	0.00	0.00	0.00	0.00	0.00
Total	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Employees with a disability	0.00	0.00	0.00	0.00	0.00

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 3.4.3 Employees with salary levels higher than those determined by job evaluation by occupation for the period 1 April 2020 and 31 March 2021

Occupation	Number of employees	Job evaluation level	Remuneration level	Reason for deviation
-	0.00			
-	0.00			
TOTAL	**0.00**			
Total number of employees whose salaries exceeded the level determined by job evaluation				
Percentage of total employed				

Table 3.4.4 Profile of employees who have salary levels higher than those determined by job evaluation for the period 1 April 2020 and 31 March 2021

Gender	African	Asian	Coloured	White	Total
Female	0.00	0.00	0.00	0.00	0.00
Male	0.00	0.00	0.00	0.00	0.00
Total	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Employees with a disability	0.00	0.00	0.00	0.00	0.00

Notes

- If there were no cases where the salary levels were higher than those determined by job evaluation, keep the heading and replace the table with the following:

Total number of Employees whose salaries exceeded the grades determine by job evaluation	

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 3.5.1 Annual turnover rates by salary band for the period 1 April 2020 and 31 March 2021

Salary band	Number of employees at beginning of period-1 April 2020	Appointments and transfers into the Department	Terminations and transfers out of the Department	Turnover rate
01 Lower Skilled (Levels 1-2) Permanent	5519	71	186	3.4
02 Skilled (Levels 3-5) Permanent	15267	312	676	4.4
03 Highly Skilled Production (Levels 6-8) Permanent	11651	855	908	7.8
03 Highly Skilled Production (Levels 6-8) Temporary	1	0	0	0
04 Highly Skilled Supervision (Levels 9-12) Permanent	7348	341	686	9.3
04 Highly Skilled Supervision (Levels 9-12) Temporary	8	2	3	37.5
05 Senior Management Service Band A Permanent	75	1	4	5.3
06 Senior Management Service Band B Permanent	12	2	0	0
07 Senior Management Service Band C Permanent	5	0	2	40
08 Senior Management Service Band D Permanent	1	0	0	0
09 Other Permanent	54	0	0	0
09 Other Temporary	210	211	110	52.4
10 Contract (Levels 1-2) Permanent	3	38	1	33.3
11 Contract (Levels 3-5) Permanent	29	2 209.00	109	375.9
12 Contract (Levels 6-8) Permanent	732	978	754	103
13 Contract (Levels 9-12) Permanent	899	685	570	63.4
14 Contract Band A Permanent	3	3	2	66.7
17 Contract Band D Permanent	1	0	1	100
TOTAL	**41818**	**3499**	**4012**	**9.6**

Table 3.5.2 Annual turnover rates by critical occupation for the period 1 April 2020 and 31 March 2021

Critical occupation	Number of employees at beginning of period-April 2020	Appointments and transfers into the Department	Terminations and transfers out of the Department	Turnover rate
ADMINISTRATIVE RELATED Permanent	499	15	35	7
AGRICULTURE RELATED Permanent	2	0	1	50
ALL ARTISANS IN THE BUILDING METAL MACHINERY ETC. Permanent	155	50	57	36.8
AMBULANCE AND RELATED WORKERS Permanent	2462	21	83	3.4
ARCHITECTS TOWN AND TRAFFIC PLANNERS Permanent	3	0	0	0
ARTISAN PROJECT AND RELATED SUPERINTENDENTS Permanent	13	0	0	0
AUXILIARY AND RELATED WORKERS Permanent	612	40	59	9.6
BIOCHEMISTRY PHARMACOL. ZOOLOGY & LIFE SCIE.TECHNI Permanent	1	0	0	0
BOILER AND RELATED OPERATORS Permanent	47	1	2	4.3
BUILDING AND OTHER PROPERTY CARETAKERS Permanent	98	2	4	4.1
BUS AND HEAVY VEHICLE DRIVERS Permanent	19	0	0	0
CARTOGRAPHIC SURVEYING AND RELATED TECHNICIANS Permanent	2	0	0	0
CASHIERS TELLERS AND RELATED CLERKS Permanent	1	0	0	0
CHEMISTS Permanent	47	0	2	4.3
CIVIL ENGINEERING TECHNICIANS Permanent	1	0	0	0
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC. Permanent	4506	96	249	5.5
CLIENT INFORM CLERKS(SWITCHB RECEPT INFORM CLERKS) Permanent	190	13	12	6.3
COMMUNICATION AND INFORMATION RELATED Permanent	48	29	2	4.2
COMPOSITORS TYPESETTERS & RELATED PRINTING WORKERS Permanent	1	0	0	0
CONSERVATION LABOURERS Permanent	9	0	4	44.4
DENTAL PRACTITIONERS Permanent	161	36	28	17.4
DENTAL PRACTITIONERS Temporary	2	2	0	0
DENTAL SPECIALISTS Permanent	1	0	0	0
DENTAL TECHNICIANS Permanent	5	0	0	0
DENTAL THERAPY Permanent	18	1	1	5.6
DIETICIANS AND NUTRITIONISTS Permanent	132	36	23	17.4
DIPLOMATS Permanent	2	0	1	50
ELECTRICAL AND ELECTRONICS ENGINEERING TECHNICIANS Permanent	5	0	0	0
EMERGENCY SERVICES RELATED Permanent	39	1	1	2.6

Critical occupation	Number of employees at beginning of period-April 2020	Appointments and transfers into the Department	Terminations and transfers out of the Department	Turnover rate
ENGINEERING SCIENCES RELATED Permanent	3	1	1	33.3
ENGINEERS AND RELATED PROFESSIONALS Permanent	20	0	0	0
ENVIRONMENTAL HEALTH Permanent	23	11	3	13
FARM HANDS AND LABOURERS Permanent	12	0	1	8.3
FINANCE AND ECONOMICS RELATED Permanent	148	2	5	3.4
FINANCIAL AND RELATED PROFESSIONALS Permanent	64	5	7	10.9
FINANCIAL CLERKS AND CREDIT CONTROLLERS Permanent	357	19	14	3.9
FIRE FIGHTING AND RELATED WORKERS Permanent	1	0	0	0
FOOD SERVICES AIDS AND WAITERS Permanent	615	5	41	6.7
FOOD SERVICES WORKERS Permanent	5	0	0	0
HANDYMEN Permanent	1	0	0	0
HEAD OF DEPARTMENT/CHIEF EXECUTIVE OFFICER Permanent	11	0	1	9.1
HEALTH SCIENCES RELATED Permanent	424	19	53	12.5
HOME-BASED PERSONAL CARE WORKERS Permanent	1	0	0	0
HOUSEHOLD AND LAUNDRY WORKERS Permanent	832	12	41	4.9
HOUSEHOLD FOOD AND LAUNDRY SERVICES RELATED Permanent	5	0	1	20
HOUSEKEEPERS LAUNDRY AND RELATED WORKERS Permanent	21	0	4	19
HUMAN RESOURCES & ORGANISAT DEVELOPM & RELATE PROF Permanent	53	0	3	5.7
HUMAN RESOURCES CLERKS Permanent	265	20	12	4.5
HUMAN RESOURCES RELATED Permanent	210	4	14	6.7
INFORMATION TECHNOLOGY RELATED Permanent	15	0	0	0
INSPECTORS OF APPRENTICES WORKS AND VEHICLES Permanent	3	0	1	33.3
LANGUAGE PRACTITIONERS INTERPRETERS & OTHER COMMUN Permanent	27	5	1	3.7
LEGAL RELATED Permanent	4	0	2	50
LIBRARIANS AND RELATED PROFESSIONALS Permanent	2	0	1	50
LIBRARY MAIL AND RELATED CLERKS Permanent	68	1	2	2.9
LIFE SCIENCES RELATED Permanent	3	0	0	0
LIGHT VEHICLE DRIVERS Permanent	174	8	14	8
LOGISTICAL SUPPORT PERSONNEL Permanent	88	3	3	3.4
MATERIAL-RECORDING AND TRANSPORT CLERKS Permanent	177	4	5	2.8
MECHANICAL ENGINEERING THECHNICIANS Permanent	3	0	0	0
MEDICAL PRACTITIONERS Permanent	1965	691	533	27.1

Critical occupation	Number of employees at beginning of period-April 2020	Appointments and transfers into the Department	Terminations and transfers out of the Department	Turnover rate
MEDICAL PRACTITIONERS Temporary	188	184	100	53.2
MEDICAL RESEARCH AND RELATED PROFESSIONALS Permanent	5	0	0	0
MEDICAL SPECIALISTS Permanent	208	36	32	15.4
MEDICAL SPECIALISTS Temporary	21	19	11	52.4
MEDICAL TECHNICIANS/TECHNOLOGISTS Permanent	34	12	1	2.9
MEDICAL TECHNICIANS/TECHNOLOGISTS Temporary	3	4	2	66.7
MESSENGERS PORTERS AND DELIVERERS Permanent	730	26	41	5.6
MIDDLE MANAGERS Permanent	1	0	0	0
MOTOR VEHICLE DRIVERS Permanent	35	0	1	2.9
NURSING ASSISTANTS Permanent	5395	1012	248	4.6
OCCUPATIONAL THERAPY Permanent	148	75	51	34.5
OCCUPATIONAL THERAPY Temporary	1	0	0	0
OPTOMETRISTS AND OPTICIANS Permanent	8	0	1	12.5
ORAL HYGIENE Permanent	20	0	1	5
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS Permanent	1391	99	65	4.7
OTHER ADMINISTRATIVE POLICY AND RELATED OFFICERS Permanent	337	7	24	7.1
OTHER INFORMATION TECHNOLOGY PERSONNEL. Permanent	84	6	3	3.6
OTHER OCCUPATIONS Permanent	82	24	12	14.6
PHARMACEUTICAL ASSISTANTS Permanent	10	0	1	10
PHARMACISTS Permanent	933	189	140	15
PHARMACISTS Temporary	4	3	0	0
PHARMACOLOGISTS PATHOLOGISTS & RELATED PROFESSIONA Permanent	1	0	0	0
PHYSICISTS Permanent	6	0	0	0
PHYSIOTHERAPY Permanent	183	60	48	26.2
PRINTING AND RELATED MACHINE OPERATORS Permanent	1	0	1	100
PROBATION WORKERS Permanent	1	0	0	0
PROFESSIONAL NURSE Permanent	11783	1528	1522	12.9
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS Permanent	70	15	16	22.9
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS Temporary	0	1	0	0
QUANTITY SURVEYORS & RELA PROF NOT CLASS ELSEWHERE Permanent	1	0	0	0
RADIOGRAPHY Permanent	402	66	45	11.2

Critical occupation	Number of employees at beginning of period-April 2020	Appointments and transfers into the Department	Terminations and transfers out of the Department	Turnover rate
RISK MANAGEMENT AND SECURITY SERVICES Permanent	3	0	0	0
ROAD WORKERS Permanent	1	0	0	0
SAFETY HEALTH AND QUALITY INSPECTORS Permanent	14	2	0	0
SECRETARIES & OTHER KEYBOARD OPERATING CLERKS Permanent	1166	15	30	2.6
SECURITY GUARDS Permanent	21	0	0	0
SECURITY OFFICERS Permanent	1	0	0	0
SENIOR MANAGERS Permanent	103	4	9	8.7
SHOEMAKERS Permanent	3	0	0	0
SOCIAL SCIENCES RELATED Permanent	4	0	1	25
SOCIAL SCIENCES SUPPLEMENTARY WORKERS Permanent	2	0	1	50
SOCIAL WORK AND RELATED PROFESSIONALS Permanent	126	28	6	4.8
SPEECH THERAPY AND AUDIOLOGY Permanent	66	36	26	39.4
STAFF NURSES AND PUPIL NURSES Permanent	3330	1099	213	6.4
SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHERS Permanent	15	1	3	20
TRADE LABOURERS Permanent	192	2	29	15.1
TRADE RELATED Permanent	4	2	1	25
TOTAL	**41818**	**5708**	**4012**	**9.6**

Table 3.5.3 Reasons why staff left the Department for the period 1 April 2020 and 31 March 2021

Termination Type	Number	% of Total Resignations
Death	606	15.1
Resignation	1023	25.4
Expiry of contract	1491	37.1
Dismissal – misconduct	34	0.84
Dismissal – inefficiency	0	0
Discharged due to ill-health	14	0.34
Retirement	843	21.01
Transfer to other Public Service Departments	1	0.02
Other	0	0
Total	**4 012**	**100**
Total number of employees who left as a % of total employment	**9.28%**	

Table 3.5.4 Promotions by critical occupation for the period 1 April 2020 and 31 March 2021

Occupation	Employees 1 April 2020	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	499	5	1	21	4.2
AGRICULTURE RELATED	2	0	0	0	0
ALL ARTISANS IN THE BUILDING METAL MACHINERY ETC.	155	0	0	8	5.2
AMBULANCE AND RELATED WORKERS	2462	0	0	16	0.6
ARCHITECTS TOWN AND TRAFFIC PLANNERS	3	0	0	0	0
ARTISAN PROJECT AND RELATED SUPERINTENDENTS	13	1	7.7	0	0
AUXILIARY AND RELATED WORKERS	612	2	0.3	32	5.2
BIOCHEMISTRY PHARMACOL. ZOOLOGY & LIFE SCIE.TECHNI	1	0	0	0	0
BOILER AND RELATED OPERATORS	47	0	0	0	0
BUILDING AND OTHER PROPERTY CARETAKERS	98	0	0	1	1
BUS AND HEAVY VEHICLE DRIVERS	19	0	0	1	5.3
CARTOGRAPHIC SURVEYING AND RELATED TECHNICIANS	2	0	0	0	0
CASHIERS TELLERS AND RELATED CLERKS	1	0	0	0	0
CHEMISTS	47	0	0	0	0
CIVIL ENGINEERING TECHNICIANS	1	0	0	0	0
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC.	4506	0	0	58	1.3
CLIENT INFORM CLERKS(SWITCHB RECEPT INFORM CLERKS)	190	5	2.6	13	6.8
COMMUNICATION AND INFORMATION RELATED	48	2	4.2	1	2.1
COMPOSITORS TYPESETTERS & RELATED PRINTING WORKERS	1	0	0	0	0
CONSERVATION LABOURERS	9	0	0	0	0
DENTAL PRACTITIONERS	163	0	0	2	1.2
DENTAL SPECIALISTS	1	0	0	0	0
DENTAL TECHNICIANS	5	0	0	0	0
DENTAL THERAPY	18	0	0	2	11.1

Occupation	Employees 1 April 2020	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
DIETICIANS AND NUTRITIONISTS	132	0	0	4	3
DIPLOMATS	2	0	0	0	0
ELECTRICAL AND ELECTRONICS ENGINEERING TECHNICIANS	5	0	0	2	40
EMERGENCY SERVICES RELATED	39	0	0	0	0
ENGINEERING SCIENCES RELATED	3	0	0	0	0
ENGINEERS AND RELATED PROFESSIONALS	20	1	5	1	5
ENVIRONMENTAL HEALTH	23	0	0	0	0
FARM HANDS AND LABOURERS	12	0	0	0	0
FINANCE AND ECONOMICS RELATED	148	0	0	18	12.2
FINANCIAL AND RELATED PROFESSIONALS	64	1	1.6	4	6.3
FINANCIAL CLERKS AND CREDIT CONTROLLERS	357	0	0	29	8.1
FIRE FIGHTING AND RELATED WORKERS	1	0	0	0	0
FOOD SERVICES AIDS AND WAITERS	615	1	0.2	17	2.8
FOOD SERVICES WORKERS	5	0	0	0	0
HANDYMEN	1	0	0	0	0
HEAD OF DEPARTMENT/CHIEF EXECUTIVE OFFICER	11	0	0	0	0
HEALTH SCIENCES RELATED	424	1	0.2	9	2.1
HOME-BASED PERSONAL CARE WORKERS	1	0	0	0	0
HOUSEHOLD AND LAUNDRY WORKERS	832	1	0.1	19	2.3
HOUSEHOLD FOOD AND LAUNDRY SERVICES RELATED	5	0	0	0	0
HOUSEKEEPERS LAUNDRY AND RELATED WORKERS	21	0	0	0	0
HUMAN RESOURCES & ORGANISAT DEVELOPM & RELATE PROF	53	0	0	1	1.9
HUMAN RESOURCES CLERKS	265	1	0.4	22	8.3
HUMAN RESOURCES RELATED	210	1	0.5	12	5.7
INFORMATION TECHNOLOGY RELATED	15	0	0	2	13.3
INSPECTORS OF APPRENTICES WORKS AND VEHICLES	3	0	0	0	0

Occupation	Employees 1 April 2020	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
LANGUAGE PRACTITIONERS INTERPRETERS & OTHER COMMUN	27	0	0	1	3.7
LEGAL RELATED	4	0	0	0	0
LIBRARIANS AND RELATED PROFESSIONALS	2	0	0	0	0
LIBRARY MAIL AND RELATED CLERKS	68	0	0	3	4.4
LIFE SCIENCES RELATED	3	0	0	0	0
LIGHT VEHICLE DRIVERS	174	1	0.6	3	1.7
LOGISTICAL SUPPORT PERSONNEL	88	0	0	13	14.8
MATERIAL-RECORDING AND TRANSPORT CLERKS	177	1	0.6	5	2.8
MECHANICAL ENGINEERING THECHNICIANS	3	0	0	0	0
MEDICAL PRACTITIONERS	2153	20	0.9	89	4.1
MEDICAL RESEARCH AND RELATED PROFESSIONALS	5	0	0	0	0
MEDICAL SPECIALISTS	229	2	0.9	3	1.3
MEDICAL TECHNICIANS/TECHNOLOGISTS	37	0	0	0	0
MESSENGERS PORTERS AND DELIVERERS	730	1	0.1	31	4.2
MIDDLE MANAGERS	1	0	0	0	0
MOTOR VEHICLE DRIVERS	35	0	0	1	2.9
NURSING ASSISTANTS	5395	0	0	105	1.9
OCCUPATIONAL THERAPY	149	0	0	0	0
OPTOMETRISTS AND OPTICIANS	8	0	0	1	12.5
ORAL HYGIENE	20	0	0	1	5
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS	1391	12	0.9	47	3.4
OTHER ADMINISTRATIVE POLICY AND RELATED OFFICERS	337	1	0.3	17	5
OTHER INFORMATION TECHNOLOGY PERSONNEL.	84	1	1.2	4	4.8
OTHER OCCUPATIONS	82	1	1.2	7	8.5
PHARMACEUTICAL ASSISTANTS	10	0	0	0	0
PHARMACISTS	937	0	0	26	2.8
PHARMACOLOGISTS PATHOLOGISTS & RELATED PROFESSIONA	1	0	0	0	0

Occupation	Employees 1 April 2020	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
PHYSICISTS	6	0	0	1	16.7
PHYSIOTHERAPY	183	0	0	3	1.6
PRINTING AND RELATED MACHINE OPERATORS	1	0	0	0	0
PROBATION WORKERS	1	0	0	0	0
PROFESSIONAL NURSE	11783	122	1	78	0.7
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS	70	0	0	1	1.4
QUANTITY SURVEYORS & RELA PROF NOT CLASS ELSEWHERE	1	0	0	0	0
RADIOGRAPHY	402	1	0.2	11	2.7
RISK MANAGEMENT AND SECURITY SERVICES	3	0	0	0	0
ROAD WORKERS	1	0	0	0	0
SAFETY HEALTH AND QUALITY INSPECTORS	14	0	0	0	0
SECRETARIES & OTHER KEYBOARD OPERATING CLERKS	1166	0	0	20	1.7
SECURITY GUARDS	21	0	0	0	0
SECURITY OFFICERS	1	0	0	0	0
SENIOR MANAGERS	103	4	3.9	0	0
SHOEMAKERS	3	0	0	0	0
SOCIAL SCIENCES RELATED	4	0	0	0	0
SOCIAL SCIENCES SUPPLEMENTARY WORKERS	2	0	0	0	0
SOCIAL WORK AND RELATED PROFESSIONALS	126	0	0	2	1.6
SPEECH THERAPY AND AUDIOLOGY	66	0	0	0	0
STAFF NURSES AND PUPIL NURSES	3330	8	0.2	27	0.8
SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHERS	15	0	0	1	6.7
TRADE LABOURERS	192	0	0	3	1.6
TRADE RELATED	4	0	0	0	0
TOTAL	**41818**	**197**	**0.5**	**799**	**1.9**

Table 3.5.5 Promotions by salary band for the period 1 April 2020 and 31 March 2021

Salary Band	Employees 1 April 2020	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)	5519	0	0	70	1.3
Skilled (Levels3- 5)	15267	18	0.1	310	2
Highly skilled production (Levels 6-8)	11652	90	0.8	240	2.1
Highly skilled supervision (Levels 9-12)	7356	75	1	124	1.7
Senior Management (Level 13-16)	93	6	6.5	1	1.1
09 Other, Permanent	54	0	0	0	0
09 Other, Temporary	210	0	0	1	0.5
10 Contract (Levels 1-2), Permanent	3	0	0	0	0
11 Contract (Levels 3-5), Permanent	29	6	20.7	0	0
12 Contract (Levels 6-8), Permanent	732	1	0.1	0	0
13 Contract (Levels 9-12), Permanent	899	1	0.1	53	5.9
14 Contract (Levels >= 13), Permanent	4	0	0	0	0
TOTAL	**41818**	**197**	**0.5**	**799**	**1.9**

3.6. Employment Equity

Table 3.6.1 Total number of employees (including employees with disabilities) in each of the following occupational categories as on 1 April 2020 and 31 March 2021

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Employees with disabilities	38	5	0	3	44	5	0	5	100

Occupational Category	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White	Total
01 - SENIOR OFFICIALS AND MANAGERS	47	1	1	49	1	53	4	2	59	5	114
02 - PROFESSIONALS	1515	138	112	1765	326	2304	260	105	2669	468	5228
03 - TECHNICIANS AND ASSOCIATE PROFESSIONALS	2211	141	3	2355	44	10019	1 348.00	27	11394	442	14235
04 - CLERKS	899	63	1	963	14	2477	141	3	2621	45	3643
05 - SERVICE SHOP AND MARKET SALES WORKERS	2863	263	6	3132	67	8882	563	3	9448	116	12763
07 - CRAFT AND RELATED TRADE WORKERS	116	14	1	131	14	24	0	0	24	0	169
08 - PLANT AND MACHINE OPERATORS AND ASSEMBLERS	237	18	0	255	5	9	1	0	10	0	270
09 - LABOURERS AND RELATED WORKERS	2227	118	1	2346	26	4172	225	0	4397	32	6801
99 - UNKNOWN	2	0	0	2	1	2	0	0	2	1	6
TOTAL	**10117**	**756**	**125**	**10998**	**498**	**27942**	**1194**	**140**	**30628**	**1109**	**43229**

Table 3.6.2 Total number of employees (including employees with disabilities) in each of the following occupational bands as on 31 March 2021

Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	0	0	0	0	0	0	0	0	0
Senior Management	1	0	0	0	2	0	0	0	3
Professionally qualified and experienced specialists and mid-management	102	7	7	15	155	21	10	26	343
Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents	204	9	0	2	548	47	6	39	855
Semi-skilled and discretionary decision making	82	4	0	0	219	7	0	0	312
Unskilled and defined decision making	22	0	0	0	49	0	0	0	71
07 Not Available, Permanent	102	4	4	22	59	0	0	20	211
07 Not Available, Temporary	2	0	0	1	0	0	0	0	3
09 Contract (Senior Management), Permanent	206	19	12	56	243	43	16	90	685
10 Contract (Professionaly Qualified), Permanent	134	10	0	1	678	111	3	41	978
11 Contract (Skilled Technical), Permanent	363	10	1	1	1739	89	1	5	2209
12 Contract (Semi-Skilled), Permanent	5	0	0	0	33	0	0	0	38
13 Contract (Unskilled), Permanent	**1223**	**63**	**24**	**98**	**3725**	**318**	**36**	**221**	**5708**
Total	**10117**	**756**	**125**	**498**	**27942**	**1516**	**140**	**1109**	**43229**

Table 3.6.3 Recruitment for the period 1 April 2020 and 31 March 2021

Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	0	0	0	0	0	0	0	0	0
Senior Management	1	0	0	0	2	0	0	0	3
Professionally qualified and experienced specialists and mid-management	102	7	7	15	155	21	10	26	343
Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents	204	9	0	2	548	47	6	39	855
Semi-skilled and discretionary decision making	82	4	0	0	219	7	0	0	312
Unskilled and defined decision making	22	0	0	0	49	0	0	0	71
07 Not Available, Temporary	102	4	4	22	59	0	0	20	211
09 Contract (Senior Management), Permanent	2	0	0	1	0	0	0	0	3
10 Contract (Professionally qualified), Permanent	206	19	12	56	243	43	16	90	685
11 Contract (Skilled technical), Permanent	134	10	0	1	678	111	3	41	978
12 Contract (Semi-skilled), Permanent	363	10	1	1	1739	89	1	5	2209
13 Contract (Unskilled), Permanent	5	0	0	0	33	0	0	0	38
Total	**1223**	**63**	**24**	**98**	**3725**	**318**	**36**	**221**	**5708**
Employees with disabilities	**2**	**0**	**0**	**0**	**6**	**1**	**0**	**1**	**10**

Table 3.6.4 Promotions for the period 1 April 2020 and 31 March 2021

Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	0	0	0	0	0	1	0	0	0
Senior Management	0	0	0	0	6	1	0	0	7
Professionally qualified and experienced specialists and mid- management	44	5	2	7	116	12	5	8	199
Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents	43	6	0	1	262	15	0	3	330
Semi-skilled and discretionary decision making	102	1	0	1	220	4	0	0	328
Unskilled and defined decision making	22	0	0	0	47	1	0	0	70
07 Not Available, Temporary	1	0	0	0	0	0	0	0	1
10 Contract (Professionally qualified), Permanent	33	0	0	0	19	1	0	1	54
11 Contract (Skilled technical), Permanent	1	0	0	0	0	0	0	0	1
12 Contract (Semi-skilled), Permanent	1	0	0	0	5	0	0	0	6
Total	**247**	**12**	**2**	**9**	**675**	**35**	**5**	**12**	**996**
Employees with disabilities	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**1**

Table 3.6.5 Terminations for the period 1 April 2020 and 31 March 2021

Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	1	0	0	0	1	0	0	0	2
Senior Management	3	0	0	0	1	0	0	0	4
Professionally qualified and experienced specialists and mid- management	99	11	7	25	455	45	8	36	686
Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents	1	0	0	0	1	0	1	0	3
Semi-skilled and discretionary decision making	219	14	0	7	604	83	3	40	970
Unskilled and defined decision making	215	13	0	2	516	32	0	4	782
07 Not Available, Temporary	50	0	0	15	54	1	0	7	127
08 Contract (Top Management), Permanent	1	0	0	0	0	0	0	0	1
09 Contract (Senior Management), Permanent	2	0	0	0	0	0	0	0	2
10 Contract (Professionally qualified), Permanent	174	21	13	45	191	29	18	79	570
11 Contract (Skilled technical), Permanent	167	11	1	4	459	49	10	54	755
12 Contract (Semi-skilled), Permanent	47	1	1	0	60	0	0	0	109
13 Contract (Unskilled), Permanent	0	0	0	0	1	0	0	0	1
TOTAL	**979**	**71**	**22**	**98**	**2343**	**239**	**40**	**220**	**4012**
Employees with Disabilities	**4**	**0**	**0**	**1**	**4**	**0**	**0**	**0**	9

Table 3.6.6 Disciplinary action for the period 1 April 2020 and 31 March 2021

Disciplinary action	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
FINAL WRITTEN WARNING	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
NO OUTCOME	1.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	2.00
SUSPENDED WITHOUT PAYMENT	2.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	3.00
TOTAL	**4.00**	**0.00**	**0.00**	**0.00**	**2.00**	**0.00**	**0.00**	**0.00**	**6.00**

Table 3.6.7 Skills development for the period 1 April 2020 and 31 March 2021

Table 3.6.7 Skills development for the period 1 April 2020 to 31 March 2021

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Legislators, senior officials and managers	146	28	10	14	309	23	8	17	**555**
Professionals	2223	170	71	118	4861	809	66	242	**8560**
Technicians and associate professionals	417	47	26	31	3032	122	25	59	**3759**
Clerks	317	118	30	30	675	40	30	31	**1271**
Service and sales workers	510	42	16	22	1035	120	16	22	**1783**
Skilled agriculture and fishery workers	46	5	1	1	55	1	1	1	**111**
Craft and related trades workers	0	0	0	0	0	0	0	0	**0**
Plant and machine operators and assemblers	85	17	1	3	38	1	1	1	**147**
Elementary occupations	456	47	27	39	1147	46	27	28	**1817**
Total	**4200**	**474**	**182**	**258**	**11152**	**1162**	**174**	**401**	**18003**
Employees with disabilities	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

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 3.7.1 Signing of Performance Agreements by SMS members as on 31 May 2020

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	01	01	0	0
Salary Level 16	0	0	0	0
Salary Level 15	04	04	2	50%
Salary Level 14	17	17	14	82%
Salary Level 13	73	73	49	67%
Total	95	95	65	68%

Table 3.7.2 Reasons for not having concluded Performance agreements for all SMS members as on 31 March 2021

Reasons
The reasons for not having concluded Performance Agreements for all SMS members border on non-compliance in terms of the policy. However on making inquiries the SMSes would highlight disagreements with their supervisors.

Table 3.7.3 Disciplinary steps taken against SMS members for not having concluded Performance agreements as on 31 March 2021

Reasons

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 3.8.1 Performance Rewards by race, gender and disability for the period 1 April 2020 and 31 March 2021

	Beneficiary Profile			Cost	
Race and Gender	Number of beneficiaries	Number of employees	% of total within group	Cost (R'000)	Average cost per employee
African					
Male	0.00	10 079	0.00	0.00	0.00
Female	0.00	27 898	0.00	0.00	0.00
Asian					
Male	0.00	125	0.00	0.00	0.00
Female	0.00	140	0.00	0.00	0.00
Coloured					
Male	0.00	751	0.00	0.00	0.00
Female	0.00	2 537	0.00	0.00	0.00
White					
Male	0.00	495	0.00	0.00	0.00
Female	0.00	1 104	0.00	0.00	0.00
Total	0.00	100	0.00	0.00	0.00
Employees with a disability	0.00	43 229	0.00	0.00	0.00

Table 3.8.2 Performance Rewards by salary band for personnel below Senior Management Service for the period 1 April 2020 and 31 March 2021

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)	0.00	5 341.00	0.00	0.00	0.00	0.00
Skilled (level 3-5)	0.00	14 780.00	0.00	0.00	0.00	0.00
Highly skilled production (level 6-8)	0.00	11 595.00	0.00	0.00	0.00	0.00
Highly skilled supervision (level 9-12)	0.00	7 028.00	0.00	0.00	0.00	0.00
Other categories	0.00	242.00	0.00	0.00	0.00	0.00
10 Contract (Levels 1-2)	0.00	38.00	0.00	0.00	0.00	0.00
11 Contract (Levels 3-5)	0.00	2 136.00	0.00	0.00	0.00	0.00
12 Contract (Levels 6-8)	0.00	969.00	0.00	0.00	0.00	0.00
13 Contract (Levels 9-12)	0.00	1 005.00	0.00	0.00	0.00	0.00
Total	**0.00**	**43 134.00**	**0.00**	**0.00**	**0.00**	0.00

Table 3.8.3 Performance Rewards by critical occupation for the period 1 April 2020 and 31 March 2021

Critical Occupation	Beneficiary Profile			Cost	
	Number of Beneficiaries	Number Of Employees	% Of Total Within Occupation	Total Cost (R'000)	Average Cost Per Beneficiary (R)
FINANCIAL CLERKS AND CREDIT CONTROLLERS	0.00	359.00	0.00	0.00	0.00
HOUSEHOLD FOOD AND LAUNDRY SERVICES RELATED	0.00	4.00	0.00	0.00	0.00
HUMAN RESOURCES CLERKS	0.00	271.00	0.00	0.00	0.00
SECURITY OFFICERS	0.00	1.00	0.00	0.00	0.00
ORAL HYGIENE	0.00	19.00	0.00	0.00	0.00
HOUSEHOLD AND LAUNDRY WORKERS	0.00	802.00	0.00	0.00	0.00
ALL ARTISANS IN THE BUILDING METAL MACHINERY ETC.	0.00	145.00	0.00	0.00	0.00
MESSENGERS PORTERS AND DELIVERERS	0.00	713.00	0.00	0.00	0.00
HUMAN RESOURCES & ORGANISAT DEVELOPM & RELATE PROF	0.00	50.00	0.00	0.00	0.00
RISK MANAGEMENT AND SECURITY SERVICES	0.00	3.00	0.00	0.00	0.00
DENTAL SPECIALISTS	0.00	1.00	0.00	0.00	0.00
BIOCHEMISTRY PHARMACOL. ZOOLOGY & LIFE SCIE.TECHNI	0.00	1.00	0.00	0.00	0.00
SAFETY HEALTH AND QUALITY INSPECTORS	0.00	16.00	0.00	0.00	0.00
LIFE SCIENCES RELATED	0.00	3.00	0.00	0.00	0.00
BOILER AND RELATED OPERATORS	0.00	46.00	0.00	0.00	0.00
SOCIAL SCIENCES RELATED	0.00	3.00	0.00	0.00	0.00
LOGISTICAL SUPPORT PERSONNEL	0.00	86.00	0.00	0.00	0.00
FINANCE AND ECONOMICS RELATED	0.00	145.00	0.00	0.00	0.00
FOOD SERVICES WORKERS	0.00	5.00	0.00	0.00	0.00

Critical Occupation	Beneficiary Profile			Cost	
	Number of Beneficiaries	Number Of Employees	% Of Total Within Occupation	Total Cost (R'000)	Average Cost Per Beneficiary (R)
CHEMISTS	0.00	45.00	0.00	0.00	0.00
OPTOMETRISTS AND OPTICIANS	0.00	6.00	0.00	0.00	0.00
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS	0.00	1 434.00	0.00	0.00	0.00
HOUSEKEEPERS LAUNDRY AND RELATED WORKERS	0.00	17.00	0.00	0.00	0.00
AUXILIARY AND RELATED WORKERS	0.00	595.00	0.00	0.00	0.00
OTHER OCCUPATIONS	0.00	92.00	0.00	0.00	0.00
LEGAL RELATED	0.00	2.00	0.00	0.00	0.00
FINANCIAL AND RELATED PROFESSIONALS	0.00	64.00	0.00	0.00	0.00
PROBATION WORKERS	0.00	1.00	0.00	0.00	0.00
BUILDING AND OTHER PROPERTY CARETAKERS	0.00	94.00	0.00	0.00	0.00
OCCUPATIONAL THERAPY	0.00	172.00	0.00	0.00	0.00
HOME-BASED PERSONAL CARE WORKERS	0.00	1.00	0.00	0.00	0.00
MEDICAL TECHNICIANS/TECHNOLOGISTS	0.00	47.00	0.00	0.00	0.00
EMERGENCY SERVICES RELATED	0.00	38.00	0.00	0.00	0.00
RADIOGRAPHY	0.00	420,00	0.00	0.00	0.00
DIPLOMATS	0.00	1.00	0.00	0.00	0.00
ARCHITECTS TOWN AND TRAFFIC PLANNERS	0.00	3.00	0.00	0.00	0.00
SOCIAL SCIENCES SUPPLEMENTARY WORKERS	0.00	1.00	0.00	0.00	0.00
ADMINISTRATIVE RELATED	0.00	486.00	0.00	0.00	0.00
COMMUNICATION AND INFORMATION RELATED	0.00	75.00	0.00	0.00	0.00
SECRETARIES & OTHER KEYBOARD OPERATING CLERKS	0.00	1 144.00	0.00	0.00	0.00
PHYSICISTS	0.00	6.00	0.00	0.00	0.00
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC.	0.00	4 339.00	0.00	0.00	0.00
LIBRARY MAIL AND RELATED CLERKS	0.00	67.00	0.00	0.00	0.00
HUMAN RESOURCES RELATED	0.00	200.00	0.00	0.00	0.00
DENTAL PRACTITIONERS	0.00	170.00	0.00	0.00	0.00
AMBULANCE AND RELATED WORKERS	0.00	2 404.00	0.00	0.00	0.00
PHARMACEUTICAL ASSISTANTS	0.00	9.00	0.00	0.00	0.00
CASHIERS TELLERS AND RELATED CLERKS	0.00	1.00	0.00	0.00	0.00
HEAD OF DEPARTMENT/CHIEF EXECUTIVE OFFICER	0.00	11.00	0.00	0.00	0.00
TRADE LABOURERS	0.00	165.00	0.00	0.00	0.00
ENVIRONMENTAL HEALTH	0.00	31.00	0.00	0.00	0.00
PHYSIOTHERAPY	0.00	194.00	0.00	0.00	0.00
LANGUAGE PRACTITIONERS INTERPRETERS & OTHER COMMUN	0.00	30.00	0.00	0.00	0.00
MEDICAL PRACTITIONERS	0.00	2 269.00	0.00	0.00	0.00
SOCIAL WORK AND RELATED PROFESSIONALS	0.00	148.00	0.00	0.00	0.00
CARTOGRAPHIC SURVEYING AND RELATED TECHNICIANS	0.00	2.00	0.00	0.00	0.00
CIVIL ENGINEERING TECHNICIANS	0.00	1.00	0.00	0.00	0.00
HANDYMEN	0.00	1.00	0.00	0.00	0.00

Critical Occupation	Beneficiary Profile			Cost	
	Number of Beneficiaries	Number Of Employees	% Of Total Within Occupation	Total Cost (R'000)	Average Cost Per Beneficiary (R)
ROAD WORKERS	0.00	1.00	0.00	0.00	0.00
MATERIAL-RECORDING AND TRANSPORT CLERKS	0.00	176.00	0.00	0.00	0.00
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS	0.00	70.00	0.00	0.00	0.00
FARM HANDS AND LABOURERS	0.00	11.00	0.00	0.00	0.00
COMPOSITORS TYPESETTERS & RELATED PRINTING WORKERS	0.00	1.00	0.00	0.00	0.00
DIETICIANS AND NUTRITIONISTS	0.00	145.00	0.00	0.00	0.00
OTHER ADMINISTRATIVE POLICY AND RELATED OFFICERS	0.00	319.00	0.00	0.00	0.00
ARTISAN PROJECT AND RELATED SUPERINTENDENTS	0.00	14.00	0.00	0.00	0.00
FIRE FIGHTING AND RELATED WORKERS	0.00	1.00	0.00	0.00	0.00
INSPECTORS OF APPRENTICES WORKS AND VEHICLES	0.00	2.00	0.00	0.00	0.00
PROFESSIONAL NURSE	0.00	11 781.00	0.00	0.00	0.00
BUS AND HEAVY VEHICLE DRIVERS	0.00	19.00	0.00	0.00	0.00
MEDICAL RESEARCH AND RELATED PROFESSIONALS	0.00	5.00	0.00	0.00	0.00
SENIOR MANAGERS	0.00	98.00	0.00	0.00	0.00
CLIENT INFORM CLERKS(SWITCHB RECEPT INFORM CLERKS)	0.00	191.00	0.00	0.00	0.00
SPEECH THERAPY AND AUDIOLOGY	0.00	76.00	0.00	0.00	0.00
PHARMACISTS	0.00	983.00	0.00	0.00	0.00
ENGINEERS AND RELATED PROFESSIONALS	0.00	21.00	0.00	0.00	0.00
MIDDLE MANAGERS	0.00	1.00	0.00	0.00	0.00
TRADE RELATED	0.00	4.00	0.00	0.00	0.00
OTHER INFORMATION TECHNOLOGY PERSONNEL.	0.00	87.00	0.00	0.00	0.00
DENTAL THERAPY	0.00	18.00	0.00	0.00	0.00
LIGHT VEHICLE DRIVERS	0.00	170.00	0.00	0.00	0.00
ELECTRICAL AND ELECTRONICS ENGINEERING TECHNICIANS	0.00	5.00	0.00	0.00	0.00
ENGINEERING SCIENCES RELATED	0.00	3.00	0.00	0.00	0.00
MEDICAL SPECIALISTS	0.00	231.00	0.00	0.00	0.00
MOTOR VEHICLE DRIVERS	0.00	34.00	0.00	0.00	0.00
DENTAL TECHNICIANS	0.00	5.00	0.00	0.00	0.00
SECURITY GUARDS	0.00	21.00	0.00	0.00	0.00
HEALTH SCIENCES RELATED	0.00	387,00	0.00	0.00	0.00
FOOD SERVICES AIDS AND WAITERS	0.00	579.00	0.00	0.00	0.00
NURSING ASSISTANTS	0.00	6 121.00	0.00	0.00	0.00
QUANTITY SURVEYORS & RELA PROF NOT CLASS ELSEWHERE	0.00	1.00	0.00	0.00	0.00
CONSERVATION LABOURERS	0.00	5.00	0.00	0.00	0.00
MECHANICAL ENGINEERING THECHNICIANS	0.00	3.00	0.00	0.00	0.00
PHARMACOLOGISTS PATHOLOGISTS & RELATED PROFESSIONA	0.00	1.00	0.00	0.00	0.00
SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHERS	0.00	13.00	0.00	0.00	0.00
INFORMATION TECHNOLOGY RELATED	0.00	14.00	0.00	0.00	0.00
LIBRARIANS AND RELATED PROFESSIONALS	0.00	1.00	0.00	0.00	0.00

Critical Occupation	Beneficiary Profile			Cost	
	Number of Beneficiaries	Number Of Employees	% Of Total Within Occupation	Total Cost (R'000)	Average Cost Per Beneficiary (R)
SHOEMAKERS	0.00	3.00	0.00	0.00	0.00
AGRICULTURE RELATED	0.00	1.00	0.00	0.00	0.00
STAFF NURSES AND PUPIL NURSES	0.00	4 148.00	0.00	0.00	0.00
TOTAL	**0.00**	**43 229.00**	**0.00**	**0.00**	**0.00**

Table 3.8.4 Performance related rewards (cash bonus), by salary band for Senior Management Service for the period 1 April 2020 and 31 March 2021

Salary Band	Beneficiary Profile			Cost		Total Cost As A % Of The Total Personnel Expenditure	Personnel Cost SMS (R'000)
	Number of Beneficiaries	Number Of Employees	% Of Total Within Salary Band	Total Cost (R'000)	Average Cost Per Employee (R)		
Band A	0.00	74.00	0.00	0.00	0.00	0.00	87 888.44
Band B	0.00	18.00	0.00	0.00	0.00	0.00	22 148.73
Band C	0.00	3.00	0.00	0.00	0.00	0.00	7 139.49
Band D	0.00	0.00	0.00	0.00	0.00	0.00	3 152.46
TOTAL	**0.00**	**95.00**	**0.00**	**0.00**	**0.00**	**0.00**	**120 329.12**

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 3.9.1 Foreign workers by salary band for the period 1 April 2020 and 31 March 2021

Salary Band	01 April 2020		31 March 2021		Change	
	Employment at Beginning of Period	Percentage of Total at Beginning of Period	Employment at End of Period	Percentage of Total at End of Period	Change in Employment	Percentage of Total
Highly skilled production (Levels 6-8)	28.00	8.80	28.00	8.10	0.00	0.00
Highly skilled supervision (Levels 9-12)	276.00	87.10	304.00	88.10	28.00	100.00
Other	11.00	3.50	11.00	3.20	0.00	0.00
Senior management (Levels 13-16)	1.00	0.30	0.00	0.00	-1.00	-3.60
Skilled (Levels 3-5)	1.00	0.30	2.00	0.60	1.00	3.60
TOTAL	**317.00**	**100.00**	**345.00**	**100.00**	**28.00**	**100.00**

Table 3.9.2 Foreign workers by major occupation for the period 1 April 2020 and 31 March 2021

Major Occupation	01 April 2020		31 March 2021		Change	
	Employment at Beginning of Period	Percentage of Total at Beginning of Period	Employment at End of Period	Percentage of Total at End of Period	Change in Employment	Percentage of Total
Administrative office workers	2.00	0.60	2.00	0.60	0.00	0.00
Craft and related trades workers	1.00	0.30	0.00	0.00	-1.00	-3.60
Information technology personnel	0.00	0.00	2.00	0.60	2.00	7.10
Professionals and managers	313.00	98.70	340.00	98.60	27.00	96.40
Service workers	1.00	0.30	1.00	0.30	0.00	0.00
Technicians and associated professionals	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	317.00	100.00	**345.00**	100.00	28.00	100.00

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 3.10.1 Sick leave for the period 1 January 2020 to 31 December 2020

Salary Band	Total Days	% Days with Medical Certification	Number of Employees using Sick Leave	% of Total Employees using Sick Leave	Average Days per Employee	Estimated Cost (R'000)
Contract (Levels 1-2)	3.00	100.00	1.00	0.00	3.00	2.00
Contract (Levels 13-16)	5.00	100.00	1.00	0.00	5.00	23.00
Contract (Levels 3-5)	123.00	83.70	43.00	0.20	3.00	97.00
Contract (Levels 6-8)	2 393.00	72.90	501.00	1.80	5.00	2 718.00
Contract (Levels 9-12)	1 529.00	77.80	327.00	1.20	5.00	3 712.00
Highly skilled production (Levels 6-8)	69 926.00	84.80	8 392.00	30.40	8.00	100 281.00
Highly skilled supervision (Levels 9-12)	40 767.00	86.20	4 786.00	17.40	9.00	111 960.00
Lower skilled (Levels 1-2)	28 756.00	84.50	3 430.00	12.40	8.00	16 740.00
Other	65.00	93.80	8.00	0.00	8.00	133.00
Senior management (Levels 13-16)	335.00	94.30	34.00	0.10	10.00	1 498.00
Skilled (Levels 3-5)	81 657.00	85.50	10 047.00	36.40	8.00	69 677.00
TOTAL	**225 559.00**	85.10	**27 570.00**	100.00	**8.00**	**306 842.00**

Table 3.10.2 Disability leave (temporary and permanent) for the period 1 January 2020 to 31 December 2020

Salary Band	Total Days	% Days with Medical Certification	Number of Employees using Disability Leave	% of Total Employees using Disability Leave	Average Days per Employee	Estimated Cost (R'000)
Contract (Levels 3-5)	18.00	100.00	1.00	0.10	18.00	12.00
Contract (Levels 6-8)	127.00	100.00	6.00	0.70	21.00	141.00
Contract (Levels 9-12)	71.00	100.00	5.00	0.60	14.00	178.00
Highly skilled production (Levels 6-8)	13 157.00	99.90	300.00	33.10	44.00	19 067.00
Highly skilled supervision (Levels 9-12)	10 692.00	99.90	214.00	23.60	50.00	28 923.00
Lower skilled (Levels 1-2)	3 823.00	100.00	109.00	12.00	35.00	2 275.00
Skilled (Levels 3-5)	11 242.00	99.90	271.00	29.90	41.00	9 639.00
TOTAL	**39 130.00**	99.90	906.00	100.00	43.00	**60 235.00**

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 3.10.3 Annual Leave for the period 1 January 2020 to 31 December 2020

Salary Band	Total Days Taken	Number of Employees using Annual Leave	Average per Employee
Contract (Levels 1-2)	45.00	2	23
Contract (Levels 13-16)	12.00	1	12
Contract (Levels 3-5)	518.00	52	10
Contract (Levels 6-8)	10 029.92	872	12
Contract (Levels 9-12)	11 185.84	840	13
Highly skilled production (Levels 6-8)	233 819.69	11 391.00	21
Highly skilled supervision (Levels 9-12)	151 878.03	7 177.00	21
Lower skilled (Levels 1-2)	110 768.64	5 344.00	21
Other	234.00	10	23
Senior management (Levels 13-16)	1 365.00	79	17
Skilled (Levels 3-5)	295 894.58	14 658.00	20
TOTAL	**815 750.70**	**40 426.00**	**20**

Table 3.10.4 Capped leave for the period 1 January 2020 to 31 December 2020

Salary Band	Total Days of Capped Leave Taken	Number of Employees using Capped Leave	Average Number of Days Taken per Employee	Average Capped Leave per Employee as at End of Period
Contract (Levels 1-2)	0	0	0	1
Contract (Levels 13-16)	0	0	0	0
Contract (Levels 3-5)	0	0	0	74
Contract (Levels 6-8)	0	0	0	84
Contract (Levels 9-12)	3	1	3	51
Highly skilled production (Levels 6-8)	318	69	5	70
Highly skilled supervision (Levels 9-12)	423.16	86	5	73
Lower skilled (Levels 1-2)	7	2	4	67
Other	0	0	0	10
Senior management (Levels 13-16)	0	0	0	79
Skilled (Levels 3-5)	48	26	2	54
TOTAL	**799.16**	**184**	**4**	**68**

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

Table 3.10.5 Leave pay-outs for the period 1 April 2020 and 31 March 2021

Reason	Total Estimated Amount (R'000)	Number of Employees	Estimated Average per Employee (R)
ANNUAL - DISCOUNTING WITH RESIGNATION (WORK DAYS)	1 225.00	61.00	20 082.00
ANNUAL - GRATUITY: DEATH/RETIREMENT/MEDICAL RETIREMENT(WORK	7 884.00	267.00	29 528.00
ANNUAL - HEAD OF DEPARTMENTS (GRATUITY) (WORK DAYS)	19.00	1.00	19 000.00
CAPPED - GRATUITY: DEATH/RETIREMENT/MEDICAL RETIREMENT(WORK	12 819.00	88.00	145 670.00
TOTAL	**21 947.00**	**417**	**214 280**

3.11. HIV/AIDS & Health Promotion Programmes

Table 3.11.1 Steps taken to reduce the risk of occupational exposure

Units/categories of employees identified to be at high risk of contracting HIV & related diseases (if any)	Key steps taken to reduce the risk
All Clinical, Clinical Support, Emergency Medical Services, Forensics, Maintenance, Laundry Staff Refuse Collectors and General Assistants at medical service delivery points are at high risk of exposure to HIV, TB, COVID-19 and other communicable diseases through direct contact with infected public / patients / colleagues, body parts and body fluids. The mode of infection includes cuts, needle pricks, handling of infected body parts, body fluids, breathing infected air and touching contaminated items of linen, utensils, and other surfaces in the course of duty.	Standard/Universal Precautions for infection control, Needle Prick protocol, Post Exposure Prophylaxis, Protective Barriers /Equipment and Personal Protective clothing – gowns, aprons, gloves, masks, visors, eye wear, etc. Special safety practices were required for COVID-19 according to the exposure risk categories of different occupational groups. These included physical distancing, rotation of non-frontline staff, hand hygiene and sanitization, special cleaning and disinfection, daily screening and testing of employees, quarantine and isolation as well as special and additional Personal Protective clothing and equipment e.g. screens and other physical barriers to prevent air droplet transmission. Other interventions include: Appointment of Compliance Officers and special response teams and various levels of the Department Staff training on infection control and standard / universal precautions and special Covid-29 safety measures. Warning signage and promotional material Reporting and investigation of occupational exposures Education on sharps and waste disposal. Trauma debriefing Monitoring proper use of Personal Protective Clothing and equipment

Table 3.11.2 Details of Health Promotion and HIV/AIDS Programmes (tick the applicable boxes and provide the required information)

Question	Yes	No	Details, if yes
Has the Department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? If so, provide her/his name and position.	Yes		Miss T Govender: Senior Manager: Employee Wellness
Does the Department have a dedicated unit or have you designated specific staff members to promote health and well- being of your employees? If so, indicate the number of employees who are involved in this task and the annual budget that is available for this purpose.	Yes		The EW Unit has 30 designated personnel: 14 EW at Districts and Hospital Complexes and 7 at Head Office (including COID unit); OHS dedicated Staff 4 in the Districts and 5 in Health Facilities. The annual operational budget for this programme amounted to R 244 565 with R70 000 ringfenced for Compensation of Occupational Injuries and Diseases. Services have been delivered within this limited budget and with support from other programmes such as Clinical Services; HRD and external partners. EMS Directorate funds services for theirs and Forensic Pathology
Has the Department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/services of the programme.	Yes		Employee Assistance and Health Promotion are integrated into four Employee Wellness Sub-programmes. These are aligned to the DPSA Framework and include: HIV & AIDS and TB Workplace, Health and Productivity, SHERQ and Wellness Management. The core services include: 1. Case Management and counselling, attended to 2782 referrals with 1649 being active cases at the end of the year. 437 Trauma debriefing sessions were held with 2974 employees to mitigate the impact of COVID-19. 2. Prevention and Education: basic health risk assessments, HIV counselling and testing, TB screening, sport and recreation, Health calendar events, Life Skills (including Financial), presentations, workshops and distribution of information on various Wellness topics: 517 Sessions Reaching 6741 employees 3. Management Training and Advice, : 48 Sessions reaching 284 4. EW Programme Promotion, 222 sessions reaching 5545 employees 5. Monitoring and Evaluation
Has the Department established (a) committee(s) as contemplated in Part VI E.5 (e) of Chapter 1 of the Public Service Regulations, 2001? If so, please provide the names of the members of the committee and the stakeholder(s) that they represent.	Yes		The Provincial Committee led by DDG: HR & CS, OHS Committees & Structures are functional at Health Facility Level.
Has the Department reviewed the employment policies and practices of your Department to ensure that these do not unfairly discriminate against employees on the basis of their HIV status? If so, list the employment policies/practices so reviewed.	Yes		All HR policies have been reviewed and comply with the required principles
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 and counselling services and addresses stigma and discrimination through all Prevention, Education Programmes and training programmes. 17 Lifestyle educational sessions, 289 employees trained on GBV and Sexual Harassment in the workplace

Question	Yes	No	Details, if yes
			39 EW Coordinators capacitated on HIV & IDS, PEP and Sexual Offences
Does the Department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have achieved.	Yes		The EWP has enlisted the assistance of GEMS to conduct HCT. 26 HCT sessions were held and 128 employees tested for HIV and 1199 screened for T.B. 26 employees offered Post Exposure Prophylaxis at Staff Health Clinics within Health Facilities. Employees tested HIV positive and were referred to GEMS HIV Management Programme and offered services by Occupational Health Services and the Employee Assistance Programme. COVID-19 pandemic has a major impact on health workers and received priority this year for screening and testing.
Has the Department developed measures/indicators to monitor & evaluate the impact of your health promotion programme? If so, list these measures/indicators.			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, no, 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 3.12.1 Collective agreements for the period 1 April 2020 and 31 March 2021

Subject matter	Date

Notes

- If there were no agreements, keep the heading and replace the table with the following:

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 3.12.2 Misconduct and disciplinary hearings finalised for the period 1 April 2020 and 31 March 2021

Outcomes of disciplinary hearings	Number	% of total
Correctional counselling	0	0%
Verbal warning	0	0%
Written warning	5	8%
Final written warning	27	43%
Suspended without pay	25	40%
Fine	0	0%
Demotion	0	0%
Dismissal	3	5%
Not guilty	7	11%
Case withdrawn	5	8%
Total	72	100%

Total number of Disciplinary hearings finalised	None

Table 3.12.3 Types of misconduct addressed at disciplinary hearings for the period 1 April 2020 and 31 March 2021

Type of misconduct	Number	% of total
Unauthorised Absence	14	22%
Unacceptable conduct	20	32%
Assault	3	5%
Causing damage or loss to state property	2	3%
Financial Misconduct	10	16%
Fraud	2	3%
Neglect of Duty	3	5%
Sexual Harassment	1	1%
Theft	6	10%
Under the influence of alcohol	2	3%
Total	**63**	100%

Table 3.12.4 Grievances logged for the period 1 April 2020 and 31 March 2021

Grievances	Number	% of Total
Number of grievances resolved	58	50%
Number of grievances not resolved	58	50%
Total number of grievances lodged	**116**	100%

Table 3.12.5 Disputes logged with Councils for the period 1 April 2020 and 31 March 2021

Disputes	Number	% of Total
Number of disputes upheld	9	35%
Number of disputes dismissed	17	65%
Total number of disputes lodged	26	100%

Table 3.12.6 Strike actions for the period 1 April 2020 and 31 March 2021

Total number of persons working days lost	62
Total costs working days lost	
Amount recovered as a result of no work no pay (R'000)	0

Table 3.12.7 Precautionary suspensions for the period 1 April 2020 and 31 March 2021

Number of people suspended	18
Number of people whose suspension exceeded 30 days	16
Average number of days suspended	150
Cost of suspension(R'000)	3 365 470.36

3.13. Skills development

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

Table 3.13.1 Training needs identified for the period 1 April 2020 and 31 March 2021

Occupational category	Gender	Number of employees as at 1 April 2020	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					
	Male					
Professionals	Female					
	Male					
Technicians and associate professionals	Female					
	Male					
Clerks	Female					
	Male					
Service and sales workers	Female					
	Male					
Skilled agriculture and fishery workers	Female					
	Male					
Craft and related trades workers	Female					
	Male					
Plant and machine operators and assemblers	Female					
	Male					
Elementary occupations	Female					
	Male					
Sub Total	Female					
	Male					
Total						

Table 3.13.2 Training provided for the period 1 April 2020 and 31 March 2021

Occupational category	Gender	Number of employees as at 1 April 2020	Training provided within the reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	826	39	270	62	371,00
	Male	537	18	134	32	184
Professionals	Female	2513	14	6 706,00	20	6 740,00
	Male	8373	3	1469	348	1820
Technicians and associate professionals	Female	1617	46	2741	155	2 942,00
	Male	7973	19	745	53	817
Clerks	Female	2602	40	820	39	899,00
	Male	1049	9	345	18	372
Service and sales workers	Female	3465	4	1223	7	1 234,00
	Male	1249	13	535	1	549
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	18	0	0	0	0
	Male	108	0	34	0	34
Plant and machine operators and assemblers	Female	17	0	25	1	26,00
	Male	33	0	53	1	54
Elementary occupations	Female	3416	4	33	0	37,00
	Male	1572	5	533	4	542
Sub Total	Female	14474	147	11818	284	12249
	Male	20894	67	3848	457	4372
Total		**70736**	**428**	**24616**	**1482**	**20993**

3.14. Injury on duty

The following tables provide basic information on injury on duty.

Table 3.14.1 Injury on duty for the period 1 April 2020 and 31 March 2021

Nature of injury on duty	Number	% of total
Required basic medical attention only	12	1.49
Temporary Total Disablement	794	98.38
Permanent Disablement	0	0
Fatal	1	0.12
Total	807	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:

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

Table 3.15.1 Report on consultant appointments using appropriated funds for the period 1 April 2020 and 31 March 2021

Project title	Total number of consultants that worked on project	Duration (work days)	Contract value in Rand

Total number of projects	Total individual consultants	Total duration Work days	Total contract value in Rand

Table 3.15.2 Analysis of consultant appointments using appropriated funds, in terms of Historically Disadvantaged Individuals (HDIs) for the period 1 April 2020 and 31 March 2021

Project title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of consultants from HDI groups that work on the project

Table 3.15.3 Report on consultant appointments using Donor funds for the period 1 April 2020 and 31 March 2021

Project title	Total Number of consultants that worked on project	Duration (Work days)	Donor and contract value in Rand

Total number of projects	Total individual consultants	Total duration Work days	Total contract value in Rand

Table 3.15.4 Analysis of consultant appointments using Donor funds, in terms of Historically Disadvantaged Individuals (HDIs) for the period 1 April 2020 and 31 March 2021

Project title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of consultants from HDI groups that work on the project

3.16. Severance Packages

Table 3.16.1 Granting of employee initiated severance packages for the period 1 April 2020 and 31 March 2021

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)				
Skilled Levels 3-5)				
Highly skilled production (Levels 6-8)				
Highly skilled supervision(Levels 9-12)				
Senior management (Levels 13-16)				
Total				

TABLE 3.17 - Training Needs identified						
Occupational Category	Gender	Number of Employees at Beginning of Period	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	826	4	938	13	955
Legislators, senior officials and managers	Male	537	3	54	7	64
Professionals	Female	2513	63	3314	5	3382
Professionals	Male	8373	8	1113	6	1127
Technicians and associate professionals	Female	1617	62	998	69	1129
Technicians and associate professionals	Male	7973	19	453	17	489
Clerks	Female	2602	0	1532	52	0
Clerks	Male	1049	0	789	21	810
Service and sales workers	Female	3465	0	87	0	87
Service and sales workers	Male	1249	0	124	0	124
Skilled agriculture and fishery workers	Female	0	0	0	0	0
Skilled agriculture and fishery workers	Male	0	0	0	0	0
Craft and related trades workers	Female	18	2	1	0	3
Craft and related trades workers	Male	108	31	33	0	64
Plant and machine operators and assemblers	Female	17	0	7	0	7
Plant and machine operators and assemblers	Male	33	0	58	0	58
Elementary occupations	Female	3416	2	345	9	0
Elementary occupations	Male	1572	5	313	0	318
Gender sub totals	Female	14474	133	7222	148	5563
Gender sub totals	Male	20894	66	2937	51	3054
TOTAL		**35368**	**398**	**20318**	**398**	**17234**



PART E

FINANCIAL INFORMATION

Report of the auditor-general to 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 out on pages 312 to 424, which comprise the appropriation statement, statement of financial position as at 31 March 2021, the statement of financial performance, statement of changes in net assets, and cash flow statement for the year then ended, as well as notes to the financial statements, including a summary of significant accounting policies.

2. In my opinion, except for the effects of the matters described in the basis of the qualified opinion section of this auditor's report, the financial statements present fairly, in all material respects, the financial position of the Eastern Cape Department of Health as at 31 March 2021, and its financial performance and cash flows for the year then ended, in accordance with the Modified Cash Standard (MCS) and the requirements of the Public Finance Management Act 1 of 1999 (PFMA) and Division of Revenue Act 4 of 2020 (Dora).

Basis for qualified opinion

Contingent liabilities

3. During 2020, the department did not properly account for contingent liabilities as required by the MCS chapter 14, *Provisions and contingencies*. The register that supported this disclosure note in the financial statements was not adequately maintained. As a result, not all contingent liabilities were included in the register. Furthermore, differences were identified between the source documentation and the contingent liability register. Consequently, the corresponding figure for the contingent liabilities as disclosed in note 20.1 to the financial statements was understated by R1,97 billion. My audit opinion on the financial statements for the period ended 31 March 2020 was modified accordingly. My opinion on the current year financial statements was also modified because of the possible effect of this matter on the comparability of the contingent liabilities for the current period.

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 my report.

5. I am independent of the department in accordance with the International Ethics Standards Board for Accountants' International code of ethics for professional accountants (including International Independence Standards) (IESBA code) as well as other ethical requirements that are relevant to my audit in South Africa. I have fulfilled my other ethical responsibilities in accordance with these requirements and the IESBA code.

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 20 to the financial statements, 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 the risk and ensure financial sustainability of the department are also highlighted in note 20.

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 R1,09 billion as disclosed in note 16 to the annual financial statements.

Other matter

11. I draw attention to the matter below. My opinion is not modified in respect of this matter.

Unaudited supplementary schedules

12. The supplementary annexures set out on pages 425 to 449 do not form part of the financial statements and are presented as additional information. I have not audited these schedules and accordingly I do not express an opinion thereon.

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 Dora, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

14. In preparing the financial statements, the accounting officer is responsible for assessing the department's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the appropriate governance structure either intends to liquidate the department or to cease operations, or has no realistic alternative but to do so.

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 25 of 2004 (PAA) and the general notice issued in terms thereof, I have a responsibility to report on the usefulness and reliability of the reported performance information against predetermined objectives for selected programme presented in the annual performance report. I performed procedures to identify material findings but not to gather evidence to express assurance.

18. 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 department's annual performance report for the year ended 31 March 2021:

Programme	Pages in the annual performance report
Programme 2 – district health services	63 to 124

19. 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.

20. The material findings on the usefulness and reliability of the performance information of the selected programme are as follows:

Programme 2 – district health services

3.2.6 Traditional male circumcision

22. I was unable to obtain sufficient appropriate audit evidence that clearly defined the predetermined source information or that related systems and processes were established to enable consistent measurement and reliable reporting of the actual achievement for the indicator. This was due to a lack of measurement definitions and processes. I was unable to test whether the indicator was well-defined and verifiable by alternative means. As a result, I was unable to audit the reliability of the achievement of 6 517 reported against the target of 11 258 in the annual performance report.

3.5.5 Case fatality rate for COVID 19

23. The reported target of Number of deaths in positive COVID-19 cases 5 – 60 years did not agree with the planned target of Number of deaths in positive COVID-19 < 5 years, as per the approved annual performance plan. In addition, I was unable to obtain sufficient appropriate audit evidence to support the reasons for the variances between the planned target of <5% and the achievement of 21,7% reported in the annual performance report. This was due to limitations placed on the scope of my work. I was unable to confirm the reported reasons for the variances by alternative means. Consequently, I was unable to determine whether any adjustments were required to the reported reasons for the variances.

Various Indicators

24. The method of calculation for measuring the planned indicator was not consistent with the method used to report on the performance indicator. Furthermore, some supporting audit evidence provided materially differed from the reported achievement while in other instances I was unable to obtain sufficient appropriate audit evidence. This was due to lack of accurate and complete records. I was unable to confirm the reported achievements by alternative means. Consequently, I was unable to determine whether any further adjustments were required to the reported achievements for the indicatiors listed below.

Performance Indicator	Reported achievement
1.3.9 Child under 5 years severe acute malnutrition case fatality rate	8.5%
3.1.1 HIV test done – sum	1 513 548

Various Indicators

25. I was unable to obtain sufficient appropriate audit evidence to support the reasons for the variances between the planned targets and the achievements reported in the annual performance report. This was due to limitations placed on the scope of my work. I was unable to confirm the reported reasons for the variances by alternative means. Consequently, I was unable to determine whether any adjustments were required to the reported reasons for the variances of the indicators below:

Performance Indicator	Planned target	Reported achievement
6.2.2 Ideal CHC status obtained rate	15%	0%
3.3.2 DS- TB treatment start 5 years and older rate	85%	93%
3.3.4 All DS- TB Client treatment success rate	75%	77,5%
3.3.5 TB Rifampicin Resistant/ MDR/ pre-XDR treatment success rate	60%	57%
3.3.6 All DS-TB client lost to follow-up rate	12%	14,2%
1.2.1 Live birth under 2500g in facility rate	15/1000	135.7/1000
1.3.4 Death in facility 29 days - 11 months rate	0,27%	0,33%

Various Indicators

26. The achievements below were reported in the annual performance report for the listed indicators. However, some supporting evidence provided materially differed from the reported achievement, while in other instances I was unable to obtain sufficient appropriate audit evidence. In addition, I was unable to obtain sufficient appropriate audit evidence for the reasons for the variances between the planned targets and these reported achievements of the listed indicators. This was due to the lack of accurate and complete records. I was unable to confirm the reported achievements and the reported reasons for the variances by alternative means. Consequently, I was unable to determine whether any adjustments were required to the reported achievements and reasons for the variances for the indicators listed below.

Performance Indicator	Planned target	Reported achievement
3.6.1 Number of admissions of patients with COVID-19 (sum of standard care and critical care)	15 000	9 833
1.1.1 Couple year protection rate	65%	41,5%
1.1.3 Antenatal client start on ART rate	97%	91,8%
Neonatal mortality in facility	1,1%	1,3%
1.3.7 Child under 5 years diarrhoea case fatality rate	2,8%	4%

Various Indicators

27. The achievements below were reported in the annual performance report for the listed indicators. However, some supporting evidence provided materially differed from the reported achievement, while in other instances I was unable to obtain sufficient appropriate audit evidence. This was due to the lack of accurate and complete records. I was unable to confirm the reported achievements by alternative means. Consequently, I was unable to determine whether any further adjustments were required to these reported achievements.

Indicator description	Reported achievement
1.1.2 Antenatal 1st visit before 20 weeks rate	62,5%
1.1.5 Mother postnatal visit within 6 days rate	71,2%
1.3.1 Infant 1st PCR test positive around 10 weeks rate	0,6%
1.3.2 Immunisation under 1 year coverage	69,3%
1.3.3 Measles 2nd dose coverage	66,3%

3.2.5 Medical male circumcision – sum

28. The achievement of 9263 was reported against the target of 6101 in the annual performance report. However, the supporting evidence provided materially differed from the reported achievement.

Other matters

29. I draw attention to the matters below.

Achievement of planned targets

30. Refer to the annual performance report on pages 63 to 124 for information on the achievement of planned targets for the year and management's explanations provided for the under/over achievement 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 28 of this report.

Adjustment of material misstatements

31. I identified material misstatements in the annual performance report submitted for auditing. These material misstatements were in 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.

Report on the audit of compliance with legislation

Introduction and scope

32. In accordance with the PAA and the general notice issued in terms thereof, I have a responsibility to report material findings on the department's compliance with specific matters in key legislation. I performed procedures to identify findings but not to gather evidence to express assurance.

33. The material findings on compliance with specific matters in key legislation are as follows:

Expenditure management

34. Effective and appropriate steps were not taken to prevent unauthorised expenditure amounting to R1,02 billion, as disclosed in note 10 to the annual 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 the overspending of the department's vote and main divisions within the vote.

35. Effective and appropriate steps were not taken to prevent irregular expenditure amounting to R161,7 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 irregular expenditure was caused by non-compliance with supply chain management legislation.

36. Payments were not made within 30 days or an agreed period after receipt of an invoice, as required by treasury regulation 8.2.3.

Strategic planning and performance management

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

Annual financial statements

38. 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 adequaltely corrected, which resulted in the financial statements receiving a qualified opinion.

Grant management

39. I was unable to obtain sufficient appropriate audit evidence that the performance of the programmes funded by the National Tertiary Services Grant was evaluated, as required by section 11(6)(a) of Dora.

40. I was unable to obtain sufficient appropriate audit evidence that the performance of the programmes funded by the Health Facility Revitalization Grant, the National Health Insurance Grant, and the Expanded Public Works Programme Integrated Grant was evaluated, as required by section 12(5) of Dora.

Procurement and contract management

41. In some instances, bid documentation for procurement of 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).

42. Some of the contracts were extended or modified without the approval of a properly delegated official as required by section 44 of the PFMA and treasury regulations 8.2.1 and 8.2.2. Similar non-compliance was also reported in the prior year.

Other information

43. 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 the selected programme presented in the annual performance report that have been specifically reported in this auditor's report.

44. 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 on it.

45. 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.

46. I did not receive the other information prior to the date of this auditor's report. When I do receive and read this information, if I conclude that there is a material misstatement therein, I am required to communicate the matter to those charged with governance and request that the other information be corrected. If the other information is not corrected, I may have to retract this auditor's report and re-issue an amended report as appropriate. However, if it is corrected this will not be necessary.

Internal control deficiencies

47. 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.

48. Policies and procedures were not consistently implemented throughout the department. The lack of implementation by some officials at facilities and districts resulted in repeat findings on performance information and non-compliance with legislation.

49. Senior management created a specific and achievable action plan to improve the reporting on performance information and resolve previously reported findings on non-compliance with legislation, however the plan failed to resolve the targeted issues as it was not adequately implemented.

50. 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 challenges with the submission of documentation to support their reported performance.

51. The department's compliance monitoring processes were not effective to ensure compliance with legislation. This contributed to the repeat findings reported.

Material irregularities

52. In accordance with the PAA and the Material Irregularity Regulations, I have a responsibility to report on material irregularities identified during the audit and on the status of the material irregularities reported in the previous year's auditor's report.

Material irregularities in progress

53. I identified a material irregularity during the audit and notified the accounting officer thereof as required by material irregularity regulation 3(2). By the date of this auditors report, the accounting officer had responded and the actions that the AGSA will take with regard to the material irregularity was still being assessed and finalised. This material irregularity will be included in the next year's auditor's report.

54. I identified another material irregularity during the audit and notified the accounting officer, as required by material irregularity regulation 3(2). By the date of this auditor's report, the response of the accounting officer was not yet due. This material irregularity will be included in the next year's auditor's report.

Other reports

55. I draw attention to the following engagements conducted by various parties which had, or could have, an impact on the matters reported in the department's financial statements, reported performance information, compliance with applicable legislation and other related matters. These reports did not form part of my opinion on the financial statements or my findings on the reported performance information or compliance with legislation.

56. The special investigations unit is conducting ongoing investigations into supply chain management processes relating to COVID-19 expenditure. Two investigations have been finalised resulting in the cancellation of one award. The remainder of these investigations are ongoing.

Auditor - General

East London

1 September 2021

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 programme 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 relating to events or conditions that may cast significant doubt on the ability of the department to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements about the material uncertainty or, if such disclosures are inadequate, to modify my opinion on the financial statements. My conclusions are based on the information available to me at the date of this auditor's report. However, future events or conditions may cause a department to cease operating as a going concern
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation

Communication with those charged with governance

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 provide the accounting officer with a statement that I have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and

other matters that may reasonably be thought to bear on my independence and, where applicable, actions taken to eliminate threats or safeguards applied.



ANNUAL FINANCIAL STATEMENTS

31 May 2021

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2021

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EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT

for the year ended 31 March 2021

Appropriation per programme

	2020/21							2019/20	
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
Programme									
1 ADMINISTRATION	685,598	-	(23,592)	662,006	651,360	10,646	98%	615,633	598,794
2 DISTRICT HEALTH SERVICES	14,269,606	-	365,879	14,635,485	15,075,401	(439,916)	103%	13,330,290	13,640,040
3 EMERGENCY MEDICAL SERVICE	1,340,520	-	(67,102)	1,273,418	1,272,046	1,372	100%	1,313,655	1,277,761
4 PROVINCIAL HOSPITAL SERVICES	3,590,556	-	(59,887)	3,530,669	3,980,365	(449,696)	113%	3,770,720	4,026,399
5 CENTRAL HOSPITAL SERVICES	4,850,529	-	(131,672)	4,718,857	4,845,403	(126,546)	103%	4,309,109	4,329,290
6 HEALTH SCIENCES AND TRAINING	863,891	-	(68,633)	795,258	720,097	75,161	91%	855,609	728,562
7 HEALTH CARE SUPPORT SERVICES	188,856	-	(15,000)	173,856	152,387	21,469	88%	115,775	101,329
8 HEALTH FACILITIES MANAGEMENT	1,836,669	-	7	1,836,676	1,357,890	478,786	74%	1,659,578	1,496,307
Programme sub total	**27,626,225**	**-**	**-**	**27,626,225**	**28,054,949**	**(428,724)**	**102%**	**25,970,369**	**26,198,482**
Statutory Appropriation	**1,820**	**-**	**-**	**1,820**	**1,820**	**-**	**100%**	**2,019**	**2,019**
Member of Executive Council salary	1,820	-	-	1,820	1,820	-	100%	2,019	2,019
	-	-	-	-	-	-	0%	-	-
TOTAL	**27,628,045**	**-**	**-**	**27,628,045**	**28,056,769**	**(428,724)**	**102%**	**25,972,388**	**26,200,501**

APPROPRIATION STATEMENT

for the year ended 31 March 2021

Appropriation per programme

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Voted funds and Direct charges	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				19,965				4,108	
NRF Receipts				-				-	
Aid assistance				-				-	
Actual amounts per Statement of Financial Performance (Total Revenue)				27,648,010				25,976,496	
Add: Aid assistance					-				1,110
Prior year unauthorised expenditure approved without funding									
Actual amounts per Statement of Financial Performance Expenditure					28,056,769				26,201,611

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT

for the year ended 31 March 2021

Appropriation per economic classification

	2020/21							2019/20	
	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	**25,251,578**	-	-	**25,251,578**	**25,600,172**	**(348,594)**	**101%**	**23,927,254**	**23,829,297**
Compensation of employees	17,825,564	8,201	(15,743)	17,818,022	17,991,168	(173,146)	101%	17,154,743	17,154,718
Salaries and wages	15,707,518	968	(15,743)	15,692,743	15,846,372	(153,629)	101%	15,114,710	15,080,862
Social contributions	2,118,046	7,233	-	2,125,279	2,144,796	(19,517)	101%	2,040,033	2,073,856
Goods and services	7,426,014	(8,201)	15,743	7,433,556	7,553,578	(120,022)	102%	6,749,908	6,650,052
Administrative fees	1,868	-	-	1,868	708	1,160	38%	4,163	2,367
Advertising	8,648	-	-	8,648	2,401	6,247	28%	7,693	2,560
Minor assets	64,969	-	(3,769)	61,200	13,382	47,818	22%	32,655	14,705
Audit costs: External	28,875	-	-	28,875	26,501	2,374	92%	27,645	27,469
Bursaries: Employees	11,074	-	-	11,074	13,576	(2,502)	123%	13,125	13,421
Catering: Departmental activities	3,496	-	-	3,496	1,597	1,899	46%	3,799	3,606
Communication (G&S)	58,133	-	-	58,133	77,300	(19,167)	133%	93,252	92,280
Computer services	93,711	-	-	93,711	78,778	14,933	84%	80,077	44,451
Consultants: Business and advisory services	126,613	-	(11,070)	115,543	71,995	43,548	62%	58,192	83,373
Laboratory services	1,049,035	-	-	1,049,035	915,043	133,992	87%	785,023	826,050
Legal services	44	-	-	44	73,452	(73,408)	166936%	12,863	6,843
Contractors	142,240	-	(9,627)	132,613	120,699	11,914	91%	104,340	80,685
Agency and support / outsourced services	351,123	-	(42,200)	308,923	249,081	59,842	81%	206,938	249,869
Entertainment	-	-	-	-	-	-	0%	2	-
Fleet services (including government motor transport)	171,014	(16,282)	(3,441)	151,291	206,743	(55,452)	137%	220,879	198,187
Inventory: Clothing material and accessories	6,332	-	-	6,332	3,067	3,265	48%	4,379	2,643
Inventory: Food and food supplies	205,435	-	-	205,435	133,088	72,347	65%	98,160	144,248
Inventory: Fuel, oil and gas	59,285	-	-	59,285	45,842	13,443	77%	42,839	46,411
Inventory: Learner and teacher support material	-	-	-	-	-	-	0%	185	-
Inventory: Materials and supplies	27,626	7,126	-	34,752	19,961	14,791	57%	25,022	39,540
Inventory: Medical supplies	1,161,767	1,673	(133,990)	1,029,450	1,082,861	(53,411)	105%	746,044	788,498
Inventory: Medicine	1,573,093	-	295,357	1,868,450	2,453,711	(585,261)	131%	2,719,957	2,138,881
Inventory: Other supplies	108,725	-	(1,204)	107,521	65,280	42,241	61%	23,929	46,717
Consumable supplies	325,891	-	(8,327)	317,564	335,893	(18,329)	106%	94,001	103,269
Consumable: Stationery, printing and office supplies	93,893	-	(4,853)	89,040	36,886	52,154	41%	52,315	43,590
Operating leases	134,742	(12,558)	(32,606)	89,578	121,497	(31,919)	136%	112,912	126,192
Property payments	1,345,274	11,840	(17,657)	1,339,457	1,205,563	133,894	90%	955,525	1,300,679

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT

for the year ended 31 March 2021

Appropriation per economic classification

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Transport provided: Departmental activity	2,588	-	-	2,588	825	1,763	32%	2,335	934
Travel and subsistence	149,550	-	(9,731)	139,819	92,144	47,675	66%	139,519	136,829
Training and development	30,469	-	-	30,469	17,993	12,476	59%	13,231	10,228
Operating payments	70,056	-	(1,139)	68,917	64,065	4,852	93%	56,550	65,273
Venues and facilities	9,836	-	-	9,836	4,721	5,115	48%	11,179	9,560
Rental and hiring	10,609	-	-	10,609	18,925	(8,316)	178%	1,180	694
Interest and rent on land	-	-	-	-	55,426	(55,426)	0%	22,603	24,527
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	55,426	(55,426)	0%	22,603	24,527
Transfers and subsidies	**265,529**	-	-	**265,529**	**1,028,660**	**(763,131)**	**387%**	**307,642**	**957,621**
Provinces and municipalities	-	-	-	-	-	-	0%	2,853	-
Municipalities	-	-	-	-	-	-	0%	2,853	-
Municipal agencies and funds	-	-	-	-	-	-	0%	2,853	-
Departmental agencies and accounts	13,058	-	-	13,058	-	13,058	0%	13,733	12,263
Departmental agencies	13,058	-	-	13,058	-	13,058	0%	13,733	12,263
Higher education institutions	-	-	-	-	-	-	0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions	8,495	-	-	8,495	8,495	-	100%	11,300	9,060
Households	243,976	-	-	243,976	1,020,165	(776,189)	418%	279,756	936,298
Social benefits	81,223	-	(1,672)	79,551	81,999	(2,448)	103%	99,492	94,604
Other transfers to households	162,753	-	1,672	164,425	938,166	(773,741)	571%	180,264	841,694
Payments for capital assets	**2,110,938**	-	-	**2,110,938**	**1,427,937**	**683,001**	**68%**	**1,737,492**	**1,413,583**
Buildings and other fixed structures	1,326,072	-	-	1,326,072	933,763	392,309	70%	1,162,194	1,060,483
Buildings	1,326,072	-	-	1,326,072	933,763	392,309	70%	1,162,194	1,060,483
Machinery and equipment	784,866	-	-	784,866	494,174	290,692	63%	575,298	353,100
Transport equipment	211,510	-	129	211,639	181,158	30,481	86%	224,828	164,110
Other machinery and equipment	573,356	-	(129)	573,227	313,016	260,211	55%	350,470	188,990
Payment for financial assets	-	-	-	-	-	-	**0%**	-	-
	27,628,045	-	-	**27,628,045**	**28,056,769**	**(428,724)**	**102%**	**25,972,388**	**26,200,501**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT

for the year ended 31 March 2021

Programme 1: ADMINISTRATION

	2020/21							2019/20	
	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	8,550	-	(129)	8,421	5,479	2,942	65%	5,781	5,781
2 MANAGEMENT	677,048	-	(23,463)	653,585	645,881	7,704	99%	609,852	593,013
	685,598	**-**	**(23,592)**	**662,006**	**651,360**	**10,646**	**98%**	**615,633**	**598,794**
Economic classification									
Current payments	**673,216**	**-**	**(23,463)**	**649,753**	**650,033**	**(280)**	**100%**	**604,951**	**588,628**
Compensation of employees	425,596	-	(4,064)	421,532	421,224	308	100%	429,204	424,044
Salaries and wages	367,406	-	(4,064)	363,342	368,298	(4,956)	101%	371,573	371,654
Social contributions	58,190	-	-	58,190	52,926	5,264	91%	57,631	52,390
Goods and services	247,620	-	(19,399)	228,221	228,220	1	100%	175,247	164,084
Administrative fees	173	-	-	173	183	(10)	106%	223	169
Advertising	528	-	-	528	143	385	27%	1,089	906
Minor assets	995	-	-	995	138	857	14%	175	126
Audit costs: External	28,875	-	-	28,875	26,501	2,374	92%	27,645	27,469
Bursaries: Employees	-	-	-	-	99	(99)	0%	32	32
Catering: Departmental activities	403	-	-	403	228	175	57%	664	666
Communication (G&S)	27,742	-	-	27,742	23,862	3,880	86%	28,314	27,880
Computer services	73,689	-	-	73,689	65,949	7,740	89%	61,060	33,181
Consultants: Business and advisory services	72,871	-	(11,070)	61,801	16,445	45,356	27%	8,115	34,592
Legal services	-	-	-	-	73,452	(73,452)	0%	12,863	6,843
Contractors	411	-	-	411	10	401	2%	288	133
Fleet services (including government motor transport)	3,329	-	-	3,329	3,527	(198)	106%	3,886	2,554
Inventory: Food and food supplies	152	-	-	152	66	86	43%	427	93
Inventory: Fuel, oil and gas	58	-	-	58	27	31	47%	26	51
Inventory: Materials and supplies	895	-	-	895	143	752	16%	676	228
Inventory: Medical supplies	50	-	-	50	-	50	0%	-	-
Inventory: Other supplies	760	-	-	760	338	422	44%	456	348
Consumable supplies	2,615	-	-	2,615	485	2,130	19%	2,272	779
Consumable: Stationery, printing and office supplies	4,582	-	-	4,582	1,034	3,548	23%	2,091	2,139
Operating leases	4,100	-	-	4,100	3,642	458	89%	5,020	4,626

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT

for the year ended 31 March 2021

Programme 1: ADMINISTRATION

	2020/21							2019/20	
	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	1,507	-	-	1,507	699	808	46%	855	566
Travel and subsistence	21,957	-	(8,329)	13,628	10,343	3,285	76%	15,660	18,808
Training and development	-	-	-	-	-	-	0%	30	30
Operating payments	1,596	-	-	1,596	612	984	38%	2,102	836
Venues and facilities	332	-	-	332	294	38	89%	1,278	1,029
Interest and rent on land	-	-	-	-	589	(589)	0%	500	500
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	589	(589)	0%	500	500
Transfers and subsidies	**3,687**	**-**	**-**	**3,687**	**(2,938)**	**6,625**	**-80%**	**3,936**	**3,979**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions	-	-	-	-	-	-	0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions	-	-	-	-	-	-	0%	-	-
Households	3,687	-	-	3,687	(2,938)	6,625	-80%	3,936	3,979
Social benefits	3,687	-	-	3,687	3,216	471	87%	3,903	3,938
Other transfers to households	-	-	-	-	(6,154)	6,154	0%	33	41
Payments for capital assets	**8,695**	**-**	**(129)**	**8,566**	**4,265**	**4,301**	**50%**	**6,746**	**6,187**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	8,695	-	(129)	8,566	4,265	4,301	50%	6,746	6,187
Transport equipment	7,799	-	-	7,799	3,762	4,037	48%	4,219	3,665
Other machinery and equipment	896	-	(129)	767	503	264	66%	2,527	2,522
Heritage assets	-	-	-	-	-	-	0%	-	-
Specialised military assets	-	-	-	-	-	-	0%	-	-
Biological assets	-	-	-	-	-	-	0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0%	-	-
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
	685,598	**-**	**(23,592)**	**662,006**	**651,360**	**10,646**	**98%**	**615,633**	**598,794**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT

for the year ended 31 March 2021

Subprogramme: 1.1: OFFICE OF THE MEC

	2020/21							2019/20	
	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	**6,949**	**-**	**-**	**6,949**	**5,417**	**1,532**	**78%**	**5,178**	**5,747**
Compensation of employees	2,842	-	-	2,842	3,937	(1,095)	139%	3,746	3,656
Goods and services	4,107	-	-	4,107	1,480	2,627	36%	1,432	2,091
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**10**	**(10)**	**0%**	**33**	**34**
Households	-	-	-	-	10	(10)	0%	33	34
Payments for capital assets	**1,601**	**-**	**(129)**	**1,472**	**52**	**1,420**	**4%**	**570**	**-**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	1,601	-	(129)	1,472	52	1,420	4%	570	-
Payment for financial assets				**-**		**-**	**0%**	**-**	
Total	**8,550**	**-**	**(129)**	**8,421**	**5,479**	**2,942**	**65%**	**5,781**	**5,781**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT

for the year ended 31 March 2021

Subprogramme: 1.2: MANAGEMENT

	2020/21							2019/20	
	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	**666,267**	**-**	**(23,463)**	**642,804**	**644,616**	**(1,812)**	**100%**	**599,773**	**582,881**
Compensation of employees	422,754	-	(4,064)	418,690	417,287	1,403	100%	425,458	420,388
Goods and services	243,513	-	(19,399)	224,114	226,740	(2,626)	101%	173,815	161,993
Interest and rent on land	-	-	-	-	589	(589)	0%	500	500
Transfers and subsidies	**3,687**	**-**	**-**	**3,687**	**(2,948)**	**6,635**	**-80%**	**3,903**	**3,945**
Households	3,687	-	-	3,687	(2,948)	6,635	-80%	3,903	3,945
Payments for capital assets	**7,094**	**-**	**-**	**7,094**	**4,213**	**2,881**	**59%**	**6,176**	**6,187**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	7,094	-	-	7,094	4,213	2,881	59%	6,176	6,187
Payment for financial assets				-		-	**0%**	-	
Total	**677,048**	**-**	**(23,463)**	**653,585**	**645,881**	**7,704**	**99%**	**609,852**	**593,013**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT

for the year ended 31 March 2021

Programme 2: DISTRICT HEALTH SERVICES

	2020/21							2019/20	
	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	1,115,838	-	-	1,115,838	1,233,777	(117,939)	111%	954,296	1,012,920
2 COMMUNITY HEALTH CLINICS	2,446,557	-	114,741	2,561,298	2,956,236	(394,938)	115%	2,873,699	2,862,890
3 COMMUNITY HEALTH CENTRES	1,259,084	-	58,717	1,317,801	1,276,808	40,993	97%	1,274,741	1,254,401
4 COMMUNITY BASED SERVICES	623,143	-	-	623,143	471,870	151,273	76%	573,631	562,012
5 OTHER COMMUNITY SERVICES	68,633	-	-	68,633	54,342	14,291	79%	79,867	72,687
6 HIV/AIDS	3,157,298	-	-	3,157,298	3,082,132	75,166	98%	2,399,145	2,398,092
7 NUTRITION	53,230	-	-	53,230	36,816	16,414	69%	39,685	27,281
8 CORONER SERVICES	112,050	-	-	112,050	124,823	(12,773)	111%	123,328	117,315
9 DISTRICT HOSPITALS	5,433,773	-	192,421	5,626,194	5,838,597	(212,403)	104%	5,011,898	5,332,442
	14,269,606	**-**	**365,879**	**14,635,485**	**15,075,401**	**(439,916)**	**103%**	**13,330,290**	**13,640,040**
Economic classification									
Current payments	**14,007,400**	**-**	**364,207**	**14,371,607**	**14,468,614**	**(97,007)**	**101%**	**13,108,354**	**13,082,349**
Compensation of employees	9,816,739	-	19,227	9,835,966	9,835,966	-	100%	9,313,114	9,328,322
Salaries and wages	8,674,782	-	19,227	8,694,009	8,645,517	48,492	99%	8,195,433	8,178,090
Social contributions	1,141,957	-	-	1,141,957	1,190,449	(48,492)	104%	1,117,681	1,150,232
Goods and services	4,190,661	-	344,980	4,535,641	4,602,676	(67,035)	101%	3,787,000	3,745,787
Administrative fees	607	-	-	607	191	416	31%	652	172
Advertising	7,307	-	-	7,307	2,143	5,164	29%	4,572	1,416
Minor assets	37,285	-	-	37,285	7,760	29,525	21%	19,792	7,088
Bursaries: Employees	-	-	-	-	161	(161)	0%	163	293
Catering: Departmental activities	1,718	-	-	1,718	753	965	44%	1,811	2,383
Communication (G&S)	15,423	-	-	15,423	30,907	(15,484)	200%	39,125	36,346
Computer services	4,475	-	-	4,475	2,052	2,423	46%	6,498	3,389
Consultants: Business and advisory services	52,402	-	-	52,402	54,654	(2,252)	104%	48,246	47,790
Laboratory services	838,269	-	-	838,269	710,268	128,001	85%	543,650	600,072
Contractors	22,012	-	-	22,012	9,870	12,142	45%	9,511	6,078
Agency and support / outsourced services	112,586	-	-	112,586	87,958	24,628	78%	45,132	59,724
Fleet services (including government motor transport)	24,690	-	-	24,690	74,167	(49,477)	300%	42,771	39,919
Inventory: Clothing material and accessories	4,477	-	-	4,477	1,996	2,481	45%	2,554	1,251
Inventory: Food and food supplies	97,648	-	-	97,648	58,463	39,185	60%	45,742	62,775

APPROPRIATION STATEMENT

for the year ended 31 March 2021

Programme 2: DISTRICT HEALTH SERVICES

	2020/21							2019/20	
	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: Fuel, oil and gas	18,085	-	-	18,085	15,734	2,351	87%	19,366	6,259
Inventory: Materials and supplies	10,118	-	-	10,118	5,405	4,713	53%	10,191	5,591
Inventory: Medical supplies	468,947	-	24,641	493,588	471,170	22,418	95%	240,523	245,267
Inventory: Medicine	1,439,901	-	320,339	1,760,240	2,093,505	(333,265)	119%	2,099,570	1,788,240
Inventory: Other supplies	36,672	-	-	36,672	28,153	8,519	77%	15,046	14,869
Consumable supplies	120,288	-	-	120,288	168,068	(47,780)	140%	56,004	56,103
Consumable: Stationery, printing and office supplies	58,694	-	-	58,694	19,483	39,211	33%	23,745	19,927
Operating leases	30,452	-	-	30,452	21,383	9,069	70%	21,216	18,497
Property payments	627,785	-	-	627,785	599,892	27,893	96%	357,915	579,725
Transport provided: Departmental activity	1,035	-	-	1,035	518	517	50%	1,050	482
Travel and subsistence	93,717	-	-	93,717	61,562	32,155	66%	82,264	82,954
Training and development	610	-	-	610	23	587	4%	800	612
Operating payments	55,986	-	-	55,986	59,667	(3,681)	107%	38,989	50,144
Venues and facilities	9,216	-	-	9,216	4,344	4,872	47%	8,922	7,727
Rental and hiring	256	-	-	256	12,426	(12,170)	4854%	1,180	694
Interest and rent on land	-	-	-	-	29,972	(29,972)	0%	8,240	8,240
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	29,972	(29,972)	0%	8,240	8,240
Transfers and subsidies	**78,882**	**-**	**1,672**	**80,554**	**462,984**	**(382,430)**	**575%**	**83,138**	**462,964**
Provinces and municipalities	-	-	-	-	-	-	0%	2,853	-
Municipalities	-	-	-	-	-	-	0%	2,853	-
Municipal agencies and funds	-	-	-	-	-	-	0%	2,853	-
Non-profit institutions	8,495	-	-	8,495	8,495	-	100%	11,300	9,060
Households	70,387	-	1,672	72,059	454,489	(382,430)	631%	68,985	453,904
Social benefits	58,601	-	-	58,601	50,242	8,359	86%	69,015	66,842
Other transfers to households	11,786	-	1,672	13,458	404,247	(390,789)	3004%	(30)	387,062
Payments for capital assets	**183,324**	**-**	**-**	**183,324**	**143,803**	**39,521**	**78%**	**138,798**	**94,727**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	183,324	-	-	183,324	143,803	39,521	78%	138,798	94,727
Transport equipment	60,110	-	-	60,110	68,692	(8,582)	114%	94,162	65,322
Other machinery and equipment	123,214	-	-	123,214	75,111	48,103	61%	44,636	29,405
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
	14,269,606	**-**	**365,879**	**14,635,485**	**15,075,401**	**(439,916)**	**103%**	**13,330,290**	**13,640,040**

APPROPRIATION STATEMENT

for the year ended 31 March 2021

Subprogramme: 2.1: DISTRICT MANAGEMENT

	2020/21							2019/20	
	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	**1,033,856**	-	-	**1,033,856**	**1,155,535**	**(121,679)**	**112%**	**869,656**	**932,630**
Compensation of employees	932,088	-	-	932,088	1,024,437	(92,349)	110%	765,959	810,260
Goods and services	101,768	-	-	101,768	131,098	(29,330)	129%	103,697	122,370
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**30,655**	-	-	**30,655**	**27,141**	**3,514**	**89%**	**38,876**	**38,876**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%	-	
Foreign governments and international organisations				-		-	0%	-	
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%	-	
Households	30,655	-	-	30,655	27,141	3,514	89%	38,876	38,876
Payments for capital assets	**51,327**	-	-	**51,327**	**51,101**	**226**	**100%**	**45,764**	**41,414**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	51,327	-	-	51,327	51,101	226	100%	45,764	41,414
Payment for financial assets				-		-	**0%**	-	
Total	**1,115,838**	-	-	**1,115,838**	**1,233,777**	**(117,939)**	**111%**	**954,296**	**1,012,920**

Subprogramme: 2.2: COMMUNITY HEALTH CLINICS

	2020/21							2019/20	
	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	**2,440,039**	-	**114,741**	**2,554,780**	**2,953,641**	**(398,861)**	**116%**	**2,854,414**	**2,856,014**
Compensation of employees	1,804,164	-	-	1,804,164	1,938,663	(134,499)	107%	1,902,286	1,907,355
Goods and services	635,875	-	114,741	750,616	1,014,978	(264,362)	135%	952,128	948,659
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	-	-	-	-	**2,121**	**(2,121)**	**0%**	**2,849**	**2,848**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%	-	
Foreign governments and international organisations				-		-	0%	-	
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%	-	
Households	-	-	-	-	2,121	(2,121)	0%	2,849	2,848
Payments for capital assets	**6,518**	-	-	**6,518**	**474**	**6,044**	**7%**	**16,436**	**4,028**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	6,518	-	-	6,518	474	6,044	7%	16,436	4,028
Payment for financial assets				-		-	**0%**	-	
Total	**2,446,557**	-	**114,741**	**2,561,298**	**2,956,236**	**(394,938)**	**115%**	**2,873,699**	**2,862,890**

APPROPRIATION STATEMENT

for the year ended 31 March 2021

Subprogramme: 2.3: COMMUNITY HEALTH CENTRES

	2020/21							2019/20	
	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	**1,252,810**	-	**58,717**	**1,311,527**	**1,254,152**	**57,375**	**96%**	**1,267,506**	**1,247,239**
Compensation of employees	1,087,502	-	-	1,087,502	1,025,262	62,240	94%	1,010,593	1,003,764
Goods and services	165,308	-	58,717	224,025	228,072	(4,047)	102%	256,913	243,475
Interest and rent on land	-	-	-	-	818	(818)	0%	-	-
Transfers and subsidies	-	-	-	-	**17,182**	**(17,182)**	**0%**	**1,288**	**1,289**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-	-	-	0%	-	
Foreign governments and international organisations				-		-	0%	-	
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%	-	
Households	-	-	-	-	17,182	(17,182)	0%	1,288	1,289
Payments for capital assets	**6,274**	-	-	**6,274**	**5,474**	**800**	**87%**	**5,947**	**5,873**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	6,274	-	-	6,274	5,474	800	87%	5,947	5,873
Payment for financial assets				-		-	**0%**	-	
Total	**1,259,084**	-	**58,717**	**1,317,801**	**1,276,808**	**40,993**	**97%**	**1,274,741**	**1,254,401**

Subprogramme: 2.4: COMMUNITY BASED SERVICES

	2020/21							2019/20	
	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	**579,011**	-	-	**579,011**	**460,222**	**118,789**	**79%**	**564,450**	**555,727**
Compensation of employees	462,046	-	-	462,046	372,804	89,242	81%	467,940	466,444
Goods and services	116,965	-	-	116,965	87,418	29,547	75%	96,510	89,283
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	-	-	-	-	**1,678**	**(1,678)**	**0%**	**2,920**	**66**
Provinces and municipalities	-	-	-	-	-	-	0%	2,853	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-	-	-	0%	-	
Foreign governments and international organisations				-			0%	-	
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-			0%	-	
Households	-	-	-	-	1,678	(1,678)	0%	67	66
Payments for capital assets	**44,132**	-	-	**44,132**	**9,970**	**34,162**	**23%**	**6,261**	**6,219**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	44,132	-	-	44,132	9,970	34,162	23%	6,261	6,219
Payment for financial assets				-		-	**0%**	-	
Total	**623,143**	-	-	**623,143**	**471,870**	**151,273**	**76%**	**573,631**	**562,012**

APPROPRIATION STATEMENT

for the year ended 31 March 2021

Subprogramme: 2.5: OTHER COMMUNITY SERVICES

	2020/21							2019/20	
	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	58,482	-	-	58,482	54,262	4,220	93%	78,856	72,027
Compensation of employees	35,695	-	-	35,695	45,924	(10,229)	129%	63,867	60,855
Goods and services	22,787	-	-	22,787	8,338	14,449	37%	14,989	11,172
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	-	-	-	-	-	-	0%	-	-
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-	-	-	0%	-	
Foreign governments and international organisations				-	-	-	0%	-	
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-	-	-	0%	-	
Households	-	-	-	-	-	-	0%	-	-
Payments for capital assets	10,151	-	-	10,151	80	10,071	1%	1,011	660
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	10,151	-	-	10,151	80	10,071	1%	1,011	660
Payment for financial assets				-		-	0%	-	
Total	68,633	-	-	68,633	54,342	14,291	79%	79,867	72,687

Subprogramme: 2.6: HIV/AIDS

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**3,135,859**	-	-	**3,135,859**	**3,065,869**	**69,990**	**98%**	**2,380,757**	**2,383,470**
Compensation of employees	750,052	-	-	750,052	747,263	2,789	100%	695,029	676,309
Goods and services	2,385,807	-	-	2,385,807	2,318,606	67,201	97%	1,685,728	1,707,161
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**8,495**	-	-	**8,495**	**9,115**	**(620)**	**107%**	**11,950**	**9,692**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%	-	
Foreign governments and international organisations				-		-	0%	-	
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions	8,495			8,495	8,495	-	100%	11,300	9,060
Households	-	-	-	-	620	(620)	0%	650	632
Payments for capital assets	**12,944**	-	-	**12,944**	**7,148**	**5,796**	**55%**	**6,438**	**4,930**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	12,944	-	-	12,944	7,148	5,796	55%	6,438	4,930
Payment for financial assets				-		-	**0%**	-	
Total	**3,157,298**	-	-	**3,157,298**	**3,082,132**	**75,166**	**98%**	**2,399,145**	**2,398,092**

APPROPRIATION STATEMENT

for the year ended 31 March 2021

Subprogramme: 2.7: NUTRITION

	2020/21							2019/20	
	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	40,738	-	-	40,738	24,662	16,076	61%	30,057	27,253
Compensation of employees	-	-	-	-	-	-	0%	-	-
Goods and services	40,738	-	-	40,738	24,662	16,076	61%	30,057	27,253
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	-	-	-	-	-	-	0%	-	-
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%	-	
Foreign governments and international organisations				-		-	0%	-	
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%	-	
Households	-	-	-	-	-	-	0%	-	-
Payments for capital assets	12,492	-	-	12,492	12,154	338	97%	9,628	28
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	12,492	-	-	12,492	12,154	338	97%	9,628	28
Payment for financial assets				-		-	0%	-	
Total	53,230	-	-	53,230	36,816	16,414	69%	39,685	27,281

APPROPRIATION STATEMENT

for the year ended 31 March 2021

Subprogramme: 2.8: CORONER SERVICES

	2020/21							2019/20	
	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	**104,741**	-	-	**104,741**	**116,010**	**(11,269)**	**111%**	**113,952**	**107,954**
Compensation of employees	84,871	-	-	84,871	97,102	(12,231)	114%	94,526	94,527
Goods and services	19,870	-	-	19,870	18,908	962	95%	19,426	13,427
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**53**	-	-	**53**	**28**	**25**	**53%**	**122**	**78**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-	-	-	0%	-	
Foreign governments and international organisations				-	-	-	0%	-	
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%	-	
Households	53	-	-	53	28	25	53%	122	78
Payments for capital assets	**7,256**	-	-	**7,256**	**8,785**	**(1,529)**	**121%**	**9,254**	**9,283**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	7,256	-	-	7,256	8,785	(1,529)	121%	9,254	9,283
Payment for financial assets				-		-	**0%**	-	
Total	**112,050**	-	-	**112,050**	**124,823**	**(12,773)**	**111%**	**123,328**	**117,315**

APPROPRIATION STATEMENT

for the year ended 31 March 2021

Subprogramme: 2.9: DISTRICT HOSPITALS

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**5,361,864**	-	**190,749**	**5,552,613**	**5,384,261**	**168,352**	**97%**	**4,948,706**	**4,900,035**
Compensation of employees	4,660,321	-	19,227	4,679,548	4,584,511	95,037	98%	4,312,914	4,308,808
Goods and services	701,543	-	171,522	873,065	770,596	102,469	88%	627,552	582,987
Interest and rent on land	-	-	-	-	29,154	(29,154)	0%	8,240	8,240
Transfers and subsidies	**39,679**	-	**1,672**	**41,351**	**405,719**	**(364,368)**	**981%**	**25,133**	**410,115**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%	-	
Foreign governments and international organisations				-		-	0%	-	
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%	-	
Households	39,679	-	1,672	41,351	405,719	(364,368)	981%	25,133	410,115
Payments for capital assets	**32,230**	-	-	**32,230**	**48,617**	**(16,387)**	**151%**	**38,059**	**22,292**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	32,230	-	-	32,230	48,617	(16,387)	151%	38,059	22,292
Payment for financial assets				-		-	**0%**	-	
Total	**5,433,773**	-	**192,421**	**5,626,194**	**5,838,597**	**(212,403)**	**104%**	**5,011,898**	**5,332,442**

APPROPRIATION STATEMENT

for the year ended 31 March 2021

Programme 3: EMERGENCY MEDICAL SERVICE

	2020/21							2019/20	
	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	1,219,857	(65,252)	(67,102)	1,087,503	1,041,760	45,743	96%	1,088,849	1,034,403
2 PLANNED PATIENT TRANSPORT	120,663	65,252	-	185,915	230,286	(44,371)	124%	224,806	243,358
	1,340,520	**-**	**(67,102)**	**1,273,418**	**1,272,046**	**1,372**	**100%**	**1,313,655**	**1,277,761**
Economic classification									
Current payments	**1,189,915**	**-**	**(65,430)**	**1,124,485**	**1,173,637**	**(49,152)**	**104%**	**1,174,649**	**1,174,650**
Compensation of employees	902,231	28,840	-	931,071	980,226	(49,155)	105%	913,265	913,266
Salaries and wages	791,076	7,784	-	798,860	841,563	(42,703)	105%	801,605	779,063
Social contributions	111,155	21,056	-	132,211	138,663	(6,452)	105%	111,660	134,203
Goods and services	287,684	(28,840)	(65,430)	193,414	193,411	3	100%	261,384	261,384
Administrative fees	53	-	-	53	-	53	0%	-	-
Advertising	4	-	-	4	25	(21)	625%	100	20
Minor assets	4,317	-	(3,769)	548	298	250	54%	2,166	2,257
Bursaries: Employees	-	-	-	-	-	-	0%	123	124
Catering: Departmental activities	141	-	-	141	21	120	15%	346	31
Communication (G&S)	3,345	-	-	3,345	6,117	(2,772)	183%	8,785	8,785
Computer services	120	-	-	120	-	120	0%	-	-
Contractors	5,108	-	(2,361)	2,747	2,247	500	82%	1,836	1,437
Agency and support / outsourced services	4,760	-	-	4,760	3,460	1,300	73%	3,388	3,388
Fleet services (including government motor transport)	136,508	(16,282)	(3,441)	116,785	116,785	-	100%	166,079	149,696
Inventory: Clothing material and accessories	-	-	-	-	472	(472)	0%	-	-
Inventory: Fuel, oil and gas	904	-	-	904	620	284	69%	-	-
Inventory: Materials and supplies	1,230	-	-	1,230	445	785	36%	636	246
Inventory: Medical supplies	11,886	-	(1,478)	10,408	7,970	2,438	77%	7,892	13,979
Inventory: Medicine	100	-	(32)	68	1,206	(1,138)	1774%	845	846
Inventory: Other supplies	1,233	-	-	1,233	546	687	44%	1,697	1,445
Consumable supplies	21,523	-	(8,327)	13,196	12,070	1,126	91%	4,202	6,902
Consumable: Stationery, printing and office supplies	6,497	-	(3,792)	2,705	1,328	1,377	49%	1,949	1,978
Operating leases	54,995	(12,558)	(31,263)	11,174	17,371	(6,197)	155%	36,917	36,209
Property payments	29,012	-	(9,565)	19,447	19,649	(202)	101%	14,946	23,694
Transport provided: Departmental activity	236	-	-	236	-	236	0%	224	-

APPROPRIATION STATEMENT

for the year ended 31 March 2021

Programme 3: EMERGENCY MEDICAL SERVICE

	2020/21							2019/20	
	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
Travel and subsistence	5,404	-	(1,402)	4,002	2,781	1,221	69%	4,195	5,304
Operating payments	60	-	-	60	-	60	0%	4,958	4,958
Venues and facilities	248	-	-	248	-	248	0%	100	85
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**3,594**	**-**	**(1,672)**	**1,922**	**1,921**	**1**	**100%**	**3,407**	**3,128**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions	-	-	-	-	-	-	0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions	-	-	-	-	-	-	0%	-	-
Households	3,594	-	(1,672)	1,922	1,921	1	100%	3,407	3,128
Social benefits	3,594	-	(1,672)	1,922	1,921	1	100%	3,407	3,128
Payments for capital assets	**147,011**	**-**	**-**	**147,011**	**96,488**	**50,523**	**66%**	**135,599**	**99,983**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	147,011	-	-	147,011	96,488	50,523	66%	135,599	99,983
Transport equipment	135,022	-	-	135,022	96,292	38,730	71%	115,408	83,593
Other machinery and equipment	11,989	-	-	11,989	196	11,793	2%	20,191	16,390
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
	1,340,520	**-**	**(67,102)**	**1,273,418**	**1,272,046**	**1,372**	**100%**	**1,313,655**	**1,277,761**

APPROPRIATION STATEMENT

for the year ended 31 March 2021

Subprogramme: 3.1: EMERGENCY TRANSPORT

	2020/21							2019/20	
	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	**1,086,641**	**(65,252)**	**(65,430)**	**955,959**	**955,782**	**177**	**100%**	**968,038**	**946,441**
Compensation of employees	843,246	(65,252)	-	777,994	777,994	-	100%	751,805	730,208
Goods and services	243,395	-	(65,430)	177,965	177,788	177	100%	216,233	216,233
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**3,594**	**-**	**(1,672)**	**1,922**	**1,921**	**1**	**100%**	**3,401**	**3,122**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%	-	
Foreign governments and international organisations				-		-	0%	-	
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%	-	
Households	3,594	-	(1,672)	1,922	1,921	1	100%	3,401	3,122
Payments for capital assets	**129,622**	**-**	**-**	**129,622**	**84,057**	**45,565**	**65%**	**117,410**	**84,840**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	129,622	-	-	129,622	84,057	45,565	65%	117,410	84,840
Payment for financial assets				-		-	**0%**	-	
Total	**1,219,857**	**(65,252)**	**(67,102)**	**1,087,503**	**1,041,760**	**45,743**	**96%**	**1,088,849**	**1,034,403**

Subprogramme: 3.2: PLANNED PATIENT TRANSPORT

	2020/21							2019/20	
	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	**103,274**	**65,252**	-	**168,526**	**217,855**	**(49,329)**	**129%**	**206,611**	**228,209**
Compensation of employees	58,985	94,092	-	153,077	202,232	(49,155)	132%	161,460	183,058
Goods and services	44,289	(28,840)	-	15,449	15,623	(174)	101%	45,151	45,151
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	-	-	-	-	-	-	**0%**	**6**	**6**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%	-	
Foreign governments and international organisations				-		-	0%	-	
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%	-	
Households	-	-	-	-	-	-	0%	6	6
Payments for capital assets	**17,389**	-	-	**17,389**	**12,431**	**4,958**	**71%**	**18,189**	**15,143**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	17,389	-	-	17,389	12,431	4,958	71%	18,189	15,143
Payment for financial assets				-		-	**0%**	-	
Total	**120,663**	**65,252**	-	**185,915**	**230,286**	**(44,371)**	**124%**	**224,806**	**243,358**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT

for the year ended 31 March 2021

Programme 4: PROVINCIAL HOSPITAL SERVICES

	2020/21							2019/20	
	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	2,580,053	3,464	(18,932)	2,564,585	3,093,261	(528,676)	121%	2,868,263	3,152,971
2 TB HOSPITALS	413,959	(3,464)	(705)	409,790	348,096	61,694	85%	335,793	310,434
3 PSYCHIATRIC / MENTAL HOSPITALS	596,544	-	(40,250)	556,294	539,008	17,286	97%	566,664	562,994
	3,590,556	**-**	**(59,887)**	**3,530,669**	**3,980,365**	**(449,696)**	**113%**	**3,770,720**	**4,026,399**
Economic classification									
Current payments	**3,566,364**	**-**	**(60,016)**	**3,506,348**	**3,650,814**	**(144,466)**	**104%**	**3,719,940**	**3,726,914**
Compensation of employees	2,704,696	-	-	2,704,696	2,829,001	(124,305)	105%	2,850,830	2,844,562
Salaries and wages	2,285,544	5,024	-	2,290,568	2,479,270	(188,702)	108%	2,499,019	2,489,574
Social contributions	419,152	(5,024)	-	414,128	349,731	64,397	84%	351,811	354,988
Goods and services	861,668	-	(60,016)	801,652	801,650	2	100%	855,856	869,098
Administrative fees	156	-	-	156	55	101	35%	318	104
Advertising	17	-	-	17	-	17	0%	23	-
Minor assets	4,926	-	-	4,926	1,153	3,773	23%	6,611	1,847
Bursaries: Employees	-	-	-	-	98	(98)	0%	138	138
Catering: Departmental activities	-	-	-	-	-	-	0%	170	64
Communication (G&S)	5,413	-	-	5,413	6,010	(597)	111%	7,300	6,858
Computer services	3,396	-	-	3,396	734	2,662	22%	3,893	2,386
Consultants: Business and advisory services	95	-	-	95	7	88	7%	45	18
Laboratory services	88,202	-	-	88,202	85,494	2,708	97%	104,446	101,282
Legal services	44	-	-	44	-	44	0%	-	-
Contractors	8,148	-	-	8,148	4,313	3,835	53%	7,134	6,410
Agency and support / outsourced services	173,957	-	(40,123)	133,834	95,617	38,217	71%	116,560	132,996
Entertainment	-	-	-	-	-	-	0%	2	-
Fleet services (including government motor transport)	4,293	-	-	4,293	5,993	(1,700)	140%	4,635	3,254
Inventory: Clothing material and accessories	1,755	-	-	1,755	561	1,194	32%	1,225	932
Inventory: Food and food supplies	70,702	-	-	70,702	42,728	27,974	60%	43,177	50,886
Inventory: Fuel, oil and gas	6,246	-	-	6,246	7,787	(1,541)	125%	11,008	7,246
Inventory: Materials and supplies	6,416	-	-	6,416	2,700	3,716	42%	3,721	3,448
Inventory: Medical supplies	102,702	-	(5,978)	96,724	135,984	(39,260)	141%	101,719	125,880
Inventory: Medicine	58,541	-	(13,915)	44,626	169,591	(124,965)	380%	242,956	153,308

APPROPRIATION STATEMENT

for the year ended 31 March 2021

Programme 4: PROVINCIAL HOSPITAL SERVICES

	2020/21							2019/20	
	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	9,345	-	-	9,345	10,631	(1,286)	114%	6,110	10,414
Consumable supplies	23,307	-	-	23,307	23,279	28	100%	19,442	21,052
Consumable: Stationery, printing and office supplies	9,998	-	-	9,998	6,917	3,081	69%	10,353	9,522
Operating leases	25,500	-	-	25,500	23,682	1,818	93%	10,468	19,275
Property payments	247,670	-	-	247,670	172,646	75,024	70%	146,003	204,235
Transport provided: Departmental activity	1,059	-	-	1,059	263	796	25%	704	380
Travel and subsistence	7,448	-	-	7,448	4,625	2,823	62%	5,507	6,344
Training and development	16	-	-	16	15	1	94%	40	1
Operating payments	2,316	-	-	2,316	767	1,549	33%	2,048	818
Venues and facilities	-	-	-	-	-	-	0%	100	-
Interest and rent on land	-	-	-	-	20,163	(20,163)	0%	13,254	13,254
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	20,163	(20,163)	0%	13,254	13,254
Transfers and subsidies	**13,141**	**-**	**-**	**13,141**	**318,371**	**(305,230)**	**2423%**	**11,818**	**286,900**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions	-	-	-	-	-	-	0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions	-	-	-	-	-	-	0%	-	-
Households	13,141	-	-	13,141	318,371	(305,230)	2423%	11,818	286,900
Social benefits	13,141	-	-	13,141	13,355	(214)	102%	11,787	9,323
Other transfers to households	-	-	-	-	305,016	(305,016)	0%	31	277,577
Payments for capital assets	**11,051**	**-**	**129**	**11,180**	**11,180**	**-**	**100%**	**38,962**	**12,585**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	11,051	-	129	11,180	11,180	-	100%	38,962	12,585
Transport equipment	3,525	-	129	3,654	6,547	(2,893)	179%	4,640	6,202
Other machinery and equipment	7,526	-	-	7,526	4,633	2,893	62%	34,322	6,383
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
	3,590,556	**-**	**(59,887)**	**3,530,669**	**3,980,365**	**(449,696)**	**113%**	**3,770,720**	**4,026,399**

APPROPRIATION STATEMENT

for the year ended 31 March 2021

Subprogramme: 4.1: GENERAL (REGIONAL) HOSPITALS

	2020/21							2019/20	
	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	**2,564,355**	**3,464**	**(18,932)**	**2,548,887**	**2,773,638**	**(224,751)**	**109%**	**2,831,125**	**2,862,104**
Compensation of employees	2,075,511	3,464	-	2,078,975	2,166,954	(87,979)	104%	2,235,859	2,241,080
Goods and services	488,844	-	(18,932)	469,912	586,521	(116,609)	125%	582,012	607,770
Interest and rent on land	-	-	-	-	20,163	(20,163)	0%	13,254	13,254
Transfers and subsidies	**11,786**	**-**	**-**	**11,786**	**315,865**	**(304,079)**	**2680%**	**9,318**	**285,139**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%	-	
Foreign governments and international organisations				-		-	0%	-	
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%	-	
Households	11,786	-	-	11,786	315,865	(304,079)	2680%	9,318	285,139
Payments for capital assets	**3,912**	**-**	**-**	**3,912**	**3,758**	**154**	**96%**	**27,820**	**5,728**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	3,912	-	-	3,912	3,758	154	96%	27,820	5,728
Payment for financial assets				-		-	**0%**	-	
Total	**2,580,053**	**3,464**	**(18,932)**	**2,564,585**	**3,093,261**	**(528,676)**	**121%**	**2,868,263**	**3,152,971**

APPROPRIATION STATEMENT

for the year ended 31 March 2021

Subprogramme: 4.2: TB HOSPITALS

	2020/21							2019/20	
	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	**408,856**	**(3,464)**	**(705)**	**404,687**	**343,366**	**61,321**	**85%**	**327,662**	**306,220**
Compensation of employees	277,876	(3,464)	-	274,412	277,328	(2,916)	101%	247,623	232,430
Goods and services	130,980	-	(705)	130,275	66,038	64,237	51%	80,039	73,790
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**1,355**	**-**	**-**	**1,355**	**1,429**	**(74)**	**105%**	**600**	**318**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%	-	
Foreign governments and international organisations				-		-	0%	-	
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%	-	
Households	1,355	-	-	1,355	1,429	(74)	105%	600	318
Payments for capital assets	**3,748**	**-**	**-**	**3,748**	**3,301**	**447**	**88%**	**7,531**	**3,896**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	3,748	-	-	3,748	3,301	447	88%	7,531	3,896
Payment for financial assets				-		-	**0%**	-	
Total	**413,959**	**(3,464)**	**(705)**	**409,790**	**348,096**	**61,694**	**85%**	**335,793**	**310,434**

APPROPRIATION STATEMENT

for the year ended 31 March 2021

Subprogramme: 4.3: PSYCHIATRIC / MENTAL HOSPITALS

	2020/21							2019/20	
	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	**593,153**	-	**(40,379)**	**552,774**	**533,810**	**18,964**	**97%**	**561,153**	**558,590**
Compensation of employees	351,309	-	-	351,309	384,719	(33,410)	110%	367,348	371,052
Goods and services	241,844	-	(40,379)	201,465	149,091	52,374	74%	193,805	187,538
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	-	-	-	-	**1,077**	**(1,077)**	**0%**	**1,900**	**1,443**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%	-	
Foreign governments and international organisations				-		-	0%	-	
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%	-	
Households	-	-	-	-	1,077	(1,077)	0%	1,900	1,443
Payments for capital assets	**3,391**	-	**129**	**3,520**	**4,121**	**(601)**	**117%**	**3,611**	**2,961**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	3,391	-	129	3,520	4,121	(601)	117%	3,611	2,961
Payment for financial assets				-		-	**0%**	-	
Total	**596,544**	-	**(40,250)**	**556,294**	**539,008**	**17,286**	**97%**	**566,664**	**562,994**

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APPROPRIATION STATEMENT

for the year ended 31 March 2021

Programme 5: CENTRAL HOSPITAL SERVICES

	2020/21							2019/20	
	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	1,225,606	-	6,581	1,232,187	1,636,775	(404,588)	133%	1,255,569	1,350,353
2 PROVINCIAL TERTIARY HOSPITAL SERVICES	3,624,923	-	(138,253)	3,486,670	3,208,628	278,042	92%	3,053,540	2,978,937
	4,850,529	**-**	**(131,672)**	**4,718,857**	**4,845,403**	**(126,546)**	**103%**	**4,309,109**	**4,329,290**
Economic classification									
Current payments	**4,691,672**	**-**	**(131,672)**	**4,560,000**	**4,564,702**	**(4,702)**	**100%**	**4,198,686**	**4,150,526**
Compensation of employees	3,265,292	-	12,625	3,277,917	3,277,916	1	100%	3,005,311	3,005,961
Salaries and wages	2,957,083	-	12,625	2,969,708	2,916,919	52,789	98%	2,658,381	2,673,900
Social contributions	308,209	-	-	308,209	360,997	(52,788)	117%	346,930	332,061
Goods and services	1,426,380	-	(144,297)	1,282,083	1,282,084	(1)	100%	1,193,375	1,142,641
Administrative fees	12	-	-	12	4	8	33%	70	54
Advertising	350	-	-	350	30	320	9%	635	15
Minor assets	11,018	-	-	11,018	1,180	9,838	11%	210	1,503
Bursaries: Employees	-	-	-	-	90	(90)	0%	123	124
Catering: Departmental activities	34	-	-	34	-	34	0%	223	62
Communication (G&S)	4,215	-	-	4,215	9,010	(4,795)	214%	6,995	10,373
Computer services	8,008	-	-	8,008	6,219	1,789	78%	4,819	2,943
Consultants: Business and advisory services	50	-	-	50	93	(43)	186%	(42)	177
Laboratory services	122,564	-	-	122,564	119,281	3,283	97%	136,927	124,696
Contractors	69,121	-	(7,266)	61,855	49,311	12,544	80%	39,840	42,266
Agency and support / outsourced services	38,622	-	-	38,622	43,991	(5,369)	114%	23,873	37,972
Fleet services (including government motor transport)	650	-	-	650	3,157	(2,507)	486%	1,552	1,534
Inventory: Clothing material and accessories	-	-	-	-	38	(38)	0%	600	460
Inventory: Food and food supplies	36,933	-	-	36,933	31,831	5,102	86%	8,808	30,494
Inventory: Fuel, oil and gas	33,640	-	-	33,640	21,559	12,081	64%	12,324	32,797
Inventory: Materials and supplies	8,549	-	-	8,549	5,245	3,304	61%	1,928	5,046
Inventory: Medical supplies	496,974	-	(126,996)	369,978	388,887	(18,909)	105%	368,108	376,615
Inventory: Medicine	74,397	-	(10,035)	64,362	189,384	(125,022)	294%	376,459	196,485
Inventory: Other supplies	59,503	-	-	59,503	22,581	36,922	38%	86	18,914
Consumable supplies	147,685	-	-	147,685	123,631	24,054	84%	6,341	14,885
Consumable: Stationery, printing and office supplies	9,412	-	-	9,412	6,517	2,895	69%	9,265	8,445

Programme 5: CENTRAL HOSPITAL SERVICES

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Operating leases	15,502	-	-	15,502	54,191	(38,689)	350%	35,460	45,174
Property payments	270,792	-	-	270,792	194,656	76,136	72%	149,279	186,777
Transport provided: Departmental activity	258	-	-	258	44	214	17%	357	72
Travel and subsistence	5,498	-	-	5,498	3,569	1,929	65%	7,424	3,957
Operating payments	2,240	-	-	2,240	1,086	1,154	48%	1,651	801
Venues and facilities	-	-	-	-	-	-	0%	60	-
Rental and hiring	10,353	-	-	10,353	6,499	3,854	63%	-	-
Interest and rent on land	-	-	-	-	4,702	(4,702)	0%	-	1,924
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	4,702	(4,702)	0%	-	1,924
Transfers and subsidies	**29,596**	**-**	**-**	**29,596**	**173,977**	**(144,381)**	**588%**	**11,785**	**107,343**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions	-	-	-	-	-	-	0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions	-	-	-	-	-	-	0%	-	-
Households	29,596	-	-	29,596	173,977	(144,381)	588%	11,785	107,343
Social benefits	-	-	-	-	10,943	(10,943)	0%	9,180	9,181
Other transfers to households	29,596	-	-	29,596	163,034	(133,438)	551%	2,605	98,162
Payments for capital assets	**129,261**	**-**	**-**	**129,261**	**106,724**	**22,537**	**83%**	**98,638**	**71,421**
Buildings and other fixed structures	4,466	-	-	4,466	3,849	617	86%	-	-
Buildings	4,466	-	-	4,466	3,849	617	86%	-	-
Machinery and equipment	124,795	-	-	124,795	102,875	21,920	82%	98,638	71,421
Transport equipment	-	-	-	-	3,631	(3,631)	0%	2,542	3,341
Other machinery and equipment	124,795	-	-	124,795	99,244	25,551	80%	96,096	68,080
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
	4,850,529	**-**	**(131,672)**	**4,718,857**	**4,845,403**	**(126,546)**	**103%**	**4,309,109**	**4,329,290**

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APPROPRIATION STATEMENT

for the year ended 31 March 2021

Subprogramme: 5.1: CENTRAL HOSPITAL SERVICES

	2020/21							2019/20	
	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	**1,191,022**	-	**6,581**	**1,197,603**	**1,419,971**	**(222,368)**	**119%**	**1,209,569**	**1,295,542**
Compensation of employees	982,150	-	12,625	994,775	1,065,627	(70,852)	107%	864,772	957,755
Goods and services	208,872	-	(6,044)	202,828	350,067	(147,239)	173%	344,797	337,416
Interest and rent on land	-	-	-	-	4,277	(4,277)	0%	-	371
Transfers and subsidies	**13,635**	-	-	**13,635**	**155,637**	**(142,002)**	**1141%**	**6,000**	**30,187**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%	-	
Foreign governments and international organisations				-		-	0%	-	
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%	-	
Households	13,635	-	-	13,635	155,637	(142,002)	1141%	6,000	30,187
Payments for capital assets	**20,949**	-	-	**20,949**	**61,167**	**(40,218)**	**292%**	**40,000**	**24,624**
Buildings and other fixed structures	4,466	-	-	4,466	3,849	617	86%	-	-
Machinery and equipment	16,483	-	-	16,483	57,318	(40,835)	348%	40,000	24,624
Payment for financial assets				-		-	**0%**	-	
Total	**1,225,606**	-	**6,581**	**1,232,187**	**1,636,775**	**(404,588)**	**133%**	**1,255,569**	**1,350,353**

Subprogramme: 5.2: PROVINCIAL TERTIARY HOSPITAL SERVICES

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**3,500,650**	**-**	**(138,253)**	**3,362,397**	**3,144,731**	**217,666**	**94%**	**2,989,117**	**2,854,984**
Compensation of employees	2,283,142	-	-	2,283,142	2,212,289	70,853	97%	2,140,539	2,048,206
Goods and services	1,217,508	-	(138,253)	1,079,255	932,017	147,238	86%	848,578	805,225
Interest and rent on land	-	-	-	-	425	(425)	0%	-	1,553
Transfers and subsidies	**15,961**	**-**	**-**	**15,961**	**18,340**	**(2,379)**	**115%**	**5,785**	**77,156**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%	-	
Foreign governments and international organisations				-		-	0%	-	
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%	-	
Households	15,961	-	-	15,961	18,340	(2,379)	115%	5,785	77,156
Payments for capital assets	**108,312**	**-**	**-**	**108,312**	**45,557**	**62,755**	**42%**	**58,638**	**46,797**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	108,312	-	-	108,312	45,557	62,755	42%	58,638	46,797
Payment for financial assets				-		-	**0%**	-	
Total	**3,624,923**	**-**	**(138,253)**	**3,486,670**	**3,208,628**	**278,042**	**92%**	**3,053,540**	**2,978,937**

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APPROPRIATION STATEMENT

for the year ended 31 March 2021

Programme 6: HEALTH SCIENCES AND TRAINING

	2020/21							2019/20	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 NURSING TRAINING COLLEGES	328,384	-	(55,173)	273,211	275,481	(2,270)	101%	288,864	274,293
2 EMS TRAINING COLLEGE	16,109	-	-	16,109	9,892	6,217	61%	17,982	10,441
3 BURSARIES	127,632	-	-	127,632	72,463	55,169	57%	184,693	81,139
4 OTHER TRAINING	391,766	-	(13,460)	378,306	362,261	16,045	96%	364,070	362,689
	863,891	**-**	**(68,633)**	**795,258**	**720,097**	**75,161**	**91%**	**855,609**	**728,562**
Economic classification									
Current payments	**708,236**	**-**	**(68,626)**	**639,610**	**639,598**	**12**	**100%**	**637,016**	**625,048**
Compensation of employees	605,241	-	(43,531)	561,710	561,706	4	100%	544,674	544,030
Salaries and wages	534,456	-	(43,531)	490,925	520,513	(29,588)	106%	502,816	504,286
Social contributions	70,785	-	-	70,785	41,193	29,592	58%	41,858	39,744
Goods and services	102,995	-	(25,095)	77,900	77,892	8	100%	92,342	81,018
Administrative fees	537	-	-	537	275	262	51%	2,450	1,833
Advertising	410	-	-	410	60	350	15%	799	203
Minor assets	1,973	-	-	1,973	2,111	(138)	107%	2,090	334
Bursaries: Employees	11,074	-	-	11,074	13,128	(2,054)	119%	12,546	12,710
Catering: Departmental activities	1,200	-	-	1,200	595	605	50%	585	400
Communication (G&S)	552	-	-	552	862	(310)	156%	1,469	1,424
Computer services	120	-	-	120	-	120	0%	-	-
Consultants: Business and advisory services	1,195	-	-	1,195	796	399	67%	1,828	796
Contractors	404	-	-	404	473	(69)	117%	560	98
Agency and support / outsourced services	21,198	-	(2,077)	19,121	18,055	1,066	94%	15,546	15,687
Fleet services (including government motor transport)	1,078	-	-	1,078	2,927	(1,849)	272%	1,266	1,147
Inventory: Clothing material and accessories	100	-	-	100	-	100	0%	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	0%	6	-
Inventory: Fuel, oil and gas	29	-	-	29	-	29	0%	36	13
Inventory: Learner and teacher support material	-	-	-	-	-	-	0%	185	-
Inventory: Materials and supplies	408	-	-	408	336	72	82%	231	149
Inventory: Medical supplies	4,745	-	(9,179)	(4,434)	5,660	(10,094)	-128%	5,772	7,117
Inventory: Medicine	154	-	(1,000)	(846)	25	(871)	-3%	127	2

Programme 6: HEALTH SCIENCES AND TRAINING

	2020/21							2019/20	
	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	1,027	-	(1,204)	(177)	653	(830)	-369%	395	613
Consumable supplies	1,457	-	-	1,457	966	491	66%	2,211	1,316
Consumable: Stationery, printing and office supplies	2,489	-	(1,061)	1,428	784	644	55%	3,256	915
Operating leases	2,953	-	(1,343)	1,610	524	1,086	33%	1,868	1,001
Property payments	9,663	-	(8,092)	1,571	5,626	(4,055)	358%	8,107	8,329
Travel and subsistence	11,690	-	-	11,690	7,367	4,323	63%	19,163	16,476
Training and development	27,175	-	-	27,175	16,119	11,056	59%	9,481	9,149
Operating payments	1,364	-	(1,139)	225	467	(242)	208%	1,646	587
Venues and facilities	-	-	-	-	83	(83)	0%	719	719
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**136,429**	**-**	**(7)**	**136,422**	**74,263**	**62,159**	**54%**	**193,358**	**93,233**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	13,058	-	-	13,058	-	13,058	0%	13,733	12,263
Departmental agencies	13,058	-	-	13,058	-	13,058	0%	13,733	12,263
Higher education institutions	-	-	-	-	-	-	0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions	-	-	-	-	-	-	0%	-	-
Households	123,371	-	(7)	123,364	74,263	49,101	60%	179,625	80,970
Social benefits	2,000	-	(7)	1,993	2,240	(247)	112%	2,000	2,118
Other transfers to households	121,371	-	-	121,371	72,023	49,348	59%	177,625	78,852
Payments for capital assets	**19,226**	**-**	**-**	**19,226**	**6,236**	**12,990**	**32%**	**25,235**	**10,281**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	19,226	-	-	19,226	6,236	12,990	32%	25,235	10,281
Transport equipment	3,725	-	-	3,725	2,007	1,718	54%	3,309	1,862
Other machinery and equipment	15,501	-	-	15,501	4,229	11,272	27%	21,926	8,419
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
	863,891	**-**	**(68,633)**	**795,258**	**720,097**	**75,161**	**91%**	**855,609**	**728,562**

APPROPRIATION STATEMENT

for the year ended 31 March 2021

Subprogramme: 6.1: NURSING TRAINING COLLEGES

	2020/21							2019/20	
	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	**321,011**	**-**	**(55,166)**	**265,845**	**271,234**	**(5,389)**	**102%**	**281,370**	**269,810**
Compensation of employees	294,663	-	(43,531)	251,132	250,642	490	100%	255,842	249,638
Goods and services	26,348	-	(11,635)	14,713	20,592	(5,879)	140%	25,528	20,172
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**2,000**	**-**	**(7)**	**1,993**	**2,240**	**(247)**	**112%**	**2,000**	**1,801**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%	-	
Foreign governments and international organisations				-		-	0%	-	
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%	-	
Households	2,000	-	(7)	1,993	2,240	(247)	112%	2,000	1,801
Payments for capital assets	**5,373**	**-**	**-**	**5,373**	**2,007**	**3,366**	**37%**	**5,494**	**2,682**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	5,373	-	-	5,373	2,007	3,366	37%	5,494	2,682
Payment for financial assets				-		-	**0%**	-	
Total	**328,384**	**-**	**(55,173)**	**273,211**	**275,481**	**(2,270)**	**101%**	**288,864**	**274,293**

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for the year ended 31 March 2021

Subprogramme: 6.2: EMS TRAINING COLLEGE

	2020/21							2019/20	
	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	10,164	-	-	10,164	9,379	785	92%	12,946	9,796
Compensation of employees	7,055	-	-	7,055	7,300	(245)	103%	9,182	7,378
Goods and services	3,109	-	-	3,109	2,079	1,030	67%	3,764	2,418
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	-	-	-	-	-	-	0%	-	-
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%	-	
Foreign governments and international organisations				-		-	0%	-	
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%	-	
Households	-	-	-	-	-	-	0%	-	-
Payments for capital assets	5,945	-	-	5,945	513	5,432	9%	5,036	645
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	5,945	-	-	5,945	513	5,432	9%	5,036	645
Payment for financial assets				-		-	0%	-	
Total	16,109	-	-	16,109	9,892	6,217	61%	17,982	10,441

APPROPRIATION STATEMENT

for the year ended 31 March 2021

Subprogramme: 6.3: BURSARIES

	2020/21							2019/20	
	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	**6,231**	-	-	**6,231**	**440**	**5,791**	**7%**	**7,068**	**1,974**
Compensation of employees	-	-	-	-	-	-	0%	-	-
Goods and services	6,231	-	-	6,231	440	5,791	7%	7,068	1,974
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**121,371**	-	-	**121,371**	**72,023**	**49,348**	**59%**	**177,625**	**79,159**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%	-	
Foreign governments and international organisations				-		-	0%	-	
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%	-	
Households	121,371	-	-	121,371	72,023	49,348	59%	177,625	79,159
Payments for capital assets	**30**	-	-	**30**	-	**30**	**0%**	-	**6**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	30	-	-	30	-	30	0%	-	6
Payment for financial assets				-		-	**0%**	-	
Total	**127,632**	-	-	**127,632**	**72,463**	**55,169**	**57%**	**184,693**	**81,139**

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for the year ended 31 March 2021

Subprogramme: 6.4: OTHER TRAINING

	2020/21							2019/20	
	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	**370,830**	-	**(13,460)**	**357,370**	**358,545**	**(1,175)**	**100%**	**335,632**	**343,468**
Compensation of employees	303,523	-	-	303,523	303,764	(241)	100%	279,650	287,014
Goods and services	67,307	-	(13,460)	53,847	54,781	(934)	102%	55,982	56,454
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**13,058**	-	-	**13,058**	-	**13,058**	**0%**	**13,733**	**12,273**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	13,058	-	-	13,058	-	13,058	0%	13,733	12,263
Higher education institutions				-		-	0%	-	
Foreign governments and international organisations				-		-	0%	-	
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%	-	
Households	-	-	-	-	-	-	0%	-	10
Payments for capital assets	**7,878**	-	-	**7,878**	**3,716**	**4,162**	**47%**	**14,705**	**6,948**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	7,878	-	-	7,878	3,716	4,162	47%	14,705	6,948
Payment for financial assets				-		-	**0%**	-	
Total	**391,766**	-	**(13,460)**	**378,306**	**362,261**	**16,045**	**96%**	**364,070**	**362,689**

EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT

for the year ended 31 March 2021

Programme 7: HEALTH CARE SUPPORT SERVICES

	2020/21							2019/20	
	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 ORTHOTIC AND PROSTHETIC SERVICES	117,899	-	(15,000)	102,899	92,668	10,231	90%	47,680	36,740
2 MEDICINE TRADING ACCOUNT	70,957	-	-	70,957	59,719	11,238	84%	68,095	64,589
	188,856	-	**(15,000)**	**173,856**	**152,387**	**21,469**	**88%**	**115,775**	**101,329**
Economic classification									
Current payments	**180,990**	-	**(15,000)**	**165,990**	**151,460**	**14,530**	**91%**	**114,402**	**100,819**
Compensation of employees	66,580	(1,673)	-	64,907	64,908	(1)	100%	68,045	64,231
Salaries and wages	57,982	-	-	57,982	55,334	2,648	95%	56,808	55,217
Social contributions	8,598	(1,673)	-	6,925	9,574	(2,649)	138%	11,237	9,014
Goods and services	114,410	1,673	(15,000)	101,083	86,552	14,531	86%	46,357	36,588
Advertising	2	-	-	2	-	2	0%	100	-
Minor assets	4,355	-	-	4,355	375	3,980	9%	1,065	(1)
Communication (G&S)	1,443	-	-	1,443	532	911	37%	686	614
Computer services	3,903	-	-	3,903	3,824	79	98%	3,167	2,552
Contractors	935	-	-	935	185	750	20%	371	42
Fleet services (including government motor transport)	466	-	-	466	164	302	35%	687	83
Inventory: Fuel, oil and gas	323	-	-	323	115	208	36%	79	45
Inventory: Materials and supplies	10	-	-	10	8	2	80%	4	-
Inventory: Medical supplies	76,428	1,673	(15,000)	63,101	65,582	(2,481)	104%	21,194	16,374
Inventory: Other supplies	130	-	-	130	79	51	61%	139	31
Consumable supplies	8,633	-	-	8,633	6,969	1,664	81%	3,238	1,937
Consumable: Stationery, printing and office supplies	1,921	-	-	1,921	823	1,098	43%	1,245	615
Operating leases	1,240	-	-	1,240	704	536	57%	1,963	1,410
Property payments	6,308	-	-	6,308	4,924	1,384	78%	5,978	4,858
Travel and subsistence	2,044	-	-	2,044	802	1,242	39%	1,505	905
Training and development	-	-	-	-	-	-	0%	180	-
Operating payments	6,269	-	-	6,269	1,466	4,803	23%	4,756	7,123
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**200**	-	-	**200**	**76**	**124**	**38%**	**194**	**68**
Households	200	-	-	200	76	124	38%	194	68
Social benefits	200	-	-	200	76	124	38%	194	68

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for the year ended 31 March 2021

Programme 7: HEALTH CARE SUPPORT SERVICES

	2020/21							2019/20	
	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	**7,666**	**-**	**-**	**7,666**	**851**	**6,815**	**11%**	**1,179**	**442**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	7,666	-	-	7,666	851	6,815	11%	1,179	442
Transport equipment	1,329	-	-	1,329	227	1,102	17%	450	125
Other machinery and equipment	6,337	-	-	6,337	624	5,713	10%	729	317
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
	188,856	**-**	**(15,000)**	**173,856**	**152,387**	**21,469**	**88%**	**115,775**	**101,329**

APPROPRIATION STATEMENT

for the year ended 31 March 2021

Subprogramme: 7.1: ORTHOTIC AND PROSTHETIC SERVICES

	2020/21							2019/20	
	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	111,562	-	(15,000)	96,562	92,153	4,409	95%	47,186	36,614
Compensation of employees	25,622	(1,673)	-	23,949	20,348	3,601	85%	22,816	19,002
Goods and services	85,940	1,673	(15,000)	72,613	71,805	808	99%	24,370	17,612
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	-	-	-	-	-	-	0%	194	68
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%	-	
Foreign governments and international organisations				-		-	0%	-	
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%	-	
Households	-	-	-	-	-	-	0%	194	68
Payments for capital assets	6,337	-	-	6,337	515	5,822	8%	300	58
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	6,337	-	-	6,337	515	5,822	8%	300	58
Payment for financial assets				-		-	0%	-	
Total	117,899	-	(15,000)	102,899	92,668	10,231	90%	47,680	36,740

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for the year ended 31 March 2021

Subprogramme: 7.2: MEDICINE TRADING ACCOUNT

	2020/21							2019/20	
	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	69,428	-	-	69,428	59,307	10,121	85%	67,216	64,205
Compensation of employees	40,958	-	-	40,958	44,560	(3,602)	109%	45,229	45,229
Goods and services	28,470	-	-	28,470	14,747	13,723	52%	21,987	18,976
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	200	-	-	200	76	124	38%	-	-
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%	-	
Foreign governments and international organisations				-		-	0%	-	
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%	-	
Households	200	-	-	200	76	124	38%	-	-
Payments for capital assets	1,329	-	-	1,329	336	993	25%	879	384
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	1,329	-	-	1,329	336	993	25%	879	384
Payment for financial assets				-		-	0%	-	
Total	70,957	-	-	70,957	59,719	11,238	84%	68,095	64,589

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for the year ended 31 March 2021

Programme 8: HEALTH FACILITIES MANAGEMENT

	2020/21							2019/20	
	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	217,618	-	-	217,618	158,168	59,450	73%	284,289	300,782
2 EMERGENCY MEDICAL RESCUE SERVICES	-	-	-	-	-	-	0%	16,753	-
3 DISTRICT HOSPITAL SERVICES	777,075	-	-	777,075	707,280	69,795	91%	700,448	626,499
4 PROVINCIAL HOSPITAL SERVICES	566,228	-	7	566,235	459,877	106,358	81%	614,845	528,898
5 OTHER FACILITIES	275,748	-	-	275,748	32,565	243,183	12%	43,243	40,128
	1,836,669	**-**	**7**	**1,836,676**	**1,357,890**	**478,786**	**74%**	**1,659,578**	**1,496,307**
Economic classification									
Current payments	**231,965**	**-**	**-**	**231,965**	**299,494**	**(67,529)**	**129%**	**367,237**	**378,344**
Compensation of employees	37,369	(18,966)	-	18,403	18,401	2	100%	28,281	28,283
Salaries and wages	37,369	(11,840)	-	25,529	17,138	8,391	67%	27,056	27,059
Social contributions	-	(7,126)	-	(7,126)	1,263	(8,389)	-18%	1,225	1,224
Goods and services	194,596	18,966	-	213,562	281,093	(67,531)	132%	338,347	349,452
Administrative fees	330	-	-	330	-	330	0%	450	35
Advertising	30	-	-	30	-	30	0%	375	-
Minor assets	100	-	-	100	367	(267)	367%	546	1,551
Communication (G&S)	-	-	-	-	-	-	0%	578	-
Computer services	-	-	-	-	-	-	0%	640	-
Contractors	36,101	-	-	36,101	54,290	(18,189)	150%	44,800	24,221
Agency and support / outsourced services	-	-	-	-	-	-	0%	2,439	102
Fleet services (including government motor transport)	-	-	-	-	23	(23)	0%	3	-
Inventory: Materials and supplies	-	7,126	-	7,126	5,679	1,447	80%	7,635	24,832
Inventory: Medical supplies	35	-	-	35	7,608	(7,573)	21737%	836	3,266
Inventory: Other supplies	55	-	-	55	2,299	(2,244)	4180%	-	83
Consumable supplies	383	-	-	383	425	(42)	111%	291	295
Consumable: Stationery, printing and office supplies	300	-	-	300	-	300	0%	411	49
Property payments	152,537	11,840	-	164,377	207,471	(43,094)	126%	272,442	292,495
Travel and subsistence	1,792	-	-	1,792	1,095	697	61%	3,801	2,081
Training and development	2,668	-	-	2,668	1,836	832	69%	2,700	436
Operating payments	225	-	-	225	-	225	0%	400	6
Venues and facilities	40	-	-	40	-	40	0%	-	-

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for the year ended 31 March 2021

Programme 8: HEALTH FACILITIES MANAGEMENT

	2020/21							2019/20	
	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
Interest and rent on land	-	-	-	-	-	-	0%	609	609
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	0%	609	609
Transfers and subsidies	**-**	**-**	**7**	**7**	**6**	**1**	**86%**	**6**	**6**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions	-	-	-	-	-	-	0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions	-	-	-	-	-	-	0%	-	-
Households	-	-	7	7	6	1	86%	6	6
Social benefits	-	-	7	7	6	1	86%	6	6
Payments for capital assets	**1,604,704**	**-**	**-**	**1,604,704**	**1,058,390**	**546,314**	**66%**	**1,292,335**	**1,117,957**
Buildings and other fixed structures	1,321,606	-	-	1,321,606	929,914	391,692	70%	1,162,194	1,060,483
Buildings	1,321,606	-	-	1,321,606	929,914	391,692	70%	1,162,194	1,060,483
Machinery and equipment	283,098	-	-	283,098	128,476	154,622	45%	130,141	57,474
Transport equipment	-	-	-	-	-	-	0%	98	-
Other machinery and equipment	283,098	-	-	283,098	128,476	154,622	45%	130,043	57,474
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
	1,836,669	**-**	**7**	**1,836,676**	**1,357,890**	**478,786**	**74%**	**1,659,578**	**1,496,307**

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for the year ended 31 March 2021

Subprogramme: 8.1: COMMUNITY HEALTH FACILITIES

	2020/21							2019/20	
	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	19,151	-	-	19,151	27,067	(7,916)	141%	41,797	82,456
Compensation of employees	-	-	-	-	-	-	0%	-	-
Goods and services	19,151	-	-	19,151	27,067	(7,916)	141%	41,797	82,456
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	-	-	-	-	-	-	0%	-	-
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%	-	
Foreign governments and international organisations				-		-	0%	-	
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%	-	
Households	-	-	-	-	-	-	0%	-	-
Payments for capital assets	198,467	-	-	198,467	131,101	67,366	66%	242,492	218,326
Buildings and other fixed structures	194,305	-	-	194,305	127,849	66,456	66%	231,503	203,592
Machinery and equipment	4,162	-	-	4,162	3,252	910	78%	10,989	14,734
Payment for financial assets				-		-	0%	-	
Total	217,618	-	-	217,618	158,168	59,450	73%	284,289	300,782

Subprogramme: 8.2: EMERGENCY MEDICAL RESCUE SERVICES

	2020/21							2019/20	
	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	-	-	-	-	-	-	**0%**	**21,377**	-
Compensation of employees	-	-	-	-	-	-	0%	10,213	-
Goods and services	-	-	-	-	-	-	0%	11,164	-
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	-	-	-	-	-	-	**0%**	**2**	-
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-	-		0%	-	
Foreign governments and international organisations				-	-		0%	-	
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-	-		0%	-	
Households	-	-	-	-	-	-	0%	2	-
Payments for capital assets	-	-	-	-	-	-	**0%**	**(4,626)**	-
Buildings and other fixed structures	-	-	-	-	-	-	0%	(4,626)	-
Machinery and equipment	-	-	-	-	-	-	0%	-	-
Payment for financial assets				-		-	**0%**	-	
Total	-	-	-	-	-	-	**0%**	**16,753**	-

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT

for the year ended 31 March 2021

Subprogramme: 8.3: DISTRICT HOSPITAL SERVICES

	2020/21							2019/20	
	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	**66,147**	-	-	**66,147**	**147,792**	**(81,645)**	**223%**	**95,679**	**145,348**
Compensation of employees	7,962	(18,966)	-	(11,004)	13,969	(24,973)	-127%	(12,525)	16,041
Goods and services	58,185	18,966	-	77,151	133,823	(56,672)	173%	107,595	129,307
Interest and rent on land	-	-	-	-	-	-	0%	609	-
Transfers and subsidies	-	-	-	-	-	-	**0%**	**4**	**2**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%	-	
Foreign governments and international organisations				-		-	0%	-	
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%	-	
Households	-	-	-	-	-	-	0%	4	2
Payments for capital assets	**710,928**	-	-	**710,928**	**559,488**	**151,440**	**79%**	**604,765**	**481,149**
Buildings and other fixed structures	522,404	-	-	522,404	479,589	42,815	92%	551,337	471,376
Machinery and equipment	188,524	-	-	188,524	79,899	108,625	42%	53,428	9,773
Payment for financial assets				-		-	**0%**	-	
Total	**777,075**	-	-	**777,075**	**707,280**	**69,795**	**91%**	**700,448**	**626,499**

APPROPRIATION STATEMENT

for the year ended 31 March 2021

Subprogramme: 8.4: PROVINCIAL HOSPITAL SERVICES

	2020/21							2019/20	
	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	**135,147**	-	-	**135,147**	**102,185**	**32,962**	**76%**	**208,057**	**146,943**
Compensation of employees	29,407	-	-	29,407	4,374	25,033	15%	30,593	9,902
Goods and services	105,740	-	-	105,740	97,811	7,929	93%	177,464	136,432
Interest and rent on land	-	-	-	-	-	-	0%	-	609
Transfers and subsidies	-	-	**7**	**7**	**6**	**1**	**86%**	-	**4**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%	-	
Foreign governments and international organisations				-		-	0%	-	
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%	-	
Households	-	-	7	7	6	1	86%	-	4
Payments for capital assets	**431,081**	-	-	**431,081**	**357,686**	**73,395**	**83%**	**406,788**	**381,951**
Buildings and other fixed structures	357,375	-	-	357,375	312,361	45,014	87%	347,991	352,238
Machinery and equipment	73,706	-	-	73,706	45,325	28,381	61%	58,797	29,713
Payment for financial assets				-		-	**0%**	-	
Total	**566,228**	-	**7**	**566,235**	**459,877**	**106,358**	**81%**	**614,845**	**528,898**

APPROPRIATION STATEMENT

for the year ended 31 March 2021

Subprogramme: 8.5: OTHER FACILITIES

	2020/21							2019/20	
	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	11,520	-	-	11,520	22,450	(10,930)	195%	327	3,597
Compensation of employees	-	-	-	-	58	(58)	0%	-	2,340
Goods and services	11,520	-	-	11,520	22,392	(10,872)	194%	327	1,257
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	-	-	-	-	-	-	0%	-	-
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%	-	
Foreign governments and international organisations				-		-	0%	-	
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%	-	
Households	-	-	-	-	-	-	0%	-	-
Payments for capital assets	264,228	-	-	264,228	10,115	254,113	4%	42,916	36,531
Buildings and other fixed structures	247,522	-	-	247,522	10,115	237,407	4%	35,989	33,277
Machinery and equipment	16,706	-	-	16,706	-	16,706	0%	6,927	3,254
Payment for financial assets				-		-	0%	-	
Total	275,748	-	-	275,748	32,565	243,183	12%	43,243	40,128

APPROPRIATION STATEMENT

for the year ended 31 March 2021

Direct charges

	2020/21							2019/20	
	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 **Member of Executive Council salary**	1,820	-	-	1,820	1,820	-	100%	2,019	2,019
	1,820	**-**	**-**	**1,820**	**1,820**	**-**	**100%**	**2,019**	**2,019**
Economic classification									
Current payments	**1,820**	**-**	**-**	**1,820**	**1,820**	**-**	**100%**	**2,019**	**2,019**
Compensation of employees	1,820	-	-	1,820	1,820	-	100%	2,019	2,019
Salaries and wages	1,820	-	-	1,820	1,820	-	100%	2,019	2,019
Goods and services	-	-	-	-	-	-	0%	-	-
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
Payments for capital assets	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	-	-	-	-	-	-	0%	-	-
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
	1,820	**-**	**-**	**1,820**	**1,820**	**-**	**100%**	**2,019**	**2,019**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE APPROPRIATION STATEMENT

for the year ended 31 March 2021

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 1 (A-H) to the Annual Financial Statements.

2 **Detail of specifically and exclusively appropriated amounts voted (after Virement):**
Detail of these transactions can be viewed in note 1 (Annual Appropriation) to the Annual Financial Statements.

3 **Detail on payments for financial assets**
Detail of these transactions per programme can be viewed in the note to Payments for financial assets to the Annual Financial Statements.

4 **Explanations of material variances from Amounts Voted (after virement):**

4.1 **Per programme:**

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
	R'000	R'000	R'000	%
Administration	662,006	651,360	10,646	1.61%

The Programme underspent by a net amount of R10,646 million primarily in the payment of leave gratuities and capex in order to create cashflow in the PMG Account of the Department for the payment of court ordered medico legal claims in the affected clinical programmes

District Health Services	14,635,485	15,075,401	(439,916)	-3.01%

The net overspending of R439,916 million in the Programme has primarily been caused by the net settlement of court ordered medico legal claims including interest of R412,40 million - which are unfunded and unbudgeted as well as goods and services pressures in several sub programmes including inter alia District Management, Community Health Clinics and District Hospitals, mitigated by capex cashflows withheld.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2021

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
	R'000	R'000	R'000	%
Emergency Medical Services	1,273,418	1,272,046	1,372	0.11%

The overspending of R49,155 million in the COE of the Programme has primarily been caused by the payment of shift allowances to personnel while the underspending of R50,52 million in the capex of the Programme arose in order to create cashflow in the PMG Account of the Department for the payment of court ordered medico legal claims in the affected clinical programmes

Provincial Hospital Services	3,530,669	3,980,365	(449,696)	-12.74%

The net overspending of R449,696 million in the Programme has primarily been caused by the net settlement of court ordered mecico legal claims including interest of R325,39 million - which are unfunded and unbudgeted as well as COE pressures of R124,30 million caused through baseline cuts in the 1st 2020/21 AEPRE and erroneous persal link codes.

Central Hospital Services	4,718,857	4,845,403	(126,546)	-2.68%

The net overspending of R126,546 million in the Programme has primarily been caused by the net settlement of court ordered medico legal claims including interest of R149,08 million - which are unfunded and unbudgeted while the underspending of R22,54 million in the capex of the Programme arose in order to create cashflow in the PMG Account of the Department for the payment of the court ordered medico legal claims.

Health Science and Training	795,258	720,097	75,161	9.45%

The Prcgramme underspent by a net amount of R75,161 million in order to create cashflow in the PMG Account of the Department for the payment of court ordered medico legal claims in the affected clinical programmes

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE APPROPRIATION STATEMENT

for the year ended 31 March 2021

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
	R'000	R'000	R'000	%
Health Care and Support Services	173,856	152,387	21,469	12.35%

The Programme underspent by a net amount of R21,469 million in order to create cashflow in the PMG Account of the Department for the payment of court ordered medico legal claims in the affected clinical programmes

Health Facilities Management	1,836,676	1,357,890	478,786	26.07%

The Programme underspent by a net amount of R478,786 million in order to create cashflow in the PMG Account of the Department for the payment of court ordered medico legal claims in the affected clinical programmes

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE APPROPRIATION STATEMENT

for the year ended 31 March 2021

4.2 Per economic classification:	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
	R'000	R'000	R'000	%
Current expenditure				
Compensation of employees	17,818,022	17,991,168	(173,146)	-0.97%
Goods and services	7,433,556	7,553,578	(120,022)	-1.61%
Interest and rent on land	-	55,426	(55,426)	1.00%
Transfers and subsidies				
Provinces and municipalities	-	-	-	0.00%
Departmental agencies and accounts	13,058	-	13,058	100.00%
Higher education institutions	-	-	-	0.00%
Public corporations and private enterprises	-	-	-	0.00%
Foreign governments and international organisations	-	-	-	0.00%
Non-profit institutions	8,495	8,495	-	0.00%
Households	243,976	1,020,165	(776,189)	-318.14%
Payments for capital assets				
Buildings and other fixed structures	1,326,072	933,763	392,309	29.58%
Machinery and equipment	784,866	494,174	290,692	37.04%

Compensation of Employees: COE overspent by a net amount of R173,146 million. This was primarily caused through the first 2020/21 AEPRE wage freeze of R1,017 billion cushioned by R742,820 million, resulting in a net reduction of equitable share COE of R274,803 million. Furthermore, the additional 2020/21 AEPRE net reduction of equitable share COE of R449,90 in the same budget adjustment created further pressure on the COE baseline – having a significant effect on the Department's operations by effectively cutting against fixed personnel already vesting in the payroll.
Goods and Services: The net overspending of R120,022 million in Goods & Services has primarily been caused by the services pressures primarily vesting in Programme 2.
Transfers and Subsidies: The Department settled Medico-Legal court orders including interest of R921,19 million up to 31 March 2021. These court orders are unfunded, unbudgeted and cash flow is raised from funds ordinarily set aside for Goods and Services.
Payment for Capital Assets: The under spending arose primarily in order to create cashflow in the PMG Account of the Department for the payment of court ordered medico legal claims in the affected clinical programmes

EASTERN CAPE DEPARTMENT OF HEALTH
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NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2021

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	1,091,882	1,092,006	(124)	-0.01%
Statutory Human Resources, Training and Development Grant (Health)	391,293	391,820	(527)	-0.13%
HIV/ AIDS grant	3,157,298	3,155,239	2,059	0.07%
Health Facility Revitalisation grant	680,388	680,708	(320)	-0.05%
Expanded Public Works Programme Integrated	2,020	1,895	125	6.19%
Expanded Public Works Programme Social Sector	14,861	14,861	-	0.00%
Human Papillomavirus Vaccine Grant	-	-	-	0.00%
Human Resources Capacitation Grant	-	-	-	0.00%
National Health Insurance Grant	25,262	25,249	13	0.05%
Provincial Disaster Relief Grant - Health (Cooperative Governance)	44,551	44,539	12	0.03%
TOTAL	**5,407,555**	**5,406,317**	**1,238**	**0.02%**

Overall Conditional Grants have spent 100% of the allocated appropriation.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2021

	Note	2020/21 R'000	2019/20 R'000
REVENUE			
Annual appropriation	1	27,626,225	25,970,369
Statutory appropriation	2	1,820	2,019
Departmental revenue	3	19,965	4,108
Aid assistance	4	-	-
TOTAL REVENUE		**27,648,010**	**25,976,496**
EXPENDITURE			
Current expenditure			
Compensation of employees	5	17,991,174	17,154,696
Goods and services	6	7,553,575	6,650,069
Interest and rent on land	7	55,425	24,527
Aid assistance	4	-	1,110
Total current expenditure		**25,600,174**	**23,830,402**
Transfers and subsidies			
Transfers and subsidies	8	1,028,660	957,622
Total transfers and subsidies		**1,028,660**	**957,622**
Expenditure for capital assets			
Tangible assets	9	1,427,935	1,413,587
Intangible assets	9	-	-
Total expenditure for capital assets		**1,427,935**	**1,413,587**
Payments for financial assets		**-**	**-**
TOTAL EXPENDITURE		**28,056,769**	**26,201,611**
SURPLUS/(DEFICIT) FOR THE YEAR		**(408,759)**	**(225,115)**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2021

	Note	2020/21 R'000	2019/20 R'000
Reconciliation of Net Surplus/(Deficit) for the year			
Voted Funds		(428,724)	(228,113)
Annual appropriation		(429,962)	(251,584)
Conditional grants		1,238	23,471
Departmental revenue and NRF Receipts	15	19,965	4,108
Aid assistance	4	-	(1,110)
SURPLUS/(DEFICIT) FOR THE YEAR		**(408,759)**	**(225,115)**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
STATEMENT OF FINANCIAL POSITION
as at 31 March 2021

	Note	2020/21 R'000	2019/20 R'000
ASSETS			
Current Assets		**2,484,054**	**1,441,882**
Unauthorised expenditure	10	2,265,086	1,246,871
Cash and cash equivalents	11	15	17
Prepayments and advances	12	-	156
Receivables	13	218,953	194,838
Non-Current Assets		**1,752**	**2,634**
Receivables	13	1,752	2,634
TOTAL ASSETS		**2,485,806**	**1,444,516**
LIABILITIES			
Current Liabilities		**2,350,464**	**1,320,382**
Voted funds to be surrendered to the Revenue Fund	14	1,161,115	571,964
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	15	66,798	23,639
Bank overdraft	16	1,090,195	692,302
Payables	17	29,368	29,489
Aid assistance unutilised	4	2,988	2,988
TOTAL LIABILITIES		**2,350,464**	**1,320,382**
NET ASSETS		**135,342**	**124,134**
Represented by:			
Recoverable revenue		135,342	124,134
TOTAL		**135,342**	**124,134**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
STATEMENT OF CHANGES IN NET ASSETS
for the year ended 31 March 2021

	Note	2020/21 R'000	2019/20 R'000
Recoverable revenue			
Opening balance		124,134	109,157
Transfers		**11,208**	**14,977**
Debts revised		2,414	(169)
Debts recovered (included in Departmental receipts)		(9,799)	(8,831)
Debts raised		18,593	23,977
Closing balance		**135,342**	**124,134**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
CASH FLOW STATEMENT
for the year ended 31 March 2021

	Note	2020/21 R'000	2019/20 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		**27,772,946**	**26,218,947**
Annual appropriated funds received	1.1	27,625,885	25,970,369
Statutory appropriated funds received	2	1,820	2,019
Departmental revenue received	3	144,937	246,323
Interest received	3.2	304	236
Aid assistance received	4	-	-
Net (increase)/ decrease in working capital		(1,042,295)	(610,982)
Surrendered to Revenue Fund		(102,082)	(252,389)
Surrendered to RDP Fund/Donor		-	-
Current payments		(24,526,534)	(23,207,651)
Interest paid	7	(55,425)	(24,527)
Payments for financial assets		-	-
Transfers and subsidies paid		(1,028,660)	(957,622)
Net cash flow available from operating activities	18	**1,017,950**	**1,165,776**
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	9	(1,427,935)	(1,413,587)
Proceeds from sale of capital assets	3.3	-	-
(Increase)/ decrease in non-current receivables		882	377
Net cash flows from investing activities		**(1,427,053)**	**(1,413,210)**
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/ (decrease) in net assets		11,208	14,977
Net cash flows from financing activities		**11,208**	**14,977**
Net increase/ (decrease) in cash and cash equivalents		(397,895)	(232,457)
Cash and cash equivalents at beginning of period		(692,285)	(459,828)
Cash and cash equivalents at end of period	19	**(1,090,180)**	**(692,285)**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

ACCOUNTING POLICIES

for the year ended 31 March 2021

ACCOUNTING POLICIES

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: • 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.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
ACCOUNTING POLICIES
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	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** 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: • 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.

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	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** Investments are recognised in the statement of financial position at cost.
14	**Financial assets**
14.1	**Financial assets (not covered elsewhere)** A financial asset is recognised initially at its cost plus transaction costs that are directly attributable to the acquisition or issue of the financial. 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.
14.2	**Impairment of financial assets** 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.
15	**Payables** Payables are recognised in the statement of financial position at cost.
16	**Capital Assets**
16.1	**Immovable capital assets** Immovable assets reflected in the asset register of the Department are recorded in the notes to the financial statements at cost or fair value where the cost cannot be determined reliably. Immovable assets acquired in a non-exchange transaction are recorded at fair value at the date of acquisition. Immovable assets are subsequently carried in the asset register at cost and are not currently subject to depreciation or impairment. Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use. Additional information on immovable assets not reflected in the assets register is provided in the notes to financial statements.
16.2	**Movable capital assets** 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.
16.3	**Intangible assets** 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.

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16.4	**Project Costs: Work-in-progress** Expenditure of a capital nature is initially recognised in the statement of financial performance at cost when paid. Amounts paid towards capital projects are separated from the amounts recognised and accumulated in work-in-progress until the underlying asset is ready for use. Once ready for use, the total accumulated payments are recorded in an asset register. Subsequent payments to complete the project are added to the capital asset in the asset register. Where the Department is not the custodian of the completed project asset, the asset is transferred to the custodian subsequent to completion.
17	**Provisions and Contingents**
17.1	**Provisions** 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.
17.2	**Employee benefits** Short-term employee benefits that give rise to a present legal or constructive obligation are disclosed in the disclosure notes to the financial statements. These amounts are not recognised in the statement of financial performance or the statement of financial position. The value of each major class of employee benefit obligation (accruals, payables not recognised and provisions) is disclosed in the Employee benefits note.
17.3	**Contingent liabilities** 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.
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	**Capital commitments** Capital commitments are recorded at cost in the notes to the financial statements.
18	**Unauthorised expenditure** Unauthorised expenditure is recognised in the statement of financial position until such time as the expenditure is either: • 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 or written off. 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. Alleged fruitless and wasteful expenditure under assessment is not disclosed in the note of fruitless and wasteful expenditure.
20	**Irregular expenditure** Irregular expenditure is recorded in the notes to the financial statements when confirmed after its assessment. The amount recorded is equal to the value of the irregular expenditure incurred unless it is impracticable to determine, in which case reasons therefor are provided in the note. Irregular expenditure is reduced from the note when it is either condoned by the relevant authority,

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	transferred to receivables for recovery, not condoned and removed or written-off. 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** 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** Related party transactions within the Minister/MEC's portfolio are recorded in the notes to the financial statements when the transaction is not at arm's length. The number of individuals and the full compensation of key management personnel is recorded in the notes to the financial statements.
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 recognised at cost in the statement of financial performance. Where inventories are acquired as part of a non-exchange transaction, the inventories are measured at fair value as at the date of acquisition. Inventories are subsequently measured at the lower of cost and net realisable value or where intended for

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	distribution (or consumed in the production of goods for distribution) at no or a nominal charge, the lower of cost and current replacement value. The cost of inventories is assigned by using the weighted average cost 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.

EXPLANATORY NOTES

1 Annual Appropriation

Included are funds appropriated in terms of the Appropriation Act (and the Adjustments Appropriation Act) for the Department.

1.1 Annual Appropriation

Programmes	2020/21 Final Appropriation R'000	2020/21 Actual Funds Received R'000	2020/21 Funds not requested/ not received R'000	2019/20 Final Appropriation R'000	2019/20 Appropriation Received R'000
Pr1 Health Administration	662,006	661,666	340	622,954	622,954
Pr2 District Health Services	14,635,485	14,635,485	-	13,324,939	13,324,939
Pr3 Emergency Medical Services	1,273,418	1,273,418	-	1,305,190	1,305,190
Pr4 Provincial Hospital Services	3,530,669	3,530,669	-	3,873,354	3,873,354
Pr5 Central Hospital Services	4,718,857	4,718,857	-	4,168,171	4,168,171
Pr6 Health Science & Training	795,258	795,258	-	891,812	891,812
Pr7 Health Care & Support Services	173,856	173,856	-	118,543	118,543
Pr8 Health Facilities Management	1,836,676	1,836,676	-	1,665,406	1,665,406
Total	**27,626,225**	**27,625,885**	**340**	**25,970,369**	**25,970,369**

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.

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		2020/21 R'000	2019/20 R'000
1.2 Conditional grants			
Total grants received	*39*	5,407,894	4,832,232
2 Statutory Appropriation			
Member of executive committee		1,820	2,019
Total		**1,820**	**2,019**
Actual Statutory Appropriation received		**1,820**	**2,019**
3 Departmental Revenue			
Sales of goods and services other than capital assets	*3.1*	140,402	238,640
Interest, dividends and rent on land	*3.2*	304	236
Transactions in financial assets and liabilities	*3.3*	4,535	7,683
Total revenue collected		**145,241**	**246,559**
Less: Own revenue included in appropriation	*15*	125,276	242,451
Departmental revenue collected		**19,965**	**4,108**

		2020/21 R'000	2019/20 R'000
3.1 Sales of goods and services other than capital assets	*3*		
Sales of goods and services produced by the Department		**140,158**	**238,340**
Sales by market establishment		22,483	23,090
Administrative fees		3,729	5,344
Other sales		113,946	209,906
Sales of scrap, waste and other used current goods		244	300
Total		**140,402**	**238,640**
3.2 Interest, dividends and rent on land	*3*		
Interest		304	236
Total		**304**	**236**
3.3 Transactions in financial assets and liabilities	*3*		
Receivables		2,636	3,046
Stale cheques written back		-	17
Other Receipts including Recoverable Revenue		1,899	4,620
Total		**4,535**	**7,683**

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	Note	2020/21 R'000	2019/20 R'000
4 Aid Assistance			
Opening Balance		2,988	4,098
Transferred from statement of financial performance		-	(1,110)
Closing Balance		**2,988**	**2,988**
4.1 Analysis of balance by source			
Aid assistance from other sources		2,988	2,988
Closing Balance		**2,988**	**2,988**
4.2 Analysis of balance			
Aid assistance unutilised		2,988	2,988
Closing Balance		**2,988**	**2,988**
4.4 Aid assistance expenditure per economic classification			
Current		-	1,110
Total aid assistance expenditure		**-**	**1,110**

	Note	2020/21 R'000	2019/20 R'000
4.5 Donations received in kind (not included in the main note)			
List in kind donations received			
Computer Equipment		-	676
Medical & Laundry Equipment		597	
Medical & Allied Equipment		16	
Computer Equipment		1,363	
Medical & Allied Equipment		419	
Hospital & Computer Equipment		2,911	
Total		**5,306**	**676**

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	Note	2020/21 R'000	2019/20 R'000
5 Compensation of Employees			
5.1 Salaries and wages			
Basic salary		11,069,710	10,962,156
Performance award		9,136	6,784
Service Based		11,992	15,676
Compensative/circumstantial		2,579,456	2,181,065
Periodic payments		6,850	8,976
Other non-pensionable allowances		2,168,922	1,905,471
Total		**15,846,066**	**15,080,128**
5.2 Social Contributions			
Employer contributions			
Pension		1,340,431	1,350,003
Medical		796,170	720,824
UIF		4,967	451
Bargaining council		3,145	3,185
Insurance		395	105
Total		**2,145,108**	**2,074,568**
Total compensation of employees		**17,991,174**	**17,154,696**
Average number of employees		55,667	50,602

	Note	2020/21 R'000	2019/20 R'000
6 Goods and services			
Administrative fees		710	2,370
Advertising		2,402	2,561
Minor assets	6.1	13,373	14,699
Bursaries (employees)		13,579	13,420
Catering		1,597	3,606
Communication		77,303	92,277
Computer services	6.2	78,776	44,452
Consultants: Business and advisory services		71,993	83,375
Laboratory services		915,042	826,048
Legal services		73,451	6,842
Contractors		120,701	80,687
Agency and support / outsourced services		249,077	249,870
Entertainment		-	-
Audit cost – external	6.3	26,500	27,467
Fleet services		206,748	198,188
Inventory	6.4	3,803,809	3,206,936
Consumables	6.5	372,787	146,863
Operating leases		121,493	126,193
Property payments	6.6	1,205,564	1,300,679
Rental and hiring		18,925	697
Transport provided as part of the Departmental activities		823	938
Travel and subsistence	6.7	92,138	136,835
Venues and facilities		4,721	9,564
Training and development		17,994	10,228
Other operating expenditure	6.8	64,069	65,274
Total		**7,553,575**	**6,650,069**

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			2020/21 R'000	2019/20 R'000
6.1	**Minor assets**	6		
	Tangible assets		**13,373**	**14,699**
	Machinery and equipment		13,373	14,699
	Total		**13,373**	**14,699**
6.2	**Computer services**	6		
	SITA computer services		15,524	31,463
	External computer service providers		63,252	12,989
	Total		**78,776**	**44,452**
6.3	**Audit cost – external**	6		
	Regularity audits		26,500	27,467
	Total		**26,500**	**27,467**
6.4	**Inventory**	6		
	Clothing material and accessories		3,066	2,643
	Food and food supplies		133,088	144,244
	Fuel, oil and gas		45,843	46,412
	Materials and supplies		85,249	86,264
	Medical supplies		1,082,856	788,499
	Medicine		2,453,707	2,138,874
	Total		**3,803,809**	**3,206,936**

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	Note	2020/21 R'000	2019/20 R'000
6.5 Consumables	6		
Consumable supplies		335,900	103,271
Uniform and clothing		261,611	62,940
Household supplies		65,617	33,039
Building material and supplies		-	-
Communication accessories		-	86
IT consumables		7,421	6,248
Other consumables		1,251	958
Stationery, printing and office supplies		36,887	43,592
Total		**372,787**	**146,863**
6.6 Property payments	6		
Municipal services		357,894	394,053
Property maintenance and repairs		265,991	346,760
Other		581,679	559,866
Total		**1,205,564**	**1,300,679**
6.7 Travel and subsistence	6		
		92,138	136,835
Local		92,031	135,785
Foreign		107	1,050
Total		**92,138**	**136,835**
6.8 Other operating expenditure	6		
Professional bodies, membership and subscription fees		362	216
Resettlement costs		2,328	2,629
Other		61,379	62,429
Total		**64,069**	**65,274**

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		Note	2020/21 R'000	2019/20 R'000
7 Interest and Rent on Land				
Interest paid			55,425	24,527
Total			**55,425**	**24,527**
8 Transfers and Subsidies				
Provinces and municipalities	*ANNEXURE 1A*		-	-
Departmental agencies and accounts	*ANNEXURE 1B*		-	12,264
Non-profit institutions	*ANNEXURE 1F*		8,495	9,060
Households	*ANNEXURE 1G*		1,020,165	936,298
Total			**1,028,660**	**957,622**
9 Expenditure for capital assets				
9.1 Tangible assets			**1,427,935**	**1,413,587**
Buildings and other fixed structures		36	933,762	1,060,488
Machinery and equipment		33	494,173	353,099
Total			**1,427,935**	**1,413,587**

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9.2 Analysis of funds utilised to acquire capital assets - 2020/21

	Voted Funds R'000	Aid assistance R'000	TOTAL R'000
Tangible assets	**1,427,935**	**-**	**1,427,935**
Buildings and other fixed structures	933,762	-	933,762
Machinery and equipment	494,173	-	494,173
Intangible assets	**-**	**-**	**-**
Software			
Intangible assets	**-**	**-**	**-**
Software			
Total	**1,427,935**	**-**	**1,427,935**

9.3 Analysis of funds utilised to acquire capital assets - 2019/20

	Voted Funds R'000	Aid assistance R'000	TOTAL R'000
Tangible assets	**1,413,587**	**-**	**1,413,587**
Buildings and other fixed structures	1,060,488	-	1,060,488
Machinery and equipment	353,099	-	353,099
Intangible assets	**-**	**-**	**-**
Software			
Total	**1,413,587**	**-**	**1,413,587**

	2020/21 R'000	2019/20 R'000
9.4 Finance lease expenditure included in Expenditure for capital assets		
Tangible assets	**181,158**	**164,110**
Machinery and equipment	181,158	164,110
Total	**181,158**	**164,110**

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	Note	2020/21 R'000	2019/20 R'000
10 Unauthorised Expenditure			
10.1 Reconciliation of unauthorised expenditure			
Opening balance		1,246,871	648,647
Unauthorised expenditure - discovered in the current year		1,018,215	598,224
Less: Amounts approved by Parliament/Legislature with funding		-	-
Less: Amounts approved by Parliament/Legislature without funding and derecognised		-	-
Current		-	-
Closing balance		**2,265,086**	**1,246,871**
Analysis of closing balance			
Unauthorised expenditure awaiting authorisation		2,265,086	1,246,871
Unauthorised expenditure approved without funding and not derecognised		-	-
		2,265,086	**1,246,871**
10.2 Analysis of unauthorised expenditure awaiting authorisation per economic classification			
Current		-	-
Capital		-	-
Transfers and subsidies		2,265,086	1,246,871
Total		**2,265,086**	**1,246,871**
10.3 Analysis of unauthorised expenditure awaiting authorisation per type			
Unauthorised expenditure relating to overspending of the vote or a main division within the vote		2,265,086	1,246,871
Total		**2,265,086**	**1,246,871**

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10.4 Details of unauthorised expenditure - current year

Incident	Disciplinary steps taken/criminal proceedings	2020/21 R'000
Overspending programmes due to settlement of medico legal claims through court orders	Assessed by State Attorney	1,018,215
	Total	**1,018,215**

For the year under review, the Department incurred overspending of R428,724 million at the Vote level and R1,018 215 billion at the Programmes level. The amount of R1,018 215 billion is made up of R439,916 million (Prg 2), R449,696 million (Prg 4) and R126,546 million (Prg 5) adjusted for underspending of the conditional grants within those programmes.

The unauthorised expenditure has primarly arisen through the settlement of unbudgeted medico legal claims including interest by the Department of R921 437 799 as well as COE overspending by a net amount of R173,46 million, which was primarily caused through the first 2020/21 AEPRE wage freeze of R1,017 billion cushioned by R742,820 million, resulting in a net reduction of equitable share COE of R274,803 million. Furthermore, the additional 2020/21 AEPRE net reduction of equitable share COE of R449,90 million in the same budget adjustment created further pressure on the COE baseline – having a significant effect on the Department's operations by effectively cutting against fixed personnel already vesting in the payroll.

The above being, 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.

Application made for an excess on the Department's paymaster general account (PMG)

In December 2020, the Department escalated a memorandum to seek approval from the Head of Provincial Treasury and the MEC of finance to provide excess facilities on the Department's Paymaster General Account (PMG) amounting to a current gross amount of R850 000 000, based on the value of medico legal claims paid in the current financial year to 30 November 2020, to be used as bridging finance for the continued payment of its equitable share creditors. The excess is not an additional allocation to the vote and as such would require a legislative process for condonement.

Provincial Treasury responded in January by agreeing to create an excess facility of R246 214 000, in the Department's paymaster general account, required that it be utilized to settle creditors for oxygen, blood and blood products, SMMEs for medicines and medical supplies (Medsas) and medical implants.

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	Note	2020/21 R'000	2019/20 R'000
11 Cash and Cash Equivalents			
Consolidated Paymaster General Account		-	-
Cash receipts		15	17
Disbursements			
Total		**15**	**17**

The provincial treasury approved an extension to the excess facility on the Department's Paymaster General Account of up to R979 million in January 2021. The balance on this facility at year end is disclosed in Note 16.

12 Prepayments and Advances			
Staff advances		-	-
Travel and subsistence		-	156
Advances paid (Not expensed)		-	-
		-	**156**

		2020/21			2019/20		
		Current	Non-current	Total	Current	Non-current	Total
	Note	R'000	R'000	R'000	R'000	R'000	R'000
13 Receivables							
Claims recoverable	13.1/Ann 4	2,598	-	2,598	1,287	-	1,287
Trade receivables	13.2	9,194	-	9,194	8,659	-	8,659
Recoverable expenditure	13.3	7,680	-	7,680	5,123	-	5,123
Staff debt	13.4	13,531	1,752	15,283	12,850	2,634	15,484
Fruitless and wasteful expenditure	13.5	858	-	858	498	-	498
Other receivables	13.6	185,092	-	185,092	166,421	-	166,421
Total		**218,953**	**1,752**	**220,705**	**194,838**	**2,634**	**197,472**

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		Note	2020/21 R'000	2019/20 R'000
13.1	**Claims recoverable**	13		
	National Departments		179	130
	Provincial Departments		2,419	1,157
	Total		**2,598**	**1,287**
13.2	**Trade receivables**	13		
	Supplier overpayments		9,194	8,659
	Total		**9,194**	**8,659**
13.3	**Recoverable expenditure *(disallowance accounts)***	13		
	Dishonoured Cheques		473	473
	Salary rebates		7,207	4,650
	Total		**7,680**	**5,123**

			2020/21 R'000	2019/20 R'000
13.4	**Staff debt**	13		
	Salary Debt		15,283	15,484
	Total		**15,283**	**15,484**
13.5	**Fruitless and wasteful expenditure**	13		
	Opening balance		498	238
	Less amounts recovered		(38)	-
	Less amounts written off		-	-
	Transfers from note 28 Fruitless and Wasteful expenditure		387	203
	Interest		11	57
	Total		**858**	**498**
13.6	**Other debtors**	13		
	Medsas claims recoverable		277	283
	Ex-Employees		176,955	158,644
	Breach of contract - Bursary holders		7,860	7,494
	Total		**185,092**	**166,421**
13.7	**Impairment of receivables**			
	Estimate of impairment of receivables		177,560	153,620
	Total		**177,560**	**153,620**

It is the Department's policy to impair all receivables, other than debts held by current employees, that are older than 1 year.

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	Note	2020/21 R'000	2019/20 R'000
14 Voted Funds to be Surrendered to the Revenue Fund			
Opening balance		571,964	201,853
Transfer from statement of financial performance		(428,724)	(228,113)
Add: Unauthorised expenditure for current year		1,018,215	598,224
Voted funds not requested/not received	1.1	(340)	-
Paid during the year		-	-
Closing balance		**1,161,115**	**571,964**
15 Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund			
Opening balance		23,639	29,469
Transfer from Statement of Financial Performance		19,965	4,108
Own revenue included in appropriation	3	125,276	242,451
Paid during the year		(102,082)	(252,389)
Closing balance		**66,798**	**23,639**
16 Bank Overdraft			
Consolidated Paymaster General Account		1,090,195	692,302
Total		**1,090,195**	**692,302**

The provincial treasury approved an extension to the excess facility on the Department's Paymaster General Account of up to R979 million in January 2021.

17 Payables - current			
Amounts owing to other entities		-	-
Advances received	17.1	22,668	22,666
Clearing accounts	17.2	6,700	6,823
Total		**29,368**	**29,489**

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		Note	2020/21 R'000	2019/20 R'000
17.1	**Advances received**	17		
	National Departments	Annex 8B	22,666	22,666
	Provincial Departments	Annex 8B	2	-
	Total		22,668	22,666
17.2	**Clearing accounts**	17		
	Salary finance and other institutions		6,202	6,035
	Pension recoverable		498	788
	Total		**6,700**	**6,823**
18	**Net cash flow available from operating activities**			
	Net surplus/(deficit) as per Statement of Financial Performance		(408,759)	(225,115)
	Add back non cash/cash movements not deemed operating activities		1,426,709	1,390,891
	(Increase)/decrease in receivables – current		(24,115)	(28,722)
	(Increase)/decrease in prepayments and advances		156	(156)
	(Increase)/decrease in other current assets		-	-
	Increase/(decrease) in payables – current		(121)	16,120
	Proceeds from sale of capital assets		-	-
	Proceeds from sale of investments		-	-
	(Increase)/decrease in other financial assets		-	-
	Expenditure on capital assets		1,427,935	1,413,587
	Surrenders to Revenue Fund		(102,082)	(252,389)
	Surrenders to RDP Fund/Donor		-	-
	Voted funds not requested/not received		(340)	-
	Own revenue included in appropriation		125,276	242,451
	Other non-cash items		-	-
	Net cash flow generated by operating activities		**1,017,950**	**1,165,776**
19	**Reconciliation of cash and cash equivalents for cash flow purposes**			
	Consolidated Paymaster General account		(1,090,195)	(692,302)
	Cash receipts		15	17
	Total		**(1,090,180)**	**(692,285)**

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		Note	2020/21 R'000	2019/20 R'000
20 Contingent liabilities and contingent assets				
20.1 Contingent liabilities				
Liable to	**Nature**			
Housing loan guarantees	Employees	*Annex 3A*	2,965	2,925
Claims against the Department		*Annex 3B*	38,608,606	35,425,811
Other interDepartmental payables		*Annex 5*	2,804	402
Other		*Annex 3B*	-	-
Total			**38,614,375**	**35,429,138**

Prior year error

The prior year balance for the claims against the state has been adjusted downwards by R 1,325 396 billion due to errors and adjustments required. Further details are under note 32.3.

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.

Public sector salary increases dispute for the 2020/21 financial year

The Labour Appeal Court (LAC) declared the salary increases for the 2020/2021 financial year unlawful and invalid. The LAC ruling has been appealed and referred to the Constitutional Court. The ruling by the Constitutional Court will confirm if the Department will be obligated to pay the salary increases in dispute.

Financial sustainability & Going concern

The Department has been spending an ever-increasing proportion of its allocated annual budget on the settlement of medico legal claims brought against it. These payments are upfront settlements, largely to meet future medical needs of cerebral palsy claimants, however, they are incurred at the cost to the Department of resources that would otherwise be available for upfront or current health services for all people in the Eastern Cape making use of public health care services.

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Claims including interest totalling R3 462 763 652 have been settled within the period 1 April 2014 to 31 March 2021. These payments are uninsured, unbudgeted and unfunded. The value of medico-legal claims settled or paid out pursuant to court orders by the Department grew from R75 608 451 in 2014/15 to R921 437 799 in 2020/21. This is illustrated by the following table:

2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	Total
75,608,451	261,797,863	215,685,848	428,303,487	797,120,477	762,809,727	921,437,799	3,462,763,652

The preferred process by Provincial Treasury is to apply the robustness and consequence management of the provisions of Section 34 (1) (a) of the PFMA wherein unauthorised expenditure does not become a charge against the Revenue Fund except when the Provincial Legislature approves as a direct charge against the Provincial Revenue Fund an additional amount of the overspending. The application of Section 34 (2) of the PFMA states that in the event that the Provincial Legislature does not approve the additional amount of the overspending, then the amount becomes a charge against the funds allocated for the next or future years for the relevant vote.

Funds have to be shifted from key service delivery budget lines in order to pay these claims. This has a detrimental effect on the ability of the Department to deliver healthcare to the public and to meet its respective Programmes' Annual Performance Plan (APP) targets.

As is evident from the above summary, the settlement of these claims through full, up-front payment of estimated future medical and other expenses imposes a substantial drain on the current capacity of the Department to meet its service delivery obligations and to further improve health service delivery over time.

The Department has had to accommodate substantial increases in medico-legal claim settlements in recent years. However, the quantum of claims registered against the Department is very much larger than these actual settlement payments. An increase in the unfunded contingent claims liability, represents a threat to the financial sustainability of the Department.

The Department has seen rapid increases in medico negligence claims in recent years. The current contingent liability of claims amounts to approximately R38,843 billion at 31 March 2021 in comparison to the restated R35,426 billion at 31 March 2020. This exceeds the current annual appropriation of the Department.

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The contingent liabilities for medico-legal claims as per the Department's audited annual financial statements are:

2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
R'000	R'000	R'000	R'000	R'000	R'000	R'000
8,210,838	13,421,136	16,658,078	24,193,619	32,864,497	35,425,811	38,842,976

The average annual increase in the contingent liability in respect of claims against the Department over the past four years exceeds R3,66 billion. This is substantially greater than the annual increase in the Department's budget, even after taking inflation into account. Although all claims against the Department do not result in settlement awards against the Department, as not all claims succeed in court, the substantial rise in the contingent liability signals that settlements against the Department are likely to continue to increase rapidly - at a faster rate than the annual increase in the Department's budgeted resources.

The realisation, in future, of even a proportion of the medico-legal claims liability represents a significant risk to the capacity of the Department to provide health care services.

For the future financial sustainability of the Department, which is what underpins the Department's ability to deliver health care services, the Department should not be required to continue to pay claims on the basis of full, up-front payment of estimated future medical and other expenses. This cost alone would in time overwhelm the Department's capacity to meet its health service delivery obligations.

It is therefore necessary that consideration be given to alternative appropriate avenues for meeting medico-legal claims against the Department. It is accordingly essential that a solution is found that aligns with the actual service delivery capability of the Department and its capacity to manage risks as well as one which is able to adapt to the changing health care needs anc hence service delivery requirements of claimants.

This can be achieved through the envisaged "public healthcare" and "undertaking to pay" defences that are referred to in the defendant's pleadings in this matter. Such a system allows for the direct provision by the Department's health facilities of services to meet a claimant's needs, together with procurement or reimbursement of such services as may not be directly available from the provincial health facilities.

Contingent Asset

HROPT

Relating to HROPT, during the current year, affected employees have had R100 per month deducted from their salaries and this amounted to R0,425 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 (R234,176 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 R234,176 million. The present value of the R8,5 million has been included in Staff debt per note 14 above.

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	Note	2020/21 R'000	2019/20 R'000
21 Capital commitments			
		1,262,807	**1,414,158**
Buildings and other fixed structures		1,117,667	1,355,905
Machinery and equipment		145,140	58,253
Total Commitments		**1,262,807**	**1,414,158**

Commitments at 31 March 2021 that exceed one year amount to R 304,905 million (31 March 2020: R 380,027 million).

			2020/21 R'000	2019/20 R'000
22 Accruals and payables not recognised				
22.1 Accruals				
Listed by economic classification	**30 days**	**30+ days**	**Total**	**Total**
Goods and services	544,168	-	544,168	354,307
Transfers and subsidies	46,442	-	46,442	78,353
Capital assets	67,570	-	67,570	94,351
Total	**658,180**	**-**	**658,180**	**527,011**

Listed by programme level	**R'000**	**R'000**
Pr1 Health Administration	201,556	163,622
Pr2 District Health Services	149,297	123,474
Pr3 Emergency Medical Services	45,574	78,777
Pr4 Provincial Hospital Services	57,129	57,667
Pr5 Central Hospital Services	39,177	13,520
Pr6 Health Science and Training	28,588	14,749
Pr7 Health Care and Support Services	1,080	650
Pr8 Health Facilities Development and Maintenance	135,779	74,552
Total	**658,180**	**527,011**

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			2020/21 R'000	2019/20 R'000
22.2 Payables not recognised				
Listed by economic classification	**30 days**	**30+ days**	**Total**	**Total**
Goods and services	608,894	2,583,087	3,191,981	2,571,895
Transfers and subsidies	136,476	270,981	407,457	643,587
Capital assets	42,918	132,634	175,552	65,675
Total	**788,288**	**2,986,702**	**3,774,990**	**3,281,157**
Listed by programme level			**R'000**	**R'000**
Pr1 Health Administration			848,683	1,352,359
Pr2 District Health Services			952,048	493,315
Pr3 Emergency Medical Services			294,537	92,008
Pr4 Provincial Hospital Services			478,620	377,342
Pr5 Central Hospital Services			194,878	111,706
Pr6 Health Science and Training			65,981	46,618
Pr7 Health Care and Support Services			860,870	752,338
Pr8 Health Facilities Development and Maintenance			79,373	55,471
Total			**3,774,990**	**3,281,157**
Included in the above totals are the following:				
Confirmed balances with Departments		*Annex 5*	1,102,009	885,839
Total			**1,102,009**	**885,839**
23 Employee benefits				
Leave entitlement			887,898	659,096
Service bonus (Thirteenth cheque)			428,140	441,612
Performance awards			-	-
Capped leave commitments			392,455	489,707
Other			373,638	200,325
Total			**2,082,131**	**1,790,740**

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 2021 which will be recovered from future monthly leave credits earned. The value of this leave is R10,7 million (2019: R16,9 million).

Included under Other are HR accruals. Only claims validated as at 31 March 2021 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.

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24 Lease commitments

24.1 Operating leases expenditure

2020/21	Buildings and other fixed structures R'000	Machinery, equipment, and motor vehicles R'000	Total R'000
Not later than 1 year	148	-	148
Later than 1 year and not later than 5 years	104	-	104
Later than five years	-	-	-
Total lease commitments	**252**	**-**	**252**

2019/20	Buildings and other fixed structures R'000	Machinery, equipment, and motor vehicles R'000	Total R'000
Not later than 1 year	-	-	-
Later than 1 year and not later than 5 years	-	-	-
Later than five years	-	-	-
Total lease commitments	**-**	**-**	**-**

Lease commitments

24.1 Finance leases expenditure

2020/21	Motor Vehicles R'000	Machinery and equipment R'000	Total R'000
Not later than 1 year	142,011	26,600	168,611
Later than 1 year and not later than 5 years	132,177	13,720	145,897
Later than five years	-	-	-
Total lease commitments	**274,188**	**40,320**	**314,508**

2019/20	Motor Vehicles R'000	Machinery and equipment R'000	Total R'000
Not later than 1 year	157,219	9,211	166,430
Later than 1 year and not later than 5 years	160,426	3,909	164,335
Later than five years	-	-	-
Total lease commitments	317,645	13,120	330,765
LESS: finance costs	-	-	-
Total present value of lease liabilities	**317,645**	**13,120**	**330,765**

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.

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	Note	2020/21 R'000	2019/20 R'000
25 Receivables for Departmental revenue			
Sales of goods and services other than capital assets		241,018	239,777
Total		**241,018**	**239,777**
25.1 Analysis of receivables for Departmental revenue			
Opening balance		239,777	225,015
Less: Amounts received		(106,264)	(199,529)
Less: Services received in lieu of cash		-	-
Add: Amounts recognised		147,526	249,352
Less: Amounts written-off/reversed as irrecoverable		(40,021)	(35,061)
Closing balance		**241,018**	**239,777**
25.2 Receivables for Department revenue written off			
Nature of losses			
Patient debt		40,021	35,061
Total		**40,021**	**35,061**
25.3 Impairment of accrued Departmental revenue			
Estimate of impairment of accrued Departmental revenue		196,359	176,365
Total		**196,359**	**176,365**

Certain institutions did not implement the patient fees tariff increases over the 2020/21 financial year. This has resulted in an under charging of patient fees of R 3,830 million for the 2020/21 financial year.

	Note	2020/21 R'000	2019/20 R'000
26 Irregular expenditure			
26.1 Reconciliation of irregular expenditure			
Opening balance		397,857	81,109
Prior period error	26.4	-	(119)
As restated		397,857	80,990
Add: Irregular expenditure - relating to prior year	26.2	5,034	72,354
Add: Irregular expenditure - relating to current year	26.2	156,658	265,761
Less: Prior year amounts condoned	26.3	(329,832)	-
Less: Current year amounts condoned	26.3	(32,530)	(14,167)
Less: Amounts recoverable (not condoned)		-	(7,081)
Less: Amounts written off		-	-
Irregular expenditure awaiting condonation		**197,187**	**397,857**
Analysis of awaiting condonation per age classification			
Current year		124,128	251,594
Prior years		73,059	146,263
Total		**197,187**	**397,857**

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			2020/21 R'000
26.2	**Details of irregular expenditure identified current year**		
	Incident	**Disciplinary steps taken/criminal proceedings**	
	Non-compliance with SCM procedures	Determination and Investigation	5,034
	Non-compliance with SCM procedures	Determination and Investigation	156,658
			-
			161,692
26.3	**Details of irregular expenditure condoned**		
	Incident	**Condoned by (condoning authority)**	
	Non-compliance - extension of contracts above 15%	Provincial Treasury	362,362
			362,362

		2019/20 R'000
26.4	**Irregular expenditure - prior year error**	
	Relating to prior to 2019/20 (affecting the opening balance)	**(119)**
	Invalid irregular expenditure relating to the opening balance	(119)
	Relating to 2019/20	**-**
	Irregular expenditure - relating to current year	-
		-
		(119)

During the current year the Department found invalid irregular expenditure previously incorrectly included in the opening balance of 2019/20. The total invalid irregular expenditure found was R 119 thousand. The prior year opening balance is reduced by R 119 thousand to include only confirmed valid irregular expenditure items. Refer to note 32.1 for further details.

		2020/21 R'000
26.5	**Details of irregular expenditure under assessment (not included in the main note)**	
	Incident	
	SCMU3-18/19-0201 – Provision of maintenance services to Eastern Cape Department of Health facilities	23,313
		23,313

		Note	2020/21 R'000	2019/20 R'000
27	**Fruitless and wasteful expenditure**			
27.1	**Reconciliation of fruitless and wasteful expenditure**			
	Opening balance		23,931	3,151
	Prior period error	27.5	-	(365)
	As restated		23,931	2,786
	Fruitless and wasteful expenditure – relating to prior year	27.2	-	20,424
	Fruitless and wasteful expenditure – relating to current year	27.2	1,223	3,276
	Less: Amounts recoverable	27.3&13.5	(1,335)	(203)
	Less: Amounts written off	27.4	(20,735)	(2,352)
	Fruitless and wasteful expenditure awaiting condonement		**3,084**	**23,931**

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27.2 Analysis of Current Year's Fruitless and wasteful expenditure

Incident	Disciplinary steps taken/criminal proceedings	2020/21 R'000
Damages	Investigation stage	554
Interest	Investigation stage	637
Penalties	Investigation stage	32
		-
	Total	**1,223**

27.3 Details of fruitless and wasteful expenditure recoverable

Incident	2020/21 R'000
Damages	1,305
Interest	6
Penalties	24
Total	**1,335**

27.4 Details of fruitless and wasteful expenditure written off

Incident	2020/21 R'000
Damages	17
Interest	20,717
Penalties	1
Total	**20,735**

27.5 Prior period error relating to fruitless and wasteful expenditure

	2018/19 R'000
Nature of prior period error	**(365)**
Invalid fruitless expenditure for periods prior to 2019/20 discovered in the 2020/21 year	(365)
Relating to 2018/19	-
	(365)

During the current year the Department found invalid fruitless and wasteful expenditure previously incorrectly included in the opening balance of 2019/20. The total invalid fruitless and wasteful found was R 365 thousand. The prior year opening balance is reduced by R 365 thousand to include only confirmed valid fruitless and wasteful expenditure items. Refer to note 32.2 for further details.

27.6 Details of fruitless and wasteful expenditure under assessment (not in the main note)

Incident	
Opening balance	2,742,730
Current year movement	900,883
Closing balance	**3,643,613**

Damages cases where personal liability due to lack of reasonable care has not been established yet.

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28 Related parties

28.1 Related parties of the Department of Health Eastern Cape:

Departments: Office of the Premier, Provincial Legislature, 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.

		No. of Individuals	2020/21 R'000	2019/20 R'000
29	**Key management personnel**			
	Political office bearer	1	1,820	2,019
	Officials:			
	Level 15 to 16	6	8,066	10,587
	Level 14	18	21,575	17,560
	Total		**31,461**	**30,166**

30	**Public Private Partnerships**		
	Contract fee paid	**56,758**	**45,863**
	Fixed component	47,794	38,980
	Indexed component	8,964	6,882

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Humansdorp Hospital Co-Location PPP

Contract Fee Paid:

		2020/21 R'000	2019/20 R'000
Fixed Component:			
Waste Management		326	183
Estate Maintenance and Engineering		1.315	787
Cleaning		1,860	1 048
Gardens		464	261
Laundry		634	346
Security		761	402
Personnel services (Reception Services)		560	364
Personnel services (She coordinator)		215	121
Less: Offset Services		(849)	(477)
	Subtotal	**5 287**	**3 035**
Indexed Component			
Current Expenditure			
Goods and Services		**2 619**	**1 465**
Catering Services		1.469	879
Interest		149	
Other Costs		1,001	586
	Control Total	**7 906**	**4 501**

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) / Nature and extent of rights to use specified assets

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

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.

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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.

Co-Location PPP: Port Alfred & Settlers Hospitals in Port Alfred and Grahamstown

Contract Fee Paid:

	2020/21 R'000	2019/20 R'000
Contract Fee paid		
Unitary fee	42,507	35 925
Current expenditure		
Goods and services	6 346	5 417
CSSD Consumables - Port Alfred	40	18
Generator Cost - Settlers	109	-
Nursing Services - Port Alfred	-	54
Patients-Overflow	-	6
Consumables - Settlers	-	90
Non-liquid gasses - Settlers	583	526
Non-liquid Gasses - Port Alfred	147	326
Photostat copies - Port Alfred	35	53
Photostat copies - Settlers	49	99
Radiology Service - Port Alfred	1,066	438
Radiology Service - Settlers	963	1 317
Telephone Recovery - Port Alfred	82	108
Water & Electricity - Port Alfred	1,315	547
Water & Electricity - Settlers	1,956	1 835
TOTAL	**48 852**	**41 362**

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Description of the arrangement

The concession agreement (to October 2024) 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) / Nature and extent of rights to use specified assets

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.

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.

Post Balance Sheet Event

Currently, the Department is in the legal process as a result of termination received from the Concessionaire, Messrs Nalithemba Hospitals (Pty) Ltd and working with National Treasury. The Department has taken over the provision of soft services contracts and medical equipment at the facility.

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	2020/21 R'000	2019/20 R'000
31 Agent-principal arrangements		
31.1 Department acting as the principal		
Fees paid to Coega development corporation	-	-
	-	-

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 and previous financial year all fees could be capitalised to infrastructure projects resulting in no separate agent fees charged as per above.

32 Prior period errors	Note	Amount bef error correction R'000	2019/20 Prior period error R'000	Restated amount R'000
32.1 Correction of prior period error				
Irregular Expenditure				
Opening balance reduced by	26.4	81,109	(119)	80,990
Net effect		**81,109**	**(119)**	**80,990**

Through further investigations it was found that previously recorded irregular expenditure was not irregular. Irregular expenditure had to be reduced accordingly.

32.2 Correction of prior period error				
Fruitless and wasteful expenditure				
Opening balance reduced due to invalid fruitless and wasteful expenditure identified	27.5	3,151	(365)	2,786
Net effect		**3,151**	**(365)**	**2,786**

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

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	Note	Amount bef error correction R'000	2019/20 Prior period error R'000	Restated amount R'000
32.3 Correction of prior period error				
Contingent liabilities				
The opening balance as at 01 April 2020 has been restated due to changes in status of claims and duplicates identified during the 2020/21 year relating to the prior year.	20.1	36,751,207	(1,325,396)	35,425,811
Net effect		**36,751,207**	**(1,325,396)**	**35,425,811**

A validation process conducted during the 2020/21 year revealed duplicate cases and status adjustments required to cases contained in the opening balance as at 01 April 2020.

33 Movable Tangible Capital Assets

MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2021

	Opening balance	Value adjustments	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	2,815,919	-	282,622	2,395	3,096,146
Transport assets	108,959	-	-	-	108,959
Computer equipment	197,007	-	6,946	83	203,870
Furniture and office equipment	112,570	-	4,342	26	116,886
Other machinery and equipment	2,397,383	-	271,334	2,286	2,666,431
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	**2,815,919**	**-**	**282,622**	**2,395**	**3,096,146**

Movable Tangible Capital Assets under investigation	Number	Value R'000
Included in the above total of the movable tangible capital assets per the asset register are assets that are under investigation:		
Machinery and equipment	1,938	72,269

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.

33.1 ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2021

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	458,474	5,306	(181,158)	-	282,622
Transport assets	181,158	-	(181,158)	-	-
Computer equipment	5,583	1,363	-	-	6,946
Furniture and office equipment	3,805	537	-	-	4,342
Other machinery and equipment	267,928	3,406	-	-	271,334
TOTAL	**458,474**	**5,306**	**(181,158)**	**-**	**282,622**

33.2 DISPOSALS OF MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2021

Movable Tangible Capital Assets

	Sold for cash R'000	Non-cash disposal R'000	Total disposals R'000	Cash received Actual R'000
MACHINERY AND EQUIPMENT	-	2,395	2,395	-
Transport assets	-	-	-	-
Computer equipment	-	83	83	-
Furniture and office equipment	-	26	26	-
Other machinery and equipment	-	2,286	2,286	-
TOTAL	**-**	**2,395**	**2,395**	**-**

33.3 MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2020

	Opening balance R'000	Prior period error R'000	Additions R'000	Disposals R'000	Closing balance R'000
MACHINERY AND EQUIPMENT	**2,665,554**	**-**	**166,422**	**16,057**	**2,815,919**
Transport assets	108,959	-	-	-	108,959
Computer equipment	177,914	-	19,847	754	197,007
Furniture and office equipment	109,835	-	3,049	314	112,570
Other machinery and equipment	2,268,846	-	143,526	14,989	2,397,383
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	**2,665,554**	**-**	**166,422**	**16,057**	**2,815,919**

34.1 MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2021

	Machinery and equipment R'000	Total R'000
Opening balance	569,140	569,140
Additions	8,300	8,300
Disposals	1,155	1,155
TOTAL MINOR ASSETS	**576,285**	**576,285**

	Machinery and equipment	Total
Number of R1 minor assets	14,401	14,401
Number of minor assets at cost	468,648	468,648
TOTAL NUMBER OF MINOR ASSETS	**483,049**	**483,049**

Minor Capital Assets under investigation	Number	Value R'000
Included in the above total of the minor capital assets per the asset register are assets that are under investigation:		
Machinery and equipment	777	1,932

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.

34.2 Minor assets

MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2020

	Machinery and equipment R'000	Total R'000
Opening balance	563,555	563,555
Prior period error	-	-
Additions	9,376	9,376
Disposals	3,791	3,791
TOTAL MINOR ASSETS	**569,140**	**569,140**

	Machinery and equipment	Total
Number of R1 minor assets	14,401	14,401
Number of minor assets at cost	464,907	464,907
TOTAL NUMBER OF MINOR ASSETS	**479,308**	**479,308**

35 MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2021

	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**

35.1 MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2020

	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 Immovable Tangible Capital Assets
MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2021

	Opening balance R'000	Additions R'000	Disposals R'000	Closing balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	4,769,607	337,919	-	5,107,526
Dwellings	-	-	-	-
Non-residential buildings	4,769,607	337,919	-	5,107,526
Other fixed structures	-	-	-	-
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	4,769,607	337,919	-	5,107,526

Additions

36.1 ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2021

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	933,762	316,890	(912,733)	-	337,919
Dwellings	-	-	-	-	-
Non-residential buildings	933,762	316,890	(912,733)	-	337,919
Other fixed structures	-	-	-	-	-
TOTAL ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS	933,762	316,890	(912,733)	-	337,919

Movement for 2019/20

36.2 MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2020

	Opening balance R'000	Additions R'000	Disposals R'000	Closing balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	**4,359,520**	**410,087**	**-**	**4,769,607**
Dwellings	-	-	-	-
Non-residential buildings	4,359,520	410,087	-	4,769,607
Other fixed structures	-	-	-	-
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	**4,359,520**	**410,087**	**-**	**4,769,607**

36.3 Assets subjected to transfer in terms of S42 of the PFMA 2020/21

	No of Assets	Value of Assets R'000
BUILDINGS AND OTHER FIXED STRUCTURES	5	209,181
Dwellings	-	-
Non-residential buildings	5	209,181
Other fixed structures	-	-
TOTAL	5	209,181

36.4 Assets subjected to transfer in terms of S42 of the PFMA 2019/20

	No of Assets	Value of Assets R'000
BUILDINGS AND OTHER FIXED STRUCTURES	5	209,181
Dwellings	-	-
Non-residential buildings	5	209,181
Other fixed structures	-	-
TOTAL	5	209,181

Capital Work-in-progress

37 CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2021

	Note	Opening Balance 1 April 2020	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing Balance 31 March 2021
	Annexure 7	R'000	R'000	R'000	R'000
Buildings and other fixed structures		2,882,439	912,733	(316,890)	3,478,282
Machinery and equipment		-	-	-	-
Intangible assets		-	-	-	-
TOTAL		**2,882,439**	**912,733**	**(316,890)**	**3,478,282**

37.1 Age analysis on ongoing projects

	Number of projects		2020/21
	Planned, construction not started	Planned, construction started	Total R'000
0 to 1 year	-	12	161,687
1 to 3 year(s)	93	83	1,049,572
3 to 5 years	4	21	1,970,489
Longer than 5 years	24	3	296,534
TOTAL	**121**	**119**	**3,478,282**

37.2 Accruals and payables not recognised relating to Capital WIP	2020/21 R'000	2019/20 R'000
Amounts relating to progress certificates received but not paid at year end and therefore not included in capital work-in-progress	118,898	56,750
Total	**118,898**	**56,750**

37.3 CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2020

	Note	Opening Balance 1 April 2019	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing Balance 31 March 2020
	Annexure 7	R'000	R'000	R'000	R'000
Buildings and other fixed structures		2,232,038	1,030,273	(379,872)	2,882,439
Machinery and equipment		-	-	-	-
Intangible assets		-	-	-	-
TOTAL		**2,232,038**	**1,030,273**	**(379,872)**	**2,882,439**

37.4 Age analysis on ongoing projects

	Number of projects		R'000
	Planned, construction not started	Planned, construction started	Total R'000
0 to 1 year	22	18	249,148
1 to 3 year(s)	70	72	658,651
3 to 5 years	2	33	1,701,017
Longer than 5 years	25	7	273,623
TOTAL	**119**	**130**	**2,882,439**

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38. Events after reporting date

38.1 Adjusting events after reporting date

Condonation of Irregular Expenditure to the value of R 187,128 million was received after the reporting date. This was deemed an adjusting event after the reporting date and the financial statements adjusted accordingly. No other 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 other than those adjusted in these financial statements already.

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 other than those disclosed below.

COVID-19 VACCINATION PROJECT

The Department has received an additional funding allocation of COVID-19 equitable share response funding amounting to R1.039 billion in 2021/22 - to assist to cover the costs associated with responding to the pandemic: -

ECCOVAC-19 - COVID-19 Vaccination Project

One intervention to prevent ongoing COVID-19 transmission and reduce mortality and morbidity is effective vaccination. The World Health Organisation (WHO) approved the first vaccine in November 2020, with further vaccine approvals subsequently. South Africa has secured vaccines for rollout in the initial phases in our country. In time, additional vaccines will become available.

The National Department of Health has appointed a Ministerial Advisory Committee (MAC) on COVID-19 Vaccines which consists of experts in the field. The MAC has worked with the National Department to develop a strategy to ensure equitable access to vaccines. The strategy includes the various purchasing mechanisms, funding implications, local manufacturing opportunities and identifying priority groups for vaccination. The NDOH will procure the vaccines with the provinces procuring the ancillary supplies. A national rollout committee will oversee the rollout in both the public and private sector.

Overall Vision

Background

Eastern Cape achieves COVID-19 epidemic control by reducing the number of COVID-19 transmissions and avoidable deaths through the effective and efficient implementation vaccination rollout strategy.

Overall Objectives and Activities

- The Eastern Cape Province successfully implements the vaccination programme over a 6-9-month period based on the vaccine delivery schedules and related programme phasing;
- Based on a population of 6.7 million people in the Eastern Cape, to vaccinate those above 18 years of age, an estimated 3,9 million persons, by the end of the financial year 2021/22;
- To reach a minimum of 67% or 2.6m of the population for vaccination to ensure herd immunity by the end of the financial year 2021/22;

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The Premier's Office coordinates all government Departments with frontline workers, the business community, and civil society. OTP leads the overall co-ordination of COVAC with the Department of health responsible for implementation. The Premier's Office coordinates all government Departments with frontline workers, the business community, civil society. The Vaccination Task team has representation from the Expanded Programme for Immunisation (EPI), Communicable Disease Cluster (CDC), Pharmaceutical, Supply Chain Management (SCM), Information Systems, and Human Resources for Health (HRH), Primary Health Care (PHC), Monitoring and evaluation, Academic institutions, Supporting Partners, Hospital Association, and General Practitioners.

Target Population

The Eastern Cape has an estimated total population of 6 716 051 million based on the StatsSA Census data's projection. To achieve herd or population immunity, ECDoH must immunise a minimum of 67% of the population. The minimum target population for vaccination is thus 3 874 626 persons with an optimal target of 4 497 224 million persons. The breakdown of the targeted population for vaccination per district is tabulated in table 2 below.

- In line with the National Strategy, the Eastern Cape will implement its vaccination programme in three phases.

39 STATEMENT OF CONDITIONAL GRANTS RECEIVED

	2020/21								2019/20	
	GRANT ALLOCATION				SPENT					
NAME OF DEPARTMENT	Division of Revenue Act / Prov Grants	Roll Overs	Other Adj	Total Available	Amount received by dept	Amount spent by dept	Under / (overspending)	% of available funds spent by dept	Division of Revenue Act	Amount spent by dept
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
National Tertiary Services grant	1,080,846	11,036	-	1,091,882	1,091,882	1,092,006	(124)	100%	999,455	988,420
Statutory Human Resources, Training and Development Grant (Health)	366,523	-	24,770	391,293	391,293	391,820	(527)	100%	253,332	253,330
HIV/ AIDS grant	2,667,462	-	489,836	3,157,298	3,157,298	3,155,239	2,059	100%	2,399,693	2,398,114
Health Facility Revitalisation grant	669,533	10,855	-	680,388	680,727	680,708	(320)	0%	990,988	980,133
Expanded Public Works Programme Integrated	2,020	-	-	2,020	2,020	1,895	125	0%	13,179	13,179
Expanded Public Works Programme Social Sector	14,861	-	-	14,861	14,861	14,861	-	0%	2,439	2,439
Human Papillomavirus Vaccine Grant	-	-	-	-	-	-	-	0%	32,405	32,405
Human Resources Capacitation Grant	-	-	-	-	-	-	-	0%	95,408	95,408
National Health Insurance Grant	45,262	-	(20,000)	25,262	25,262	25,249	13	100%	45,333	45,333
Provincial Disaster Relief Grant - Health (Cooperative Governance)	-	-	44,551	44,551	44,551	44,539	12	100%	-	-
	4,846,507	21,891	539,157	5,407,555	5,407,894	5,406,317	1,238	100%	4,832,232	4,808,761

40 BROAD BASED BLACK ECONOMIC EMPOWERMENT PERFORMANCE

Information on compliance with the B-BBEE Act is included in the annual report under the section titled B-BBEE Compliance Performance Information.

	Note	2020/21 R'000	2019/20 R'000
41 COVID-19 Response Expenditure	ANNEXURE 11		
Compensation of employees		646,967	-
Goods and services		635,058	-
Transfers and subsidies		-	-
Expenditure for capital assets		437,777	-
Other		-	-
Total		1,719,802	-

ANNEXURE 1B
STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

DEPARTMENT/ AGENCY/ ACCOUNT	TRANSFER ALLOCATION				TRANSFER		2018/19
	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds not transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Health & Welfare SETA	13,058	-	-	13,058	-	0%	-
	13,058	-	-	13,058	-		-

ANNEXURE 1F
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

DEPARTMENT/AGENCY/ACCOUNT	2020/21						2019/20
	TRANSFER ALLOCATION				TRANSFER		
	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer	Available funds transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
EBHENEZER HOME COMM BASED CARE	160			160	160	100%	320
EMPILISWENI HIV/AIDS &ORPHANS	350			350	350	100%	350
FAITH & HOPE INTERGR AIDS PROGR	165			165	165	100%	330
GOOD SHEPHERD HOSPICE	400			400	400	100%	600
ILITHA COMMUNITY PSYCHOLOGY SERV	320			320	320	100%	320
KEISKAMMA TRUST	640			640	640	100%	320
KHANYISANI HIV/AIDS AWARENESS	330			330	330	100%	495
MPUMAKAPA MULTI PURPO EDUCATION	300			300	300	100%	465
MZAMOMHLE HOME COMMUNITY BASED C	330			330	330	100%	330
NDONGA HOME/COMMUNITY BASED CARE	350			350	350	100%	525
NEVER GIVE UP SUPP GROUP-DIMBAZA	175			175	175	100%	400

ANNEXURE 1F
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS (CONTINUED)

DEPARTMENT/AGENCY/ACCOUNT	2020/21						2019/20
	TRANSFER ALLOCATION				TRANSFER		
	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer	Available funds transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
NYWARA HOME BASED CARE	330			330	330	100%	330
PORT ST JOHNS CREAT YOUNG WOM GR	150			150	150	100%	300
SAKHIMPILO HOME BASED CARE PROJ	340			340	340	100%	340
SINAKO WELLNESS & DEVELOP ORG	680			680	680	100%	-
SINOTHANDO HOME OF SAFETY	300			300	300	100%	545
SIYAKHANA HBC	350			350	350	100%	525
SIYAKHANYISA HIV/AIDS SUPPORT GR	170			170	170	100%	510

ANNEXURE 1F
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS (CONTINUED)

DEPARTMENT/AGENCY/ACCOUNT	2020/21						2019/20
	TRANSFER ALLOCATION				TRANSFER		
	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer	Available funds transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
SIZANENGUQU HOME COMM BASED CARE	320			320	320	100%	460
SOPHUMELELA CLINIC INCORPORATED	330			330	330	100%	495
ST BERNARDS HOSPICE	1,000			1,000	1,000	100%	1,500
ST FRANCIS HOSPICE	500			500	500	100%	1,000
UKHAMBA PROJECTS	340			340	340	100%	510
VUKUZENZELE COMM DEV ORG	165			165	165	100%	330
	8,495	**-**	**-**	**8,495**	**8,495**	**24**	**11,300**

ANNEXURE 1G
STATEMENT OF TRANSFERS TO HOUSEHOLDS

	2020/21						2019/20
	TRANSFER ALLOCATION				EXPENDITURE		
HOUSEHOLDS	Adjusted appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Transfers							
Districts	70,387	-	-	70,387	429,624	610%	71,185
Clinical H/Comp	42,737	-	-	42,737	517,213	1210%	23,602
Other	130,852	-	-	130,852	73,328	56%	184,970
Total	**243,976**	**-**	**-**	**243,976**	**1,020,165**	**418%**	**279,757**

ANNEXURE 1H
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2020/21 R'000	2019/20 R'000
Received in kind			
Gibela Trade and Invest / Global Fund	Computer Equipment	-	676
Amakhala Emoyeni Wind Farms	Medical & Laundry Equipment	597	-
Gift of the Givers	Medical & Allied Equipment	16	-
Health System Trust	Computer Equipment	1,363	-
Mercedes Benz South Africa Ltd	Medical & Allied Equipment	419	-
Volkswagen group South Africa Ltd	Hospital & Computer Equipment	2,911	-
TOTAL		**5,306**	**676**

ANNEXURE 11
STATEMENT OF AID ASSISTANCE RECEIVED

NAME OF DONOR	PURPOSE	2020/21				
		OPENING BALANCE	REVENUE	EXPENDITURE	PAID BACK ON/BY 31 MAR	CLOSING BALANCE
		R'000	R'000	R'000	R'000	R'000
Received in cash						
European Union		2,114	-	-	-	2,114
Office of the Premier		39	-	-	-	39
IDZ		779	-	-	-	779
Tirelo Bosha		45	-	-	-	45
Methodist Church of South Africa		11	-	-	-	11
TOTAL		**2,988**	**-**	**-**	**-**	**2,988**

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STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2021 – LOCAL

Guarantee in respect of Housing

GUARANTOR INSTITUTION	original guaranteed capital amount	Opening balance 1 April 2020	Guarantees draw downs during the year	Guaranteed repayments/ cancelled/ reduced/ released during the year	Revaluation due to foreign currency movements	Closing balance 31 March 2021	Revaluations due to inflation rate movements	Accrued guaranteed interest for year ended 31 March 2021
	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	5	-	-	174	-	-
FNB (Firstrand)	-	911	27	-	-	938	-	-
FNB (Saambou Bank)	-	151	-	-	-	151	-	-
Peoples Bank (FBC FID)	-	108	-	-	-	108	-	-

ANNEXURE 3A (CONTINUED)
STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2020 - LOCAL (CONTINUED)

Guarantee in respect of Housing

GUARANTOR INSTITUTION	original guaranteed capital amount	Opening balance 1 April 2019	Guarantees draw downs during the year	Guaranteed repayments/ cancelled/ reduced/ released during the year	Revaluation due to foreign currency movements	Closing balance 31 March 2020	Revaluations due to inflation rate movements	Accrued guaranteed interest for year ended 31 March 2020
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
GBS Mutual	-	34	-	-	-	34	-	-
Old Mutual (Nedbank)	-	460	-	-	-	460	-	-
Investec	-	57	-	-	-	57	-	-
Unique Finance	-	108	-	-	-	108	-	-
SA Home Loans P	-	5	8	-	-	13	-	-
	-	2,925	40	-	-	2,965	-	-

ANNEXURE 3B
STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2021

Nature of liability	Opening balance 1 April 2020	Liabilities incurred during the year	Liabilities paid/ cancelled/ reduced during the year	Liabilities recoverable (Provide details hereunder)	Closing balance 31 March 2021
	R'000	R'000	R'000	R'000	R'000
Claims against the Department					
Legal Claims	35,425,811	4,825,565	1,642,770	-	38,608,606
TOTAL	35,425,811	4,825,565	1,642,770	-	38,608,606
Other					
	-	-	-	-	-
	-	-	-	-	-
	35,425,811	**4,825,565**	**1,642,770**	**-**	**38,608,606**

ANNEXURE 4
CLAIMS RECOVERABLE

Government entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2021	31/03/2020	31/03/2021	31/03/2020	31/03/2021	31/03/2020
	R'000	R'000	R'000	R'000	R'000	R'000
Department						
Department of Public Works EC	-	-	5	-	5	-
Department of Rural Development EC	-	33	34	-	34	33
Department of Education	-	-	-	24	-	24
Department of Social Development	98	-	-	55	98	55
COGTA	-	-	66	67	66	67
Department of Health Office of the Premier	-	-	-	-	-	-
Eastern Cape Legislature	-	-	157	158	157	158
National Department of Correctional Services	-	-	111	40	111	40
National Department of Health	-	-	-	-	-	-
National Department Higher Education	-	-	37	37	37	37
National Department of Home Affairs	-	-	-	-	-	-
National Department of Defence	-	-	32	32	32	32
National Department of Labour	-	-	-	21	-	21

ANNEXURE 4
CLAIMS RECOVERABLE (continued)

Government entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2021	31/03/2020	31/03/2021	31/03/2020	31/03/2021	31/03/2020
	R'000	R'000	R'000	R'000	R'000	R'000
Department of Health NW	-	-	30	-	30	-
Department of Health Limpopo	-	-	213	-	213	-
Department of Health KZN	-	249	518	-	518	249
Department of Health Gauteng	-	-	39	117	39	117
Department of Health WC	-	-	296	260	296	260
Department of Health FS	-	-	258	117	258	117
Department of Health NC	-	-	704	77	704	77
Total	**98**	**282**	**2,500**	**1,005**	**2,598**	**1,287**

ANNEXURE 5
INTER-GOVERNMENT PAYABLES

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2021	31/03/2020	31/03/2021	31/03/2020	31/03/2021	31/03/2020
	R'000	R'000	R'000	R'000	R'000	R'000
DEPARTMENTS						
Current						
EC: Office of the Premier	-	-	826	402	826	402
EC: Legislature	-	38	-	-	-	38
EC: Provincial Treasury	6	-	-	-	6	-
EC: Public Works	51,589	2,831	1,378	-	52,967	2,831
EC: Human Settlement	-	-	1	-	1	-
EC: Department of Transport	385,444	278,051	-	-	385,444	278,051
EC: Department of Labour	-	-	100	-	100	-

ANNEXURE 5
INTER-GOVERNMENT PAYABLES (continued)

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2021	31/03/2020	31/03/2021	31/03/2020	31/03/2021	31/03/2020
	R'000	R'000	R'000	R'000	R'000	R'000
National Department of Justice	618,481	604,758	-	-	618,481	604,758
National Department of Water and Sanitation	-	29	-	-	-	29
National Department of Labour	-	-	2	-	2	-
South African Police Services	-	39	-	-	-	39
National Department of Health	46,459	-	-	-	46,459	-
EC: Department of Water and Sanitation	30	25	-	-	30	25
Health Free State	-	-	132	-	132	-
Health WC	-	-	46	-	46	-
Health KZN	-	-	319	-	319	-
Health Gauteng	-	68	-	-	-	68
Total	**1,102,009**	**885,839**	**2,804**	**402**	**1,104,813**	**886,241**

ANNEXURE 6
INVENTORY

	Note	Medicines and medical supplies	TOTAL
		R'000	R'000
INVENTORIES FOR THE YEAR ENDED 31 MARCH 2021			
Opening balance		623,250	623,250
Add/(Less): Adjustments to prior year balances		132,360	132,360
Add: Additions/Purchases - Cash	6.4	3,803,809	3,803,809
Add: Additions - Non-cash		-	-
(Less): Disposals		(161,895)	(161,895)
(Less): Issues		(3,711,909)	(3,711,909)
Add/(Less): Received current, not paid (Paid current year, received prior year)		36,497	36,497
Closing balance		**722,112**	**722,112**

ANNEXURE 6
INVENTORY

	Note	Medicines and medical supplies	TOTAL
		R'000	R'000
INVENTORIES FOR THE YEAR ENDED 31 MARCH 2020			
Opening balance		668,669	668,669
Add/(Less): Adjustments to prior year balances		-	-
Add: Additions/Purchases - Cash	6.4	3,206,936	3,206,936
Add: Additions - Non-cash		-	-
(Less): Disposals		(5,509)	(5,509)
(Less): Issues		(3,272,810)	(3,272,810)
Add/(Less): Received current, not paid (Paid current year, received prior year)		25,964	25,964
Closing balance		**623,250**	**623,250**

ANNEXURE 7A
Movement in Capital Work-in-Progress
MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2021

	Opening balance R'000	Current Year Capital WIP R'000	Completed Assets R'000	Closing balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	2,882,439	912,733	(316,890)	3,478,282
Dwellings	-	-	-	-
Non-residential buildings	2,882,439	912,733	(316,890)	3,478,282
Other fixed structures	-	-	-	-
TOTAL	**2,882,439**	**912,733**	**(316,890)**	**3,478,282**

ANNEXURE 7A
Movement in Capital Work-in-Progress (continued)
MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2020

	Opening balance R'000	Current Year Capital WIP R'000	Completed Assets R'000	Closing balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	2,232,038	1,030,273	(379,872)	2,882,439
Dwellings	-	-	-	-
Non-residential buildings	2,232,038	1,030,273	(379,872)	2,882,439
Other fixed structures	-	-	-	-
TOTAL	**2,232,038**	**1,030,273**	**(379,872)**	**2,882,439**

ANNEXURE 8B
INTER-ENTITY ADVANCES RECEIVED (note 17)

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2021	31/03/2020	31/03/2021	31/03/2020	31/03/2021	31/03/2020
	R'000	R'000	R'000	R'000	R'000	R'000
NATIONAL DEPARTMENTS						
Current						
National Department of Health	22,666	22,666	-	-	22,666	22,666
PROVINCIAL DEPARTMENTS						
Current						
Eastern Cape Department of labour	2	-	-	-	2	-
Total	22,668	22,666	-	-	22,668	22,666
Current	22,668	22,666	-	-	22,668	22,666
Non-current	-	-	-	-	-	-

ANNEXURE 11
COVID-19 RESPONSE EXPENDITURE
Per quarter and in total

Expenditure per economic classification	APRIL 2020	MAY 2020	JUN 2020	Subtotal Q1	JUL 2020	AUG 2020	SEPT 2020	Subtotal Q2
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Compensation of employees	-	-	-	-	37,982	46,105	106,780	190,867
Goods services	7,344	11,945	74,301	87,530	74,133	79,230	72,294	219,597
Advertising	-	-	-	-	54	-	-	54
Minor Assets	-	-	-	-	559	25	39	623
Computer services	-	-	-	-	65	55	55	175
Laboratory services	-	-	2,200	2,200	-	-	4,463	4,463
Scientific and technological services	-	-	-	-	-	-	2,959	2,959
Contractors	-	-	-	-	2,959	-	(2,959)	-
Agency and support / outsourced services	-	-	-	-	850	1,646	722	3,218

ANNEXURE 11
COVID-19 RESPONSE EXPENDITURE
Per quarter and in total

Expenditure per economic classification	APRIL 2020	MAY 2020	JUN 2020	Subtotal Q1	JUL 2020	AUG 2020	SEPT 2020	Subtotal Q2
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Goods services (continued)								
Inventory: Clothing material and accessories	-	-	-	-	13	-	-	13
Inventory: Food and food supplies	-	-	-	-	-	-	-	-
Inventory: Chemicals, fuel, oil, gas, wood and coal	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	-	-	-	-	13	-	-	13
Inventory: Medical supplies	4,875	3,570	50,641	59,086	22,779	34,346	47,215	104,340
Inventory: Other supplies	-	-	6,193	6,193	84	2,447	551	3,082
Consumable supplies	449	6,013	9,969	16,431	40,795	31,522	5,557	77,874
Consumable: Stationery, printing and office supplies	-	-	-	-	-	-	-	-
Operating leases	-	-	-	-	18	143	76	237
Property payments	-	-	-	-	1,677	3,047	6,058	10,782
Travel and subsistence	-	-	411	411	865	2,188	2,734	5,787
Operating payments	-	-	-	-	-	3	-	3
Venues and facilities	-	-	-	-	-	-	16	16
Rental and hiring	-	342	2,867	3,209	1,382	1,788	2,788	5,958

ANNEXURE 11
COVID-19 RESPONSE EXPENDITURE
Per quarter and in total

Expenditure per economic classification	APRIL 2020	MAY 2020	JUN 2020	Subtotal Q1	JUL 2020	AUG 2020	SEPT 2020	Subtotal Q2
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Transfers and subsidies	-	-	-	-	-	-	-	-
Expenditure for capital assets	-	8,965	4,750	13,715	1,234	12,374	74,209	87,817
Buildings and other fixed structures	-	-	337	337	229	1,070	63,341	64,640
Other machinery and equipment	-	8,965	4,413	13,378	1,005	11,304	10,868	23,177
TOTAL COVID-19 RESPONSE EXPENDITURE	7,344	20,910	79,051	101,245	113,349	137,709	253,283	498,281

ANNEXURE 11
COVID-19 RESPONSE EXPENDITURE
Per quarter and in total

Expenditure per economic classification	OCT 2020	NOV 2020	DEC 2020	Subtotal Q3	JAN 2021	FEB 2021	MAR 2021	Subtotal Q4	2020/21 TOTAL
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Compensation of employees	48,184	46,714	41,423	136,321	88,771	49,206	181,802	319,779	646,967
Goods services	50,341	65,782	217,848	327,911	(84,014)	9,481	80,616	20	635,058
Advertising	-	-	-	-	-	-	-	-	54
Minor Assets	193	324	159	676	206	(435)	166	(63)	1,236
Computer services	55	55	55	165	-	-	230	230	570
Laboratory services	-	-	93,683	93,683	(87,910)	-	10,338	(77,572)	22,774
Scientific and technological services	-	-	-	-	-	-	-	-	2,959
Contractors	48	855	-	903	-	-	-	-	903
Agency and support / outsourced services	1,226	13	1,697	2,936	-	-	7,370	7,370	13,524

ANNEXURE 11
COVID-19 RESPONSE EXPENDITURE
Per quarter and in total

Expenditure per economic classification	OCT 2020	NOV 2020	DEC 2020	Subtotal Q3	JAN 2021	FEB 2021	MAR 2021	Subtotal Q4	2020/21 TOTAL
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Goods services (continued)									
Inventory: Clothing material and accessories	-	-	-	-	-	-	-	-	13
Inventory: Food and food supplies	9	24	196	229	-	46	14	60	289
Inventory: Chemicals, fuel, oil, gas, wood and coal	1,165	937	1,164	3,266	-	-	1,255	1,255	4,521
Inventory: Materials and supplies	6	-	83	89	-	-	724	724	826
Inventory: Medical supplies	22,710	43,631	24,571	90,912	1,645	6,302	25,099	33,046	287,384
Inventory: Other supplies	1,979	-	724	2,703	-	-	6,011	6,011	17,989
Consumable supplies	7,793	9,697	82,977	100,467	2	1,320	19,809	21,131	215,903
Consumable: Stationery, printing and office supplies	-	-	-	-	-	-	86	86	86
Operating leases	315	160	191	666	-	184	221	405	1,308
Property payments	8,347	2,664	6,381	17,392	-	-	6,079	6,079	34,253
Travel and subsistence	962	1,874	803	3,639	22	43	845	910	10,747
Operating payments	220	-	493	713	-	-	-	-	716
Venues and facilities	62	35	162	259	-	-	-	-	275
Rental and hiring	3,231	3,493	2,489	9,213	-	-	348	348	18,728

ANNEXURE 11
COVID-19 RESPONSE EXPENDITURE
Per quarter and in total

Expenditure per economic classification	OCT 2020	NOV 2020	DEC 2020	Subtotal Q3	JAN 2021	FEB 2021	MAR 2021	Subtotal Q4	2020/21 TOTAL
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Expenditure for capital assets	93,540	15,887	95,937	205,364	-	3,140	127,741	130,881	437,777
Buildings and other fixed structures	67,322	-	74,131	141,453	-	-	75,759	75,759	282,189
Other machinery and equipment	26,218	15,887	21,806	63,911	-	3,140	51,982	55,122	155,588
TOTAL COVID-19 RESPONSE EXPENDITURE	192,065	128,383	355,208	669,596	4,757	61,827	390,159	450,680	1,719,802



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