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EASTERN CAPE
HEALTH



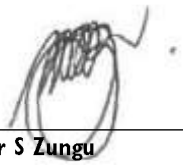
ANNUAL REPORT 2019/ 2020

VOTE 3

Together, moving the health system forward

SUBMISSION OF THE ANNUAL REPORT TO EXECUTIVE AUTHORITY

I have the honour of submitting the Annual Report of the Department of Health for the period 1st April 2019 to 31st March 2020 in compliance with Section 40 (1) (d) of the Public Financial Management Act (PFMA).



Dr S Zungu
Accounting Officer: Department of Health
30 November 2020

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PART A

GENERAL INFORMATION

1. DEPARTMENT GENERAL INFORMATION

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2. LIST OF ABBREVIATIONS / ACRONYM

AEA	Ambulance Emergency Assistance
AIDS	Acquired Immune Deficiency Syndrome
AIP	Audit Improvement Plan
AGSA	Auditor General South Africa
ALOS	Average Length of Stay
ALS	Advanced Life Support
ANC	Antenatal Care
ANC	African National Congress
ANZO	Alfred Nzo District
AOPO	Audit of Performance Objectives
APP	Annual Performance Plan
ARP	Annual Recruitment Plan
ART	Antiretroviral Therapy
ARV	Antiretroviral
AY	Annual Year
AYFS	Adolescent and Youth Friendly Service
B Cur	Baccalaureus Curationis
BCG	Bacillus Calmette-Guerin
BAA	Basic Ambulance Assistant
BAS	Basic Accounting Services
BCM	Buffalo City Municipality
BMI	Body Mass Index
BLUC	Blood and Laboratory Users Committees
BP	Blood pressure
BUR	Bed Utilisation Rate
C Hani	Chris Hani District
CA	Clinical Associate
CA(SA)	Charted Accountant of South Africa
CBD	Central Business District
CBO	Community-based Organisation
CCTV	Closed-Circuit Television
CCA	Critical Care Assistant
CCMDD	Centralized Chronic Medicines Dispensing and Distribution
CDC	Community Development Centre
CD4	T-Cell test
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CHC	Community Health Centre
CHIPP	Child Problem Identification Programme
CHW	Community Healthcare Worker
CMH	Cecilia Makiwane Hospital
CMR	Child Mortality Rate
CoE	Compensation of Employees
COVID-19	Corona Virus
COPD	Chronic Obstructive Pulmonary Disease
COGTA	Cooperative Governance and Traditional Affairs
CPD	Continuous Professional Development
CPT	Cotrimoxazole Prophylaxis Therapy
CRM	Customer Relations Monitoring
CS	Caesarean Section
CS	Corporate Services
CSTL	Care and Support Teaching for Learning
CS&OP	Corporate Strategy & Organisational Performance
CTOP	Choice on Termination of Pregnancy
DCH(SA)	Diploma in Child Health (South Africa)
DCST	District Clinical Specialist Team
DDG	Deputy Director General
DHC	District Health Council
DHIS	District Health Information System
DHS	District Health Services
DMT	District Management Team
DNH	Dora Nginza Hospital
DoE	Department of Education
DOH	Department of Health
DOJ	Department of Justice
DORA	Division of Revenue Act
DoT	Department of Transport
DPSA	Department of Public Service and Administration
DR	Drug Resistant.
DS	Drug Sensitive
DSD	Department of Social Development
DUT	Durban University of Technology
EC	Eastern Cape
ECDoH	Eastern Cape Department of Health
ECIPA	Eastern Cape independent Practitioner Association
ECP	Emergency Care Practitioner
ECT	Emergency Care Technician
EDH	Elizabeth Donkin Hospital
eGK	electronic Gate Keeping
EHP	Environmental Health Practitioner
EL	East London
ELCB	Eastern Cape Chamber of Business
EMD	Emergency Medical Dispatch
EMS	Emergency Medical Services
EMRS	Emergency Medical Rescue Services
EMP	Environmental Management Plan
EN	Enrolled Nurse
ENA	Enrolled Nursing Assistant
ENACHP	Enrolled Nursing Assistants Community Health Practitioners
EPI	Expanded Programme on Immunisation
ER	Employee Relations
EPDE	Expenditure per Patient Day Equivalent
EPWP	Expanded Public Works Programme
ERM	Enterprise-wide Risk Management
ESMOE	Essential Steps in the Management of Obstetric Emergency
ETAT	Emergency Triaging for Assessment and Treatment
EU	European Union
EWP	Employee Wellness Programme
FAEC	Fleet Africa Eastern Cape
FAST	Find Actively, Separate Temporarily and Treat Effectively
FEH	Fort England Hospital
FMU	Fraud Management Unit
FPD	Foundation for Professional Development
FPS	Forensic Pathology Services
FY	Financial Year
GEMS	Government Employees Medical Scheme
GM	General Manager
GIZ	German International Zusammenarbeit
GP	General Practitioner
HAST	HIV & AIDS, STI & TB
HB	Haemoglobin
HBC	Home Based Care
HCBC	Home Community-Based Care
HCT	HIV Counselling & Testing
HFM	Health Facilities Management
HIV	Human Immunodeficiency Virus
HOD	Head of Department

HPCSA	Health Professions Council of South Africa
HPH	Health Promoting Hospital
HPRS	Health Patient Registration System
HPTD	Health Professionals Training and Development
HPV	Human Papilloma Virus
HR	Human Resources
HRD	Human Resource Development
HR Rems	Human Resource Records Management Systems
HR TAP	Human Resources Turn Around Plan
HRM	Human Resource Management
HROPT	Human Resources Operating Project Team
HST	Health Systems Trust
HTA	High Transmission Area
ICAP	International Center for AIDS Care and Treatment Programmes
ICASA	Independent Communications Authority of South Africa
ICRM	Ideal Clinic Realisation and Maintenance
ICSM	Integrated Clinical Services Management
ICDM	Integrated Chronic Disease Management
IGR	Inter Governmental Relations
ISDM	Integrated Service Delivery Model
ICT	Information Communication Technology
ICU	Intensive Care Unit
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illness
IMR	Infant Mortality Rate
INH	Isoniazid
INP	Integrated Nutrition Programme
IPT	Isoniazid Prophylaxis Therapy
ISHP	Integrated School Health Programme
ISRDP	Integrated Sustainable Rural Development Plan
IT	Information Technology
IUCD	Intrauterine Contraceptive Device
IYA	Imbumba yamaKhosikazi Akomkulu
IYM	In-Year Monitoring
JICA	Japanese International Development Cooperation Agency
KPA	Key Performance Area
KPMG	Klynveld Peat Marwick Goerdeler
KSD	King Sabata Dalindyebo
KPA	Key Performance Area
KTP	Knowledge Transfer Partnership
KZN	KwaZulu Natal Province
LF-LAM	Lateral Flow Lipoarabinomannan
LTDOT	Long-Term Domiciliary Oxygen Therapy
LEDIS	Local Economic Development Implementation Strategy
M/XDR	Multi/Extreme Drug Resistant
MAWG	Multi-Agency Working Group
MBChB	Bachelor of Medicine and Bachelor of Surgery
MCC	Medicines Control Council
MCWH	Maternal Child and Women's Health
MDR-TB	Multi-Drug Resistant Tuberculosis
M&E	Monitoring and Evaluation
MEC	Member of Executive Council
METRO	Medical Emergency Transport and Rescue Organization
MHS	Municipal Health Services
MHU	Mental Health Unit
MMC	Male Medical Circumcision
MMR	Maternal Mortality Ratio
MO&P	Medical Orthotics & Prosthetics
MoU	Memorandum of Understanding
MOU	Maternal Obstetric Unit
MPAT	Management Performance Assessment Tool
MTEF	Medium Term Expenditure Framework
NCCEMD	National Committee on Confidential Enquiry into Maternal Deaths
NCD	Non-Communicable Diseases
NCS	National Core Standards
NDOH	National Department of Health
NDP	National Development Plan
NEMA	National Environmental Management Act
NGO	Non-governmental Organisation
NHC	National Health Council
NHI	National Health Insurance
NHLS	National Health Laboratory Service
NHISSA	National Health Information Systems of South Africa
NIDS	National Indicator Data Set
NIMART	Nurse Initiated Management of Antiretroviral Therapy
NMBM	Nelson Mandela Bay Metro
NMAH	Nelson Mandela Academic Hospital
NMM	Nelson Mandela Metropolitan
NMMB	Nelson Mandela Metro Sub-district B
NMMU	Nelson Mandela Metro University
NPO	Non-Profit Organisations
NSDA	Negotiated Service Delivery Agreement
NTSG	National Treasury Service Grant
NW	North West Province
OD	Organisational Development
OHH	Outreach House-Hold
OM	Operational Manager
OHS	Occupation Health Standards
OHSC	Office of Health Standards Compliance
OPD	Out Patient Department
OTL	Outreach Team Leader
OTP	Office of The Premier
O&P	Orthotic & Prosthetic
OPD	Outpatient Department
ORT	Oliver Reginald Tambo
OSD	Occupation-Specific Dispensation
OSG	Office of the Superintendent General
PAA	Public Audit Act
PAH	Provincially-Aided Hospital
PCCC	Provincial Cost Containment Committee
PTC	Pharmacy and Therapeutics Committee
PCR	Polymerase Chain Reactive
PCV	Pneumococcal Vaccine
PDE	Patient Day Equivalent
PDMT	Provincial District Management Team
PDP	Public Driver's Permits
	Port Elizabeth
PE	Patient Experience of Care
PEC	Presidents Emergency Programme Fund
PEPFAR	for Aids Relief
PEHC	Port Elizabeth Hospital Complex
PEPH	Port Elizabeth Provincial Hospital
Persal	Personnel Salary System
PFMA	Public Finance Management Act
PGDP	Provincial Growth and Development Plan
PHC	Primary Health Care
PHC	Provincial Health Council

PHCF	Provincial Health Consultative Forum
PHS	Port Health Services
PILLIR	Policy on procedure on incapacity leave and ill Health Retirement
PLWHA	People Living with HIV/AIDS
PMDS	Performance Management and Development System
PMR	Perinatal Mortality Rate
PMTCT	Prevention of Mother to Child Transmission
PN	Professional Nurse
PPT	Planned Patient Transport
PPTICRM	Perfect Permanent Team for Ideal Clinic Realisation Maintenance
PROVHOC	Provincial Health Operations Centre
PTB	Pulmonary Tuberculosis
PSC	Public Service Commission
PWC	Price Waterhouse Coopers
QA	Quality Assurance
RAF	Road Accident Fund
REC	Reach Every Child
RED	Reach Every District
RH	Regional Hospital
RMC	Risk Management Committee
RPHC	Revitalisation of Primary Health Care
RSDP	Rationalised Service Delivery Platform
RTC	Regional Training Centre
RTHB	Road To Health Booklet
RV	Rotavirus Vaccine
SA	South Africa
SAM	Severe Acute Malnutrition
SABC	South African Broadcasting Corporation
SAMA	South African Medical Association
SANBS	South Africa National Blood Services
SANCA	South African Cancer Association
SANS	South African National Standards
SAPC	South African Pharmacy Council
SAPS	South African Police Service
SAQA	South African Qualifications Authority
SARS	South Africa Revenue Service
COV 2	Severe Acute Respiratory Syndrome
SASO	Senior Auxiliary Service Officers
SCOPA	Standing Committee on Public Accounts
SCM	Supply Chain Management
SDF	Skills Development Facilitators
SFH	Society for Family Health
SG	Superintendent General
SITA	State Information Technology Agency
SIU	Special Investigating Unit
SLA	Service Level Agreement
sm+	Smear Positive
SMME	Small, Medium and Micro Enterprises
SMS	Senior Management Services
SMSB	Saving Mothers Saving Babies
SOPA	State of Provincial Address
SOP	Standard Operating Procedure
Statssa	Statistics South Africa
STI	Sexually Transmitted Infection
SVS	Stock Visibility System
TB	Tuberculosis
THS	Traditional Health Services
TMC	Traditional Male Circumcision
TRAP	Treatment and Retention Acceleration Plan
TROA	Total Clients Remaining on ART
UDIPA	Uitenhage Despatch Independent Practitioner Association
UFH	University of Fort Hare
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UPFS	Uniform Patient Fees Schedule
UPH	Uitenhage Provincial Hospital
URC	University Research Council
UTT	Universal Test and Treat
VCT	Voluntary Counselling and Testing
VitA	Vitamin A
VL	Viral load
VPN	Virtual Private Network
WAMTEC	Willem Andries Machiel Technology
WBOT	Ward Based Outreach Team
WSU	Walter Sisulu University
XDR-TB	Extremely Drug Resistant Tuberculosis



3. FOREWORD BY THE MEMBER OF THE EXECUTIVE COUNCIL

The Department takes the opportunity and privilege to present and submit the Eastern Cape Department of Health Annual Performance Report for 2019/20 financial year. The year under review is the gap year between the fifth and the sixth administrations. We have inherited strategic goals and interventions of the fifth administration and to ensure smooth transitioning in pursuit of consolidating the democratic gains of the government led by the African National Congress.

This 2019/20 annual report consolidates the efforts made by the Department in the implementation of the Medium-Term Strategic Framework (MTSF) for the fifth term of government. We look at the twenty-five years of democracy with pride, when we reflect on the strides that our government has made to improve the quality of life of the people of the Eastern Cape. We reiterate that healthcare is a human right, a right that was previously denied to the majority of the people of this country, and it is for this reason that delivery of quality health remains a priority of this Department.

Within the first hundred days in office, I facilitated a provincial health summit to engage with the stakeholders of the healthcare sector to plot a trajectory towards healthcare services improvement for the Eastern Cape. Inputs from the customers were sought from the clinic committees and hospital boards. This was done to facilitate a communication with stakeholders in ensuring that gains on health outcomes that we achieved under the fifth administration which include improvements in life expectancy, reduction in child mortality, and improvement of management of HIV, TB and Cancer can be carried forward to the sixth administration

The department has made great strides in making health services accessible to many Eastern Cape citizens through building and opening of Primary Health Care clinics in pursuit of making National Health Insurance (NHI) a reality. OR Tambo health district has received much needed investment through health infrastructure. The department has also intensified the programme of de-congesting health facilities by strengthening Central Chronic Medicine Dispensing and Distribution (CCMDD) system and Integrated Clinical Services Management (ICSM). ICSM facilitates appointment system for clients needing health care at departmental facilities. These strategies or interventions display the commitment of this government on prioritizing and improving conditions the of its people.Furthermore, access to oncology services in the Eastern Part of the Province in Nelson Mandela Academic Hospital was increased as well as increased access to colposcopy services to treat cervical pre-cancer lesions. Nelson Mandela academic hospital also successfully gave two more children a gift of hearing through Cochlear implants.

Emergency Medical Services (EMS) summit that was held deliberated on the challenges that affect this critical service, it also outlined the strategies improve EMS services rendered in the Province. We have received a total of 244 vehicles to boost EMS fleet, 179 of these were ambulances, 53 PTV, 5 response, and 7 rescue vehicles. The Department is worried about the increase in the spate of attacks on EMS staff and employee strikes that seeks to cripple the service.

We are strengthening the implementation of the National Health Insurance by improving the infrastructure, public health system addressing human resources for health, filling of critical vacant posts. We are strengthening inter-governmental relations (IGR) in pursuit to address social determinants of health like water and sanitation, roads, housing through the District development model

Nothwistanding the good progress, in realising the Departmental strategy, we are still facing an albatross of medico-legal claims in our health budget and we have established a plan to deal with the claims the Department currently has through the various mechanisms.

I must extend my sincere gratitude to all stakeholder through their dedication and contribution in supporting the Department's strategic interventions. The philanthropic spirit of the development partners and non- governmental organisations has strengthened the social compact.

Lastly, I wish to express my appreciation to the leadership and management as well as the entire staff of the Department of Health who are fighting hard in the trenches to ensure that they curb the pandemic of the spread of Corona virus infection. We acknowledge the fallen heroes and heroines that succumbed to the infection while trying to save other people's health, we are humbled by their bravery. My appreciation is extended to social partners, other government Department s, academic and civil society who have fought with us in the battle to fight the virus. We remain resolute that we will win the battle.

Hon. S. Gomba
Member of the Executive Council
30 November 2020

4. REPORT OF THE ACCOUNTING OFFICER



4.1 OVERVIEW OF THE OPERATIONS OF THE DEPARTMENT

Results and challenges for the year

The Eastern Cape Department of Health's mission focusses on attaining universal health coverage through the Primary Health Care approach to ensure achievement of optimal health outcomes for its citizens. The increased need for health services informed by the quadruple burden of disease in the province; the increasing burden of mental health conditions; the rising cost of medico legal claims; medical inflation that is above normal inflationary adjustments; as well as aged and unsuitable infrastructure; continued to place enormous pressure on the Department's budget. For the 2019/2020 year, the Department continued to provide health services despite a seriously constrained fiscal environment. The advent of COVID 19 pandemic in the South African shores during the last quarter of 2019/20 financial year put more pressure on the already overstretched resources. Notwithstanding these challenges, the Department was able to offer uninterrupted services across its health facilities.

During the year under review:

- Primary Health care services were visited by 16 422 870 clients, 2 524 151 of those were children under 5 years of age. This translates to a PHC utilisation rate of 2.3 visits per person while hospitals outpatients' Departments serviced 3 192 433 clients. In preparation for National Health Insurance, 6 212 851clients were registered on health patient registration system.

- Screening for non – communicable diseases was intensified with 1 958 564 clients 40 years and older clients were screened for hypertension against the annual target of 1.5 million while 2 719 395 clients 40 years and older were screened for diabetes against the annual target of 1 542 304; 5 108 384 clients were screened for mental health disorders against the target of 3 283 608.

- The Department worked collaboratively with other stakeholders in implementing the 90 90 90 strategy for HIV/AIDS and TB control; On the first 90; 2 086 072 clients were tested for HIV and now know their status as against the target of 1 748 488 while 530 733 patients (87% of target) remain on treatment over the period. Differentiated care initiatives e.g. Central Chronic Medication Dispensing and Distribution were implemented with 130 583 clients registered on the system. Prevention of Mother to Child Transmission continued to perform well with significant decline in HIV infection rates amongst new-born babies. During the period under review, PCR positivity rate was on target at one percent. This was due to early ANC booking and initiation of HIV positive pregnant mothers on ART. More than 95% of HIV pregnant women were initiated on ART with most districts initiating 100%.

- Maternal, child morbidity and mortality are still challenging within the Province, Maternal mortality ratio is at 108/ 100 000 while neonatal death remains at 12.3 / 1000 live births. Teenage pregnancy is still a challenge with 16.7% deliveries from girls between the ages 10-19 years. More effort, however, needs to be directed towards addressing and reducing teenage pregnancy.

- In preparation for NHI implementation, there is a focus on improving quality of health care services. To this end PHC facilities are making progress towards ideal clinic realisation although there are some challenges experienced that are emanating from the historical infrastructure and bulk systems backlogs.

Emergency Medical Services (EMS)

The Department has given Emergency Medical Services attention towards improving the response times for both urban and rural areas. The response times were 23%and 48 % for urban and rural areas respectively and there is need for improvement in this area.

Pharmaceutical services

The Department has taken strides in improving medicine availability over the 2019/20 financial year through various interventions e.g. implementation of stock visibility system, implementation of SyNCH (synchronised national communication in health). Facility medicine availability improved from 82.9% (2018/19) to 90.5% (2019/20).

Support services

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

In 2019/20, the Department spent R26,201 billion or 100.9% of the allocated budget of R25,972 billion to deliver health services. The overspending of R228,103 million was mainly as a result of payment of the unbudgeted medico legal claims. Given the financial constraints, the Department had to institute strict financial controls in order to mitigate against unauthorised expenditure. The Department continued to use district and provincial Cost Containment Committees to monitor procurement and placing of orders, payments of service providers, as well as appointment of staff.

Despite the improvement in the overall financial control environment as well as the reduction in the number of audit findings from the Office of the Auditor General, the Department obtained a qualified audit opinion for the 2019/20 financial year. The qualification relates to the misstatement of the medico legal contingent liability. To address the audit qualification, the Department is strengthening its electronic contingent liability register and ensuring that all cases recorded on the register are complete, valid, and supported with adequate documentation.

On SCM, the Department improved its procurement plan monitoring and implementation by capacitating district and facility-based supply chain management committees. This was done through training programmes that are offered in collaboration with Provincial Treasury. This culminated in the reduction of contract extensions, which is a positive step towards minimising irregular expenditure in the Department. Various term contracts were also entered into, in a bid to reduce risks of contract extensions and procurement through quotations. In addition, the asset management module on LOGIS was implemented as part of automating the manual asset register and improving controls over the Department's movable assets.

The Department increased its drive to improve revenue collection given that it is a second highest revenue collecting Department in the province. The Department collected 102% of the targeted revenue collection of R242 451 million for the year under review mainly due to improved collection efforts for patient fees. The Department continues to strengthen collaboration with the Road Accident Fund and GEMS for improved patient billing collections.

Human Resources Management

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

As at March 2020, the Department had 41 833 employees in a permanent capacity and more than 60% of which are health professionals. In terms of the employment equity profile of the Department there are 99 persons with disability and more than 50% of senior management positions are held by females. The Department has a vacancy rate of 13.8%

In the year under review, the human resources provision was challenged by the Compensation of Employees (COE) budget pressures which adversely affected filling of funded vacant posts. With regards to the Department's revised organogram, micro structure has been reviewed and aligned with the approved macro structure.

Medico legal

The EC Department of Health continues to be confronted by the medico legal claims which seeks to undermine the efforts to manage the sccurge and the threats towards the quality of healthcare for the public that continues to rely on the public healthcare. The Department has further done trend analysis on litigations and has seen an increase in the OR Tambo district with pending claims, followed by Butterworth with highest litigation statistics. The litigation trends are constantly positive on new matters, but risks have shifted to backlogs matters, which the highest values and statistics reside with the surrounding of the abovementioned district and Alfred Nzo District.

Medico legal claims account for highest numbers of current contingent liability in respect of claims against the State thereby making it the highest risk area. The Obstetric care and Gynaecology care related claims remain high risk with Retinopathy of prematurity (maternal) emerging as a new litigation trend on top of cerebral palsy. Orthopaedic / surgery care related claims remain second highest risk.

The medico legal claims continued to place pressure on the Department's financial resources. In the year under review, R762,809 was paid Department towards medico legal claims as against R 797,434 million that was paid in the 2018/19 financial year. As a response to the escalating medico legal claims problem, the Department continues to implement its

medico legal strategy and reports progress thereon to the Cabinet Budget Committee on a monthly basis. Despite these efforts, medico legal claims remain the single biggest risk to the Department and the province's financial stability.

Infrastructure delivery

Infrastructure delivery plays a vital role in the provision of health services in ensuring that health facilities are ready for accreditation by office of health standards. A total of 22 projects were completed in the 2019/20 year across the different districts. An additional 22 projects were in progress with the majority planned for completion in the first and second quarter of 2020/21 year. The Department procured and installed major medical equipment items totalling R 61 million comprising of major life support equipment for high risk medico legal health facilities in the Department. Special focus was on maternal and child health equipment as part of the multi-disciplinary medico legal risk mitigating strategy. Minor medical equipment and furniture was procured for Ideal Clinics.

A total of R12 million was spent on procurement and installation of health technologies that were required to operationalize business units and clinical service spaces at Cecilia Makiwane Hospital.

Repairs and scheduled maintenance was carried out on all Life Support, Critical Diagnostics and Imaging Equipment with special focus on prioritized medico legal facilities.

4.2 FINANCIAL PERFORMANCE

Table 4.2.1 Departmental Receipts

	2019/20			2018/19		
	Estimate	Actual Amount Collected	(Over) / Under Collection	Estimate	Actual Amount Collected	(Over) / Under Collection
	R'000	R'000	R'000	R'000	R'000	R'000
Sale of goods and services other than capital assets	227 451	238 640	(11 189)	227 918	209 250	18 668
Interest, dividends and rent on land	0	235	(235)	0	563	-563
Sale of capital Assets	0	0	0	0	0	0
Financial transactions in assets and liabilities	15 000	7 684	7 316	14 218	9 687	4 531
Total	**242 451**	**246 559**	**(4 108)**	**242 136**	**219 500**	**22 636**

The Department collected R246,56 million of own revenue against the projection of R242,45 million, resulting in an over-collection of R4,11 million. This was mainly due to the over-collection on patient fees and rental revenue which was due in the 2018/2019 financial year but paid in in the 2019/2020 financial year.

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 Department s (Department of Justice, South African Police, Correctional Services), and patients injured on duty.

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

The Department increased patient tariffs to the externally funded patient fees by 5.2 % 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.

Programme expenditure

Table 4.2.2 Appropriation per Programme

	Voted funds and Direct charges	2019/20			2018/19		
		Final Appropriation	Actual Expenditure	(Over) / Under Expenditure	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
	Programme						
1	ADMINISTRATION	615,633	598,794	16,839	741,464	692,884	48,580
2	DISTRICT HEALTH SERVICES	13,330,290	13,640,040	(309,750)	12,332,679	12,779,800	-447,121
3	EMERGENCY MEDICAL SERVICES	1,313,655	1,277,761	35,894	1,273,756	1,273,093	663
4	PROVINCIAL HOSPITAL SERVICES	3,770,720	4,026,399	(255,679)	3,765,109	3,835,551	-70,442
5	CENTRAL HOSPITAL SERVICES	4,309,109	4,329,290	(20,181)	3,703,532	3,749,152	-45,620
6	HEALTH SCIENCES AND TRAINING	855,609	728,562	127,047	836,918	776,535	60,383
7	HEALTH CARE SUPPORT SERVICES	115,775	101,329	14,446	116,427	110,060	6,367
8	HEALTH FACILITIES MANAGEMENT	1,659,578	1,496,307	163,271	1,253,692	1,253,296	396
	Programme sub total	**25,970,369**	**26,198,482**	**(228,113)**	**24,023,577**	**24,470,371**	-446,794
	Statutory Appropriation	**2,019**	**2,019**	**-**	**1,948**	**1,948**	0
	TOTAL	**25,972,388**	**26,200,501**	**(228,113)**	**24,025,525**	**24,472,319**	-446,794

The Department spent R26,201 billion (100.9%) of the final appropriation of R25,972 billion resulting in an over-expenditure at a Vote level of R228,113 million or 0.9% of the final appropriation. Conditional Grant expenditure amounted to R4,809 billion of a final appropriation of R4,832 billion or 99.9%.

The Department has further made applications for conditional grants roll overs amounting to R23,284 million.

Programme 1: Health Administration and Management

The net underspend of R16,839 million in the Programme, primarily vesting in current expenditure, arose in order to assist in the funding of medico legal claim settlements incurred by clinical Programmes 2, 4 and 5.

A net amount of R53,708 million was adjusted from Programme 1 to Programme 2, through the application of virements, in order to relieve pressures in the medicines budget of Sub Programme 2.2 - Community Health Clinics.

Programme 2: District Health Services

The net overspend of R309,750 million net of funds shifts and virements is primarily attributable to the settlement of medico legal claims which are unbudgeted.

A net amount of R110,467 million was adjusted into the programme from programmes 1,3 and 6 through the application of virements in order to primarily fund unbudgeted medico legal claim settlements incurred in the current financial year as well ongoing goods and services pressures experienced in the district management and community health clinics sub programmes.

Programme 3: Emergency Medical Services

The net underspend of R35,894 million in the Programme, primarily vesting in finance lease budgets, arose in order to assist in the funding of medico legal claim settlements incurred by clinical Programmes 2, 4 and 5.

A net amount of R58,695 million was adjusted from Programme 3 to Programme 2, through the application of virements, in order to relieve pressures in the medicines budget of Sub Programme 2.2 - Community Health Clinics. A further amount of

R23,578 million was adjusted from Programme 3 to Programme 4, Sub Programme 4.1 – General (Regional) Hospitals to relieve budget pressures in machinery and equipment.

Programme 4: Provincial Hospital Services

The net overspend of R255,679 million in the Programme arose as a result of the settlement of medico legal claims, which are unbudgeted.

A net amount of R36,853 million was adjusted from Programme 3 to Programme 4, Sub Programme 4.1 - General (Regional) Hospitals to relieve budget pressures in machinery and equipment.

Programme 5: Central Hospital Services

The net overspend of R20,181 million in the Programme arose as a result of the settlement of medico legal claims, which are unbudgeted.

As a result of COE pressures vesting in the Programme, Sub Programme 5.2 - Provincial Tertiary Services, R46,590 million was necessarily shifted from the Goods and Services budget of the Programme. A further amount of R76,073 million was vired into the Sub Programme 5.2 COE budget from the COE and Goods and Services budget of Programme 6.

Programme 6: Health Sciences & Training

The net underspend of R127,047 million in the programme, primarily vested in outstanding transfers due in respect of the Bursary Programme (R98,654 million), Machinery & Equipment (R14,954 million) and Goods & Services (R11,323 million) arose in order to assist in the funding of medico legal claim settlements incurred by clinical Programmes 2, 4 and 5.

Programme 7: Health Care Support Services

The net underspend of R14,446 million in the Programme, primarily vesting in current expenditure, arose in order to assist in the funding of medico legal claim settlements incurred by clinical Programmes 2, 4 and 5.

Programme 8: Health Facilities Management

The net underspend of R163,271 million in the Programme, primarily vesting in capital expenditure, arose in order to assist in the funding of medico legal claim settlements incurred by clinical Programmes 2, 4 and 5.

Virements and fund shifts

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

Roll-overs – conditional grants and equitable share

Conditional grant rollovers are made up of the following:
R1,990 million for Comprehensive HIV and Aids Grant.
R201 thousand for Health Professions Training and Development Grant; and
R4,017 million for National Tertiary Services Grant.

Unauthorised Expenditure

For the year under review, the Department incurred overspending of R228,103 million at the Vote level and R598,224 million at the Programmes level. The amount of R598,224 million is made up of R311,329 million (Prg 2), R255,679 million (Prg 4) and R31,216 million (Prg 5) adjusted for underspending of the conditional grants within those programmes.

The unauthorised expenditure has primarily arisen through the settlement of unbudgeted medico legal claims by the Department of R762,810 million in the current financial year, mitigated by the reprioritisation of the Department 's budget through the shifting and virement of funds in terms of Treasury Regulations 6.3 and Sections 43 and 76(3) of the PFMA.

Within the month of March 2020 of this reporting period, the Department sought 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 R243 million to pay SMME's and Municipalities (amongst others).

This amount was approved in additional to the R490 million previously allowed as an excess during 2018/19 financial year. Both amounts (R490 million + R243 million) were cushioned in the Exchequer Account, to avoid interest charges.

The excess is not an additional allocation to the vote and as such would require a legislative process for condonement.

Irregular Expenditure

Irregular expenditure amounting to R338,115 million was incurred during the year under review. Of this R334,111 million or about 99% was in respect of the Department extending certain contracts in excess of 15% without the approval from the Provincial Treasury which is in in relation to non-compliance with Treasury Instruction 3 of 2016/17. The Department will engage with the relevant treasury for condonation. The Department was able to condone an amount of R14,167 million for payment on contracts whose irregular expenditure was condoned by Provincial Treasury in the prior year. A debt of R6,932 million was raised during the financial year against a security company called Mafoko Security Patrols for irregular expenditure in relation to overpayment of overheads.

Fruitless and Wasteful Expenditure

Fruitless and wasteful expenditure amounting to R23,700 million was incurred in respect of interest on late payments to service providers, no shows, and damages and abuse of vehicles.

Included in this amount is interest amounting to R20,343 million paid to Coega Development Corporation(CDC) in settlement of an arbitration award due to a contractual dispute which resulted invoices of CDC exceeding the legislated 30 days. This amount was paid in the 2018/19 financial year but could not be classified as fruitless and wasteful expenditure immediately due to the nature of the claim from CDC, of which the Accounting Officer sought the correct classification from Provincial treasury and legal opinion from the State Attorney. Both these requests were received in the current year hence the interest was then classified as fruitless and wasteful expenditure incurred in prior years in the financial statements.

The State Attorney could not find any official liable for the fruitless and wasteful expenditure and advised the Accounting Officer to write the amount off as an expense of the Department. Cases amounting to R2 352 were written off by the Accounting Officer during the financial year and R203 thousand was transferred to the debtors' account for recovery.

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, 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.

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.

Post Balance Sheet Event - Currently, the Department is in the process of engaging with notification of proposed termination received from the Concessionaire, Messrs Nalithemba Hospitals (Pty) Ltd.

Discontinued activities / activities to be discontinued

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

Other measures employed to prevent irregular expenditure include:

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

Supply Chain Management

SCM processes and systems to prevent irregular expenditure

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

Other measures employed to prevent irregular expenditure include:

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

Challenges experienced in SCM

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

Gifts and donations received in kind from non-related parties

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

Exemptions and deviations received from the National Treasury

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

Events after the reporting date

Covid-19 Health Response

On 15 March 2020, the President of the Country declared a state of disaster, owing to the magnitude and severity of the COVID-19 outbreak which had been declared a global pandemic by the World Health Organisation (WHO). A nation-wide lockdown ensued from 26 March to 30 April 2020, in an effort to curb the spread of the disease and to allow the healthcare system to prepare for the period at which the rate of new infections will be at their highest.

To a great extent, the lockdown was successful in flattening the curve – reducing the numbers of infections and delaying the onset of the peak in infections. National Government lifted the lockdown (which was thereafter referred to Alert Level 5) on 30 April 2020, and from 1 May 2020 imposed Alert Level 4, which eased some of the restrictions of Level 5. The President thereafter announced that the Alert Level would be further lowered to Alert Level 3 from 1 June 2020. The Alert Levels have been lowered partly because the health system was at a higher level of readiness, but also because of a looming economic and humanitarian crisis.

On 24 June 2020, the Minister of Finance tabled an Adjustments Budget for 2020/21, which set out government's initial economic and fiscal response to COVID-19. The Eastern Cape Province was required to reprioritise a total R2.651 billion from provincial Departments' baselines and allocate these funds to key social services (public health, schools and social welfare services) at the front line of the pandemic response as well as the economic recovery response post the pandemic.

Therefore, based on the National Supplementary Budget, the Provincial Special Adjustment Budget sought to modify the 2020/21 current baseline allocations in order to reprioritise funds towards the provincial response to COVID-19. Thus, the Provincial Special Adjustments Budget catered for reprioritisation of funds as well as the allocation of additional funds, which enabled Departments to spend on COVID-19.

The Special Adjustments Estimates is being prepared in terms of Section 31(2) of the PFMA and Treasury Regulations 6.4.

The Department's budget was adjusted by R1,744 billion to a total adjusted appropriation of R28.135 billion.

Other

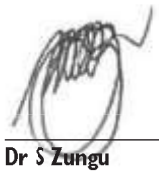
There are no other material facts or circumstances that affect the understanding of the financial statements and performance report of the Department.

Acknowledgement/s or Appreciation

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

Approval and sign off

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



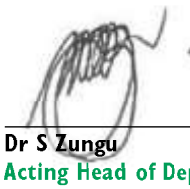
Dr S Zungu
Acting Accounting Officer: Department of Health
30 November 2020

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

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

- All information and amounts disclosed throughout the annual report are consistent.
- The annual report is complete, accurate and is free from any omissions.
- The annual report has been prepared in accordance with the guidelines on the annual report as issued by National Treasury.
- The Annual Financial Statements (Part E) have been prepared in accordance with the modified cash standard and the relevant frameworks and guidelines issued by the National Treasury.
- The Accounting Officer is responsible for the preparation of the annual financial statements and for the judgements made in this information.
- The Accounting Officer is responsible for establishing, and implementing a system of internal control that has been designed to provide reasonable assurance as to the integrity and reliability of the performance information, the human resources information and the annual financial statements.
- The external auditors are engaged to express an independent opinion on the annual financial statements.
- In my opinion, the annual report fairly reflects the operations, the performance information, the human resources information and the financial affairs of the Department for the financial year ended 31 March 2019.

Yours faithfully



Dr S Zungu
Acting Head of Department
30 November 2020

6. STRATEGIC OVERVIEW

6.1VISION

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

6.2MISSION

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

6.3VALUES

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

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

7. LEGISLATIVE AND OTHER MANDATES:

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

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

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

Legislation falling under the Minister of Health's portfolio

- **Medicines and Related Substances Act, 101 of 1965**
  Provides for the registration of medicines and other medicinal products to ensure their safety, quality and efficacy, and also provides for transparency in the pricing of medicines

- **Foodstuffs, Cosmetics and Disinfectants Act, 54 of 1972 (as amended)**
  Provides for the regulation of foodstuffs, cosmetics and disinfectants, in particular quality standards that must be complied with by manufacturers, as well as the importation and exportation of these items.

- **Hazardous Substances Act, 15 of 1973**
  Provides for the control of hazardous substances, in particular those emitting radiation.

- **Occupational Diseases in Mines and Works Act, 78 of 1973**
  Provides for medical examinations on persons suspected of having contracted occupational diseases, especially in mines, and for compensation in respect of those diseases.

- **Pharmacy Act, 53 of 1974 (as amended)**
  Provides for the regulation of the pharmacy profession, including community service by pharmacists.

- **Health Professions Act, 56 of 1974 (as amended)**
  Provides for the regulation of health professions, in particular medical practitioners, dentists, psychologists and other related health professions, including community service by these professionals.

- **Dental Technicians Act, 19 of 1979**
  Provides for the regulation of dental technicians and for the establishment of a council to regulate the profession.

- **Allied Health Professions Act, 63 of 1982 (as amended)**
  Provides for the regulation of health practitioners such as chiropractors, homeopaths, etc., and for the establishment of a council to regulate these professions.

- **Human Tissue Act, 65 of 1983**
  Provides for the administration of matters pertaining to human tissue.

- **National Policy for Health Act, 116 of 1990**
  Provides for the determination of national health policy to guide the legislative and operational programmes of the health portfolio.

- **SA Medical Research Council Act, 58 of 1991**
  Provides for the establishment of the South African Medical Research Council and its role in relation to health research.

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

- **Choice on Termination of Pregnancy Act, 92 of 1996 (as amended)**
  Provides a legal framework for the termination of pregnancies based on choice under certain circumstances.

- **Sterilisation Act, 44 of 1998**
  Provides a legal framework for sterilizations, including for persons with mental health challenges.

- **Medical Schemes Act, 131 of 1998**
  Provides for the regulation of the medical schemes industry to ensure consonance with national health objectives.

- **Tobacco Products Control Amendment Act, 12 of 1999 (as amended)**
  Provides for the control of tobacco products, the prohibition of smoking in public places and of advertisements of tobacco products, as well as the sponsoring of events by the tobacco industry.

- **National Health Laboratory Service Act, 37 of 2000**
  Provides for a statutory body that offers laboratory services to the public health sector.

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

- **Mental Health Care Act, 17 of 2002**
  Provides a legal framework for mental health in the Republic and, in particular, the admission and discharge of mental health patients in mental health institutions, with an emphasis on human rights for mentally ill patients.

- **National Health Act, 61 of 2003**
  Provides a framework for a structured uniform health system within the Republic, taking into account the obligations imposed by the Constitution and other laws on the national, provincial and local governments with regard to health services. The objects of the Act are to:
  - Unite the various elements of the national health system in a common goal to actively promote and improve the national health system in South Africa;
  - Provide for a system of co-operative governance and management of health services, within national guidelines, norms and standards, in which each province, municipality and health district must address questions of health policy and delivery of quality health care services;
  - Establish a health system based on decentralized management, principles of equity, efficiency, sound governance, internationally recognized standards of research and a spirit of enquiry and advocacy which encourage participation;
  - Promote a spirit of co-operation and shared responsibility among public and private health professionals and providers and other relevant sectors within the context of national, provincial and district health plans.

- **Provincial Health Act 10 of 1999**
  Develop and implement provincial health policy. Provide transparency of provincial government in the development and implementation of health policies and practices and Provide for health user rights and obligations.

- **Nursing Act, of 2005**
  Provides for the regulation of the nursing profession.

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

- **Criminal Procedure Act, Act 51 of 1977, Sections 212 4(a) and 212 8(a).**
  Provides for establishing the cause of non-natural deaths.

- **Child Care Act, 74 of 1983**
  Provides for the protection of the rights and well-being of children.

- **Occupational Health and Safety Act, 85 of 1993**
  Provides for the requirements that employers must comply with in order to create a safe working environment for employees in the workplace.

- **Compensation for Occupational Injuries and Diseases Act, 130 of 1993**
  Provides for compensation for disablement caused by occupational injuries or diseases sustained or contracted by employees in the course of their employment, and for death resulting from such injuries or disease.

- **The National Roads Traffic Act, 93 of 1996**
  Provides for the testing and analysis of drunk drivers.

- **Constitution of the Republic of South Africa Act, 108 of 1996]**
  Pertinent sections provide for the rights of access to health care services, including reproductive health and emergency medical treatment.

- **Employment Equity Act, 55 of 1998**
  Provides for the measures that must be put into operation in the workplace in order to eliminate discrimination and promote affirmative action.

- **State Information Technology Act, 88 of 1998**
  Provides for the creation and administration of an institution responsible for the state's information technology System.

- **Skills Development Act, 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, 1 of 1999**
  Provides for the administration of state funds by functionaries, their responsibilities and incidental matters.

- **Promotion of Access to Information Act, 2 of 2000**
  Amplifies the constitutional provision pertaining to accessing information under the control of various bodies.

- **Promotion of Administrative Justice Act, 3 of 2000**
  Amplifies the constitutional provisions pertaining to administrative law by codifying it.

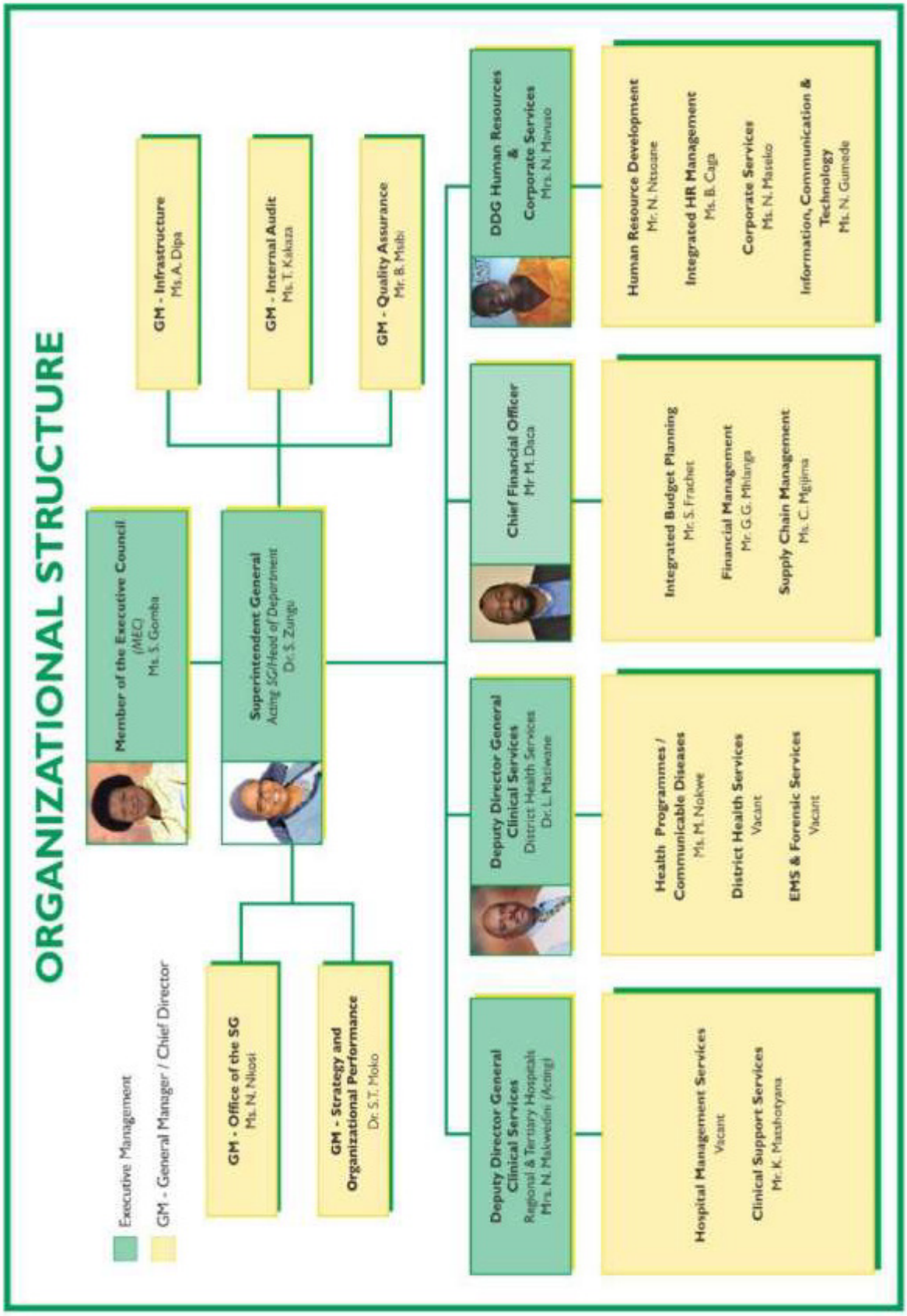
- **Promotion of Equality and the Prevention of Unfair Discrimination Act, 4 of 2000**
  Provides for the further amplification of the constitutional principles of equality and elimination of unfair discrimination.

- **The Division of Revenue Act, 7 of 2003**
  Provides for the manner in which revenue generated may be disbursed.

- **Broad-based Black Economic Empowerment Act, 53 of 2003**
  Provides for the promotion of black economic empowerment in the manner that the state awards contracts for services to be rendered, and incidental matters.

- **The National Health Insurance White Paper (Nov. 2015)**
  Rationale of the NHI is to improve access to quality healthcare services for all South Africans based on need and to provide financial risk protection especially catastrophic health costs.

8. ORGANISATIONAL STRUCTURE



9. ENTITIES REPORTING TO THE MEC

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.	Lilitha College of Nursing is responsible for training of nursing students (Four Year Diploma), 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 • 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

1. AUDITOR GENERAL'S 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.

2. OVERVIEW OF DEPARTMENT AL PERFORMANCE

2.1 SERVICE DELIVERY ENVIRONMENT

2.1.1 Demographic profile of the Eastern Cape Province

The Eastern Cape Province has a total population of 6, 917, 479 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

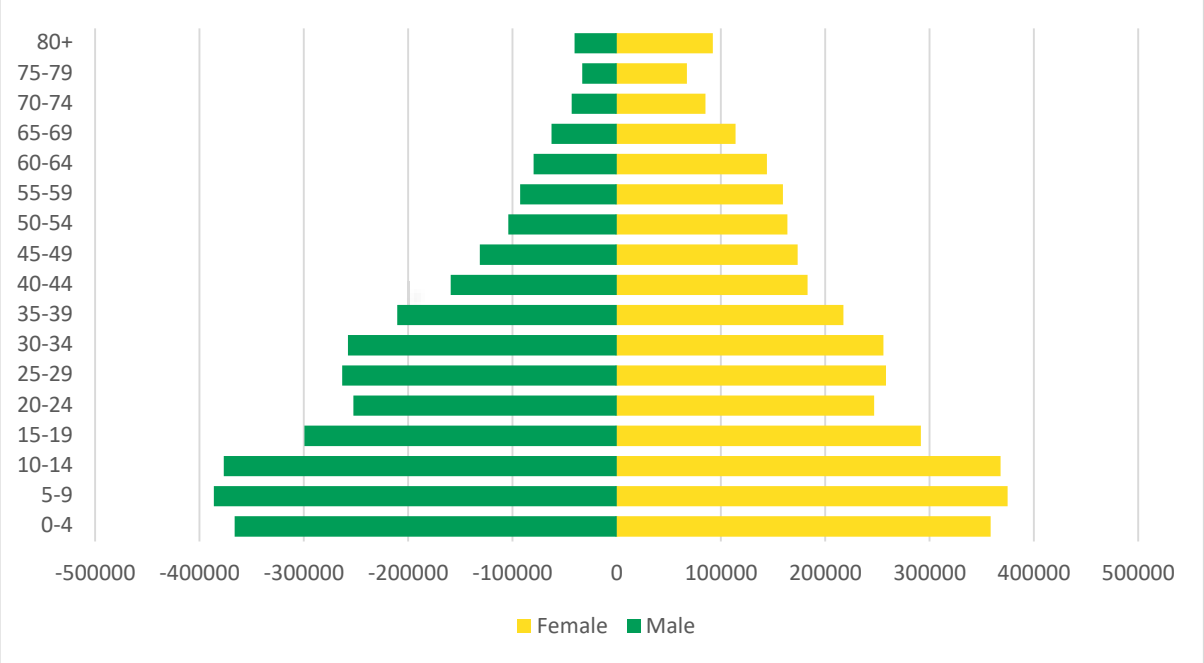
Fig. 1: District municipalities of the Eastern Cape Province



Table A1: Population Distribution by Health District Municipality (DM), 2019 estimates

District	% of total population[1]	Total population[1]	Males[1]	Females[1]	Size of area (km²)[2]
Alfred Nzo	12.2	826,333	361,242	465,091	10 731.2
Amathole	12.4	806,717	380,935	425,783	21 594.9
Buffalo City Metro	12.0	893,596	432,078	461,518	2 535.9
Chris Hani	11.2	743,756	352,226	391,530	36 143.5
Joe Gqabi	5.1	344,897	164,247	180,651	25 662.7
Nelson Mandela Metro	18.7	1,333,119	651,584	681,535	1 958.9
OR Tambo	21.3	1,505,128	705,877	799,251	12 095.5
Sarah Baartman	7.1	463,931	229,282	234,649	58 243.3
Eastern Cape	**100.0**	**6,917,479**	**3,277,471**	**3,640,008**	**168,966.0**
Data Sources: *[1] Stats SA mid-year population estimates 2019; [2]Population Census, 2011*					

Fig. 2: Eastern Cape Population by age and sex (Stats SA mid-year population estimates, 2019)



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

2.1.2 The socio-economic profile of the EC Province

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

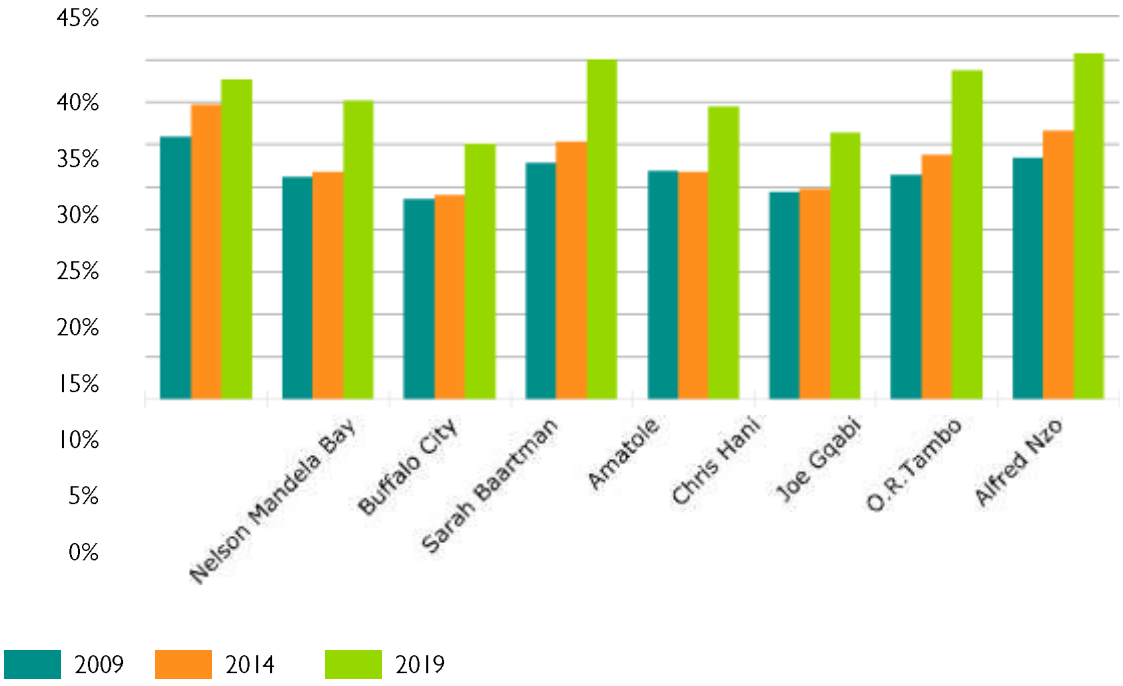
Socio-economic indicators

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

District/ Metro	Poverty Headcount[2]	Unemployment Rate[1]	No schooling[1] (Age 20 yrs+)	Medical Aid coverage[3]	Access to piped water[2]	Households with flush/ chemical toilet[2]
Alfred Nzo	22.0	42.1	15.0	3.8	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

Fig. 3: Unemployment rate by district in the EC,
2009, 2014 and 2019



Source: IHS Markit Regional eXplorer version 1946

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: Statssa 2018)

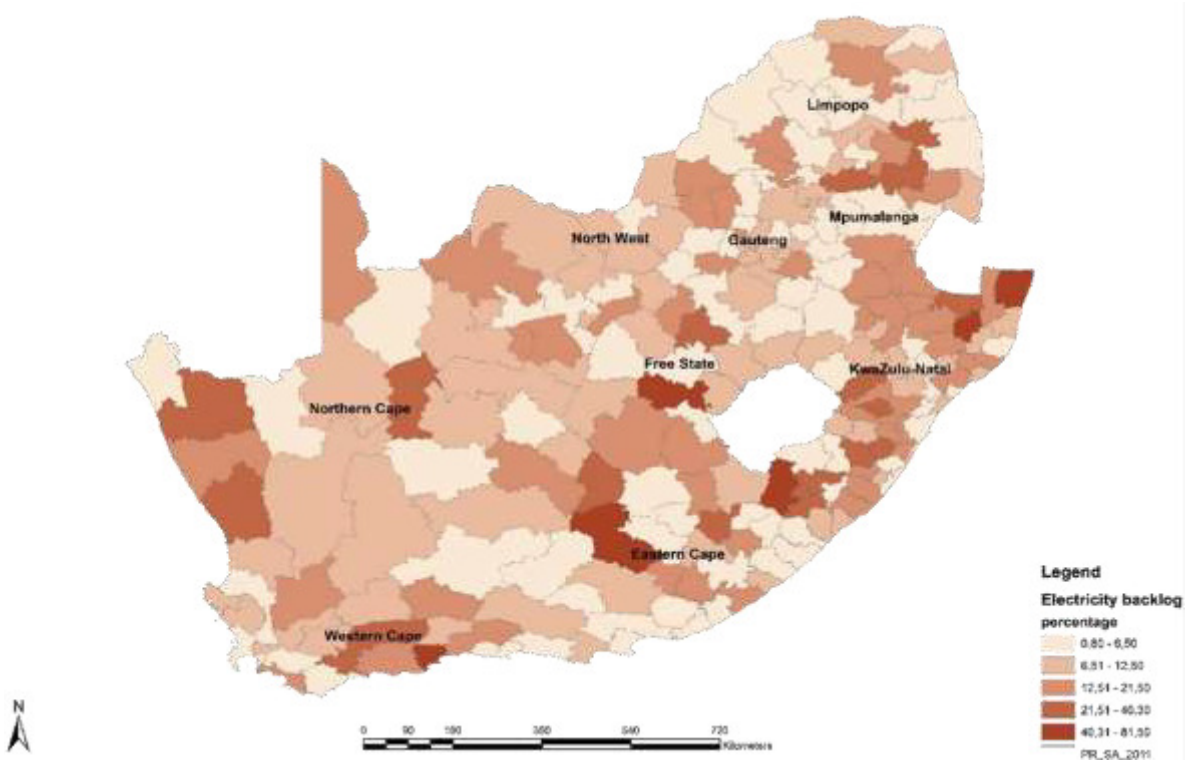


Fig. 5: Municipal access to improved water (Source: StatsSA, 2018)

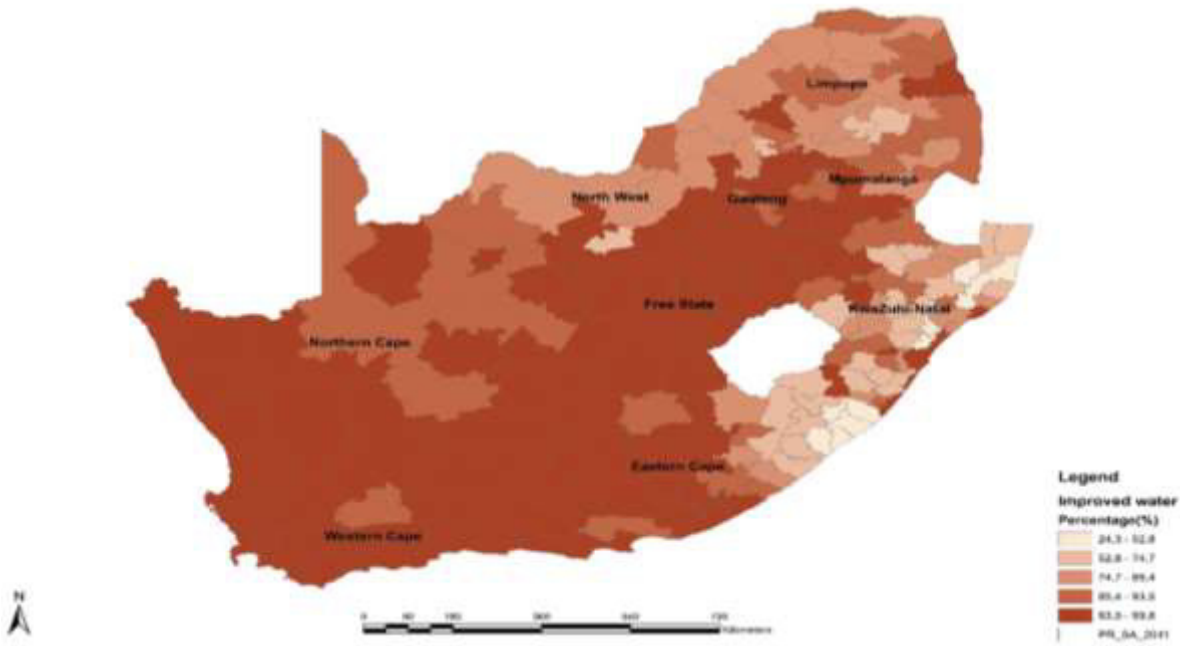
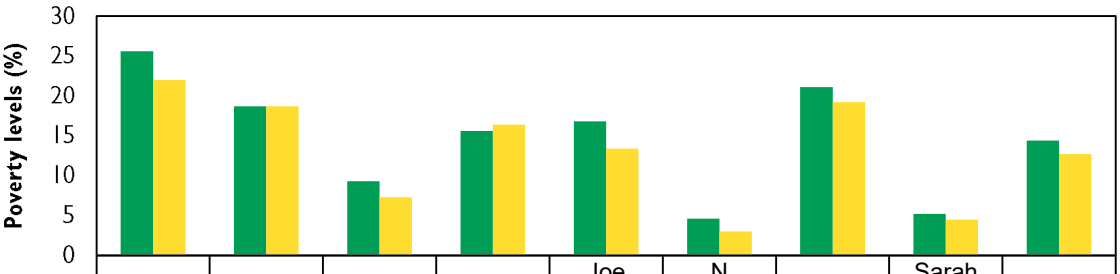


Fig. 6: Poverty headcount by district in the EC, 2011 & 2016 (Source: DEDEAT)



	A Nzo DM	Amathole DM	Buffalo City MM	C Hani DM	Joe Gqabi DM	N Mandela Bay MM	O Tambo DM	Sarah Baartman DM	EC
2011	25.6	18.7	9.3	15.6	16.8	4.6	21.1	5.2	14.4
2016	22	18.7	7.3	16.4	13.4	3.0	19.2	4.5	12.7

District Health Services

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

There are 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. A total of 16 605 569 people consulted in PHC facilities.

PHC Facilities Quality Improvement Initiative

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

Patient Experience of Care (PEC)

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

Improve leadership, management and governance

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

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

Ward Based Primary Health Care Outreach Teams

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

Re-engineering of Primary Health Care (RPHC)

Re-engineering of PHC is the DOH strategy to take 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.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.

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

RPHC has three streams namely:

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

Ward-based PHC outreach teams (WBOTs)WBOTS are made up of teams that are led by a professional nurse who is the team leader, known as the Outreach Team Leader (OTL) and include two to six Community Health Workers (CHWs) and Health Promoters. Through home visits and community participation, the programme has positively contributed to the improvement, particularly of MCWH indicators. In implementing RPHC programme by the end of December 2019, the Department had placed a total of 337 Ward Based Primary Health Care Outreach Teams (WBPHCOTs); 230 of the total were fully functional with 6-10 CHWs and Outreach Team Leaders (OTLs) reporting to DHIS. On average, one WBPHCOT team in the EC Province provides health services to at least two Wards.

During the period under review, there were 4061 CHWs including 259 contracted through the EPWP programme and 1949 through the Hast Conditional Grant. Eighty-nine CHWs were contracted through Global Fund During December 2019. The programme has managed to contract almost 50% (336) of the required 686 Outreach Team Leaders (OTLs).

Integrated School Health Programme (ISHP)

The Integrated School Health Programme (ISHP), as one of the three streams RPHC, is a Ministerial priority programme. The Department currently provides three of the nine CSTL priorities within the school health service package framework to the Department of Education namely: learner screening to identify and manage health barriers to learning, on-site services including the provision of Human Papilloma Virus (HPV) vaccinations, Health Education and referral services.Through the Social Transformation Cluster structures, the DOH further forges collaboration with the Department of Social Development (DSD) for integrated planning to positively impact maternal and child health indicators including severe acute malnutrition and early child development.

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.

Towards the end of the under review, the programme intensified social mobilisation campaign in preparation for HPV and TD vaccination. A total of 106 vehicles were hired for the campaign. A total of 530 nurses comprising 194 professional nurses and 336 enrolled nurses were employed on contract from the 1st April 2019 to 31 March 2020 for the PHC re-engineering programme including School Health, HPV vaccine and WBPHCOTs.

District Clinical Specialist Teams (DCSTs)

District Clinic Specialist Teams (DCSTs) should ideally consist of Gynaecologists, Paediatricians, Anaesthetists, Family Physicians, Advanced Midwives, Advanced Paediatric Nurses and PHC nurses. Each district should be having a team consisting of the above-mentioned professionals, though it is difficult to have all the specialist in one district. The basic functions of the specialist teams are to:

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

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

Health Patient Registration SYSTEM (HPRS)

The Health Patient Registration System (HPRS) is a component of the National Health Insurance (NHI) Information Systems that supports the tracking of utilisation of services and linkage to electronic health records to create a register of patients. Standardised patient folder and filing system is the building block towards ideal health patient registration system in PHC facilities. HPRS provides key information on demographic and epidemiological data which is important for health sector planning, decision making and improved service delivery. The system makes it possible to track patients at all levels of care to improve quality and continuity of care. To implement the NHI successfully, the Department invested in capacity building, infrastructure and PHC stationery. By the end of quarter 4 2019/2020 under review, 6 212 851 patients were registered in the HPRS.

District Hospitals Services

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

The Ideal Hospital Realization and Maintenance Programme, a national Department of Health strategy that is aiming at 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.

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

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

Provincial Hospitals

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

Regional Hospitals

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

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.

Cecilia Makiwane hospital: A total of 24 appointments were made during the period under review; these included heads for two Clinical Units (Obstetrics and Psychiatry), three managers, five Medical Officers and an Ophthalmologist for eye care. These appointments have enabled reopening of emergency theatre during weekends and public holidays. The appointment of seven pharmacy interns made possible the establishment of satellite pharmacies at the paediatrics and ophthalmology OPD clinics.

St Elizabeth hospital: St Elizabeth hospital has been functioning below Regional hospital service package mainly due to shortage of staff and challenges associated with staff retention. During the period under review, a total of 78 appointments were made including two managers, 14 Medical officers and nine professional nurses. With the significant strides made in appointment of staff, three Units are now fully functional viz:

- Rehabilitation Unit with efficiently functioning CVA and Cerebral Palsy (CP) clinics
- TB section with the MDR Unit fully functional
- Oncology Unit is well established and functional.

TB Hospitals

There are 10 specialised TB hospitals in the province which 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.

Psychiatric Hospitals

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

Tertiary and Central Hospital Services

Tertiary Hospitals

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

Central Hospital

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

Forensic Pathology Services

Specialised forensic pathology services are rendered from 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 province operates two pharmaceutical depots, in Mthatha and Port Elizabeth. These are the central facilities that are responsible for the procurement, warehousing and distribution of essential medicines and surgical sundries to all health facilities in the province. The Department 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.

Overview

2.1.4 Service Delivery Outputs

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

Table A4: Key provincial service volumes, 2015/16-2019/20

INDICATOR	2015/16	2016/17	2017/18	2018/19	2019/20
PHC headcount – Total	18 212 817	18 116 112	16 418 041	16 605 569	16 422 870
PHC headcount under 5 years	2 958 285	2 910 002	2 541 609	2 544 587	2 524 151
OPD Headcount - Total (all hospitals)	2 710 857	2 651 351	2 493 928	2 801 255	3 192 433
Deliveries in facility	106 243	99 623	100 759	104 827	107 065
Total births in facility	109 580	103 392	102 813	106 597	107 079
Hospital separations – Total	431 395	426 760	576 383	486 013	477 101
Patient Day Equivalent in district hospitals	1 788 354	1 735 819	1888 480	1 199 660	1 715 093
*Patient Day Equivalent in provincial hospitals	724 500	713 300	702 512	726 713	765 554.
Patient Day Equivalent in specialized TB hospitals	334 502	284 782	344 814	240 474	217 166
Patient Day Equivalent in specialized Psych hospitals	439 784	417 571	383 211	331 357	328 155
BUR (% - District hospitals)	57.2%	56.0	54.7	55%	54.5%
BUR (%) Provincial Hospitals	79.3%	74.8%	77%	71%	73%
BUR (%) in specialized TB hospitals	60.3%	52.4%	50.1%	45%	41%
BUR (%) in specialized Psych hospitals	85%	86.1%	89.6%	90%	89%
Average length of stay (District hospitals)	5.1 days	5 days	4.9 days	4.7 days	4.6 days
Average length of stay (Provincial Hospitals)	5.8 days	5.7 days	6 days	5.8 days	5.8 days
Average length of stay (Specialized TB hospitals)	94.2 days	84 days	77 days	72.9 days	68 days
Average length of stay (Specialized Psych hospitals)	137.8 days	122 days	149.4 days	190.1 days	230 days
Expenditure per day Equivalent (Rand) - District hospitals)	R3 317	R3 346	R2 241	R2 680.2	R3 168.16
Expenditure per day Equivalent (Rand) - Provincial Hospitals	R3 412	R3 357	R3 303	R3 282.6	R3 759
Expenditure per day Equivalent (Rand) - specialized TB hospitals	R5 737	R1 469	R1 626	R1 707.6	R1 952.80
Expenditure per day Equivalent (Rand) - Specialized Psych hospitals	R1 076	R1 508	R1 815	R2 993	R33 195.13
New patients – Pulmonary TB	41 812	37 449	33 621	36 009	31 940
Immunisation coverage	86.6%	78.6%	67.3%	71.9%	76%
Total clients remaining on ART at end of the month	359 729	414 733	452 072	493 879	531 135
Total clients started on ART– naïve	86 678	94 802	82 811	73 339	31 392

*Hospital de-complexing effect

2.1.5 Problems encountered in Service Delivery and Corrective Measures Taken

Medico-legal

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

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

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

Access

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

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

Emergency Medical Services (EMS) labour unrest

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

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

Missing Patients

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

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

Disease Burden

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

2.1.6 External Factors that Impacted on Service Delivery

Donor Support

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

Training of Cuban Doctors

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

Population and Migration Issues

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

2.2 SERVICE DELIVERY IMPROVEMENT PLAN

In accordance with the Public Service Regulations, Chapter 1, Part III C, all Department s are required to develop a Service Delivery Improvement Plan (SDIP) and to publish an annual statement of public service commitment which will set out the Department's service standards that citizens and customers can expect and which will serve to explain how the Department will meet each of the standards.

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

Table A5: Main services and standards

Main Services	Beneficiaries	Indicator	Actual achievement 2018/19	Annual Target 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
Child health services	Mothers, Neonates and their families	Neonatal death in facility rate	12.5/ 1 000	11/1 000	12.3/ 1000	-1.3/ 1000	Target not achieved due to: 1. High rate of premature babies related to maternal infections. 2. overcrowding in neonatal units due to inadequate ICU beds in Regional and Tertiary hospitals leading to infections 3. Inadequate transport system for new-born babies. 4. Lack of skilled personnel to manage neonates. • High death rate of neonates born to teenage mothers.
		Numerator: SUM([Inpatient death 0-7 days + Inpatient death 8 – 28 days])	1 311	1 108	1 312		
		Denominator: SUM([Live birth in facility])	104 655	100 803	107 079		
	Children under 5 years, Mothers	Immunisation under 1-year coverage	71.9%	90%	76%	- 14%	Target not achieved due to: • Interruption of vaccines because of national stock out of BCG, Polio vaccines and TD vaccines. • Renovations at Mthatha Depot affected stock management • Some facilities do not have electricity to maintain cold chain. • Some facilities do not have vaccine compliant refrigerators as a result not enough stock is taken in. • Inaccessibility to health services due to crime zone areas in almost all

Main Services	Beneficiaries	Indicator	Actual achievement 2018/19	Annual Target 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
							the catchment areas in NMB District. • Some facilities in Chris Hani & O.R Tambo had interruption on supply of Hexavalent vaccine and Meas@bio in Mnquma during February 2020.
		Numerator: SUM([Immunised fully under 1 year new (annualised)])	117 114	146 133	123 677		
		Denominator: SUM([Female under 1 + Male under 1])	162 773	162 370	162 762		
		Infant 1st PCR test positive around 10 weeks rate	1%	1%	0.9%	0.1%	Target achieved. Achievement is related to high rate of initiating HIV positive ANC clients on ART
		Numerator: SUM([Infant PCR test positive around 10 weeks])	218	200	187		
		Denominator: SUM([Infant PCR test around 10 weeks])	21 343	20 084	21 748		
		Diarrhoea case fatality under 5-year rate	3%	2.8%	2.8%	0.%	Target Achieved Although the target has been achieved, there is notably increase in the number of admissions and deaths related to Diarrhoea, during the period under review The increase in the number of admissions is attributable to herbal intoxication , whereas the number of deaths is related in the main to delayed health seeking behaviour and EMS delays in referring patients from PHC facilities to district hospitals , as suggested by the Child Health Care Problem Identification programme (CHIP)reports
		Numerator: SUM([Diarrhoea death under 5 years])	127	98	159		

Main Services	Beneficiaries	Indicator	Actual achievement 2018/19	Annual Target 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
		Denominator: SUM([Diarrhoea separation under 5 years])	4 196	3 491	5598		
		Pneumonia case fatality under 5 years rate	3.2%	3%	3.4%	-0.4%	Target not achieved. The main reason for not achieving this indicator is related to inadequate skill by clinicians in the management of children with pneumonia. This resultsing in sub optimal care of the condition.
		Numerator: SUM([Pneumonia death under 5 years])	147	117	139		
		Denominator: SUM([Pneumonia separation under 5 years])	4 564	3 909	4 053		
		Severe acute malnutrition death under 5 years rate	8.9%	9%	9.9%	0.9%	Target not achieved due to:
		Numerator: SUM([Severe acute malnutrition death under 5 years])	131	123	149		The contributory factors for not achieving the target include, poor breastfeeding and complimentary feeding practices leading to undernourishment of these children Inadequate growth monitoring and promotion practises at a community and facility level, This leads leading to late identification of children with acute malnutrition, as reflected by low detection rate of under 5 children with moderate acute malnutrition in DHIS.
		Denominator: SUM([Severe acute malnutrition (SAM) in facility under 5 years])	1 464	1 363	1 498		
		School Grade 1 – learners screened	32 505	48 178	34 934	-13 244	Target not achieved due to: 1. Minimal school health activities conducted in January 2020 as schools' register learners and preparing for the new year 2. Human resources for ISHP re-directed during August

Main Services	Beneficiaries	Indicator	Actual achievement 2018/19	Annual Target 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
							& September 2019 as well as February and March 2020 towards HPV campaign. 3. Schools closed early in March due to COVID-19 outbreak
		Human Papilloma Virus Vaccine 1st dose	48 265	58 158	2 127	-56 031-	Target not achieved. Under-performance is due to the fact that HPV 1st dose vaccination has been moved from learners in Grade 4 to those in Grade 5 during the course of the financial year by NDOH. This was so that more children in the targeted i.e 9 year old could be reached.
Maternal Health Services.	Women of child bearing age and their families	Couple year protection rate (int.)	53.7%	65%	57.%	-.8%	Target not achieved due to: • Poor access to contraceptives • Poor recording of issued contraceptives in facilities • Implementation of CCMDD
		Numerator: SUM([Oral pill/15 +Medroxyprogesterone injection/4 +Norethisterone enanthate injection /6 + IUCD inserted* 4.5 + Male condoms distributed /120 + Sterilisation-male*10 + Sterilisation – female *10 + Female condoms distributed /120 + Sub-dermal implant inserted *2.5])	1 020 122	1 221 398	1 101 342		
		Denominator: SUM([Female 15-44 years + Female 45- 49 years])	1 897 817	1 879 074	1 931 211		
		Antenatal 1st visit before 20 weeks rate	61.7%	70%	63.7%	-6.3%	Target not achieved due to: • Late presentation to the facility (ORT, Alfred Nzo) and

Main Services	Beneficiaries	Indicator	Actual achievement 2018/19	Annual Target 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
							• High teenage pregnancy rate in Alfred Nzo & OR Tambo
		Numerator: SUM([Antenatal 1st visit before 20 weeks])	75 710	76 612	81 995		
		Denominator: SUM([Antenatal 1st visit 20 weeks or late + Antenatal 1st visit before 20 weeks])	122 773	109 447	128 648		
		Antenatal client initiated on ART rate	93.4%	95%	95.3%	0.3%	Target achieved.
		Numerator: SUM([Antenatal client start on ART])	12 171	14 247	10 536		
		Denominator: SUM([Antenatal client known HIV positive but NOT on ART at 1st visit + Antenatal client HIV 1st test positive + Antenatal client HIV re-test positive])	13 025	14 997	11 048		
		Delivery in 10 to 19 years in facility	16.4%	10%	16.7%	-6.7%	Target not achieved due to: • High teenage pregnancy • Poor access to contraception
		Numerator: SUM([Delivery 10- 14 years in facility + Delivery 15 – 19 years in facility])	17 167	10 075	17 882		
		Denominator:SUM([Delivery in facility total])	104 827	100 759	107 065		
		EMS inter facility transfer rate	33.3%	30%	35%	-5%	Target not achieved There has been an increase in the number of inter-hospital transfer (IHT) cases from rural health institutions to regional and tertiary hospitals with inadequate number of ambulances.
		Numerator: SUM([EMS inter-facility transfer])	154 911	185 522	168 060		

Main Services	Beneficiaries	Indicator	Actual achievement 2018/19	Annual Target 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
		Denominator: SUM ([EMS clients total])	465 804	618 409	478 198		
		Maternal mortality in facility ratio	106/ 100 000	105/ 100 000	108/ 100 000	-3/ 100 000	Target achieved Although the target has been achieved within 5% range, the Department of health is still experiencing maternal deaths related to pregnancy induced hypertension , High teenage pregnancy and late booking of pregnant women before 20 weeks as reflected on DHIS
		Numerator: SUM ([Maternal death in facility])	118	107	123		
		Denominator: SUM ([Live birth in facility + Born alive before arrival at facility])	111 229	101 468	113 688		

Table A6: Batho Pele Arrangements (Quality)

Service beneficiary	Batho Pele	Current situation: 2018/19	Desired situation: 2019/20	Actual performance	Explanation
Women of child bearing age, child under 5 years and their families	Consultation	District Health forums not well organized	4 health forums per district	1 District Health Forum(Chris Hani)	District Health Forums are still not well organized lack of support from external stakeholders.
		Provincial Health Council (PHC) meeting – Bi annual	Provincial Health Council (PHC) meeting – Bi annual	Meeting was held on 20th September 2019 and 12th March 2020	The specific areas of performance with regards maternal and child health services were discussed with recommendations made
		Provincial health consultative forum (PHCF) – annual	Provincial health consultative forum (PHCF) – annual	6th March 2020	Target achieved.
	Access	Inadequate and poor signage	Clear visible signage within the hospital	26 prioritized facilities have clear signage within the hospital	Target achieved
		2 Regional hospitals do not have birthing units	Establish birthing unit in the Umthatha Regional Hospital	Nil	The process could not take place due to staffing issues and recruitment challenges
		31.4% of priority 1 rural calls are responded to as per standard (45 minutes)	60%	-	Demand of ambulances exceeds the supply. About 50% of available 447 ambulances are rostered per shift due

Service beneficiary	Batho Pele	Current situation: 2018/19	Desired situation: 2019/20	Actual performance	Explanation
					to various factors e.g. service and repairs
		58.2 % priority 1 urban calls responded to as per standard (15 minutes	70%	32.2%	Demand of ambulances exceeds the supply. About 50% of available 447 ambulances are rostered per shift due to various factors e.g. service and repairs
		Essential medicines stock-out rate at the depots <2.5%	<5%	25%	Target not achieved due to poor performance by the suppliers. Certain items were out of stock for most part of the financial year; these include BCG and Diphtheria/Tetanus for the expanded immunization programme (EPI).
		Service waiting time longer than 3 hours in prioritized hospitals	Service waiting time not longer than 3 hours in prioritized hospitals	12 prioritized facilities are able to service patients within 3hours.	14 facilities are exceeding the turnaround time due to shortage of doctors. The matter is being addresses through the strengthening the Centralized Chronic Medicines Dispensing and Distribution Programme.
	Information	50% of women in antenatal care are connected to Mom Connect to receive SMS service and educational information.	60% of women attending Antenatal care connected to SMS service (mom connect) of education	49% of women attending Antenatal care connected to SMS service (mom connect) of education	
		Not all prioritized facilities are participating in community Health education and awareness campaigns	26	26	Target achieved
		Installation of Patient Electronic Register not done in prioritized facilities.	4 hospitals CMH (Dora Nginza, Butterworth, Uitenhage, St Patrick's Hospitals)	Nil	There has been a change of plan as informed by National Health Department Patient Electronic register, Health Patient Registration System (HPRS). Achieved 100% Staff have been trained in all the hospitals in Patient Electronic Register.
		Refurbish & installation of	26 hospitals have access-restriction/	26 hospitals have access-restriction/	Target achieved

Service beneficiary	Batho Pele	Current situation: 2018/19	Desired situation: 2019/20	Actual performance	Explanation
		access-restriction/ control for Archives/ Records Management not yet commenced.	control for Archives/ Records Management	control for Archives/ Records Management	
	Redress	Complaints resolution rate within 25 days is 80%	85%	93%	Target Achieved
		Patient experience of care satisfaction rate at 59.4 %	70%	82.9%	Target achieved
		Review of client's medical record by supervisor to quality ensure care not yet measured	26 hospitals	26 facilities	Target achieved
		Complaints Management System not visible for health service users	26 prioritized hospitals have fully functional complaints, suggestion and complements boxes	26 prioritized hospitals have fully functional complaints ,suggestion and complements boxes	Target achieved
	Value for money	50% of health professionals trained on ESMOE, Management of Small and Sick Neonates, ETAT, Helping Babies Breath, and Hypoxia.	60% of health professionals trained on ESMOE, Management of Small and Sick Neonates, ETAT, Helping Babies Breath, and Hypoxia.	60% of health professionals trained on ESMOE, Management of Small and Sick Neonates, ETAT, Helping Babies Breath, and Hypoxia.	Target Achieved
		Annual Fire drills in hospitals not prioritized	Annual Fire drills in 26 prioritized hospitals.	26	Facilities will be supported to bridge the gap through Quality Improvement Support Project and provided with Protocols
		Shortage of appropriate and functional medical equipment,	All 26 prioritized facilities have appropriate functional medical equipment	All 26 prioritized facilities have appropriate functional medical equipment	Target Achieved
	Courtesy	Comfort in the waiting areas of the hospitals - cleanliness; ventilation and amount of chairs not adequate	Comfort in the waiting areas prioritized in all District Hospitals including prioritized hospitals	Comfort in the waiting areas prioritized in all District Hospitals including prioritized hospitals,	Target achieved
		Reception areas in the hospital are not clearly demarcated, Privacy to patient information is not fully ensured.	Reception areas in the hospital are clearly demarcated in all prioritized hospitals Privacy to patient information is ensured in all prioritized facilities	Reception areas in the hospital are clearly demarcated in all prioritized hospitals Privacy to patient information is ensured in all prioritized facilities	Target achieved

Service beneficiary	Batho Pele	Current situation: 2018/19	Desired situation: 2019/20	Actual performance	Explanation
		EMS Personnel not Trained on Customer Care	60(Trainer of trainers)	43 trained	Not achieved due to industrial actions by EMS staff, the project will continue next financial year.

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

CURRENT/ACTUAL ARRANGEMENTS	DESIRED ARRANGEMENTS	ACTUAL ACHIEVEMENTS
Current Consultation arrangement with customers is through hospital boards and clinic committees as well as through patient experience of care survey	All health facilities are expected to have fully functional hospital boards and clinic committees.	57% of hospitals have fully functional Hospital Boards, remaining facilities are in the process of appointments. The reason for low % is poor response to recruitment adverts. New advert for hospital boards will be published by 1st Quarter 2020/21.
	90% of facilities conduct the annual patient experience of care survey	96.8% of facilities conducted the patient experience of care and implementing quality improvement plans. All Health Districts were empowered on conducting Surveys through implementation National Guidelines.

Table A8: Service delivery information tool

CURRENT/ACTUAL INFORMATION TOOLS	DESIRED INFORMATION TOOLS	ACTUAL ACHIEVEMENTS
Information on health can be found on the Department al website. www.ecdoh.gov.za.	Information on Health can be found on the Department al website and newsletter issued monthly	Department al 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.
Radio adverts, promotions at schools, EXPOs and provision of educational material.	Radio adverts, promotions at schools, churches, school careers day EXPOs and provision of educational material in communities and schools to attract students for the health bursaries and studies	Broadcasting Media is used to communicate different topics on health promotion targeting the Eastern Cape Communities using the following community radio stations Tru FM, Algoa FM and Fort Hare and Umhlobo Wenene National Radio Station.
Toll free number 0800 032 364 for call centre services for citizens available	Toll free number 0800 032 364 for Call Centre	Toll free number 0800 032 364 for Call Centre

Table A9: Complaints mechanism

CURRENT/ACTUAL COMPLAINTS MECHANISM	DESIRED COMPLIANTS MECHANISM	ACTUAL ACHIEVEMENTS
Complaints are received from various sources namely Office of the Premier, Office of the MEC, Office of the Superintendent General, National Department of Health, Public Protector as well as from complaints boxes placed in strategic points at all health facilities. These complaints are acknowledged within 3 working days and investigated within 5 working days. All complaints received either at institutional or head office level are Categorized in order to identify the most important system failures. Once a significant system failure has been identified the root cause is rectified through development and implementation of quality improvement plans. The National Norm is that complaints must be resolved within 25 days	80% Resolution of complaints within 25 days	93 %(2856/3058) complaints were resolved within the 25 days The Quality Assurance Unit in the year 2019/20 embarked on Quality Improvement Support Visit to build capacity in facilities on implementation Complaints Management Framework.

2.3 ORGANISATIONAL ENVIRONMENT

During the year under review, the Department operated in an environment characterized by volatility, uncertainty, complexity and ambiguity (VUCA) due to global instability caused by economic meltdownand climate change, amongst others. These resulted in calamities in some of the geographic areas in which the Department operates. Sound labour relations have experienced challenges that led to industrial actions and this negatively impacted on the Department's ability to delivery quality health care, especially Emergency Medical Services strikes. In this regard, the Department was contrained in its quality care services to needy patients and communities.

The shrinking fiscal space has negatively affected the Department's ability to implement all strategic interventions due to high inflation, ballooning medico-legal claims which have, in return, negatively disrupted the Department's cashflow management. The medico-legal claims impacted on the Departments financial obligations as it relates to the payment of service providers within thirty days as prescribed by the government policy. This failure contributes negatively to government programme of supporting the payment of Small Medium Micro Enterprises (SMMEs).

The Department has operated in an environment where crime and theft are rife. Many health facilities have experienced breakages and assault to health professionals which led to serious trauma to personnel. These crimes led to closure of health facilities which resulted to disruption of provision of services and affected communities to access health.

The Department in normalizing the situation has strengthened and consolidated labour relations issues with social partners by embarking on frequent engagements between employer and social partners. This platform mitigates against confrontation between the employer and employees. Also, the social partners and governance structures are participants in Department al planning processes.

In collaboration with the Office of the Premier and Provincial Treasury, The Department is implementing a Medico-Legal Strategy intervention programme. Financial and human resources have been made available to recruit core staff to curb huge medico-legal claims. A team of medical specialists and a group of lawyers' form part of strategy that mitigate the huge claims. The Department has strengthened rehabilitative services by establishing three centres in the province that rehabilitate children with cerebral palsy.

In mitigating the high crime and theft rate, the Department has partnered with justice and crime prevention cluster with communities to prevent crimes and theft in local communities. We have established psychosocial support structures at all district in an attempt to improve wellness of the employees. The Department has installed cameras in some of the hospitals to augment physical security provided by private companies.

The status of human resources in the Department

Organisational Development:

Subsequent to approval of the Macro Structure in March 2018 the Department has since commenced with partial implementation of the Macro Structure with a focus on Senior Management Service posts at Head Office and District Office. The Department also embarked on the process of Organogram Intervention Project, commissioned by the MEC, aimed at ensuring realignment of the macro and the micro structure to ensure that the services are in alignment to the core functions and mandate of the Department. The organisational realignment implementation objectives included:

- Conduct a staff verification process – Headcount;
- Ensure alignment of functional structure i.e. macro and micro organisational structures align and rationalised facilities;
- Conduct an equitable distribution and rationalisation analysis;
- Review of Macro- & Micro Organisational Structures

The headcount aimed at the PHC level entailed conducting various physical verifications of PHC facilities and a preliminary report on the findings has been developed. The data from the headcount will be analysed to determine equitable distribution, and also assist in understanding which PHC facilities are under- or over- staffed.

The Organogram Intervention Project culminated in the preliminary report on Micro Structure review and realignment with the Macro Structure of the Department. The realignment of the Micro Structure was made against Work Load Indicator Staffing Needs (WISN), National Affordability Guidelines as well as against the Strategic Imperatives of the 6th Administration of Government. Through the Organogram Intervention Project the Department is engaged in a final stage of Stakeholder Consultation process of the Micro Structure prior approval and implementation.

Job Evaluation has also been conducted at Senior Management Service level in line with the new Structure. For lower level newly created or defined jobs the Central Job Evaluation Quality Assurance Committee (CJEQAC) work has been completed and the Moderation is continuing.

Recruitment:

Recruitment, selection and appointment functions were managed through the approved Annual Recruitment Plan, to ensure achievement of the strategic and service delivery objectives of Department.

The Department 's Annual Recruitment Plan informed by staffing analysis and human resource plan, prioritised the appointment of 842 Post-Community intake, 197 critical clinical and non-clinical posts, 27 posts in Infrastructure, and 169 posts funded under the HIV/AIDS conditional grants, and 42 NHI posts in OR Tambo.

Performance Management and Development

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

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

Department actively empowers women amongst others though formal qualification and targeted training and development interventions:

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

Employee Wellness Programme

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 delivered include:

- Case Management and counselling, with 889 Active Cases
- 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: 113 Sessions Reaching 4521 employees

- Management Training and Advice, : 22 Sessions reaching 240
- EW Programme Promotion, 97 sessions reaching 3487 employees
- Monitoring and Evaluation

The Department 's HIV in the workplace programme is guided by the National Strategic Plan (NSP) for HIV, TB and STIs: 2017 – 2022 and the Policy on HIV / AIDS, TB and STIs. It is aimed at providing opportunities for employees to test voluntarily for HIV and TB screening. Thus minimising the impact of HIV and AIDS in the workplace. Coordination and support of Awareness/Education and Preventative programmes continued.

The measures taken to protect HIV-positive employees or those perceived to be HIV-positive from discrimination include case management and counselling services and addressing stigma and discrimination through all Prevention, Education Programmes and training programmes. During the year 17 Lifestyle educational sessions were conducted, 289 employees trained on GBV and Sexual Harassment in the workplace, 39 EW Coordinators capacitated on HIV & IDS, PEP and Sexual Offences.

Key steps taken to reduce risk include Standard/Universal Precautions for infection control, Needle Prick protocol, Post Exposure Prophylaxis, Protective Barriers /Equipment and Personal Protective clothing – clothing, gloves, masks, and eye wear.

Other interventions include:
- Staff training on infection control and standard / universal precautions
- Warning signage
- Reporting and investigation of occupational exposures
- Education on sharps disposal.
- Trauma debriefing

The Department 's programme on Health and Productivity Management ensured promotion of management of diseases and chronic illnesses, management of mental health and psychoscmatic illness, management Incapacity due to ill-health and training sessions on occupational health safety. Oversee and support management of referred PILIR cases – assessment, intervention, follow up, facilitation of reintegration into workplace or job accommodation/adjustment
The EWP continues to be dependent on internal and external partners to deliver services. The Department contracted an Employee Wellness external service provider to deliver professional counselling services to high risk groups in Emergency Medical Services and Forensic Pathology.

To ensure the provision and promotion of a healthy and safe environment statutory appointments as prescribed by OHS Act have been made. This includes 16.2 appointments at district office and facilities as well as establishment of the Health and Safety structures.

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

Whilst the Department is managing reasonably well, variables such as the national shortage of health professionals, provincial budget cuts and the rural nature of the province makes it challenging to attract and retain health professionals. Despite the introduction of the OSD, nodal and rural allowances and competitive remuneration packages the recruitment of qualified and competent health professionals poses a challenge in rural areas and the restrictive appointment measures that are imposed on certain of the occupations in terms of counter offer when these professionals as offered job in the metro.

The challenge after the approval of the macro structure is the availability of sufficient budget to fund structure. The COE budget is not sufficient to fund all posts on the approved organisation and post structure of the Department. The current funded approved staff establishment reflects a 13.8 per cent vacancy rate. Budget constraints continue from the previous financial year wherein the Department was unable to fully implement the Annual Recruitment Plan.

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

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

2.4 KEY POLICY DEVELOPMENTS & LEGISLATIVE CHANGES

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

- Ideal Hospital Revitalisation Policy
- Department al Supply Management Policy and Procedure Manual

3. Strategic Outcome Oriented Goals

3.1 Strategic Goals of the Eastern Cape Department of Health 2020

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

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

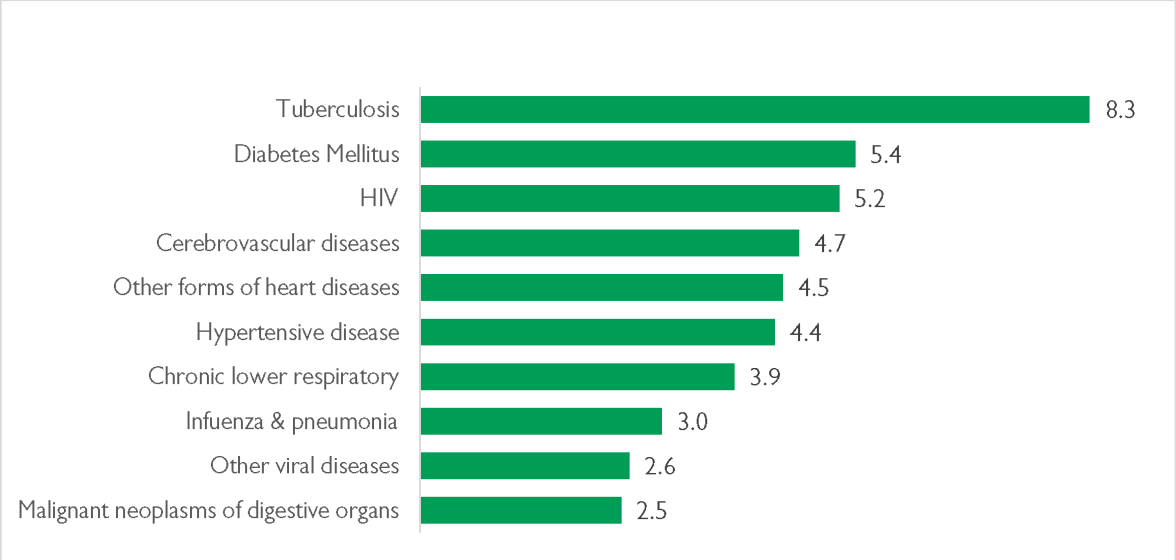
- Prevent and reduce the disease burden and promote health
- Improve quality of care and
- Universal health coverage

3.2 Burden of Disease

The underlying causes of mortality

The Statistics South Africa 2019 mortality report published in 2019 suggests that communicable diseases (like TB and HIV) and non-communicable diseases remains among the leading causes of mortality in the province. Tuberculosis was reported as the top leading cause of mortality. The socio economic conditions plays a huge contribution in the fight against morbidity and mortality in particular due to communicable diseases.

Fig. 7: Top 10 Underlying causes of deaths in the Eastern Cape



Tuberculosis

The TB incidence has been decreasing in the Eastern Cape over the years. The Pulmonary TB new smear positive incidence rate was 493 per 100,000 in 2009 and, thereafter it gradually decreased a lower rate of 179 per 100,000 in 2018. The distribution by districts has shown that the Nelson Mandela Metro remained with the highest incidence (340.2 per 100,000) with the lowest incidence (73.4 per 100,000) reported by Alfred Nzo district in 2016. All the districts have shown a decline in 2016 when compared against 2016.

Fig. 8: TB incidence in the Eastern Cape, 2009-2018
(Source: ETR.Net 2019)

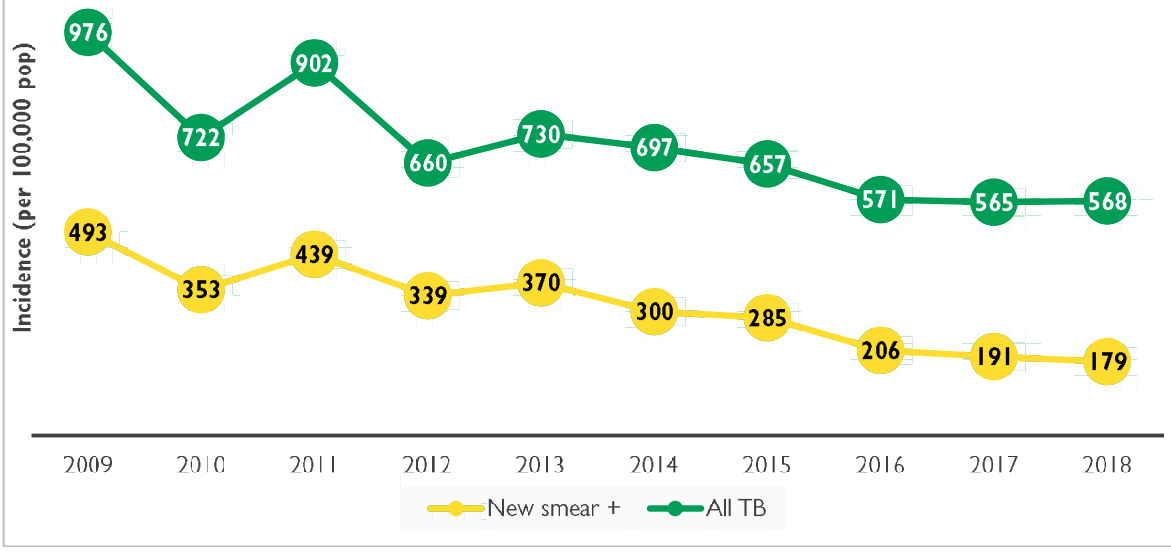
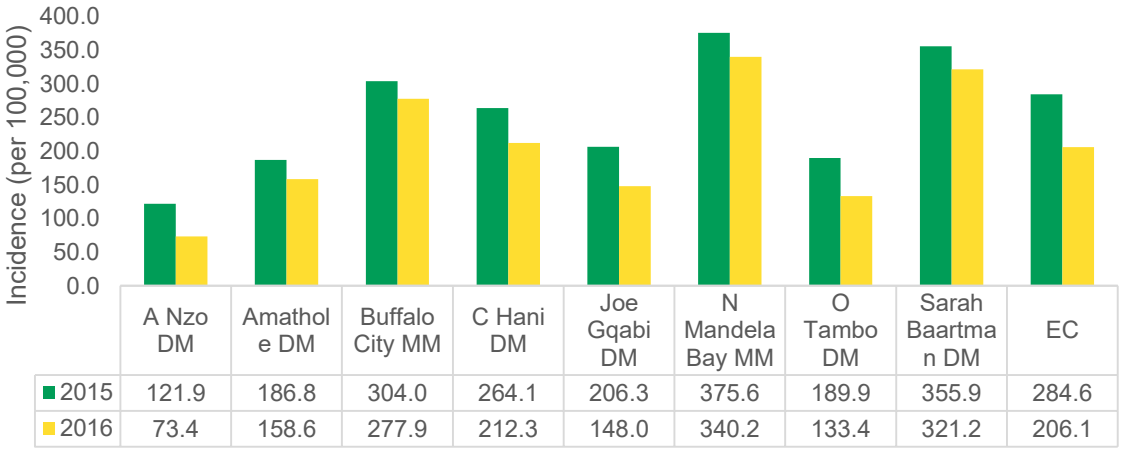


Fig. 9: New smear + TB incidence by district in the Eastern Cape, 2015-2016
(Source: DHIS 2017)



	A Nzo DM	Amathole DM	Buffalo City MM	C Hani DM	Joe Gqabi DM	N Mandela Bay MM	O Tambo DM	Sarah Baartman DM	EC
2015	121.9	186.8	304.0	264.1	206.3	375.6	189.9	355.9	284.6
2016	73.4	158.6	277.9	212.3	148.0	340.2	133.4	321.2	206.1

HIV & AIDS

The table below suggests that HIV prevalence among pregnant women attending antenatal care in public health facilities continues to increase over the years in the Eastern Cape. The Buffalo City Metropolitan Health district reported the highest HIV prevalence of 38.8% in year 2017 and the lowest prevalence (29.7%) was observed in Nelson Mandela Metro. Figure 11 below provides the HIV prevalence among children of age 5- 14 years which is generally decreasing over the years with the exception of Sarah Baartman district

Fig. 10: HIV Prevalence trends among ANC attendees in the EC , 1990-2017 (NIC & DoH 2019)

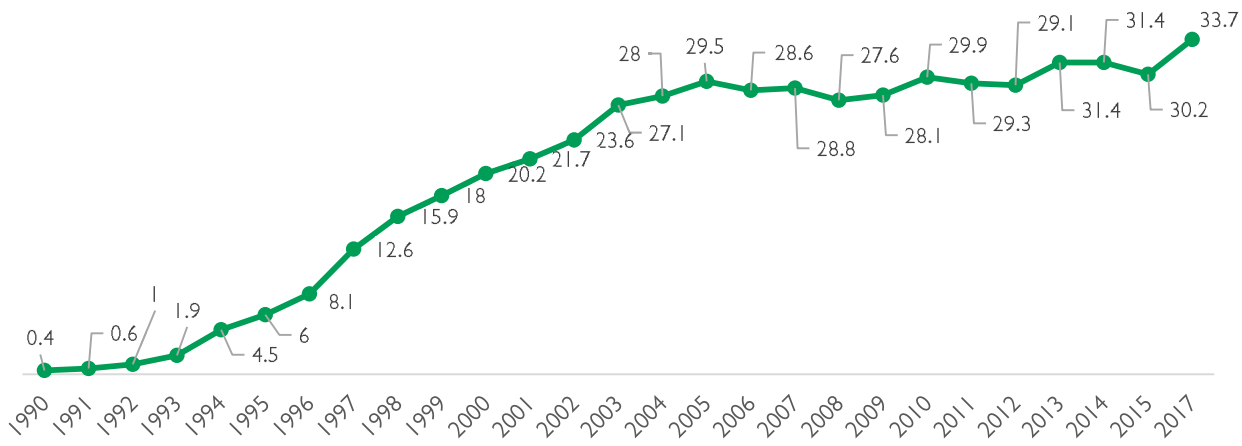
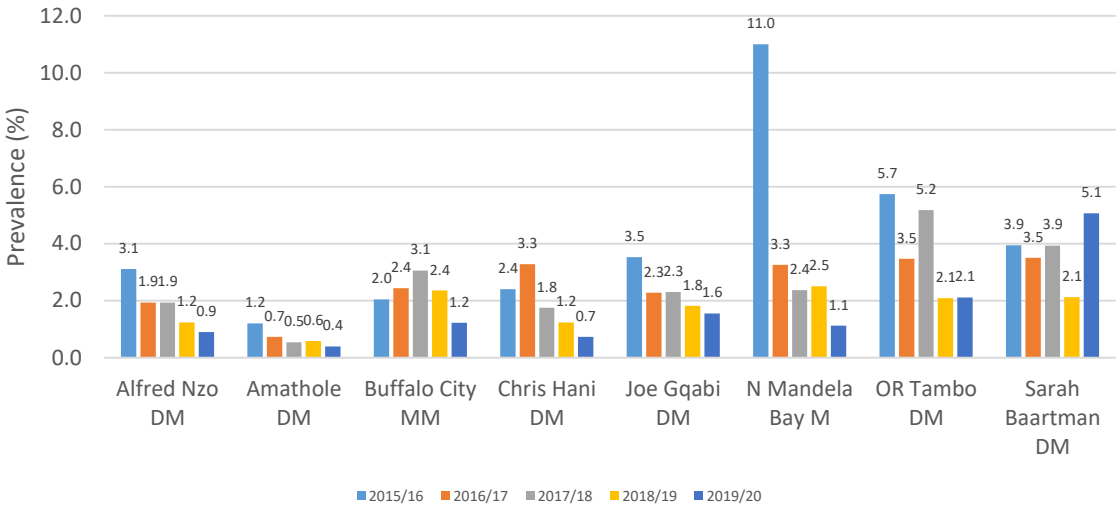


TABLE A9: HIV PREVALENCE AMONG ANC CLIENTS BY DISTRICT IN THE EC, 2013-2017 (SOURCE: DOH, ANTENATAL HIV SURVEY 2019)								
District	2013		2014		2015		2017	
	Prev (%)	95% CI	Prev (%)	95% CI	Prev (%)	95% CI	Prev (%)	95% CI
A Nzo	25.3	20.5 - 30.9	30.1	20.5 – 30.9	26.6	20.5 - 30.9	31.6	28.1 – 35.3
Amathole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

Fig. 11: HIV Prevalence among 5-14 yrs olds in the EC, 2015/16-2019/20
(Source: DHIS 2020)

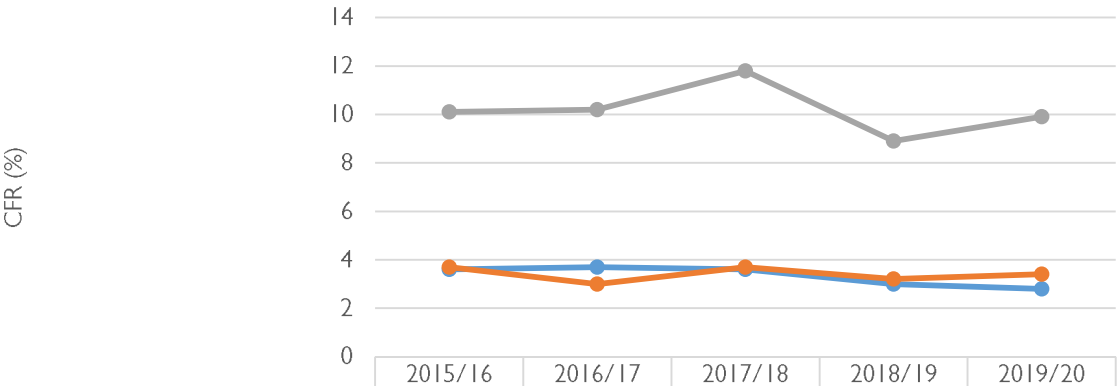


Child and Maternal Health

Under-5 mortality

The case fatality rate due to diarrhoea, pneumonia, and severe acute malnutrition among children under 5 years has generally been showing decline in the province, which might be associated with the child health intervention programmes. The diarroeal and pneumonia case fatality rate had been fluctuating between three and four percent over the five-year period under review. However, deaths due severe acute malnutrition had shown an increase in 2019/20 when compare with the previous year.

Fig. 12: Child <5 yrs diarrrhoea, pneumonia, severe acute malnutrition case fatality rate, 2015/16-2019/20



	2015/16	2016/17	2017/18	2018/19	2019/20
Diarrhoea CFR	3.6	3.7	3.6	3	2.8
Pneumonia CFR	3.7	3	3.7	3.2	3.4
Severe acute malnutrition CFR	10.1	10.2	11.8	8.9	9.9

Maternal Mortality Ratio

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

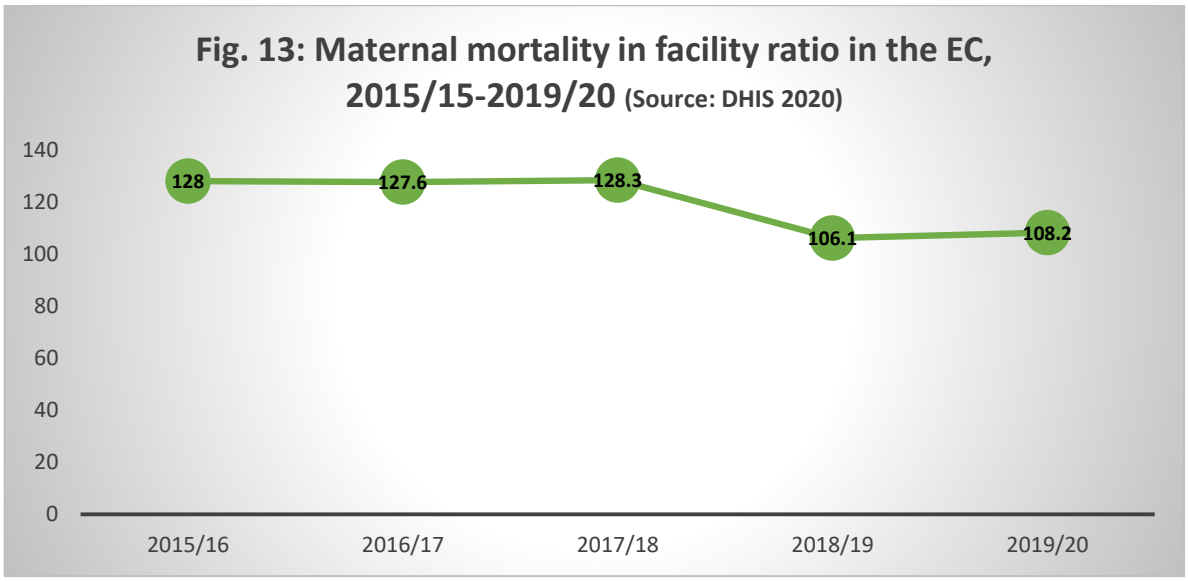
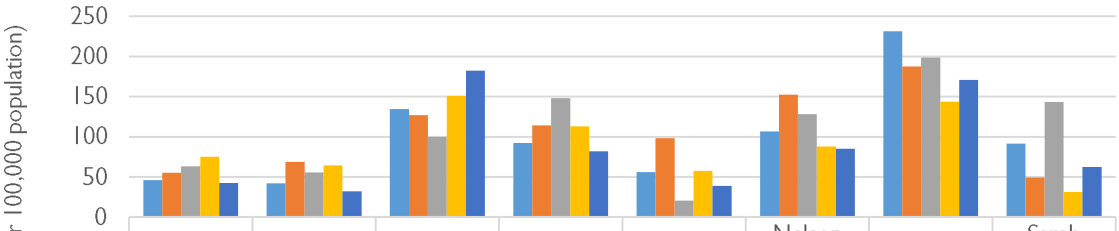


Fig. 14: Maternal mortality in facility ratio by district, 2015/16-2019/20 (Source DHIS 2020)

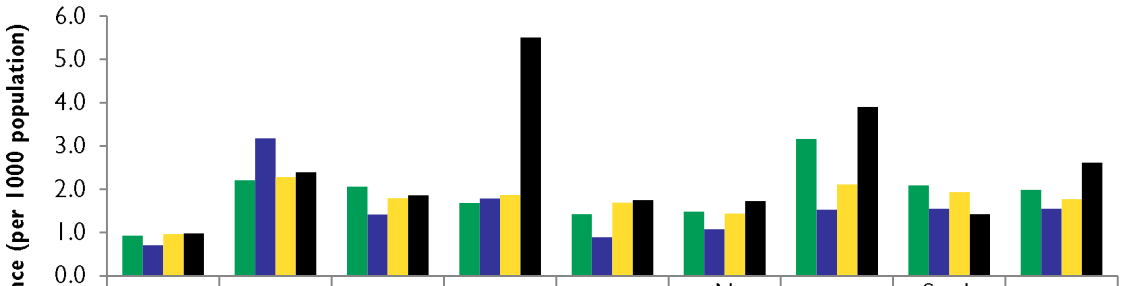


	Alfred Nzo DM	Amathole DM	Buffalo City MM	Chris Hani DM	Joe Gqabi DM	Nelson Mandela Bay M	OR Tambo DM	Sarah Baartman DM
2015/16	46.1	41.9	134.5	92.2	56	106.5	231.5	91.4
2016/17	55	68.9	127	114.3	98.4	152.5	187.4	49.2
2017/18	63.1	55.6	99.7	148	20.3	128.3	198.7	143.5
2018/19	75.3	64.3	150.7	112.9	57.6	88	143.7	31.2
2019/20	42.6	31.9	182.4	81.9	38.8	85.2	171	62.3

Non-Communicable Diseases

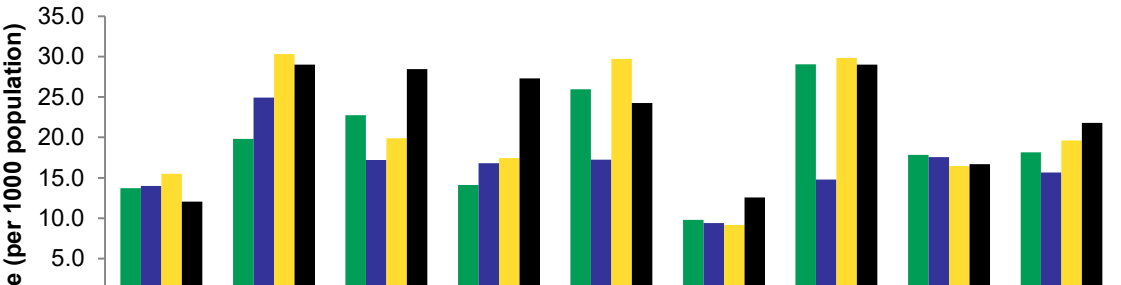
Communicable diseases (like Diabetes and Hypertension) are some of major causes of morbidity and mortality in the province. Diabetes incidence was lowest in Alfred Nzo. The incidence is fluctuating in districts over the years but remains below 3 per 1000 population in most of the districts. The hypertension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

Fig. 15: Diabetes incidence in the E Cape, 2013/14 - 2016/17 (DHIS 2017)



	A Nzo DM	Amathole DM	Buffalo City MM	C Hani DM	Joe Gqabi DM	N Mandela Bay MM	O Tambo DM	Sarah Baartman DM	EC Prov
13/14	0.9	2.2	2.1	1.7	1.4	1.5	3.2	2.1	2.0
14/15	0.7	3.2	1.4	1.8	0.9	1.1	1.5	1.5	1.6
15/16	1.0	2.3	1.8	1.9	1.7	1.4	2.1	1.9	1.8
16/17	1.0	2.4	1.9	5.5	1.8	1.7	3.9	1.4	2.6

Fig.16: Hypertension incidence in E Cape, 2013/14 - 2016/17 (DHIS 2017)



	A Nzo DM	Amathole DM	Buffalo City MM	C Hani DM	Joe Gqabi DM	N Mandela Bay MM	O Tambo DM	Sarah Baartman DM	EC Prov
13/14	13.7	19.8	22.7	14.1	26.0	9.8	29.1	17.8	18.2
14/15	14.0	24.9	17.2	16.8	17.2	9.4	14.8	17.6	15.7
15/16	15.5	30.3	19.9	17.4	29.7	9.1	29.9	16.4	19.6
16/17	12.0	29.0	28.5	27.3	24.3	12.6	29.0	16.7	21.8



PERFORMANCE INFORMATION

PERFORMANCE INFORMATION BY HEALTH PROGRAMME

METHODOLOGICAL CONSIDERATIONS

- **Data flow processes:** District Health Management Information System (DHMIS) policy stipulates time lag of 45 days for data processes from the facility level to the national Department of Health (DOH). At the time of the quarterly report compilation, data for the third month is usually not ready and signed off by the Head of Department. As a result, the third month data is estimated by averaging the previous 3 months' data. The actual outputs for the third month are reported in the following report.
- **EC Population**: Based on the Stats SA population estimates and the health facilities headcount, the Department of Health District Health Information System (DHIS) which is a national health information system, estimates the health facilities catchment population which is programmed in the systems to calculate population-based indicators. Due to rounding off, DHIS tend to have higher overall district and provincial population figures than those published by the Stats SA i.e. 6.52 million against 7.2 million in DHIS.
- **Interpretation of achieved targets**: The Department considers the planned target as the estimated figure and a future event and can only be achieved within a statistically acceptable range rather than at a point. Following this argument therefore, the Department decided on a margin of error of 5% at 95% confidence level of the planned target stipulated in the Annual Performance Plan as an acceptable range for target achievement. The interpretation therefore is that 95% of 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 annualised i.e. actual quarterly numerator output is multiplied by 4 (for the quarters) to align with the denominator that is an estimated annual population. Mid-year actual numerator outputs are multiplied by 2.
- **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 ADMINISTRATION AND MANAGEMENT

PROGRAMME 1: HEALTH ADMINISTRATION AND MANAGEMENT

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

SUB-PROGRAMME 1.1 HEALTH ADMINISTRATION-OFFICE OF THE MEC

Sub-Programme Purpose

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

Strategic Objectives

- Strategic Leadership and accountability by 2019

PROGRESS AND ACHIEVEMENTS

Table 1.1: MEC Activities

ACTIVITY	SIGNIFICANCE TO SERVICE DELIVERY PLATFORM
Commemorated the International Nurses Day at various institutions including the Central hospital, CMH, Madzikane KaZulu, and Aliwal North as well as the Nelson Mandela district during the month of May	The Nurses day is celebrated every 12 May each year not only to commemorate the birth of Florence Nightingale, the founder of nursing, but also to remind nurses of their functions and positions in serving the community. The day focuses more on boosting the morale of nurses so they can improve their service delivery efforts. The theme that was celebrated is "Nursing Balance of Body Mind and Spirit"
Supporting and enhancing good governance in health academic institutions	
Support to Lilitha Nursing College: During the months of June and July 2019, the MEC met with various governing bodies of Lilitha Nursing College including the top management, SRC and Lilitha Nursing Council to hear and address allegations of mismanagement and reach an agreement on the programme of action (POA) to deal with the allegations.	In terms of the Nurses and Midwives Training Act, 2004, the MEC ensures governance systems at Lilitha by appointing a College Council. With countless challenges of irregular student admissions, litigation against the college, student unrest, irregularities in recruitment processes, the Hon. MEC identified the need to intervene and strengthen governance and leadership through facilitation of conflict resolution and relationship building workshops. In addition, the POA also focuses on addressing Synergy and Synchronisation of the College Community; Policy Compliance; Governance and Administration.
In July 2019, the honourable MEC was invited to grace the graduation ceremony of 746 student nurses and 87 doctors from the five Lilitha Nursing College campuses and Nelson Mandela – Fidel Castro Partnership Programme respectively where she gave a keynote address.	The Lilitha College graduation is an annual event wherein the Hon. MEC joins the College Council Chairperson in awarding students who obtained various qualifications in programmes provided by Lilitha. The graduation of the 87 medical students under the auspices of the Nelson Mandela-Fidel Castro Programme, was another annual event hosted by Walter Sisulu on behalf of the NDOH and Cuba. The graduations rotate on an annual basis from medical school to medical school in each province. ECDoH played a role therefore, as a hosting provincial Department of Health.
Health programme Support	
Launched together with the Premier, the decentralised Lung Cancer Care project at Nelson Mandela Academic Hospital on 31 May 2019.	The purpose of the Decentralised Lung Cancer Care project is to implement an integrated Lung Cancer Centre of Excellence that will address the need for early detection, accurate diagnosis and better palliative treatment of lung cancer to improve morbidity and mortality due to this disease. Cancer care services will be introduced to the drainage region of Nelson Mandela Academic Hospital by decentralising the services to 5 satellite hospitals viz St Barnabas, St Patricks, Mthatha Regional, ST Elizabeth, and Madzikane Ka Zulu Memorial Hospitals. This approach will increase community

ACTIVITY	SIGNIFICANCE TO SERVICE DELIVERY PLATFORM
	access to specialised care by bringing services nearer to where they are mostly needed.
Attended the 9th SA AIDS Conference, 11-14 June 2019 in Durban.	The SA AIDS conference is a biannual conference and the second largest HIV conference in the world, attended by over 3,000 people, 25% of which are from countries other than South Africa. It is one of the most prominent medical meetings in southern Africa. Delegates include scientists, medical practitioners and representatives from the public sector, NGO and faith-based sectors and the corporate sector.
Health facility support visits: The MEC visited PHC facilities, district hospitals, Regional and Tertiary hospitals as well as Psychiatry hospitals to address various concerns and allegations including issues of poor management & dilapidating infrastructure, community grievances in relation to health facilities poor quality of operations and patient care as well as patient complaints. Visited health facilities are listed below and include the following: **Clinics:** Nontyatyambo, Gompo, Isilimela and Lusikisiki Village clinic. **District hospitals**: Butterworth, Greenville, Dr Malizo Mpehle Memorial, Bisho, All Saints and Canzibe hospitals **Regional & Tertiary hospitals**: CMH **Psychiatric hospitals**: Fort England, Komani **Forensic Pathology facilities:** Mthatha Forensic Pathology	The Department has put in place an infrastructure maintenance plan that is decentralised and is implemented by the districts. The Department is operationalizing the plan in collaboration with Public Works by meeting monthly and refining the details and SOP's.
Meetings with the hospital boards: meetings with the hospital board members from St Lucy's hospital, Holy Cross and Bisho hospitals were held and all these hospitals were complaining of dilapidated infrastructure.	
Support to Emergency Medical Services (EMS)	
The MEC officially opened the State-of-the-art EMS Base at Dora Nginza hospital on 18 April 2019.	This station will serve as the hub in the Metro supporting the satellite station in Motherwell and Korsten (Lindsey Road). The location of the new base reduces response times to surrounding areas and hence improved outcomes on patient care. The systems in place ensure that limited downtime at the base to restock and service calls. Response times for Aeromedical calls would be improved as the crew is on site and not having to travel to the airport where the Helicopter is currently housed.
Responding to the shortage of EMS vehicles in the Province, a fleet of 139 ambulances and 49 planned patient transport vehicles were handed over in Bisho in August 2019.	This is expected to increase the number of operational ambulances and planned patient transport vehicles in the province. The vehicles replace those that have reached the maximum mileage and those that have been written off due to damage and mechanical faults.
A visit to the PE EMS base was conducted in August to address the constant hijacking and robbery of EMS fleet and personnel. A three-tier intervention strategy that involves Police, Private Securities and Tightening of Internal Security Controls was developed.	The resolution from the engagements was that there should be active involvement of local councillors and community members in the metro. Local councillors and SAPS have committed to work with other stakeholders to protect EMS crews.
Cancer Walk Media Launch, in partnership with Radio Algoa	Strengthening partnerships in the fight against Cancer and other non-communicable diseases.
Provincial Health Summit	Meeting all Health stakeholders and role players to discuss health issues.
SALGA Environmental Health Summit	Strengthening partnerships and intergovernmental relations with the Local Government Sector.
Opening of Two NHI Clinics in the OR Tambo Region with the Minister of Health and President Ramaphosa in the opening of Lusikisiki Village NHI Pilot Site	Three of the eight NHI pilot sites opened.
Strategic Planning Session	To initiate the new planning cycle for the 6th Administration.

ACTIVITY	SIGNIFICANCE TO SERVICE DELIVERY PLATFORM
Community Outreach Activities	
Thuma Mina: The MEC participated in Thuma Mina programme conducted at Xholobeni and Middle Drift Villages where the screening for various health problems was conducted as well as providing education for disease prevention purposes. Door to Door with the Community Health Workers. Donated wheelchair to the elderly. Attended services on wheels session.	This is a community outreach programme that is taking services on wheels closer to people in communities

- Stakeholder engagementOther MEC activities included establishing, forging and strengthening DOH relations with Labour Unions including NEHAWU, HORSPESA and the South African Medical Doctors Association (SAMDA).
- Strengthening ties and working relations with the stakeholders and partners e.g Eastern Cape Aids Council, Public Service Commission.

Planning	
Department al Strategic Planning	Developing Department al mid-term strategies, setting the ground for the 6th Administration.
Planning Session with the Trade Unions	Taking into account the Labour Union's specific inputs into the Department al Strategic Plan.
Awareness programmes	
Activation and Services on wheels event in Maclear.	Awareness campaign about Cancer in the rural areas.
Cancer Walk in Port Elizabeth	Cancer Awareness Programme
World AIDS day in Addo	
Visit to facilities	
Opening Mental Health Unit at Livingstone Hospital	Extending Health services and enhancing access
Visit to Frere Hospital	To address the recurring overcrowding of the emergency unit
Visit to Nerina House (Lilitha College)	To start the process of implementing the infrastructure report findings.
Visit to the Mthatha Forensic Pathology	Responding to the community complaints about the state of the facility.
Visit to Butterworth Hospital	To inspect provision of quality services and address over-crowding. Also to organize space for patients in transit to East London for Tertiary Services.
Official Launching of C2 Ward at Frere Hospital	
NHI pilot sites clinics	
Official Opening of NHI Pilot Sites - Nolitha Clinic - Sakhele Clinic - Luthubeni Clinic - Gengqe Clinic	Opening and handing over facilities to local communities to improve access to quality Primary Health Care
International Visit	
Visited the UK on a study tour for NHI with her counterparts from other Provinces.	Conducted benchmarking tour for National Health Insurance.
Christmas Babies Visits	
Visited Hospitals to give gifts to babies born on the Christmas day.	Congratulated mothers and welcomed new babies, and also share christmas presents.

Table B1.1 Performance against Annual Targets from 2019/20 Annual Performance Plan for Sub-Programme 1.1-Health Administration-Office of The Mec

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
Strategic Leadership and accountability by 2019	Number of statutory documents tabled at Legislature	6 statutory documents	6 statutory documents	8 statutory documents	8 statutory documents	8	0	Target achieved

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMACE

Not applicable

CHANGES TO PLANNED TARGETS

There were no changes made to targets during the reporting period

SUB-PROGRAMME 1.2 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 functions, including regulatory functions of the head office, are located.

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

FINANCE BRANCH

- Financial Management Services
- Integrated Budget Planning
- 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
- Quality Assurance

DISTRICT HEALTH SERVICES MANAGEMENT BRANCH

- District Health Support Services
- Communicable Diseases
- Health Programmes

Strategic Objectives

Clean audit opinion achieved by 2019
100% of health facilities connected to web-DHIS through broadband by 2019

PROGRESS AND ACHIEVEMENTS

INFORMATION COMMUNICATION AND TECHNOLOGY

Health Facilities' Access to Broadband: The Broadband Rollout project is the project of the Office of the Premier (OTP), whose 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.

In total 804 health facilities will be connected under the Provincial OTP Broadband Project with 100Mb fibre connections. The rollout of these sites falls under the SITA/ Liquid Telecom (LTSA) agreement. Thus far assessments have been completed at 19 sites.

In November 2019, the OTP put this broadband project on hold due to issues surrounding accreditation of LTSA site assessors. There is no indication as to when it will resume.

In addition, and supplementing this project,

- there is continuous provision of LTE Routers from the RT15 contract – 239 Vodacom Routers have been procured and distributed to facilities.

- three sites, NMA, CMH and Livingstone hospitals have been upgraded to 100Mbs speeds. This will provide greater speeds on the Transversals.
- the Internet connection to Cape Town for access to the internet (WWW.), has been upgraded from 20 Mbps to 110 Mbps speeds.

Patient Management System: The Department utilizes the Delta 9 patient administration system at various institutions for patient registration, master patient index, bookings, admissions, discharges, theatre management, billing and revenue collection. The system plays a key role in the fast and efficient administration of our patients. The Department is embarking on acquiring a new Patient Management System. 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.

Skype for Business: Skype for Business is a live network system that requires enormous bandwidth to allow communication to and from both parties. The Eastern Cape Department of Health (ECDoH) has identified a need to implement Skype for Business as a Video Conferencing facility. Video conferencing allows a connection between two or more people residing in separate locations for communication purposes. It provides transmission of full-motion video images and high-quality audio between multiple locations. The ECDoH has invested in Office 365 that enables video conferencing utilizing Skype for Business. Skype for Business will be available both on user laptops and high-quality specialized equipment will be procured at major facilities around the province.

The project is continuing, and equipment was delivered to identified sites. For connectivity, Vodacom routers were ordered and delivered to the 13 boardrooms. Eleven out of 13 boardrooms were installed, and eight out of 11 completed boardrooms were tested by using Skype for Business conferencing functionality on the newly installed equipment.

Skype for Business material is constantly shared with all users via email and training sessions had been arranged for users. The training sessions includes the process of setting up a video conference, demonstrating all Skype for Business features, and sharing of documents. All 13 sites that were installed are functional. The I.C.T directorate is in the process of finalizing training and rolling out Skype for Business to Laptops. Furthermore, Skype for Business had been replaced with Teams and in total 413 users have been provided with Teams licences on their laptops and/or desktops.

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 202 sites have been identified for upgrade in the province. Expiry of contracts and changes in technology result in PBX's becoming redundant. The number of systems to be upgraded is expected to rise.

By end March 2020, the PBX systems have been upgraded at Leticia Bam CHC, Stutterheim Hospital and Amathole District office. The upgrade at Fort England Hospital is under way and was scheduled to be completed at the beginning of the new financial year, in April 2020.

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 in is the process of acquiring Signiflow and Nintex licenses that are required in order to implement the solution.

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.

There are positive gains towards management of litigation trends for the Department however, there are invariable new emerging risks that are associated with backlog matters, which the highest values and statistics reside with the surrounding of the abovementioned district and Alfred Nzo District. The Department has taken initiative to address that loophole by strengthening the capacity of dealing with backlogs, in terms of assistance of national transversal contract as will be clarified further herein.

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 Department s for medico legal. This is further constrained by the geographical challenges associated with the Province.

In minimising its exposure, the Department has progressed 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 defence
- 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).

There have been meetings held between the Department with state attorneys and other stakeholders to discuss and revise an approach ideal to deal with challenges and propose solutions on handling of cases and provision of contingent liability confirmations for audit period to avoid similar challenges. The Department embarked on legal outreach sessions focusing on implementation of strategic direction, revised standard forms and best practises. In addition, the Department continues to provide support to the 26 priority facilities as well as strengthening its defence of cases. Mediation continues to be encouraged with the hope to mitigate the Department al exposure which remains unsustainable

Contractual relationship between the Department , the Consortium, the SIU, the forensic and prosecuting authorities, now with augment of the national and other provincial administration interventions such as provincial medico legal task team, mooted specialised legal support for the Department have continuously yielded positive results for the Department but not at a desired pace, as the Department continues to strengthened these interventions further to maximise the desired goals.

We have noted a huge increase of matters being withdrawn against the Department , ruled in favour of the Department , decreasing settlements, despite increase in baseline of quantification.

We have seen prosecutions of unethical and scrupulous practitioners taking a giant leap recently. We have also noted medico legal jurisprudence taking a different course as opposed to previous challenges experienced.

These are positive strides associated with all the interventions and we are adamant that the situation could be much better than this in the closer future.

Table B1.2: Performance against Annual Targets from 2019/20 Annual Performance Plan for Sub-Programme 1.2 –Health Management

Strategic Objectives	Performance Indicator	Actual Achievement 2016/17	Actual Achievement 2017/18	Actual Achievement 2018/19	Planned Targets 2019/20	Actual Achievement 19/20	Deviation from planned target to Actual achievement 2019/20	Comment on deviation
2.1 Unqualified audit opinion achieved by 2019	2.1.1 Audit opinion from Auditor General	Unqualified audit opinion	Unqualified audit opinion	Unqualified audit opinion	Unqualified audit opinion			
	2.1.4 Level 3 MPAT	Level 2.7	Level 2.8	Level 2.8	Level 3 MPAT performance	N/A	N/A	MPAT has been temporarily suspended as the function is being moved over from DPME to DPSA. DPSA is still to revise and circulate reporting template.
2.2 100% of health facilities connected to web-based DHIS through broadband by 2019	2.2.1 Percentage of Hospitals with broadband access	97%	100%	100%	100%	100%	0	Target achieved
	Numerator: Total number of hospitals with minimum 2 Mbps connectivity	91	89	89	89	89		
	Denominator: Total number of hospitals	94	89	89	89	89		
	2.2.2 Percentage of fixed PHC facilities with broadband access	65%	71%	55%	100%	96.9%	-3.1%	Target achieved within 5% error margin. The Department is supplementing the OTP broadband project with continuous provision of LTE Routers from the RT15 contract. 239 Vodacom routers were procured and distributed to facilities. Remaining facilities do not have electricity.
	Numerator: Total number of fixed PHC facilities with minimum 1 Mbps connectivity	503	551	428	768	749		
	Denominator: Total number of fixed PHC facilities.	772	772	772	768	773		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMACE

Not applicable

CHANGES TO PLANNED TARGETS

There were no changes made to targets during the reporting period

Programme 1: ADMINISTRATION

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure	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	6,898	1,483	(2,600)	5,781	5,781	-	100.0%	11,063	7,314
2 MANAGEMENT	662,443	(1,483)	(51,108)	609,852	593,013	16,839	97.2%	730,401	685,570
	669,341	**-**	**(53,708)**	**615,633**	**598,794**	**16,839**	**97.3%**	**741,464**	**692,884**
Economic classification									
Current payments	**660,987**	**(95)**	**(55,941)**	**604,951**	**588,628**	**16,323**	**97.3%**	**710,015**	**679,357**
Compensation of employees	429,204	-	-	429,204	424,044	5,160	98.8%	442,946	412,288
Goods and services	231,783	(595)	(55,941)	175,247	164,084	11,163	93.6%	266,664	266,664
Interest and rent on land	-	500	-	500	500	-	100.0%	405	405
Interest (Incl. interest on unitary payments (PPP))	-	500	-	500	500	-	100.0%	405	405
Transfers and subsidies	**1,703**	**-**	**2,233**	**3,936**	**3,979**	**(43)**	**101.1%**	**2,364**	**4,183**
Households	1,703	-	2,233	3,936	3,979	(43)	101.1%	2,364	4,183
Social benefits	1,703	-	2,200	3,903	3,938	(35)	100.9%	2,434	3,828
Other transfers to households	-	-	33	33	41	(8)	124.2%	(70)	355
Payments for capital assets	**6,651**	**95**	**-**	**6,746**	**6,187**	**559**	**91.7%**	**29,085**	**9,344**
Machinery and equipment	6,651	95	-	6,746	6,187	559	91.7%	29,085	9,344
	669,341	**-**	**(53,708)**	**615,633**	**598,794**	**16,839**	**97.3%**	**741,464**	**692,884**

The net underspend of R16,839 million in the Programme, primarily vesting in current expenditure, arose in order to assist in the funding of medico legal claim settlements incurred by clinical Programmes 2, 4 and 5.

A net amount of R53,708 million was adjusted from Programme 1 to Programme 2, through the application of virements, in order to relieve pressures in the medicines budget of Sub Programme 2.2 - Community Health Clinics.



PROGRAMME 2

DISTRICT HEALTH SERVICES

PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)

Programme Purpose

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

Programme Description

The District Health Service (DHS) programme is responsible for the management of health services in the eight (8) districts of the province. The services offered are mainly preventive and minor curative, maternal, child and women health and nutrition, HIV and AIDS, STI and TB (HAST), prevention and control of chronic diseases, public health / other community-based services such 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

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

- Proper implementation of HPRS to address long waiting times
- Establish fast lanes to address long waiting times
- Strengthen implementation of CCMDD
- Strengthen implementation of Community Based Services
- Institutionalize integrated clinical services management (ICSM) across the PHC platform

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

GOVERNANCE, LEADERSHIP & MANAGEMENT

- Strengthening of leadership and management of Primary Health Care facilities and district hospitals in the implementation of Ideal Health Facilities Realisation and Maintenance (IHRM) initiative by developing guidelines on integrated approach in PHC supervision and programme management through the District Perfect Permanent Team;
- Appointment of Operational Managers and development of an induction program on facility management;
- Allocation of Infrastructure and medical equipment budget dedicated to prioritised gaps as identified by the district to enhance the quality of care.
- Facilitate community participation in health planning, provisioning and monitoring by appointment and training of health governance structures, clinic committees and District Health Council.

QUALITY CARE

- Allocation of budget dedicated at prioritising the six priority areas for quality standards that includes staff values & attitudes, waiting times, patient safety, infection prevention & control, cleanliness, availability of medicines & supplies.

HEALTH INFORMATION MANAGEMENT

- Institutionalise District Health Information Management System (DHIMS) Policy and Standard Operating Procedures (SOP's)
- Strengthen effective implementation of Health Patient Registration System (HPRS).
- Implement TBHIV integration system in all the districts

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

- **Sub-Programme Purpose 2.1 District Management:**
  The sub-programme manages the effectiveness and functionality as well as the coordination of health services referrals, supervision, evaluation and reporting as per provincial and national policies and requirement.

- **Sub-Programme Purpose 2.2 Clinics**
  The sub-programme manages the provision of preventive, promotive, curative and rehabilitative care, including the implementation of priority health programmes through accessible fixed clinics, outreach services (reengineering of PHC services) and mobile services in 26 sub-districts.

- **Sub-Programme Purpose 2.3 Community Health Centres (CHCs):**
  The sub-programme renders 24-hour health services, maternal health at midwifery units and the provision of trauma services, as well as the integrated of community-based mental health services within the down referral system.

Strategic Objectives

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

PROGRESS AND ACHIEVEMENTS

IDEAL CLINIC REALIZATION AND MAINTENANCE

The Ideal Clinic Realization and Maintenance (ICRM) programme is a way of systematically improving the deficiencies in public Primary Health Care (PHC) facilities as well as to improve the quality of care provided. The programme is implemented to prepare EC PHC facilities for the National Health Insurance (NHI) accreditation. An Ideal Clinic (IC) is defined as a clinic with good infrastructure, adequate staff, adequate medicines and supplies, good administrative processes, and adequate bulk supplies. For a facility to obtain an Ideal Clinic status, the facility must attain a minimum score of 83% for elements weighted as Vital, 70% each, for those weighted as Essential and Important.

During quarter 2, all facilities in the eight districts conducted the Perfect Permanent Team for the Ideal Clinic Realization and Maintenance status determination (PPTICRM SD) but five that had been closed due to refurbishment of infrastructure. Over the FY under review, 66 PHC facilities attained an ideal clinic status resulting in a total of 370 clinics achieving ideal clinic status since the beginning of the programme in 2015/16. The PPTICRM status determination results are shown in Table 2.1 below. Facilities develop and implement quality improvement plans to address poorly performing areas that were not achieved, preparing the facilities for the future assessment.

Table 2.1: Overview of Ideal status achievement per district over years (2015/16 – 2019/20)

DISTRICT	Number of PHC Facilities	Actual Ideal Clinic (ID) status achievement per year					Cumulative IC Status achievement	
		2015/16	2016/17	2017/18	2018/19	2019/20	2019/20	2019/20
Alfred Nzo	74	0	2	2	8	**4**	**16**	**21.6%**
Amathole	148	3	25	15	14	**21**	**78**	**52.7%**
Buffalo City	79	0	2	6	10	**7**	**25**	**31%**
Chris Hani	159	1	24	9	7	**2**	**43**	**27%**
Joe Gqabi	52	4	17	9	4	**1**	**35**	**67%**
NMBM	48	3	13	5	12	**8**	**50**	**80.6%**
OR Tambo	151	2	34	14	17	**11**	**76**	**52%**
Sarah Baartman	62	2	24	4	12	**8**	**50**	**80.6%**
EC Province	773	15	141	64	84	**66**	**370**	**48%**

The slow achievement of the IC status is mainly due to infrastructural issues. Limited infrastructure budget allows for limited number of infrastructure projects. The NDOH is supporting this process and has awarded the EC DOH with infrastructure projects and refurbished 95 PHC facilities in the NHI OR Tambo district. As a result of the NDOH support in the NHI district towards the Ideal clinic realisation, eight newly built and/or refurbished clinics (Gengqe, Sakhela, Luthubeni, Nolitha, Nkanga, Lotana, Maxwele, and Lusikisiki) in OR Tambo were opened during the first half of the year by the national Minister of Health;

Lusikisiki clinic was officially opened by the President. Centuli clinic a clinic built by the ECDoH in O.R.Tambo was opened as well.

Critical areas of poor performance that require major focus and prioritization to achieve ideal status include human resource management and infrastructure. The programme is planning to capacitate facility managers on Leadership and Management skills, as well asfilling of vacant posts including those of facility managers, clinic supervisors, cleaners, pharmacist assistants and data capturers, which are critical for achieving the norms and standards in health facilities. Availability of decent budget targeting these areas is a key requirement for implementation of these interventions.

GOVERNANCE STRUCTURES

The National Health Act (No 61 of 2003) requires that the Provincial legislation must at least provide for the establishment of a committee for PHC facilities. In compliance with the ACT and to improve oversight at facility level, Clinic & CHC Committees are established following the EC Provincial Policy (2016) on the Establishment and Functioning of Clinic and Community Health Centre Committees. By end March 2020, 726 (94%) PHC facilities had instituted approved committees with a total of 4152 members that are paid quarterly stipend. The distribution of districts by number of facilities with clinic committees is shown in Table 2.2.

Table 2.2: PHC facilities with clinic committees distributed by district, March 2020.

DISTRICT	Number of PHC Facilities	Number Functional PHC committees	% Functional PHC committees
Alfred Nzo	74	74	100%
Amathole	148	148	100%
Buffalo City	79	70	88%
Chris Hani	159	156	98%
Joe Gqabi	52	47	90%
NMBM	48	48	100%
OR Tambo	151	144	98%
Sarah Baartman	62	39	63%
EC Province	**773**	**726**	**94%**

The Provincial Health Council (PHC) led by the MEC and the Provincial Health Advisory Committee (PHAC), held meetings as prescribed in the NHA to strengthen oversight in the implementation of health policies. The following critical areas were raised for follow up:

- **Educating communities about coronavirus:** health status to school children in collaboration with Health.
- **Youth health:** A need was identified to intensify programmes that focus on reduction of teenage pregnancy and prevention of HIV amongst the youth including multi- skilling the youth by all government Department s. This would include campaigns such as Love Life and other programmes. Some of the currently implemented interventions to reduce teenage pregnancy are detailed under the MCWH programme i.e. sub-programme 2.7 of this report.
- **Infrastructure:** Proposal was tabled and discussed for the procurement of scooters and two mobile clinics to assist with the implementation of PHC strategies.
- **NHI - a goal to achieve:** Amidst preparations for the COVID 19 prevention and control, the EC province is expected to start the NHI conversation in the form of campaigns in partnership with local government. This follows hearings already conducted at national level. DOH is implementing programmes towards NHI that include Ideal Clinic Realization and Maintenance, Re-engineering of PHC (ISHP, Household registration and DCSTs) and strengthening of health information systems through Health Patient Registration System (HPRS) as well as document management.

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.

Table B2.1: Performance against Annual Targets from 2019/20 Annual Performance Plan for Sub-Programme 2.1-District Management

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
1.1 PHC utilisation rate increased to 3 visits per person per year in all facilities by 2019	1.1.1 PHC utilisation rate – Total	2.7	2.3	2.3	2.5	2.3	-8%	Target not achieved Target not met due to implementation of community-based interventions that take health service delivery closer to the people. These include WBOTs, ISHP and CCMDD
	Numerator: SUM ([PHC headcount under 5 years] + [PHC headcount 5-9 years] + [PHC headcount 10-19 years] + [PHC headcount 20 years and older])	18 096 847	16 418 041	16 605 569	17 918 165	16 422 870		
	Denominator: Sum([Population - Total)]	6 741 704	7 167 266	7 216 334	7 167 266	7 311 625	`	Whilst covering the same population as the PHC facilities, these data do not form part of the facility utilisation data.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMACE

CHANGES TO PLANNED TARGETS

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

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 (reengineering of PHC services) and mobile services in 26 sub-districts.

Table B2.2: Performance against Annual Targets from 2019/20 Annual Performance Plan for Sub-Programme 2.2-Clinics

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
2.3 Health Facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.22 Ideal clinic (IC) status rate	New indicator	New indicator	11%	19.9%	32.5%	12.6%	Target over achieved due to achievement of improved ideal clinic improvement status by facilities.
	Numerator: SUM ([Ideal clinic status			80	145	251		
	Denominator: Fixed clinics ([Fixed PHC clinics/fixed CHCs/CDCs])			727	727	773		
2.4 Patient experience of care rate increased to more than 75% in health services by 2019	2.4.27 Complaints resolution within 25 working days rate	New indicator	New indicator	96%	85%	95%	10%	Target achieved.
	Numerator: Sum ([Complaints resolved within 25 working days])			2 378		1 616		
	Denominator: Sum([Complaints resolved])			2 481		1 694		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMACE

Indicator	Proposed intervention
2.3.22 Ideal clinic (IC) status rate	• • Infrastructure improvement • • Address staffing gaps • • Improve standard essential medical equipment and furniture availability • • Address training needs e.g. Basic Life Support training and Leadership training • • Improve essential medicine availability • • Availability of National Guidelines • • Fastrack availability of MOU with Sector Department s specifically DOE and DoSD

CHANGES TO PLANNED TARGETS

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

2.3 SUB-PROGRAMME: COMMUNITY HEALTH CENTRES (CHCS)

SUB- PROGRAMME PURPOSE

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

Table B2.3: Performance against Annual Targets from 2019/20 Annual Performance Plan for Sub-Programme 2.3-Community Health Centres (CHCs)

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Annual Target 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
2.4 Patient experience of care rate increased to more than 75% in health services by 2019	2.4.27 Complaints resolution within 25 working days rate	New indicator	New indicator	98.2%	85%	98%	13%	Target overachieved due to improved governance through clinic committees; complaints are a standing item on committee meeting agenda and ensures that complaints are resolved, and redress happens
	Numerator: Sum ([Complaints resolved within 25 working days])			537		508		
	Denominator: Sum([Complaints resolved])			547		518		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMACE

Not applicable

CHANGES TO PLANNED TARGETS

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

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
- Promoting healthy lifestyles through health education and support
- Providing chronic, geriatric services and 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
- Strengthening traditional health services (THS) not mentioned in the APP and nothing has been reported about the Traditional Health Services in the AR

STRATEGIC OBJECTIVE

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

KEY STRATEGIES IMPLEMENTED TO ACHIEVE STRATEGIC Objectives

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

PROGRESS AND ACHIEVEMENTS

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

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

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

Chronic Diseases:

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

Eye care services:

- Basic eye care equipment was procured and delivered to Victoria and Dr. Malizo Mpehle hospitals.

A total of 2 971 patients received cataract surgery from various Regional and Tertiary hospitals in the Province

- To correct refractive errors, 2 783 out of the 4 851 patients on the waiting list (57%) were supplied with spectacles through in-reach and out-reach programmes. Brian Holden Vision Institute assisted in supplying readers and training of nurses on Primary Eye Care.

- Vision Mission project of Ster-Kinekor theatres assisted the program in facilitating an outreach on eye care services for school children under the ISHP in Chris Hani and Joe Gqabi districts by providing prescribed spectacles.
- The program facilitated eye health meeting with Queenstown Spec-Savers for discounted price for elderly people, which will be determined by the demand and free eye health services for school going children up to 12years, which include correction of refractive errors. Spec Savers agreed as per their policy to consult and prescribe spectacles for 2 children per day (10 children per week).
- Basic eye care equipment was procured and delivered to Victoria and Dr. Malizo Mpehle hospitals.
- A total of 2 971 patients received cataract surgery from various Regional and Tertiary hospitals in the Province
- Grace Vision NGO is performing cataract surgery at Zithulele district hospital and a plan to increase their services to Butterworth and Victoria hospital is under negotiation with the Department.
- To correct refractive errors, 2 783 out of the 4 851 patients on the waiting list (57%) were supplied with spectacles through in-reach and out-reach programmes. Brian Holden Vision Institute assisted in supplying readers and training of nurses on Primary Eye Care.
- Vision Mission project of Ster-Kinekor theatres assisted the program in facilitating an outreach on eye care services for school children under the ISHP in Chris Hani and Joe Gqabi districts by providing prescribed spectacles.
- The program facilitated eye health meeting with Queenstown Spec-Savers for discounted price for elderly people, which will be determined by the demand and free eye health services for school going children up to 12years, which include correction of refractive errors. Spec Savers agreed as per their policy to consult and prescribe spectacles for 2 children per day (10 children per week).
- Basic eye care equipment was procured and delivered to Victoria and Dr. Malizo Mpehle hospitals.
- A total of 2 971 patients received cataract surgery from various Regional and Tertiary hospitals in the Province.
- Grace Vision NGO is performing cataract surgery at Zithulele district hospital and a plan to increase their services to Butterworth and Victoria hospital is under negotiation with the Department.

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

Disease prevention interventions: The Flu vaccine is mostly administered but not limited to pregnant women and patients with chronic illness. Utilisation of the flu vaccine increased from 93% in 2017/196.6% (96 665/100 000 doses).

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

Table B2.4: Performance against Annual Targets from 2019/20 Annual Performance Plan for Sub-Programme 2.4-Community Based Services (NCDs)

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
1.2 Screening coverage of chronic illnesses increased to more than a million by 2019	1.4.1 Clients 40 years and older screened for hypertension	3 618 120	1 915 398	1 972 192	1 500 000	1 958 564	458 564	Target over achieved. NCDs are screened routinely at PHC facilities, awareness campaigns and integrated Thuma Mina outreach programs
	1.4.2 Clients 40 years and older screened for diabetes	3 351 442	2 140 599	2 491 684	1 542 304	2 719 395	1 177 091	
	1.4.3 Mental Disorders screening rate	New indicator	15%	24%	20%	31%	11%	Target over achieved NCDs are screened routinely at PHC facilities, awareness campaigns and integrated Thuma Mina outreach programs
	Numerator: SUM ([PHC client screened for mental disorders)]		2 518 835	4 017 220	3 283 608	5 108 384		
	Denominator: SUM ([PHC headcount under 5 years + PHC headcount 5 years and older)]		16 418 041	16 605 569	16 418 041	16 422 870		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMACE

Not applicable

CHANGES TO PLANNED TARGET

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

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)

Strategic Objectives

100% Compliance with Waste Management Act by 2019

KEY STRATEGIES IMPLEMENTED TO ACHIEVE STRATEGIC OBJECTIVES

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

SERVICE OUTPUTS AND ACHIEVEMENTS

Waste management

The aim of the Waste Management programme is to improve management of health care risk waste in line with SANS 10248 and the requirements of the Office of the Health Standards Compliance (OHSC). Collection of medical waste is governed following a Provincial Waste Management plan and Standard Operating Procedures that were approved in April 2019 and implemented in July 2019.

During the FY under review, the EC DOH contracted Compass Waste Services on a month to month basis to assist facilities with the management of health care risk waste whilst the tender process for securing a new service provider was underway. A new medical waste tender for collection of waste from hospitals was subsequently awarded to a new service provider with effect from April 2020 whilst that for collecting from the PHC facilities was awarded to four service providers with effect from February 2020.

Assessment of health facilities

A total of 82 health facilities consisting of 57 PHC facilities and 15 hospitals from six districts were assessed in line with the National health care risk waste audit tool in adherence with the national norms and standards on health care risk waste (Table 2.5.1). Mt Ayliff hospital in Alfred Nzo achieved a scoring rating of 76% which is a national target for good performance

The best practices that emerged from this exercise included:

- Procurement and consistent availability of personal protective equipment (PPE) for all waste collectors
- Management of the hospitals being fully involved in the management of health care waste
- Delegated waste officers being aware of the legislation and its implications; also guiding the management of health care risk waste.
- Development of the hospital waste management improvement plans which will be focusing on the segregation of waste that is still posing a challenge; spill kits in the storage areas are not available.
- A checklist for monitoring the management of health care waste had been developed.

Table 2.5.1: Distribution of assessed facilities by district

DISTRICT	Total No assessed	No achieved 60 – 80%	% Achieved 60 – 80%
Amathole	4	4	100
OR Tambo	23	18	78.3
Chris Hani	4	2	50
Joe Gqabi	6	3	50
NMBM	15	11	73.3
Sarah Baartman	30	29	96.7
Total	**82**	**67**	**81.7**

Capacity building

A total of 110 health officials were trained on the national health care risk waste management assessment tool to standardize the monitoring of health care risk waste management. The distribution of officials trained by health district is shown in Table 2.5.2 below. One-day session on health care risk waste was held with 10 TB Hospitals in line with the revised tool of the national core standards.

Table 2.5.2: Distribution of waste officials trained on the national health care risk waste management assessment tool by districts

DISTRICT	NUMBER OF OFFICIALS TRAINED
A Nzo	13
Amathole	15
BCM	14
C Hani	18
Joe Gqabi	11
NMMM	8
OR Tambo	19
SBD	12
EC province	**110**

Challenges and proposed interventions

Challenge	Proposed intervention
1. Non-availability of temporary storage containers at Primary health care level facilities for the storage of medical waste whilst awaiting collection by the service provider, compromises the infection control efforts.	Storage containers for PHC facilities were included in the new tender and will be provided by the new service
2. Spill kits in the storage areas are not available	Spill kits for storage areas are included in the new tender and will be provided by the new service provider.
3. Eighteen percent (15/82) of the assessed health facilities achieved moderate to poor performance scores. Segregation of waste still poses a challenge	The hospital improvement plans will focus waste segregation. A checklist will be developed to monitor implementation of these plans
4. Facilities do not have the relevant legislation and do not understand their role and relevance to health care risk waste.	The relevant legislation will be distributed to the health facilities and staff will be orientated on the relevance thereof to health care waste management.

Table B2.5: Performance against Quarterly Targets from 2019/20 Annual Performance Plan for Sub-Programme 2.5-Public Health/ Other Community Based Services

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
2.5 100% Compliance with Waste Management Act by 2019	2.5.1 Percentage of hospitals complying with SANS waste disposal requirements	100%	85%	88.8%	100%	100%	0%	Target achieved
	Numerator: Number hospitals that dispose waste in line with SANS 10248 regulation at a given reporting period.	89	76	79	89	89		
	Denominator: Number of hospitals during same time period	89	89	89	89	89		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMACE

Not applicable

CHANGES TO PLANNED TARGETS

There were no changes made to targets during the reporting period

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 PGDP goals, and to control the spread of TB, manage individuals infected with the disease and reduce the impact of the disease in the communities

Strategic Objectives

1.5 HIV infection rate reduced by 15% by 2019
1.6 TB death rate reduced by 30% in 2019

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

Monitor and strengthen implementation of support by partners
Re-test all pregnant women who were negative on the first visit and at delivery
Educate communities, families and primary care givers on importance of child adherence to treatment and TB treatment completion
Strengthen data management

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

Prevention initiative that work collaboratively with all sections, through coordination of the Eastern Cape AIDS Council (ECAC), targeting the high-risk population, youth and young women to prevent both TB and HIV new infections. Focus on behaviour change initiative, and avail HIV prevention commodities such as condoms, HIV testing services (HTS). Implementation of (MPTCT) and safe male circumcision

Case finding initiative that entails, amongst others intensive screening of TB (Find Actively, Separate Temporarily (FAST) and Treat Effectively) lateral flow Lipoarabinomannan LF-LAM) and HIV testing in build-up activities toward and during events such as First Things First Campaign. Rotary family health days, World Aids Day and TB Day in collaboration with other sectors

Treatment initiation initiatives Universal Test and Treat (UTT) to scale up initiation of patients to treatment as well as the shortened regimen (nine months) for the management of multi-Drug resistant TB (MDR TB) patients

Differentiated Care initiative that entails the implementation of the Adherence Clubs and Central Chronic Medication Dispensing Distribution (CCMDD)

PROGRESS AND ACHIEVEMENTS

2.6.1 HIV and AIDS

- **Prevention initiative**: On the first 90 of the 909090 strategy, the Department works collaboratively with other government Department s and other sectors, with all activities coordinated by the Eastern Cape AIDS Council (ECAC). With the low positivity yield in general population, targeted HIV testing is done focusing mainly on the high-risk population, youth and young women to prevent both TB and HIV new infections. Interventions focus on behaviour change initiative, making available HIV prevention commodities such as condoms, HIV testing services (HTS), implementation of mother to child prevention and safe male circumcision.

  Nationally, the programme experienced a challenge of non-availability of condoms from the suppliers which led to under performance on the condom target. The national DOH intervened and supported the programme by providing some condom stock. This outage was coupled with poor documentation and reporting of distributed condoms at primary distribution sites which, in future will be closely monitored.

  The province intervention for Safe Male Initiation program has seen integration of Male Medical Circumcision and the Tradition Male Initiation Practices; it aims to minimise injuries and deaths associated with these practices

- **Case finding initiative** entails HIV Testing Services and PCR testing for the newly born HIV Exposed Infants. The programme exceeded the target due to facility based and community-based testing done in collaboration with supporting partners. Despite the continuous annual increase in volumes of tests done to find the HIV positive clients, the positivity yield stood at 4% against the expected 7% which is required to achieve the 90-90-90 performance by

2020. The gradual annual drop in positivity yield has been observed over the past four years and measures to address it are implemented in collaboration with various stakeholders in the HIV response program.

- PCR uptake at birth and at 10 weeks' performance is at 97% and 67% respectively with PCR positivity rate of less than one percent. At birth PCR is doing well while at 10 weeks follow up still poses a challenge. Referral linkages from delivery point (hospitals & CHCs) to PHC childcare programs need to be strengthened.

- **Treatment initiation and Retention initiatives.** The major emphasis for the 2nd 90 is the initiation and retention of clients on ante-retroviral treatment (ART). The Department managed to retain on ART a total of 530 733 patients against the yearend target of 635 706, this being an achievement of 86,9% towards the annual target. Non-achievement is linked to HIV testing positivity yield of 4.1% i.e. a total of 85 791 positive clients of the total tested 2 086 188; this is lower than the targeted 7% which was targeted for initiation; high rate of LTFU patients due to challenge of capturing and reporting and high mobility of patients between health facilities with no system at present to detect such movements. Interventions to improve this status are implemented under the 90-90-90 Treatment Retention Acceleration projects multi-sector engagements. This project focuses on improving the positivity yield and the treatment initiation rate as well as retention of patients on treatment.

- **Differentiated Care initiative** entails the implementation of the Adherence Clubs, Fast Laning and Central Chronic Medication Dispensing Distribution (CCMDD) initiatives for stable patients on treatment. The province had a total of 130 583 active ART patients on CCMDD. A total of 753 adherence clubs are fully functional across the province and 11 049 active ART patients are collecting treatment from these clubs. In addition, 885 Fast Laning outlets have been established in facilities across the province and 137 566 active patients are collecting treatment from those outlets. To reduce frequent visits to facilities 311 680 are collecting two months' scripts from facilities.

2.6.2 TB MANAGEMENT AND CONTROL

Prevention initiative

Community participation and education for TB and HIV

The HAST Chief Directorate procured Radio Slots from SABC and Local Radio Hubs. Weekly radio talks were conducted every Monday on Umhlobo Wenene radio station to enhance awareness on adherence to treatment for patients on TB & HIV treatment.

To further increase awareness about TB disease, TB & HIV co-infection and Drug Resistant TB (DR_TB) as well as importance of treatment compliance, radio slots were also conducted in the following community radio stations: Umhlobo Wenene, Nkqubela FM, Kumkani FM and Mdantsane FM during the TB month and World AIDS Day.

Introduction and rollout of "Welcome Back" Campaign May in the prioritized facilities to encourage defaulting patients to return to treatment. This includes training and monitoring of Clinical staff to establish a welcoming atmosphere in the clinics, and education of the community on treatment adherence.

Siyenza prioritized facilities (There are high volume facilities with TROA patients more than a 1000 and have high defaulter numbers) have been orientated to the "Welcome Back" implementation guidelines.

During the month of May 2019, (Total of 37 for AN, OR Tambo, Amathole, and BCM) Health Promoters from all the districts were trained on TB & HIV programmes.

All districts embarked on door to door campaigns, following TB index cases. The purpose was to do contact screening. Each district was given a target for screening between the month of February and March. this resulted in a total of 35401 people were screened in the community ,160 people were diagnosed with TB and started on TB treatment. A total of 2190 households were visited. House-hold visits were conducted and 884 contacts screened and 92 contacts diagnosed with TB and started on TB treatment. 341 people tested positive for HIV and were linked to care.

TB and HIV Radio slots in four radio stations (Umhlobo Wenene, Nkqubela FM, Kumkani FM and Mdantsane FM) were used intensely in during the buildup activities for World TB day in all the districts. Through these radio stations, the Department reached approximately 5.875Ml listeners with TB and HIV Messages.

The Department also managed to procure five electronic bill boards which will run TB and HIV messages for a year Community screenings and tracing of TB and HIV missed appointments was conducted in all the districts between February and early March. This resulted in tracing and tracking back to treatment 165 TB patients and 1809 HIV patients. Also it was noted that as a result of the TB day activities, for the first time Under-five screening reached 91,7% and over five 5 years 88,2%.

Inter-sectoral collaboration: The Department participated in the Women's Parliament for the House of Traditional Leaders during August 2019. The purpose of this engagement was to discuss challenges faced with the management of HIV and TB as well as maternal deaths and cancer amongst women. The members of Imbumba Yamakhosikazi Akomkhulu pledged to assist the Department in addressing these issues in communities.

Educational talks and screening activities were further conduced at SAPS, House of Traditional Leaders' Women's Parliament, at the Hawks' offices in East London and Ubuntu Boxing Fraternity at Mdantsane.

Psychosocial Support: Psychosocial support encompassing patient adherence and counselling remains a critical component of a comprehensive support to DR-TB and DS-TB patients. Aquity Innovations, in partnership with DOH appointed a social worker to support and provide psycho-social support to Drug resistant (DR) TB patients in four hospitals and two PHC facilities of the OR Tambo district. The following social determinant factors were identified as impacting patient adherence on treatment negatively and need to be included and tackled as an agenda item in the Social Transformation Cluster platform; these are:

- high unemployment rate,
- inadequate social grants where many clients have large number of dependents,
- long waiting periods for social grant applications
- lack of identification records required for application of grants especially in patients that were within the borders of Eastern Cape and KZN.

Case finding initiative

To intensify case finding, communities were screened to detect early people with TB symptoms and refer them for further investigation and treatment where necessary. Clinics are screening clients for TB and 29 hospitals are implementing intensive screening through FAST (Find Actively, Separate Temporarily) and Treat Effectively campaign as well as through use of lateral flow Lipoarabinomannan LF-LAM) for testing TB in HIV positive patients with low CD4 count. During the year under review, a total of 973 TB patients were diagnosed using this test. HIV testing and TB screening are intensified during campaigns such as First Things First Campaign as well as during build-up campaigns and events including Rotary family health days, World Aids Day, TB Day, etc. These interventions are implemented in collaboration with other sectors including district supporting partners.

TB Reach in the NMBM increased the number of Private Doctors (GP) contracted to provide TB services from 10 to 14. A total of 773 patients were diagnosed with TB and started on TB treatment in the Nelson Mandela Metro through this intervention. TB clients lost to follow up were also traced and linked back to care.

Treatment initiation initiatives

Treatment initiation initiatives have sustained initiation of patients on TB treatment at 90%. These include the implementation of Universal Test and Treat (UTT) national strategy to scale up initiation of patients to treatment. The TB programme has since 1st April 2017 been implementing the shortened regimen (nine months) for the management of multi-Drug resistant TB (MDR TB) patients. This regime shortens the treatment duration which improves both patient compliance and treatment outcomes. Consequently, there had been a significant reduction in TB hospital efficiency indicators including utilization of usable beds and the average length of stay.

Additional support is directed towards decentralized sites for drug resistant TB and TB hospitals in the OR Tambo and NMBM districts with the supporting partners providing much needed support through appointments in various human resource positions including doctors, nurses, linkage officers, data capturers, and other positions. Further support is directed towards capacitating clinicians (both doctors and nurses) in hospitals on TB and TB & HIV co-infection as well as on use of Tier.Net or TB HIV Integrated Information system (THIS) to improve recording and reporting of TB and HIV clients.

Facility support and Mentoring

In partnership with the district support partners (DSPs), the programme facilitated the implementation of the Siyenza Project 10-point plan in all the prioritized facilities. The 10 Point Plan focuses of the following:

Creation of the patient centered care & implementation of the "Welcome Back" campaign guidelines

Extension of clinic opening hours: Several Siyenza facilities are opening from 6 am to 6 pm. Some are opening on Saturdays. Improving patient waiting times: Patient waiting times are reduced by improving patient flow, record management and filing systems. Facilities are re-organizing HPRS filing using File Organizers. Implementation of the appointment system is being strengthened in facilities

Use of unique ID (HPRN) is strengthened through the implementation of the HPRS system.All NIMART nurses to initiate treatment. Facilities are currently conducting Skills Audit to establish gaps. Together with RTC, District Training Plans will be developed and implemented from second quarter. NIMART nurses are given target to initiate new patients.

Strengthening functionality of Differentiated Care program was done through the implementation of the fast-lanes, adherence club, CCMDD and increasing external CCMDD pick up points. Strengthen data collection: Weekly data monitoring is done in all prioritized facilities.

Monitoring Performance and Support

Clinical audits and regular performance reviews are conducted to improve the quality of the TB programme. Audits on mortality due to TB were conducted at hospitals that had high number of TB deaths. These audits have assisted both the district and the Department to strengthen social mobilization and clinical management of TB patients.

To fast-track initiation of newly diagnosed TB patient on treatment, the Department increased the total number of hospitals using Tier.Net as a reporting system for TB from 50 hospitals in 2018 to 75 hospitals in 2019. Through this intervention, 5003 TB patients initiated in hospitals were reported in 2019 against 1140 reported in the previous year.

Re-orientation of the clinic supervisors and Operational Managers on TIER.net line lists reports. Districts were visited to provide support during programme reviews.
Integrated and comprehensive facility visits with high volumes and high number of TB and HIV patients lost to follow up were conducted; the purpose was to provide mentoring and on-site training. Re orientation session on TB was conducted for high volume facilities in Nelson Mandela Metro and Alfred Nzo.

CHALLENGES AND PROPOSED INTERVENTIONS

Increasing numbers of TB clients lost to follow up: Besides Nelson Mandela Metro and Sarah Baartman, the Department has noted with concern an increase in number of TB clients on treatment that are lost to follow up in Buffalo City, OR Tambo and Chris Hani districts. The districts concerned attribute this to high migration of clients between facilities and to other provinces. By the beginning of March 2020, the Department had started reviving the functioning of nerve centres in all Districts. These nerve centres will assist in close monitoring of performance for all the facilities in the districts through clustering support. One of the indicators that will be monitored closely will be the clients who missed their appointments.

Poor performance on TB indicators as a result of Migration from ETR.Net to Tier.net and Web DHIS: The National DOH has integrated the two information systems that reported TB data (ETR.net) and HIV data (TIER.net) into one web-based system, the TB HIV Information system (THIS). The integration of the two systems was initiated at the beginning of April 2019 and the Provinces were required to report from Web-based THIS at the end of September 2019. Challenges are currently being experienced with the new integrated system due to incomplete data migration from the two systems. This resulted in inaccurate data being reported for the first six months. A new version on Tier.net will be released in the next financial year. It is hoped that this version will assist in including all the TB HIV Co Infected clients initiated on ART, to be reported on Web DHIS

+The Province has seen poor performance on TB indicators than expected due to data migration from the electronic TB Register (ETR.Net) to the newly implemented Tier.net and Web DHIS (THIS). This is due to the new system's teething problems. As the system's developer, the National DOH is correcting this anomaly and is hoping to get it right by the end of the current financial year, i.e. March 2020.

Table B2.6: Performance against Annual Targets from 2019/20 Annual Performance Plan for Sub-Programme 2.6-HIV & AIDS, STIs & TB control

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
1.5 HIV infection rate reduced by 15% by 2019	1.5.1 ART client remain on ART end of month - total	394 410	452 072	493 879	635 706	531 135	-104 571	Target not achieved. • There is high rate of LTFU patients due to challenge of capturing and reporting. • Low HIV test positivity yield (4.1%) compared to 7% expected at the time of planning. • Poor retention of patients initiated on ART treatment • Backlogs in data capturing by health facilities due to lack of sufficient data captures • Introduction of the new Fixed dose combination has had a temporary negative effect on initiation on ART because of the concern or fear to initiate females of childbearing age.
	1.5.2 TB/HIV co-infected client on ART rate	97.3%	97%	94.5%	95%	74.7%	-20.3%	Target not achieved due to the change in reporting systems (from ETR.Net to Tier. Net and Web DHIS). Web DHIS only reports on TB & HIV co infected clients who had been initiated on ART within two weeks and not above two weeks.
	Numerator: SUM(TB/HIV co-infected client on ART)	18 748	17 690	16 990	17 859	11 668		
	Denominator: SUM(TB client known to be HIV positive)	19 276	18 273	17 980	18 798	15 616		
	1.5.3 HIV test done – total	1 932 800	1 726 702	1 851 552	1 748 488	2 086 072	337 584	Target overachieved. HIV testing is done at health facilities and at community level during campaigns and outreach

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
								programmes with the support of District Supporting Partners
	1.5.4 Male Condoms distributed	New indicator	61 256 400	73 672 416	108 675 419	78 817 157	-29 858 262	Target not achieved due to: • Underreporting at the primary distribution sites during quarter one. • Target not achieved due to shortage of condoms from the suppliers. There had been no SABS certification for the condoms held by the suppliers and therefore they are unable to sell and distribute such stock, resulting in shortage of condom stock in the province.
	1.5.6 Medical male circumcision – Total	56 859	60 835	47 345	30 841	10 722	-20 119	Target underachieved. Target setting considers only legal circumcision schools. Data from illegal TMC schools is collected as well and is reported as a monitoring mechanism to address this challenge.
1.6 TB death rate reduced by 30% in 2019	1.6. DS-TB Treatment start 5 years and older rate	New indicator	109%	101%	95%	98.3%	3.3%	Target achieved within acceptable range of 90.3% - 99.8% (see paragraph on Methodological Considerations)
	Numerator: DS-TB Treatment start 5 years and older		29 956	33 179	28 500	31 392		
	Denominator: TB Confirmed 5 years and older		27 473	32 864	30 000	31 940		
	1.6.2 TB client treatment success rate	84.8%	86%	80.3%	85%	78.1%	-6.9%	Target not achieved due to:

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
	Numerator: SUM([TB client successfully completed treatment])	14 948	12 027	33 746	37 912	30 836		• High TB lost to follow up rate • High TB death rate
	Denominator: SUM([TB client start on treatment])	17 633	14 009	42 023	44 488	39 474		
	1.6.3 TB client lost to follow up rate	7.1%	6.8%	8.1%	7%	11.8%	-4.8%	Target not achieved due to: • High LTFU in Sarah Baartman, Nelson Mandela Metro and Buffalo City due to client movement between facilities within the Province and between Provinces with no tracking system, • Also attributed to movement due to seasonal farming especially in Sarah Baartman district
	Numerator: SUM([TB client lost to follow up])	1 252	3 031	3 384	3 114	4 654		
	Denominator: SUM([TB client start on treatment])	17 633	44 356	42 023	44 488	39 474		
	1.6.4 TB death rate	5.3%	4.4%	6.3%	6%	7.2%	-1.2%	Target not achieved due to: • Late presentation, • HIV positive clients who defaulted ART
	Numerator: SUM([TB client died during treatment])	936	614	2 668	2 669	2 840		
	Denominator: SUM([TB client start on treatment])	17 633	14 009	42 023	44 488	39 474		
	1.6.6 TB MDR treatment success rate	49.7%	51%	65.8%	60%	62.9%	2.9%	Target achieved
	Numerator: TB MDR client successfully completed treatment	823	930	557	1 382	720		
	Denominator: TB MDR confirmed client initiated on treatment	1 655	1 826	846	2 304	1145		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMACE

Indicator not achieved	Proposed interventions
1.5.1 ART client remain on ART end of month -total	The province is working with various sectors in the HIV and TB management respons program through implementation of the various Treatment Retention an Acceleration projects (TRAP). These include: • Implementing Operation Phuthuma that focuses on high volume facilities to strengthen testing, ART initiation and retention and treatment outcomes. • Welcome Back Campaign is implemented 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. • Establishment and operation of the Nerve Centres from Province to facility levels to monitor and support district data management challenges.
1.5.2 TB/HIV co-infected client on ART rate	The matter related to Health Information Systems' challenge has been reported to National Department of Health and assurance was given to all provinces that the matter will be dealt with by end of FY 2019/20.
1.5.4 Male Condoms distributed	• Programme to continue to support districts to strengthen reporting by the primary distribution sites. • The National Department of Health is supplying condoms to the province to ensure uninterrupted supply to the clients.
1.6.2 TB client treatment success rate	• The Districts will be supported to revive nerve centres, this will assist in monitoring of line list of missed appointments. • District supported on conducting audits for the deaths, • Districts and facilities will be supported to strengthen file audits and update where there are challenges.
1.6.3 TB client lost to follow up rate	• More high-risk patients are placed under DOT to improve adherence • Provincial TB and Information System is busy training the hospitals on TB HIV Information System (THIS) in order to improve referral and identify patients already on treatment. • The programme is conducting data audits to verify the outputs • The matter related to systemic challenge has been reported to National Department of Health and assurance was given to all provinces that the matter will be dealt with by April 2020. • The Province will continue to monitor performance of the districts and provide feedback. • Nerve centres have been established in all the Districts, these will assist districts and facilities in close weekly monitoring of performance
1.6.4 TB death rate	• Province will support the Districts with high number of deaths (Nelson Mandela Metro and OR Tambo) in conducting mortality audits • Radio slots are continuing and have been planned for the next financial year, to increase awareness and importance of adherence. • Province and Districts will monitor that communities are screened for TB in all the outreach activities, this will assist in early identification of those with TB and early treatment initiation.

CHANGES TO PLANNED TARGETS:

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

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

Sub-Programme Purpose

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

Strategic Objective:

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

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

- Always ensure availability of tracer medicines
- Conduct cluster clinical audits and performance reviews
- Identify pregnant woman at household by WBOTS for early booking and referral
- Review planned patient transport for high risk clinics
- Establish and strengthen structured high – risk clinics for early detection and reduction of complications
- Capacitate doctors and nurses on ESMOE, MSSN, HBB and ETAT
- Ensure availability of KMC beds in each hospital conducting deliveries
- Linkages of discharged premature, LBW and neonatal high-risk patients to WBOT for close follow-ups and early detection of new danger signs.
- Linkages of all children with SAM, MAM and stunting to clinics for nutritional program and for Social development interventions.

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

- PHC Reengineering Strategy with special emphasis on District Clinical Specialist Team (DCSTs) that gives support to maternal.
- Integrated School Health (ISH) policy implemented in collaboration with Department of Education.
- Leaner behavior change programme launched with the Department s of Education and Social Development to provide services and contraceptives.
- Emergency Medical and Rescue Services (EMRS) for pregnant women and neonates
- Clustering od district hospitals to perform 24hr caesarean sections
- Building capacity of doctors on sexual reproductive health rights programme
- Implementation of Reach Every District (RED) Strategy in all districts to increase immunisation coverage in communities. The RED strategy is an Immunisation strategy to Reach Every Child (REC)

PROGRESS AND ACHIEVEMENTS

Reducing Maternal Mortality

Hypertensive disorders during pregnancy, HIV opportunistic infection and TB among pregnant patients with failure to suppress on ART are the leading causes of these deaths. Interventions to address these challenges are briefly discussed below.

Early Antenatal booking

Antenatal care (ANC) services are primarily concerned with the prevention, early diagnosis and treatment of pregnancy associated health disorders hence registering into antenatal care is important in order to detect and treat pregnancy-related complications and increase positive patient outcomes. When women book early into antenatal care, it makes it feasible for accurate estimation of gestational age. By end of the FY under review, about 63% of pregnant women attended ANC before 20 weeks. To promote early booking amongst these women, WBPHCOTS are screening women using pregnancy screening tools at home and refer them to PHC facilities for testing and treatment of any health condition suspected. Equally, WBPHCOTS will be used to monitor viral load suppression as this is another risk factor for maternal and neonatal deaths; appropriate interventions will be implemented to clients identified with unsuppressed viral load.

The province is implementing the hypertension action plan to monitor delivery if effective interventions namely calcium and aspirin supplementation, competency assessment of PHC nurses, availability of pregnancy appropriate BP machines and ultrasound with dopplers to detect intra uterine growth restriction as an early sign of complications.

Aligned to early booking is the testing of first ANC attendees for HIV and initiating all positive pregnant women on ART to prevent mother to child transmission. 95% of all HIV positive women are initiated on ART with less than one percent (188/87 309) of babies born to these women testing positive for HIV during 2019/20 FY.

Reducing teenage pregnancy

High teenage pregnancy is one of the major risk factors of maternal mortality with 40% of deaths under 24 years of age. An integrated approach is taken to reduce rate of pregnancy amongst learners. This includes collaboration amongst the government Department s DOH, DSD, DOE and their supporting partners implementing various interventions such as the Integrated School Health Programme (ISHP) and roll-out of the Nzululwazi model.

The latest changes (2018) in ISHP allow for learners to access contraception at school; this comes over and above the stipulated education on sexual & reproductive health in schools. Despite the policy change however, its implementation is limited due to the shortage of resources including transport and human resources to provide comprehensive care package at schools.

Through peer educator camps, social clubs and programs are presented at schools to provide education for learners on contraceptives and resilience to substance use; this initiative is offered as a component of the learner behavioural change and Integrated School Health Program (ISHP) through inter-sectoral collaboration with DOE and DSD. These programmes provide services and contraceptives to learners to prevent pregnancy and are now focusing on Wards with high teenage pregnancy.

Cervical cancer prevention and control

Cervical screening policy prescribes three cervical smears at 10-year interval for women aged 30 and older. There is a significant improvement in cervical screening program. This is because of the introduction of the liquid-based cytology technique which makes it easy to get adequate results. This technique addresses the challenges of smear inadequacy and high smear rejection rate by the laboratory when the conventional PAP smear method was previously used.

With this new technique, all districts are performing well on cervical screening indicator due to the training that was conducted on cervical and breast cancer new policy. Efforts to strengthen prevention and early detection of these cancers are underway. These include vaccinating school going young girls doing Grade 4 (ages 9-10 years) with HPV vaccine and campaigns on breast self-examination. The Department is currently developing a provincial cancer strategy and a workshop in this regard was held in June 2019 where provincial training for doctors and nurses was conducted. Provincial Cancer Awareness was held in Qhibira Village at Engcobo. To reduce cervical cancer incidence, the Department has established cervical cancer screening Units in 12 District hospitals for early detection and removal of cervical pre-cancer lesions diagnosed on pap smear; this reduces referrals of cervical cancer patients to higher level of care as well.

Emergency Medical and Rescue Services (EMRS) for pregnant women and neonates

The implementation of inter-facility obstetric ambulances form part of the strategy to reduce maternal deaths and to address medico-legal challenges. During the period under review, 200 non-pneumatic anti-shock garments (NASG) were procured to manage obstetric haemorrhage in transit. Furthermore, to improve skills in the management of maternal health, 34 emergency care officers were taken through the train the trainer programme on these (NASG). The NASG is an innovative garment that is used as part of the strategy to manage post-partum haemorrhage complications. The garment is to be applied immediately on diagnosis of post-partum haemorrhage while the woman is being managed and during transfer to the next level of care. It is therefore important for EMS personnel to be adequately skilled in the use of this garment as they are key in the movement of clients between health facilities.

Implementing cluster hospitals for caesarean section

The EC DOH clustered hospitals to perform safe caesarean section (CS), a strategy that assist with resource sharing (staffing), presenting better access to transport and reducing distances to be travelled if these mothers were to be taken to a higher-level institution, further than the district hospitals in proximity.

Nelson Mandela Academic Hospital is a referral hospital for all other hospitals (district and regional hospitals) in the Eastern Region of the EC Province. It continues to contribute the highest number of maternal deaths to the OR Tambo district, making this the leading district in terms of these deaths.

Almost all cluster hospitals for safe caesarean section continue to provide 24-hour services. Training of clinicians on the new ESMOE surgical skills model improved the clinicians' skills of managing haemorrhage, with the number of deaths due to

bleeding after caesarean section reduced. This success is also attributed to these hospitals keeping freeze dried plasma for emergency, and this has improved outcomes.

Maternity awaiting beds

The maternity awaiting beds allow for patients with high risk of complications including previous caesarean section (cs) or post-partum haemorrhage (PPH), who anticipate transport challenges and/or from hard places to reach with ambulance service to be accommodated at a hospital close to delivery date. Thus far, the beds for implementing this initiative have been operational in the OR Tambo district at Bambisana, Barnabas, and Holy Cross hospitals.

Furthermore, access has been improved by building and opening MOU at Lusikisiki Village clinic, which is in town, is on taxi route and easy to reach by various mode of transport. The clinic conducts deliveries to low risk pregnant women and therefore playing an important role to improve quality of care at St Elizabeth regional hospital which can then focus on patients with high risk conditions and complications.

Audit of caesarean section and medical records

The audit of caesarean section records has proved to be an effective clinical governance tool which gives doctors practical insight and guide both the professional code of conduct and decision-making towards reduction in number of cases which otherwise would have potential for litigation.

Improving data quality

The initiative by NDOH to improve the poorly performing indicators on Maternal & Child Health programme has been established in the Nelson Mandela Bay and Sarah Baartman District for the 2020/21 FY. Aligned to this, nerve centres had been established in the Amathole, NMBD, OR Tambo and Sarah Baartman and these will assist in weekly reporting and monitoring of maternal, child and women's health indicators.

As part of the medico-legal strategy, the Department of Health will be converting ANC and maternity records into an electronic record /digital form to monitor adherence to protocols in antenatal care. In addition, clients at risk of hypertension complication will be easily identified and referred to appropriate levels of care. The new electronic maternity care record was first piloted in March 2020 at Butterworth hospital and nine feeder PHC facilities.

Building capacity of clinicians

Essential Steps for Management of Obstetric Emergencies (ESMOE), BANC trainings and refresher courses are conducted continuously for doctors and nurses to manage the obstetric emergencies to prevent maternal and neonatal deaths. Clinicians are trained and mentored continuously on PMTCT. Case studies were developed to capacitate staff and are facilitated on weekly basis by peer mentors onsite at the clinics. Table 2.7.1 below shows the trainings that were conducted to capacitate the health professionals to improve service delivery outputs during the FY under review.

Training nurses on IMCI improves quality of care for sick children under five years. It capacitates professional nurses to identify children with growth faltering. In future starting in the FY 2020/21, the Department will be training nursing students in their final year on IMCI to manage children well. Aligned to this training, is the finalisation of the new IMCI booklet by the National DOH which will be printed and distributed in the new FY. All nursing college campuses have identified master trainers who are supported by the DCSTs.

Table 2.7.1: Trainings conducted to capacitate health professionals, Apr 2019 – Mar 2020

Name	Target Group	Nurses	Drs	Total
PMTCT (workshop)	Specialist, ADM, MCWH	2023	110	2 133
MSSN (management of small sick neonates)	Nurses+Drs	133	28	161
Esmoe (Essential Steps for Management of Obstetric Emergencies) Refreshers	Nurses+Drs	403	93	496
Etat (Emergency Training Assessment and Treatment)	Nurses +Drs	15	0	15
HBB (Helping Babies Breathe)	Nurses +Drs	589	16	605
BANC updates	Nurses	594		594
IMCI	Nurses	24		24
COVID 19	Nurses and Drs	2920	97	3017
Adult Primary Care	Nurses	250		250
Sexual reproductive health	Nurses	69		69
TOTALS 2019/20 FY		**7020**	**344**	**7364**

Reducing Child Mortality

Prevention of Mother to Child Transmission: The programme continues to perform well with significantly declining HIV infection rates amongst new-born babies. During the period under review PCR positivity rate was on target at one percent. This is because of early ANC booking and initiation of HIV positive pregnant mothers on ART; more than 95% of HIV pregnant women are initiated on ART with most districts initiating 100%. More effort, however, need to be directed towards addressing and reducing teenage pregnancy.

Preventing Pneumonia in children under the age of five years: High pneumonia death rate is recorded during the winter season particularly amongst premature babies. Misclassification of cases contribute to a certain degree with cases reported in some districts being children with diarrhoea and metabolic acidosis and assessed as pneumonia. Five districts met the provincial target of 3% ranging from 0,3% (one death) at SBD to 9% (23 deaths) at A Nzo. Greater effort needs to be directed to the three districts that did not meet the target. Interventions to prevent pneumonia will include but not limited to:

- Improving immunization coverage rate to prevent community-acquired pneumonia. The EC Province is moving towards consolidating data on immunisation both from private and public sector for completeness. Districts will be signing a Service Level Agreement (LSA) with the private institutions that are giving vaccines to children under five to report these data on monthly basis to the DOH.
- Continuous training and in-service training of clinicians for accurate classification of pneumonia cases.
- Focus will be on intensive follow up and planning strategically for low birth weight babies especially ex-prem babies during winter season.
- Integrated planning with municipalities strengthened to address issues of social determinants of health including water and sanitation.
- The programme needs to monitor and ensure adequate stock-levels of Rota virus and pneumonia vaccines in all PHC facilities, to ensure continuous availability and access.

Interventions to address severe acute malnutrition

OR Tambo has been a hot spot for high case fatality due to Severe Acute Malnutrition (SAM) in the past few years with the district's annual performance recorded at 13% in 2018/19. During financial year 2019/20, a significant improvement was observed with the district achieving a target of 9%. Ingquza Hill sub-district in OR Tambo district, was the area with high number of children who died from severe acute malnutrition, hence close monitoring of strategic interventions was prioritised and focused in this area to improve outcomes. With the notable reduction, close monitoring of the interventions aimed at reducing case fatality due to severe acute malnutrition will be re-directed to other districts that under-performed during 2019/20 i.e BCM, C Hani and Amathole. These districts are experiencing problem of malnutrition as a result of high teenage pregnancy, use of traditional medicines on babies and late health seeking behavior which results in children/ babies dying within 24 hours of admission.

The following key intervention strategies had been key to the success of the programme:

- **Promotion of community participation and inter-sectoral collaboration:** this had been made a priority to address social determinants of health associated with child health services and mainly focusing on malnutrition and growth monitoring. In this regard, the EC DOH has been working in close collaboration with the Department of Social Development, SASSA, Home Affairs, DRDAR, Education and SAPS. The OR Tambo and Alfred Nzo districts are in partnership with Social development in addressing the issue of Malnutrition in that area (Ntabankulu, Port St. Johns and Lusikisiki).
    - Integrated training of community health workers from other Departments including Social Department, Agriculture and SASSA had been done for active case finding of malnourished children and early detection of children at risk using mid-upper arm circumference tape (MUAC).
    - Traditional Healers were put on board as they are the first point of contact for these children. They are taught the rehydration home solution to prevent dehydration to the children whilst seeking help.
    - Children in the ECD centers are monitored and given the missed immunisations and monitoring of their growth this is done in collaboration with Social Development

- **Involvement of Community Organisations** included traditional leaders, traditional healers, religious leaders, Imbumba Yamakhosikazi Akomkhulu, NGO's and councillors. Intervention areas with these stakeholders included teenage pregnancy, herbal intoxication, social issues, poverty alleviation and addressing poor feeding practices due to lack of knowledge. Efforts to promote awareness and knowledge mainly included training of stakeholders and mothers on prevention of child malnutrition in OR Tambo and Alfred Nzo districts. The training for the mothers targeted those who had children with acute malnutrition and residing in hot spots villages. The training was meant to increase awareness on the importance of early clinic visits for pregnant women, child malnutrition, establishing referral system among the role players and the role they should be playing to address the problem. Mothers were empowered to:
    - identifying early signs of child malnutrition and
    - measuring Mid Upper Arm Circumference at a community level for early referral.

There will be continuous engagements with the stakeholders at both Alfred Nzo and Amathole districts, to monitor progress on the activities identified in reducing child malnutrition and teenage pregnancy.

- Specific targeting is continuously done with every admitted malnourished child monitored and specific interventions done according to the protocol.
- In addressing misclassification amongst SAM deaths, every death of a child under age five is audited to promote better and accurate classification.

Reducing neonatal deaths

Alfred Nzo district has been contributing significantly to neonatal deaths in facility indicator. A neonatologist/ peadiatrician and two neonatologist nurses were appointed at A Nzo and these conducted trainings and mentoring to other professional staff. Outreach services are conducted by neonatologists and neonatal nurses through external funding from Discovery, LINC and AAP in the EC most rural districts including OR Tambo, Alfred Nzo and Joe Gqabi Districts.

Regional hospitals have shown a decrease in neonatal mortality with introduction of continuous positive airway pressure (CPAP). There are 18 hospitals with full functional neonatal wards/ units in the Province. Others are providing low level of care and as a result, the fully functional hospitals are overcrowded which may lead to infections due to limited admission space. As a referral hospital, NMAH is operating a 40 bedded neonatal unit to support mainly rural hospitals.

Helping babies breathe (HBB) is incorporated in ESMOE to train all nurses to be able assist babies to initiate breathing at birth to prevent cases where babies becomes brain dead due to lack of oxygen to the brain. For premature babies to be managed well and discharged alive, kangaroo mother care beds are reserved in each hospital to nurse them to gain weight and prevent them from infections.

Increasing capacity and focusing at implementation of HAPPINESS strategy is a critical intervention in district hospitals. For this to be achieved, medical air installation, equipment and human resource need to be addressed.

Table B2.7: Performance against Annual Targets from 2019/20 Annual Performance Plan for Sub-Programme 2.7- Maternal, Child and Women's Health and Nutrition

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
1.7 Maternal Mortality Ratio Reduced to less than 100 per 100 000 population by 2019	1.7.1 Antenatal 1st visit before 20 weeks rate	63.8%	65%	61.7%	70%	63.7%	-6.3%	Target not achieved due to: • Late presentation to the facility (ORT, Alfred Nzo) and • High teenage pregnancy rate in Alfred Nzo & OR Tambo
	Numerator: SUM ([Antenatal 1st visit before 20 weeks])	67 292	70 962	75 710	76 612	81 995		
	Denominator: SUM ([Antenatal 1st visit 20 weeks or later]) + SUM ([Antenatal 1st visit before 20 weeks])	105 472	109 447	122 773	109 447	128 648		
	1.7.2 Mother post-natal visit within 6 days rate	60%	63%	67.1%	67%	69%	2%	Target achieved.
	Numerator: SUM ([Mother postnatal visit within 6 days after delivery])	59 497	63 752	70 331	73 329	73 886		
	Denominator: SUM([Delivery in facility total])	99 623	100 759	104 827	109 447	107 065		
	1.7.3 Antenatal client initiated on ART rate	93.3%	86.6%	93.4%	95%	95.3%	0.3%	Target achieved

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
	Numerator: SUM ([Antenatal client start on ART])	16 581	12 985	12 171	14 247	10 536		
	Denominator: Sum([Antenatal known HIV positive but NOT on ART at 1st visit]) + SUM([Antenatal HIV 1st test positive]) + SUM([Antenatal HIV re-test positive])	17 772	14 997	13 025	14 997	11 048		
1.8 Child Mortality Reduced to less than 34 per 1000 population by 2019	1.8.1 Infant 1st PCR test positive around 10 weeks rate	1.6%	1. 2%	1%	1%	0.9%	0.1%	Target achieved. Achievement is related to high rate of initiating HIV positive ANC clients on ART
	Numerator SUM [Infant PCR test positive around 10 weeks	214	244	218	200	187		
	Denominator: SUM([Infant PCR test around 10 weeks])	13 584	20 084	21 343	20 084	21 748		
	1.8.2 Immunisation under 1-year coverage	78.6%	69%	71.9%	90%	76%	- 14%	Target not achieved due to: • Interruption of vaccines because of national stock out of BCG, Polio vaccines and TD vaccines. • Renovations at Mthatha Depot affected stock management • Some facilities do not have electricity to maintain cold chain. • Some facilities do not have vaccine compliant refrigerators as a result not enough stock is taken in. • Inaccessibility to health services due to crime zone areas in almost all the catchment areas in NMB District.
	Numerator SUM ([Immunised fully under 1 year new])	103 575	111 191	117 114	146 133	123 677		
	Denominator: SUM ([Female under 1 year]) + SUM ([Male under 1 year])	131 801	162 370	162 773	162 370	162 450		

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
								• Some facilities in Chris Hani & O.R Tambo had interruption on supply of Hexavalent vaccine and Meas@bio in Mnquma during February 2020.
	1.8.3 Measles 2nd dose coverage	91.6%	66%	64.9%	90%	73.6%	-16.3%	Target not achieved due to: • Interruption of vaccines because of national stock out of BCG, Polio vaccines and TD vaccines. • Renovations at Mthatha Depot affect stock management • Some facilities do not have electricity to maintain cold chain. • Some facilities do not have vaccine compliant refrigerators as a result not enough stock is taken in.
	Numerator SUM ([Measles 2nd dose])	125 914	109 211	107 475	149 877	120 683		
	Denominator: SUM([Female 1 year]) + SUM([Male 1 year])	137 503	166 530	165 446	166 530	163 814		
	1.8.5 Diarrhoea case fatality under 5-year rate	3.7%	3.6%	3%	2.8%	2.8%	0%	Target achieved Although the target has been achieved, there is notably increase in the number of admissions and deaths related to Diarrhoea, during the period under review The increase in the number of admissions is attributable to herbal intoxication , whereas the number of deaths is related in the main to delayed health seeking behaviour and EMS delays in referring patients from PHC facilities to district hospitals , as suggested by the Child Health Care Problem Identification programme (CHIP)reports
	Numerator: SUM ([Diarrhoea death under 5 years])	212	125	127	98	159		
	Denominator: SUM([Diarrhoea separation under 5 years])	5 727	3 491	4 196	3 491	5598		
	1.8.6 Pneumonia case fatality under 5 years rate	3%	3.7%	3.2%	3%	3.4%	-0.4%	Target not achieved. The main reason for not achieving this indicator is related to inadequate skill

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
	Numerator: SUM ([Pneumonia death under 5 years])	188	144	147	117	139		by clinicians in the management of children with pneumonia. This results in sub optimal care of the condition.
	Denominator: SUM([Pneumonia separation under 5 years	6 232	3 909	4 564	3 909	4 053		
	1.8.7 Severe acute malnutrition death under 5 years rate	10.2%	12%	8.9%	9%	9.9%	-0.9%	Target not achieved due to: The contributory factors for not achieving the target include, poor breastfeeding and complimentary feeding practices leading to undernourishment of these children Inadequate growth monitoring and promotion practises at a community and facility level, This leads to late identification of children with acute malnutrition, as reflected by low detection rate of under 5 children with moderate acute malnutrition in DHIS
	Numerator: SUM ([Severe acute malnutrition (SAM) death in facility under 5 years])	226	161	131	123	149		
	Denominator: SUM([Severe Acute Malnutrition under 5 years in facility	2 221	1 363	1 464	1 363	1 498		
3.4 40% of Quintile 1&2 school screened by Integrated School Health (ISH) Teams in 2019	3.4.2 School Grade 1 – leaners screened	33 854	46 710	32 505	48 178	34 934	-13 244	Target not achieved due to: • Minimal school health activities conducted in January 2020 as schools register learners and preparing for the new year • Human resources for ISHP re-directed during August & September 2019 as well as February and March 2020 towards HPV campaign. • Schools closed early in March due to COVID-19 outbreak
	3.4.3 School Grade 8 – learners screened	18 801	26 646	17 236	30 820	20 726	-10 094	Target not achieved due to: • Minimal school health activities conducted in January 2020 as schools

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
								register learners and preparing for the new year • Human resources for ISHP re-directed during August & September 2019 as well as February and March 2020 towards HPV campaign. • Schools closed early in March- according to AC schools were closed late in March due to COVID-19 outbreak
1.7 Maternal Mortality Ratio Reduced to less than 100 per 100 000 population by 2019	1.7.6 Delivery in 10 to 19 years in facility	New indicator	15.4%	16.4%	10%	16.7%	6.7%	Target not achieved due to: • High teenage pregnancy • Poor access to contraception
	Numerator SUM [Delivery 10–14 years in facility] + [Delivery 15–19 years in facility]		15 474	17 167	10 075	17 882		
	Denominator: SUM([Delivery in facility total])		100 759	104 827	100 759	107 065		
	1.7.4 Couple year protection rate (int.)	54.6%	49%	53.7%	65%	57%	-8%	Target not achieved due to: • Poor access to contraceptives • Poor recording of issued contraceptives in facilities • Implementation of CCMDD
	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 -	980 539	916 626	1 020 122	1 221 398	1 101 342		

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
	female]) * 10) + (SUM([Female condoms distributed]) / 120) + (SUM([Sub-dermal implant inserted]) * 2.5)							
	Denominator: (SUM {[Female 15-44 years]} + SUM {[Female 45-49 years]})	1 780 807	1 796 910	1 897 817	1 879 074	1 931 211		
1.2 Screening coverage of chronic illnesses increased to more than a million by 2019	1.2.4 Cervical cancer screening coverage 30 years and older	60.9%	60.3%	72.3%	70%	65.2%	1.4%	Target not achieved. The underachievement is due to the increased population for the denominator as opposed to the initial target.
	Numerator SUM ([Cervical cancer screening 30 years and older])	91 936	92 782	107 616	107 689	109 855		
	Denominator: (SUM([Female 30-34 years]) + SUM([Female 35-39 years]) + SUM([Female 40-44 years]) + SUM([Female 45 years and older])) / 10	150 874	153 842	148 844	153 842	168 437		
1.13. Reduce death rate by 10% from NCD by 2019	1.8.10 Human Papilloma Virus Vaccine 1st dose	64 592	57 286	48 265	58 158	2 127	-56 031-	Target not achieved. Under-performance is due to the fact that HPV 1st dose vaccination has been moved from learners in Grade 4 to those in Grade 5 during the course of the financial year by NDOH. This was so that more children in the targeted i.e 9 year old could be reached.
	1.8.11 Human Papilloma Virus Vaccine 2nd dose	New indicator	44 637	36 689	57 123	66 694	-9 571	Target overachieved The total number of enrolled learners exceeded the number that was

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
								provided to the Department by the Department of Education
1.8 Child Mortality reduced to less than 34 per 1000 population by 2019.	1.8.8 Vitamin A dose 12-59 months coverage	62%	53%	54.9%	60%	62.5%	2.5%	Target achieved.
	Numerator SUM ([Vitamin A dose 12-59 months])	710 182	722 793	740 339	817 404	772 904		
	Denominator: (SUM ([Female 1 year]) + SUM ([Female 02-04 years]) + SUM ([Male 1 year]) + SUM([Male 02-04 years])) * 2	1 145 395	1 362 340	1 347 170	1 362 340	1 236 528		
	1.8.9 Neonatal death in facility rate	10.8/1 000	14/1 000	12.5/1 000	11/1 000	12.3/1000	-1.3/1000	Target not achieved due to: • High rate of premature babies related to maternal infections. • overcrowding in neonatal units due to inadequate ICU beds in Regional and Tertiary hospitals leading to infections • Inadequate transport system for new-born babies. • Lack of skilled personnel to manage neonates. • High death rate of neonates born to teenage mothers. Correct numbering.
	Numerator SUM ([Inpatient death 0-6 days]) + SUM ([Inpatient death 7 -28 days])	1 098	1 390	1 311	1 108	1 312		
	Denominator: SUM([Live birth in facility])	101 468	100 803	104 655	100 803	107 079		
1.7 Maternal Mortality Ratio Reduced to less than 100 per 100 000 population by 2019	1.7.5 Maternal mortality in facility ratio	135/100 000	128/100 000	106/100 000	105/100 000	108/100 000	3/100 000	Target achieved within 5% error margin range 100 – 110 per 100 000 LB Although the target has been achieved within 5% range, the Department of health is still experiencing maternal deaths related to pregnancy induced hypertension, High teenage pregnancy and late booking of pregnant women before 20 weeks as reflected on DHIS
	Numerator SUM ([Maternal death in facility])	137	138	118	107	123		
	Denominator: SUM([Live birth in facility])+SUM([Born alive before arrival at facility])	101 468	107 595	111 229	101 468	113 688		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMACE

INDICATOR	PROPOSED INTERVENTIONS
1. Antenatal 1st visit before 20 weeks' rate	• The programme is currently introducing home pregnancy test for all women of child-bearing age with the assistance of the WBPHCOTS • The programmme is continuously engaging Health Promotion on creating awareness amongst women to book early in the clinic • Pregnancy screening to all child-bearing age women presenting to the health facility • WBPHCOTS are also utilizing the pregnancy screening tool outside the health facilities • School Health Teams supported by some NGOs are educating learners at schools (age sensitive) about different types of contraceptive methods and refer to the clinics for collection
1.8.2 Immunisation under 1-year coverage	• Continue project on weekly monitoring of facilities performing below 50% and focus will be on the two metros BCM & NMB Districts • Ensure continuous availability of vaccines and stock level management • Strengthen verification and capturing of data at facility level • Better coordination of outreach service data with the involvement of outreach managers • Identify EPI coordinators in the sub-district to monitor vaccines as well cold chain and data management • Facilitate the Service Level Agreements with the partners per districts to get statistics on vaccinated children • Plan to revive the RED strategy in the Districts • Monitor and support the new strategy of District nerve centers in monitoring EPI indicators
1.8.3 Measles 2nd dose coverage	• Continue project on weekly monitoring of facilities performing below 50% • Ensure continuous availability of vaccines • Strengthen verification and capturing of data at facility level • Better coordination of outreach service data
3.4.2 School Grade 1 – learners screened	Programme to rationalize ISHP staffing
3.4.3 School Grade 8 – learners screened	
1.8.10 Human Papilloma Virus Vaccine 1st dose	National DOH to finalize the HPV software ODK Avail data capturers to capture HPV vaccine data
1.8.11 Human Papilloma Virus Vaccine 2nd dose	National DOH to finalize the HPV software ODK Avail data capturers to capture HPV vaccine data
1.7.6 Delivery in 10 to 19 years in facility	Promote SRH & R through implementation of ISHP Collaborate with DOE, DSD and supporting partners on interventions that prevent gender-based violence Conduct awareness on importance of early booking and clearing the myths around that
1.7.4 Couple year protection rate (int.)	The Department of Health in partnership with Department of Social Development and Department of Education are currently implementing the Social behaviour change programme in 50 schools with high teenage pregnancy to reduce pregnancy amongst learners Increase the number of facilities with youth Friendly Services to promote and improve access to family planning amongst teenagers Health service providers at facilities will be trained on how to calculate this indicator as well as recording of its data.
1.8.9 Neonatal death in facility rate	There are strategies in place to intensify screening of infection and treatment of infection in pregnant women Improve family planning especially amongst teenagers The Department will improve capacity on the priority hospitals to improve implementation of HAPPINESS strategy of newborn Care.

CHANGES TO PLANNED TARGETS

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

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 to establish the circumstances and causes surrounding unnatural deaths.

Strategic Objective

1.9 Post mortems conducted within72 hours increased to 95% by 2019

PROGRAMME PRIORITIES OVER THE NEXT THREE YEARS

- Upgrade infrastructure and maintenance
- Expansion of forensic pathology service sites across the Province (new dissecting facility at Ngcobo)
- Procurement of disaster truck per region (4 Regions) and requisition of additional vehicles
- Equipment: Installation of Lodox Machines at Mdantsane, Mthatha, Queenstown and Gelvandale.
- Recruitment of Forensic Pathologists at Mthatha, Queenstown and East London regions
- Redesigning and reconstruction of frontline offices at all dissecting facilities.
- Development of archive facilities.
- Digitalisation of Forensic Pathology Systems and Records including Body Tagging and Identification.

KEY INTERVENTIONS

- Recruitment and staff development
- Installation of maximum-security features in all Forensic Pathology Sites
- Train and build capacity of Medical Officers and Forensic Pathology Officers.
- Strengthening good governance and leadership
- Development of SOP's and continued training.
- Restructuring of frontline services to meet the community needs.
- Implement EAP and Wellness programme for Forensic Pathology officers
- Provide vehicle driving skills workshop to Forensic Pathology Officers.

PROGRESS AND ACHIEVEMENTS

Strengthening Governance and Leadership

75% of facilities are fully compliant to applicable National Code of guidelines for Forensic Pathology Practices and National Health Act Regulations No.359 of 2018 to discharge its mandate in terms of the Inquest Act 58 of 1959. The remaining facilities need to be improved in terms of management and skills which will be a primary focus for the new 2020/21 financial year.

Facilities, Infrastructure and Maintenance

The EC DOH strives to strengthen the capacity and functionality of forensic pathology institutions within the Province and increase access to forensic pathology services. During the FY under review, the Department commissioned Idutywa mortuary and its operations commenced with two officials on site at the beginning of December 2019. The opening of this office will benefit Amathole health district regarding:

1. Improvement of crime scene response time to communities on the eastern, southern and northern areas of Mbashe Local Municipality, which previously had no operational Forensic Pathology facility available within its borders. This addresses numerous complaints continuously arising from the communities and executive structures of government regarding long and unreasonable response time taken to collect bodies from these areas. The mortuary will further relieve the Mthatha forensic laboratory under OR Tambo district, which was servicing this area and reduce body overflow at Mthatha Laboratory.

2. Strengthening of forensic pathology workforce to operate across geographically and demographically vast Amathole Health District. This contributes to good governance in terms of Regulation 49(1)(c) of the Public Service Regulations of 2016 whereby overtime claims exceeding 30% of employee's salary caused by massive distance travelled by Forensic Pathology Officers to collect bodies will be addressed.

Infrastructure

Water tanks are installed in mortuaries as reservoirs to ensure continuous water supply. Infrastructural interventions include facility upgrades & renovations, improving and strengthening security systems as well as procurement and supply of equipment. Table 2.8.1 below shows interventions done during the FY under review to improve service delivery in some of the mortuaries.

Table 2.8.1: Infrastructure projects at EC DOH mortuaries, FY 2019/20

Forensic Facility	Intervention
Idutywa mortuary	• Renovations underway • Water tank & pump installed
Lusikisiki mortuary	Cool room upgraded
Mthatha mortuary	• Renovations done • Security and Electricity upgrade done • Medical equipment procured • Guard room built
Gelvandale mortuary	Back-up water tank installed
4 facilities (Mount Road, New Brighton, Grahamstown and Uitenhage)	Equipment (UV light insect repellent) installed
5 Facilities (New Brighton, Mount Road, Gelvandale, Uitenhage and Grahamstown) in PE Region	Comprehensive security solutions installed
9 Facilities equipped (Mount Road, New Brighton, Grahamstown, Graaf-Reinet, Gelvandale Mthatha, Queenstown, Aliwal North, Idutywa Facilities)	Equipment delivered

Security measures: A security guard company for the Queenstown Forensic Laboratory was awarded a 3 year contract with effect from April 2019.

There is, however, a range of infrastructural challenges which include some facilities with dilapidated buildings, absence of security guard rooms, no designated vehicle search area and boom gate access control, there is neither waiting rooms for families and visitors nor secluded consulting rooms for counselling. Some facilities have ventilation challenges. Most of these facilities need comprehensive security solutions including body scanning machines. Interventions to some of these challenges are contained in FY 2020/21 plans including for example procurement of Lodox machines, infrastructural upgrades in specified areas, including waiting rooms, construction of guard rooms, upgrading security measures and procurement of equipment as well as ensuring continuous availability of adequate PPE.

Forensic Pathology Fleet

The province projected 70 vehicles (1 vehicle : 100 000 EC 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. By the end of 2019/20 FY, the EC DOH had a total of 37 forensic pathology body loading vehicles achieving 79% against target in rural setting and 85% in urban setting. The distribution of these vehicles by district is shown in Table 2.8.2. Four Toyota body loading bakkies from PE region had their back rebuilt. During the period under review, four additional new Toyota body loading bakkies were received. Most of vehicles that were involved in accidents are not yet replaced however, procurement of new body loading vehicles for replacement is in progress through the Department of Transport (DoT).

Registration of the forensic vehicles is delayed by the process of getting certificate of fitness (COF). This is due to mechanical disjuncture in vehicle body stability. Further challenges include breaking down of hydraulic system at the back and delay of vehicle repairs. To address some of these challenges, DOH met with the Department of Transport to seek prioritisation of procurement of new forensic pathology vehicles which will be designed according to new specifications. The new specification will fast track COF as well as reducing both vehicle repairs and rentals.

Table 2.8.2: Distribution of forensic pathology body loading vehicles by district

District	No of vehicles
A Nzo	3
Amathole	4
Buffalo City	5
C Hani	3
Joe Gqabi	4
NMMM	10
OR Tambo	3
Sarah Baartman	5
Province	**37**

Forensic Pathology Operations

Considering the current state of Corona Virus deaths, rapid removal of bodies from the mortuaries is of utmost importance, for freeing up of space. Through the DOH call centre and infrastructure programme, the EC DOH ensures prompt repairs & good maintenance systems, proper functioning of refrigeration system and implementation of good and effective infection control measures.

On average, 95% of cold bodies received in EC DOH mortuaries get post-mortem within the target of 72 hours. By the end of March 2020, the EC Forensic Pathology facilities were holding a total of 265 cold bodies which had not been identified and/ or claimed for over 30 days. The distribution of these bodies by district is shown in Table 2.8.3. The longer stay in forensic pathology facilities has a negative impact on holding space for new bodies as the facility is likely to run out of space. To avoid this, the local municipalities wait for SAPS statements of investigation to bury all bodies that exceed 30 days in these facilities that had not been identified or claimed. Following these processes, 74 bodies were buried as paupers at Port Elizabeth, Mthatha, East London and Queenstown regions; 45 bodies at Mthatha and Queenstown regions were awaiting municipality order for burial at the end of March 2020.

Table 2.8.3: Number of cold bodies held in EC DOH forensic pathology facilities over 30 days distributed by districts, end March 2020

District	No of bodies exceeding 30 days in forensic facility (available bodies)	No of bodies buried as paupers in the 3rd quarter
A Nzo	11	2
Amathole	12	00
Buffalo City	47	6
C Hani	8	18
Joe Gqabi	19	9
NMMM	92	18
OR Tambo	68	13
Sarah Baartman	8	8
Province	**265**	**74**

Human Resource and staff development

- Two new forensic pathology officers were employed to improve programme performance in the Mthatha region and were placed at Mt Frere and Mt Fletcher mortuaries.
- Seven officials from Queenstown, Port Elizabeth and East London regions were granted bursaries through the DOH staff development programme to improve their skills and enhance service delivery.
- EAP and Wellness Programme: A tender to provide Employee Assistance and Wellness Programme (EAP) to all EC forensic pathology and Emergency Medical Service (EMS) employees was awarded to a relevant service provider in July 2019. The programme implementation started at the beginning of August 2019 and will remain in force for the next three years. Trauma debriefing and counselling services are provided to both individuals and groups of employees according to the need.

Capacity Building

In 2019/20, the Directorate noted mismanagement of government assets and stock as well as need for staff capacitation to improve service delivery. The identifies gap was on lack of knowledge in asset and stock management. In mitigating these shortcomings, the Department conducted training in the following areas:

- Asset Management conducted in Queenstown Region.
- Inventory Management Workshop conducted at Provincially.
- Breaking the Barrier course done in East London Region.
- Risk Management training

COVID-19 Readiness: All forensic pathology managers were trained in March 2020 on implementation of precautionary measures to employees and their families against COVID 19. Follow up Provincial training will be conducted during May and June 2020. The programme developed EC Forensic Pathology guideline document on handling COVID 19 bodies which was circulated to all facilities.

Table B2.8 Performance against Annual Targets from 2019/20 Annual Performance Plan for Sub-Programme 2.8-Coroner Services

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
1.9 Post-mortems conducted within 72 hours increased to 95% by 2019	1.9.1 Percentage of post-mortem performed within 72 hours	94%	94%	95%	95%	96%	1%	Target achieved
	Numerator: Number of cold bodied with post mortem performed within 72 hours of receipt of body	8 391	9 732	10 159	9 805	9 483		
	Denominator: Total number of cold bodies received from SAPS	8 911	10 322	10 673	10 322	9 860		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMACE

Not applicable

CHANGES TO PLANNED TARGETS

There were no changes made to targets during the reporting period

2.9 SUB-PROGRAMM: DISTRICT HOSPITALS

Programme Purpose

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

Strategic Objectives:

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

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

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

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

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

PROGRESS AND ACHIEVEMENTS

The district hospital plays a pivotal role in supporting primary health care on the one hand and being a gateway to more specialist care on the other. The district hospital provides level1 (generalist) services to in-patients and outpatients (ideally on referral from a community health centre or clinic). Generalists from a range of clinical disciplines provide the services. In some circumstances primary health care services are rendered where there is no alternative source of this care within a reasonable distance.

Governance

The norms and standards regulating different health establishments requires the establishments to have functional governance structures with written Terms of Reference. During the period under review, the MEC for Health approved new hospital boards for seven district hospitals including Taylor Bequest (Mat), St Patricks, Wihelm Stahl, Adelaide, Indwe, Cala and Hewu. Induction of the newly approved board members was conducted for three districts i.e Alfred Nzo, C Hani and Amathole districts with a total of 88 members inducted. Whilst only 54% of the district hospitals have functional hospital boards (Table 2.9.1), most communities do not respond to the calls of selecting and appointing board members and this makes the process of establishing these hospital boards a difficult task. This challenge had been brought to the attention of both District and Provincial Health Councils to address.

To further strengthen hospital governance, 82% (54/66) of all district hospitals have appointed CEOs of clinical managers for those hospitals with less than 50 beds. Acting positions where hospital heads are vacant will be included in the new financial year's human resources annual recruitment plan.

Table 2.9.1: Distribution of districts by functionality of district hospital boards

District	Total number of district hospitals	No of district hospitals with functional hospital boards	% of district hospitals with functional hospital boards
1. Alfred Nzo	6	6	100
2. Amathole	12	9	75
3. BCM	3	2	66.7
4. Chris Hani	13	9	69.2
5. Joe Gqabi	12	7	58.3
6. NMM	1	0	0
7. O.R. Tambo	9	1	11.1
8. Sarah Baartman	10	2	20
Total	**66**	**36**	**54.5**

Ideal Hospital Realization and Maintenance Framework

The Ideal Hospital Realization and Maintenance framework is a national Department of Health strategy preparing district hospitals for the implementation of the National Health Insurance. Its aim is to map out the performance of all hospitals in South Africa with regards to:

- The quality of services rendered
- Availability of appropriate and relevant equipment to support the provision of patient care
- Human resources and
- Infrastructure

The programme is imperative and convenient for budget planning purposes and makes it easier to pinpoint hindrances in service delivery. It promotes evidence-based approach, with the ease of access to health information, which allows benchmarking of good practices from well performing facilities nationally. Monitoring of the Ideal Hospital Realization and Maintenance Framework (IHRMF) is conducted through annual assessment which measures and reports on progress achieved by each hospital. Quality improvement plans are developed to address poor performing areas.

The programme was introduced at the beginning of the 2019/20 FY with a target of 20 district hospitals required to conduct baseline assessment and submit their data to the NDOH by the end of the financial year. By the end of the FY under review, 83% (55/66) of the EC district hospitals conducted the baseline assessment as required with 10 hospitals attaining ideal status (Table 2.9.3).

Efforts towards attaining ideal hospital status include procurement of bedding, equipment and infrastructure. During 2019/20 FY, 18 hospitals received sets of bedding,

Table 2.9.3 : Percentage of district hospitals attaining ideal status

DISTRICT	TOTAL # DISTRICT HOSPITALS	NO. CONDUCTING BASELINE ASSESSMENTS	% CONDUCTING BASELINE ASSESSMENTS	NO ACHIEVING IDEAL STATUS	% OF THOSE CONDUC-TING BASELINE ACHIEVING IDEAL STATUS
Alfred Nzo	6	6	100,0	4	66.7
Amathole	12	12	100,0	-	-
BCM	3	1	33,3	-	-
Chris Hani	14	8	57,1%	-	-
Joe Gqabi	11	8	72,7%	3	37,5
NMMM	1	1	100,0	-	-
O.R. Tambo	9	9	100,0	2	22.2
Sarah Baartman	10	10	100,0	1	10.0
Province	**66**	**55**	**83,3%**	**10**	**18.2%**

Improving infrastructure

Security service: The safety of both patients and hospital staff is of primary importance to the EC DOH hence the Department is focusing on installing comprehensive security solution. Budget limitations has resulted in slow progress in the installation of these solutions and during the FY under review, these were installed in only two hospitals. With the budget allowing, the Department will continue with the installation and appointment of security guard service providers.

Referral

District hospitals maintain a two-way referral system between the hospital and clinics and between the hospital and its regional hospital for specialist care. Forty-seven of the total 66 (71.2%) District hospitals, provide a full district hospital package. Nineteen former provincially aided district hospitals do not render a full district hospital package as prescribed mainly due to their infrastructural design and their former role which focused in providing selected and specific elements of the district service package. These hospitals refer patients for services not rendered to other district hospitals and to Regional or Tertiary hospitals for those within their proximity. Discussions on the rationalisation of 24 district hospitals with less than 50 beds is underway.

In-reach and Outreach programme

Most district hospitals have gateway clinics that cater for self-referring patients and/or population within a 5km radius of the hospital. These refer their complicated patients to the hospital to see a medical practitioner. Some district hospitals eg. Stutterheim and Cathcart conduct medical outreach to farms. Regional and tertiary hospitals conduct outreach specialised services to other district hospitals, for example, to provide eye care and oncology services.

Table B2.9: Performance against Annual Targets from 2019/20 Annual Performance Plan for Sub-Programme 2.9-District Hospitals

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.1 Hospital achieved 75% and more on National Core Standards) self-assessment rate	New indicator	39.3%	33.3%	42%	55.3%	13.3%	Target overachieved. Only38 of the 66 district hospitals conducted national core standard self-assessment. This is due to the introduction of the Ideal Hospital Realization and Maintenance Programme with most of the hospitals (62/66) conducting Ideal Hospital Realization and Maintenance baseline assessment. Conducting NCS was viewed as duplication as these are a component of the IHRMF
	Numerator: SUM ([Hospital achieved 75% and more on National Core Standards self - assessment])		26	22	27	21		
	Denominator: SUM ([Hospitals conducted National Core Standards self -assessment])		66	66	66	38		
1.10 80% of Hospitals meeting national efficiency targets by 2019	1.10.1 Average Length of Stay	5 days	4.9 days	4.7 days	4.5 days	4.6 days	0.1 days	Target achieved within 5% error margin, range 4.3 days – 4.7 days.
	Numerator: Sum ([Inpatient days total x 1])+([Day patient total x 0.5])	1 226 237	1 211 494	1 218 528		1 201 911		
	Denominator: Inpatient separations: SUM ([inpatient deaths-total])+([inpatient discharges-total])+([inpatient transfers out-total])	245 478	245 723	257 017		259 983		
	1.10.6 Inpatient Bed Utilisation rate	56%	55%	55%	58%	54.5%	-3.5%	Target not achieved. Sixteen of 18 previously

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
	Num: ([Inpatient days total x 1]) +([Day patient total x 0.5])	1 226 237	1 211 494	1 218 528	1 283 678	1 201 911		Provincial- Aided hospitals and three district hospitals i.e Cathcart, Grey and St Lucys hospitals do not render a full package of District hospital resulting in patients referred to other hospitals or higher level of care- according to AC above reason does not make sense – relook wording
	Denominator: SUM (Inpatient bed days (inpatient beds * 30.42) available	2 188 445	2 213 238	2 221 268	2 213 238	2 207 032		
	1.10.12 Expenditure per patient day equivalent (PDE)	R3 346	R2 528	R2 680.2	R3 039	R3 168.16	R129.16	Target achieved within 5% error margin, range R2 887.10 – R3 190.96.
	Numerator: SUM ([Expenditure - total])	R4 607 444 194	R4 314 006 000	R4 656 199 394		R5 433 682 504		
	Denominator: Sum ([Inpatient days total x 1])+([Day patient total x 0.5])+([OPD headcount not referred new x 0.3333333])+ SUM([OPD headcount referred new x 0.3333333])+([OPD headcount follow-up x 0.3333333])+([Emergency headcount - total x 0.3333333])	1 735 819	1 706 448	1 737 289		1 715 092		
2.4 Patient satisfaction increased to more than 75% health services by 2019	2.4.26 Complaint resolution within 25 working days rate	90.5%	98%	99%	85%	98%	13%	Target overachieved. This is due to the strengthening of governance structures. This includes hospital boards' roles and functions and the
	Numerator: SUM ([Complaint resolved within 25 working days])	2 914	2 886	2 074		1 881		

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
	Denominator: SUM ([Complaint resolved])	3 219	2 950	2 097		1 918		introduction of IHRM program which enhanced the importance and effective management of complaints in hospitals and improved the resolution rate.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMACE

Indicator	Proposed strategies
1.10.6 Inpatient Bed Utilisation rate	Reclassification of hospitals as per Government Gazette no. 9570 where small district hospitals are between 50 and 150 beds. Rationalization of services in hospitals that are in close proximity.

CHANGES TO PLANNED TARGETS

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

LINKING PERFORMANCE WITH BUDGETS

Programme 2: DISTRICT HEALTH SERVICES

	2019/20							2018/19	
	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	952,265	(3,142)	5,173	954,296	1,012,920	(58,624)	106.1%	1,003,932	973,747
2 COMMUNITY HEALTH CLINICS	2,621,679	163,461	88,559	2,873,699	2,862,890	10,809	99.6%	2,599,900	2,636,946
3 COMMUNITY HEALTH CENTRES	1,322,547	(66,741)	18,935	1,274,741	1,254,401	20,340	98.4%	1,140,237	1,135,530
4 COMMUNITY BASED SERVICES	612,432	(38,801)	-	573,631	562,012	11,619	98.0%	568,229	569,552
5 OTHER COMMUNITY SERVICES	80,961	(1,094)	-	79,867	72,687	7,180	91.0%	65,791	65,016
6 HIV/AIDS	2,399,693	(548)	-	2,399,145	2,398,092	1,053	100.0%	2,105,798	2,089,536
7 NUTRITION	47,715	(8,030)	-	39,685	27,281	12,404	68.7%	39,928	32,333
8 CORONER SERVICES	112,200	11,128	-	123,328	117,315	6,013	95.1%	108,119	109,401
9 DISTRICT HOSPITALS	5,070,331	(56,233)	(2,200)	5,011,898	5,332,442	(320,544)	106.4%	4,700,745	5,167,739
	13,219,823	**-**	**110,467**	**13,330,290**	**13,640,040**	**(309,750)**	**102.3%**	**12,332,679**	**12,779,800**
Economic classification									
Current payments	**12,995,687**	**-**	**112,667**	**13,108,354**	**13,082,349**	**26,005**	**99.8%**	**12,106,718**	**12,098,714**
Compensation of employees	9,310,214	2,900	-	9,313,114	9,328,322	(15,208)	100.2%	8,625,026	8,579,777
Goods and services	3,685,473	(11,140)	112,667	3,787,000	3,745,787	41,213	98.9%	3,461,352	3,513,624
Interest and rent on land	-	8,240	-	8,240	8,240	-	100.0%	20,340	5,313
Interest (Incl. interest on unitary payments (PPP))	-	8,240	-	8,240	8,240	-	100.0%	20,340	5,313
Transfers and subsidies	**85,338**	**-**	**(2,200)**	**83,138**	**462,964**	**(379,826)**	**556.9%**	**119,754**	**568,015**
Provinces and municipalities	2,853	-	-	2,853	-	2,853	-	1,201	3,091
Municipalities	2,853	-	-	2,853	-	2,853	-	1,201	3,091
Municipal agencies and funds	2,853	-	-	2,853	-	2,853	-	1,201	3,091
Non-profit institutions	11,300	-	-	11,300	9,060	2,240	80.2%	19,570	17,566
Households	71,185	-	(2,200)	68,985	453,904	(384,919)	658.0%	98,983	547,358
Social benefits	35,444	35,771	(2,200)	69,015	66,842	2,173	96.9%	44,278	43,171
Other transfers to households	35,741	(35,771)	-	(30)	387,062	(387,092)	(1290206.7%)	54,705	504,187
Payments for capital assets	**138,798**	**-**	**-**	**138,798**	**94,727**	**44,071**	**68.2%**	**106,207**	**100,733**
Machinery and equipment	138,798	-	-	138,798	94,727	44,071	68.2%	106,207	100,733
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**12,338**
	13,219,823	**-**	**110,467**	**13,330,290**	**13,640,040**	**(309,750)**	**102.3%**	**12,332,679**	**12,779,800**

The net overspend of R309,750 million net of funds shifts and virements is primarily attributable to the settlement of medico legal claims which are unbudgeted.

A net amount of R110,467 million was adjusted into the programme from programmes 1,3 and 6 through the application of virements in order to primarily fund unbudgeted medico legal claim settlements incurred in the current financial year as well ongoing goods and services pressures experienced in the district management and community health clinics sub programmes.







PROGRAMME 3

EMERGENCY MEDICAL SERVICES & PATIENT TRANSPORT SERVICES

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

3.1 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.

Key Interventions:

The key intervention areas to be included in this plan include

- Strengthen referral system and emergency care transportation services (EMS),
- Increase availability of operational vehicles for emergency care services
- Improve the skills of EMS personnel
- Ensure compliance with EMS regulations

Strategic Objectives:

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

PROGRESS AND ACHIEVEMENTS

EMS stations: The Department is operating 84 EMS stations around the EC province (Table 3.1) in line with the minimum infrastructural requirements for licensing according to the EMS regulations. During the FY under review, the Department opened a state-of-the-art EMS station in the Nelson Mandela Metro. This station serves as the hub in the Metro supporting the satellite stations in Motherwell and Korsten (Lindsey Road). The Department continues to support infrastructure improvements in other EMS stations around the province.

Table 3.1: Distribution of EMS stations and vehicles by District, FY 2019/20

District	Number of EMS stations	Number of Ambulances	Number of Planned Patient Transport Vehicles
Alfred Nzo	8	64	26
Amathole	10	59	17
Buffalo City Metro	3	42	10
Chris Hani	15	64	22
Joe Gqabi	11	44	16
Nelson Mandela Metro	3	43	17
OR Tambo	11	74	28
Sarah Baartman	23	57	32
Province	**84**	**447**	**168**

- **EMS Fleet:** The EMS programme struggles to achieve the targets set for response times both for rural and urban areas. The national Department of Health has set a target response time for priority 1 calls in the country at 40 minutes for rural areas and 15 minutes for urban settings. The province is not able to achieve these targets because of, amongst other factors; staff shortage, the distances travelled to respond to community calls, and an ever-growing demand for the EMS services.

  The Department holds a total of 447 ambulances operating from 84 EMS stations around the Province. To meet the national standard ratio of ambulance to population ratio of 1: 10 000 population, the EC DOH requires 720 ambulances; distances within districts must be considered. During the period under review, the Department received a total of 244 new vehicles from the Department of Transport, a much-needed boost to the EMS fleet. Of these 179 were replacement ambulances, 53 planned patient transport vehicles (PTVs), five response and seven rescue vehicles. The vehicles replace those that have reached the maximum mileage and those that have been written off due to damage and mechanical faults.

  Rescue vehicles are equipped with specialized equipment essential in responding to motor vehicle accidents and other similar incidents that require rescue equipment. These vehicles were part of the Department al readiness for the Easter Holidays. After declaration of the national disaster in March 2020, the Department immediately allocated dedicated ambulances in each district for the management of novel coronavirus (2019-nCov) confirmed cases. The Department plans to increase the number of operational ambulances in the next financial year by recruiting more staff to respond to emergencies from the communities. There is also a process to decentralize EMS stations and bring them closer to communities to improve response times.

- **EMS Aeromedical Services**: The EC Province is vast (at about 170 000 square kilometers) with some areas inaccessible by road. Aeromedical service is a specialized medical service that is most convenient in accessing hard to reach areas and during transportation of serious and/or critical patients to tertiary levels of care. This mode of transport reduces the transport time which otherwise would have been longer by road. The process of acquiring aeromedical services is underway as the existing contract is coming to an end.

- **Human Resources for EMS and skills development:** The Department do not have the appropriate mix of skills in the EMS component. The large number of basic life support practitioners means that the Department will not be able to meet the licensing requirements to comply with the EMS regulations of 2017. To address this, the Department is working closely with the College of Emergency Care to increase EMS employees at higher levels i.e intermediate and advanced levels

  The Department prioritised the upgrade of the skills of emergency care officers to provide quality emergency care. During the period under review, 75 EMS practitioners qualified at the Eastern Cape College of Emergency Care (ECCOEC) with a certificate in Ambulance Emergency Assistant (or Intermediate Life Support). The professional board of emergency care has approved the new clinical practice guidelines (CPGs) for emergency care. These guidelines seek to improve and standardise the clinical care provided by EMS officers in the country. The ECCOEC has conducted a 5-day workshop on CPGs for the 74 BLS and 53 ILS during this reporting period. Further workshops will be conducted to introduce more EMS officers on these CPGs.

  In order to improve skills in the management of maternal health, 34 emergency care officers were taken through the train the trainer programme on non-pneumatic anti-shock garment (NASG). The NASG is an innovative garment that is used as part of the strategy to manage post-partum haemorrhage complications. The garment is to be applied immediately on diagnosis of post-partum haemorrhage while the woman is being managed and during transfer to the next level of care. It is therefore important for EMS personnel to be adequately skilled in the use of this garment as they are key in the movement of clients between health facilities.

  A service provider has been contracted to offer employee wellness services to employees of the EMS and Forensic Pathology Service. This service will complement the Department al employee assistance service. The EMS employees are amongst those that deal with many traumatic incidences in their daily work hence the need for counselling and support on an ongoing basis. The service is available to employees and their immediate family members via the telephone and face to face counselling sessions.

- **Communication:** Technical faults are often experienced with the functionality of the push to talk system that is currently implemented for communication between the crew and the control room operators. The Department is working with the technicians to address the communication challenges experienced using the push to talk system. The Department has awarded a contract to a service provider to implement a computerized call-taking and dispatching system. This system is expected to introduce efficiency in the call taking and dispatching. The implementation of this new system, however, will need strengthening of the network coverage in the Province as this remains a challenge in certain parts, particularly in the rural areas. By the end of the period under review, all EMS control-rooms were fitted with Broadband Internet connections. All replacement ambulances received during 2019/20 FY are equipped with vehicle fitted radios and GPS units.

- **EMS and Security Measures:** Attacks on EMS personnel remain a serious risk for the Department as this affects the ability of the EMS staff to respond safely and on time to emergencies in the community. There have been several attacks on EMS personnel and the vehicles around the province, especially in the Nelson Mandela Bay Metro and Amathole districts. There were 8 cases of attacks reported in the NMBM over this reporting period. No severe physical injuries were inflicted on the crew, but the damage was on the vehicle and loss of personal property.

  A decision was taken to install cameras on all EMS vehicles along with the satellite navigation system. These cameras are expected to deter criminals from robbing emergency vehicles while also assisting the law enforcement personnel to apprehend the perpetrators of these attacks. The SOS buttons were activated on all vehicle to improve communication with the central control room when the crew is attacked.

  The Department in addition, drafted a safety plan that involves the community, community policing forum, the South African Police Service and the use of technology to enhance the safety of EMS personnel when responding to emergencies in the community. The Department is actively engaging local municipal councillors and other community leaders to educate communities on the importance of protecting EMS crews when responding to emergencies. Community education and engagement sessions are implemented as part of the ongoing programme of action to improve safety of EMS staff. All employees exposed to attack and robbery are referred to employee assistance service for counselling and support.

- **COVID 19 Readiness**: In preparations for servicing and management of COVID 19 patients, the EMS has done the following:
  1. Developed Standard Operating Procedures (SOPs) for handling COVID-19 cases and distributed then to all 84 EMS stations in the Province
  2. EMS staff were trained on handling COVID-19 cases in all districts
  3. All ambulances were equipped with basic Personal Protective Equipment (PPE).

Table B3.1: Performance against Quarterly Targets from 2019/20 Annual Performance Plan for Programme 3-Emergency Medical Services

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
3.6 Proportion of EMS response time improved to 85% by 2019	3.6.1 EMS P1 urban response under 15 minutes rate	41%	31%	32.2%	55%	23%	-32%	Target not achieved • The number of rostered ambulances is inadequate and does not meet the demand. Of the total 447 ambulances only about one half is rostered at any point in time due to service requirements and repairs • There was an EMS strike during the month of January 2020
	Numerator: SUM([EMS P1 urban response under 15 minutes)]	14 285	13 617	13 574	23 725	9 304		
	Denominator: SUM ([EMS P1 urban calls])	35 054	43 138	42 126	43 138	40 272		
	3.6.2 EMS P1 rural response under 40 minutes rate.	58%	56.2%	51.4%	65%	48%	-17%	Target not achieved • The number of rostered ambulances is inadequate and does not meet the demand. Of the total 447 ambulances only about one half is rostered at any point in time due to service requirements and repairs; • There was an EMS strike during the
	Numerator: SUM ([EMS P1 rural response under 40 minutes)]	57 946	50 118	48 542	57 920	46 371		
	Denominator: SUM ([EMS P1 rural calls)]	100 101	89 109	94501	89 109	94 835		

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
								month of January 2020
	3.6.3 EMS inter facility transfer rate	34%	30%	33.3%	30%	35%	-5%	Target not achieved There has been an increase in the number of inter-hospital transfer (IHT) cases from rural health institutions to regional and tertiary hospitals with inadequate number of ambulances
	Numerator: SUM([EMS inter-facility transfer])	207 027	188 316	154 911	185 522	168 060		
	Denominator: SUM ([EMS clients total])	618 295	618 409	465 804	618 409	478 198		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMACE

Indicator	Proposed strategies
3.6.1 EMS P1 urban response under 15 minutes rate	Employ more operational staff to increase rostered ambulances- does not correspond with reasons above
3.6.2 EMS P1 rural response under 40 minutes rate.	Employ more operational staff to increase rostered ambulances
3.6.3 EMS inter facility transfer rate	Revise the current patient referral system. Increase capacity of health institutions in the various districts.

CHANGES TO PLANNED TARGETS

There were no changes made to targets during the reporting period

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

	2019/20							2018/19	
	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	1,171,128	(6)	(82,273)	1,088,849	1,034,403	54,446	95.0%	1,069,699	1,031,914
2 PLANNED PATIENT TRANSPORT	221,929	6	2,871	224,806	243,358	(18,552)	108.3%	204,056	241,179
	1,393,057	**-**	**(79,402)**	**1,313,655**	**1,277,761**	**35,894**	**97.3%**	**1,273,756**	**1,273,093**
Economic classification									
Current payments	**1,230,473**	**-**	**(55,824)**	**1,174,649**	**1,174,650**	**(1)**	**100.0%**	**1,154,060**	**1,171,266**
Compensation of employees	881,223	29,171	2,871	913,265	913,266	(1)	100.0%	922,436	971,943
Goods and services	349,250	(29,171)	(58,695)	261,384	261,384	-	100.0%	231,624	199,323
Transfers and subsidies	**3,407**	**-**	**-**	**3,407**	**3,128**	**279**	**91.8%**	**3,778**	**3,778**
Households	3,407	-	-	3,407	3,128	279	91.8%	3,778	3,778
Social benefits	3,407	-	-	3,407	3,128	279	91.8%	3,778	3,778
Payments for capital assets	**159,177**	**-**	**(23,578)**	**135,599**	**99,983**	**35,616**	**73.7%**	**115,918**	**98,049**
Machinery and equipment	159,177	-	(23,578)	135,599	99,983	35,616	73.7%	115,918	98,049
	1,393,057	**-**	**(79,402)**	**1,313,655**	**1,277,761**	**35,894**	**97.3%**	**1,273,756**	**1,273,093**

The net underspend of R35,894 million in the Programme, primarily vesting in finance lease budgets, arose in order to assist in the funding of medico legal claim settlements incurred by clinical Programmes 2, 4 and 5.

A net amount of R58,695 million was adjusted from Programme 3 to Programme 2, through the application of virements, in order to relieve pressures in the medicines budget of Sub Programme 2.2 - Community Health Clinics. A further amount of R23,578 million was adjusted from Programme 3 to Programme 4, Sub Programme 4.1 – General (Regional) Hospitals to relieve budget pressures in machinery and equipment.



PROGRAMME 4

PROVINCIAL HOSPITAL SERVICES

PROGRAM 4: PROVINCIAL HOSPITAL SERVICES (REGIONAL AND SPECIALISED)

4.1 Programme Purpose

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

Programme Description

Sub-Programme 4.1

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

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

Sub-Programme 4.2

TB Hospital Services: To convert current tuberculosis Hospital into strategically placed centres of excellence in which a small percentage of percentage of patients may undergo Hospitalization under the conditions that allow for isolation during the intensive phase of treatment, as well as the application of the standard mulita 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 specialised Psychiatric Hospital service for people with mental illness and intellectual disability and providing a platform for training of health workers and research.

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

Key Interventions:

The key intervention areas to be included in this plan include

- All hospitals will focus on reducing possible avoidable causes of death and minimising risk of incidents that are associated with hospitalisation
- The Department will strengthen the triage and surgical capability at hospitals
- Improve access to treatment in the eastern part of the Province for oncology care
- Render mental health services that consistently meet the standards founded on the principles of human rights
- Improve healthcare service delivery effectiveness and efficiency

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

STRATEGIC OBJECTIVES:

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

PROGRESS AND ACHIEVEMENTS

Governance, Leadership and Compliance

Three of the five Regional hospitals have appointed CEOs with two hospitals, St Elizabeth and Mthatha Regional having acting CEOs. Recruitment process for these two posts is underway. All these hospitals have fully functioning hospital boards that met at least once during every quarters of the 2019/20 FY and the remuneration of the hospital board members is up to date by the end of the FY under review.

Other relevant/ critical management structures:

Intersectoral collaboration: St Elizabeth Regional Hospital (SERH) is actively participating in both intergovernmental relations forum and integrated development plan IGR which are being coordinated by the local municipality.

Health Care Risk Waste management: To improve management of health care risk waste in line with SANS 10248 and to meet the requirements of the Office of the Health Standards Compliance (OHSC), the EC DOH appointed a service provider with effect from 1st April 2020 for the next three years. Hospitals were supplied with equipment for efficient separation and containment of hospital waste. A cleaning company for the Frontier hospital was awarded contract with effect from February 2020.

Hospital security measures: CMH and Frontier hospitals signed a three-year contract with security service providers with effect from April and November 2019 respectively. Further security upgrades were implemented in the new CMH wing and projects relating to strengthening of security measures are underway. All other regional hospitals have contracts with security companies in place.

Implementation of Regional Hospital Package

The implementation of the regional hospital package is at various levels at different hospitals (see Table x); this is impacted upon by the challenges of de-complexing and difficulties of appointing medical specialists particularly in rural hospitals. Four hospitals i.e Cecilia Makiwane, Dora Nginza, Frontier and Mthatha Regional have made strides towards the implementation of a fully developed Regional Service Package. Over and above the regional hospital service package, Cecilia Makiwane hospital is offering some of the tertiary service package components viz, neonatal care and paediatric surgery. St Elizabeth hospital, however, is an exception and is struggling to retain recruited specialist doctors due to rurality of the area. Whilst the appointment and retention of human resources is important for improving the quality of patient care and reducing waiting times in hospitals, it is also critical, for making progress towards achieving a full regional hospital package as well. Several critical positions and, those relating to scarce skills were filled during the period under review.

St Elizabeth hospital:

St Elizabeth hospital has been functioning below Regional hospital service package mainly due to shortage of staff and challenges associated with staff retention. During the period under review, a total of 78 appointments were made including two managers, 14 Medical officers and nine professional nurses. With the significant strides made in appointment of staff, three Units are now fully functional viz:

- Rehabilitation Unit with efficiently functioning CVA and Cerebral Palsy (CP) clinics
- TB section with the MDR Unit fully functional
- Oncology Unit is well established and functional

Outreach/ inreach and support programmes

Specialist outreach to communities and/or hospitals is one way of improving access to care. St Elizabeth hospital received specialist outreach support from Bedford Orthopaedic hospital where patients from St Elizabeth were operated.

- Backlog for operations on orthopaedic patients has been cleared through in-reach support programme from Bedford Hospital;
- The hospital received in-reach support visit for surgery from Nelson Mandela Academic Hospital;
- Rehab team conducted outreach support visits to clinics including Lusikisiki Village Clinic.

The exposure program for Obsteric and Gynae and Anaesthesia was implemented at St. Elizabeth Regional Hospita (SERH)l, headed by doctors who attended the program at NMAH. However, the program was discontinued during the 4th quarter of the FY under review due to shortage of clinical personnel. One specialist in surgical ward also joined the clinical team, and this proved to have a positive impact on service delivery hence the successful clearance of the orthopaedic backlog.

Further to the outreach/in-reach programme, SERH has developed a sound relationship with a local radio station known as Inkonjani Community Radio Station. Through this platform, the hospital is promoting health awareness. It also uses this platform to communicate with all stakeholders pertaining to hospital visiting times especially during the lockdown.

Infrastructure, Security and Equipment

The Construction of Lilitha Nursing College at St Elizabeth hospital has been completed and handed over. Further infrastructural projects are underway at paediatrics and laundry whilst renovations at OPD, staff residence and Workshop are progressing well.

Cecilia Makiwane hospital

A total of 24 appointments in critical positions were made during the period under review; these included heads for two Clinical Units (Obstetrics and Psychiatry), three managers, clinical engineer and ultra-sonographer, five Medical Officers and an Ophthalmologist to improve eye care. These appointments have enabled reopening of emergency theatre during weekends and public holidays as well as renal dialysis unit in September 2019. The appointment of seven pharmacy interns made possible the establishment of satellite pharmacies at the pediatrics' and ophthalmology OPD clinics. The status of frontlines and kitchen hostesses remains the same, with their contracts renewed every year. The approval of contracts for facilities manager and a technician in February 2020 has improved the turnaround times for infrastructure maintenance and repairs. Furthermore, CMH boasts successful relocation of its switchboard to the new building.

Outreach/ in-reach and support programme: Theatre time is a challenge for Orthopedic and Surgery due to frequent and unforeseen emergencies which result in scheduled operations/ slates being cancelled every month. Efforts to address backlog had been done through outreach during weekends with local doctors and some from Gauteng assisting however, due to the challenge of shortage of nurses, the weekend intervention could not be sustained. To address this problem permanently, a dedicated theatre with allocated staff need to be established. Further clinical support received included:

- Decentralization of clinical specialist services, where doctors from Ingqanga Group in Johannesburg conducted an orthopedic weekend camp and operated on 18 patients in August 2019. For the success and productivity of these camps in the future and general functioning of the programme, CMH needs to procure its own equipment including C- arm, Air Drills and endoscopic equipment.
- Outreach support visits were conducted in District hospitals and Community Health Centres from various disciplines e.g. Obstetrics and Gynae, Ophthalmology, Orthopedics and Mental Health to reduce inappropriate referrals to higher level of care. The growth and advances made in terms of service delivery and increasing numbers in the orthopaedic and ophthalmology Department s, comes with increased demand of personnel, and thus adding pressure on the theatre time.

Capacity building:

Table 4.1.1: Areas of CMH staff training

Category	Type of workshop	No. of staff trained
Frontlines	Code of Conduct	48
Food Services	Code of Conduct	50
Professional Nurses	Introduction and Grievance Procedure	28
Management and Supervisors	Grievance Procedure	43
Porters	Grievance	21

Frontier Regional Hospital

Frontier Hospital held a KHAEDU Public Service week in September 2019. This was aimed at empowering managers through various processes of learning, reinforcement and practice to bring about change within their own area of operational control. As a result of the decentralized clinical specialist services within the facility, there has been an improvement in clinical services, in O&G, anesthesia and orthopedic. In addition, during quarter 1, Frontier hospital hosted a hand washing in-service training. The aim of the training was to create and raise awareness on reduction of the transmission of infections focusing on the five moments of hand washing; this also serves as compliance to the Global Hand National Hand Hygiene Campaign.

Ideal hospital realization framework: Frontier hospital conducted the baseline assessment of the ideal hospital realization framework.

Pharmacy

Frontier pharmacy had an unscheduled pharmacy inspection by the Pharmacy Council (SAPC) in May 2019 and was awarded an A grade rating. The facility has since been allowed to provide training to interns and pharmacist assistants.

Specialised Clinical Outputs

A two-day blitz was conducted in October 2019 by the Frontier hospital clinical team with 103 cataract surgeries done whilst 48 cases were done during surgical camp over two days in November 2019.

Mthatha Regional Hospital

The Mthatha Regional Hospital is currently functioning below its ideal regional hospital package, this challenge is associated with high staff turnover. During the period under review, 45 critical clinical staff were appointed including medical officers, professional nurses, ENAs and dinical support staff. These appointments had assisted the hospital to move from partially develop to fully developed and functional Department s; these include A&E, Paediatrics, O&G, Anaesthesia, Internal Medicine and Surgical Departments which previously had challenges of staff especially specialists and Medical Officers. The appointment of an obstetrician has brought significant improvement in functionality of Maternal and Child Health services and the MCWH indicators have improved when compared to previous national core standards assessment results.

Some of the critical clinical vacant positions have been approved by the PCCC and the hospital is awaiting the Department to advertise. Areas affected the most by staff shortages include 72-hour mental health care user and staff clinic and the Occupational Health and Safety Department.

Outreach services: Family Medicine & Paediatric Departments continued with the planned outreach services. The aim of rendering the outreach programme is to strengthen the child health care services and to provide support to OR Tambo district. these will also assist to improve referral pathways so that MRH and NMH can manage and attend to patients relevant and appropriate for their levels.

The hospital endeavours regarding the outreach programme have strengthened the relationships with local radio stations, especially during the times of the COVID-19 pandemic.

INFRASTRUCTURE

With the outbreak of COVID 19, there was a need for infrastructural adjustments to accommodate COVID 19 infected patients. The hospital effected/ implemented the following changes to accommodate infected patients:

- Paediatric ward was donated to Nelson Mandela Academic Hospital for Covid-19 ICU.
- Gynae-ward was repurposed as Covid-19 ward at Mthatha Regional Hospital.
- Surgical ward was repurposed as Person Under Investigation (PUI) ward
- There is a challenge for PVI for O&G and neonatal patient whom we cannot mix with adult patient.

Table B4.1: Performance against Annual Targets from 2019/20 Annual Performance Plan for Sub-Programme 4.1-General (Regional) Hospital Services

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.2 Hospital achieved 75% and more on National Core Standards self-assessment rate	New indicator	80%	80%	100%	80%	-20%	Target not achieved. St Elizabeth Regional Hospital I achieved less than 75% due to unavailability of some surgical items at Mthatha depot and the on-going construction of laundry and Paediatrics at the hospital
	Numerator: SUM ([Hospital achieved 75% and more on National Core Standards self-assessment])		4	4	5	4		
	Denominator: SUM ([Hospitals conducted National Core Standards self-assessment])		5	5	5	5		
1.10 80% of Hospitals meeting national efficiency targets by 2019	1.10.2 Average Length of Stay	5.5 days	5.8 days	5.8 days	5.5days	5.8 days	-0.3 days	Target achieved within 5% error margin, range 5.2 days - 5.8 days
	Numerator: SUM ([Inpatient days total x 1])+([Day patient total x 0.5])	516 669	528 803	538 656				
	Denominator: SUM ([inpatient deaths-total])+([inpatient discharges-total])+([inpatient transfers out-total])	93 854	90 823	93 429				
	1.10.7 Inpatient bed utilisation rate	64%	68%	71%	75%	73%	-2%	Target achieved within 5% error margin, range 71.3% - 78.8%
	Numerator: SUM ([Inpatient days total x 1])+([Day patient total x 0.5])	516 669	528 803	538 565	581 371	557 674		

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
	Den: Usable (Inpatient beds * 30.42) available	807 438	775 162	759 162	775 162	769 261		
1.3 NCD coverage increased to 1300/1000 000 through management of chronic illnesses by 2019	1.3.1 Cataract surgery rate (uninsured population)	913/1 000 000	718/1 000 000	633/1 000 000	1 300/1 000 000	457/1 000 000	-843/1000 000	Target not achieved due to shortage of ophthalmologists that provide this service.
	Numerator: SUM ([Cataract surgery – total])		4527	4 112	8 443	2 971		
	Denominator: SUM ([Total population]) – SUM ([Total population (medical aid])		6 307 194	6 494 701	6 494 701	6 494 701		
	1.10.13 Expenditure per patient day equivalent (PDE)	R1 895	R3 349	R3 282.60	R3 500	R3 759	-R259	Target not achieved due to payment of accruals at the beginning of the FY
	Numerator: SUM ([Expenditure - total])	R1 443 819 430	R2 562 280 184	R2 564 214 317		R2 877 852 277		
	Denominator: Sum ([Inpatient days total x 1])+([Day patient total x 0.5])+([OPD headcount not referred new x 0.3333333])+ SUM([OPD headcount referred new x 0.3333333])+([OPD headcount follow-up x 0.3333333])+([Emergency headcount - total x 0.3333333])	761 808	765 164	781 146		765 554		
2.4 Patient satisfaction rate increased to more than 75% in health	2.4.29 Complaint resolution within 25 working days rate	92%	98%	98%	85%	99%	14%	Target overachieved due to prompt redress of all complaints as complaints boxes are opened on a weekly basis.
	Numerator: SUM ([Complaint resolved within 25 working days])	551	666	633		351		

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
services by 2019	**Denominator:** SUM ([Complaint resolved])	600	678	647		356		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMACE

INDICATORS	PROPOSED INTERVENTIONS
2.3.2 Hospital achieved 75% and more on National Core Standards (NCS) self-assessment rate	• Completion of Mthatha depot construction so that it could be fully functional • Completion of laundry and paediatrics building construction
1.3.1 Cataract surgery (uninsured population)	Appointment of ophthalmologists to perform the surgery.
1.10.13 Expenditure per patient day equivalent (PDE)	Ensure adequate budgeting in future and appropriate management thereof.

CHANGES TO PLANNED TARGETS

There were no changes made to targets during the reporting period

4.2 SUB- PROGRAMME: SPECIALISED TB HOSPITALS

Strategic objectives:

2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019

- 2.4 Patient satisfaction rate increased to more than 75% health services by 2019
- 1.10 80% of Hospitals meeting national efficiency targets by 2019

Key Interventions Implemented to Achieve Strategic Objectives

-
- Implement new and revised policy changes for TB treatment and management.
- Opening of paediatric wards to improve quality of care provided for children with drug resistant TB.

PROGRESS AND ACHIEVEMENTS

Patient Management

The Department started with the implementation of the injection free regimen in all the MDR Decentralised sites in December 2018 and is continuing to implement and monitor the injection free regimen in all 23 functional MDR decentralised sites and two centres of excellence (i.e Nkqubela and Jose Pearson TB hospitals). Early conversion is realised as its impact reduces Bed Utilisation rate in hospitals that admit MDR TB patients through reduction of the number of days that the patients spend in hospitals (Average Length of Stay) and increases MDR TB cure rate. During the FY under review, the Department initiated all 2108 drug resistant TB patients (i.e 1673 MDR TB and 435 Pre XDR and XDR TB) on injection free regimen and 1256 MDR TB patients on shortened nine months treatment regimen. Additional benefits of implementing these regimens is the encouragement that patients gain subsequently promoting patient adherence to treatment; injection was one of the contributing factors to none adherence to treatment. Injection free regimen further assist in reducing the chances of clients developing hearing loss as this was one of the major side effects of injection containing regimen.

TB management in children

The TB programme's focus is on children as they are the most at risk and close contacts with their parents. During 2019/20 FY, 1464 children were diagnosed with TB; of these 1352 had drug sensitive TB (normal TB) and 112 had MDR TB.

The paediatric ward at Jose Pearson was re-opened in March 2019 to improve quality of care provided for children with drug resistant TB. This initiative led to the launch of Buddy system in Jose Pearson, a strategy done in collaboration with the University Research Council to provide child friendly DR TB services. In December 2019, the Department opened its first MDR paediatric ward at Nkqubela MDR hospital to accommodate children diagnosed with MDR TB who are contacts to adult MDR patients. By the end of the financial year, 59 children were admitted in this ward.

Infrastructure, Security and Equipment

Security: The tender for the fencing of Nkqubela hospital was awarded and work started in November 2019. This project will assist in improving hospital security, ensuring the safety of both patients and staff as well as the hospital assets.

Table B4.2: Performance against Annual Targets from 2019/20 Annual Performance Plan for Sub-Programme 4.2-Specialised TB Hospitals

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.3 Hospital achieved 75% and more on National Core Standards) self-assessment rate	New indicator	50%	50%	60%	70%	10%	Target overachieved. The achievement is attributed to the support visits that were conducted with the support from Quality Assurance Unit.
	Numerator: SUM ([Hospital achieved 75% and more on National Core Standards self - assessment])		5	5	6	7		
	Denominator: SUM ([Hospitals conducted National Core Standards self -assessment])		10	10	10	10		
1.10 80% of Hospitals meeting national efficiency targets by 2019	1.10.3 Average Length of Stay	94.2 days	77 days	73 days	80 days	68 days	12 days	Target overachieved. The achievement is attributed to introduction of new Drug Resistant Therapeutic agents these agents facilitate early conversion and condition of the patients improves early
	Numerator: SUM([Inpatient days total x 1])+([Day patient total x 0.5])	326 478	262 129	234 189		211 186		
	Denominator: SUM ([inpatient deaths-total])+([inpatient discharges-total])+([inpatient transfers out-total])	3 466	3 149	3 213		3 095		
	1.10.8 Inpatient bed utilisation rate	Not measured	50%	45%	60%	41%	-19%	Target not achieved. • For the hospitals that are admitting drug resistant patients, this is due to the introduction of new drugs which are used even in the decentralsed sites;
	Numerator: SUM([Inpatient days total x 1])+([Day patient total x 0.5])		262 129	234 189	313 679	211 186		
	DenominatorSUM (Inpatient bed days		522 798	524 563	522 798	521 642		

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
	(inpatient beds * 30.42) available							• Temba and Winterberg are only admitting drug sensitive patients and there is low demand for admitting drug sensitive patients. • Khotsong TB Hospital has not yet been commissioned so that all the 150 beds can be used.
	1.10.14 Expenditure per patient day equivalent (PDE)	Not measured	R1 626	R1 708	R1 758	R1 952.80	R194.80	Target not achieved. Khotsong, Marjorie Parish Temba, and Winterberg are the only four hospitals with an expenditure per PDE of above R3000 and this is due to their low bed utilisation rate which is below 30
	Numerator: SUM ([Expenditure - total])		R101 948 416	R410 644 098		R424 083 774		
	Denominator: SUM([Inpatient days total x 1])+([Day patient total x 0.5])+([OPD headcount not referred new x 0.3333333])+ SUM([OPD headcount referred new x 0.3333333])+([OPD headcount follow-up x 0.3333333])+([Emergency headcount - total x 0.3333333])		66 594	240 474		217 167		
2.4 Patient satisfaction rate increased to more than 75% in health services by 2019	2.4.30 Complaint resolution within 25 working days rate	94.3%	100%	100%	85%	100%	15%	Target overachieved. This is due to the strengthening of analysis of complaints and the prompt provision of redress by the facilities, the support visits conducted played part in capacitating the hospitals on
	Numerator: SUM ([Complaint resolved within 25 working days])	150	107	68		63		
	Denominator: SUM ([Complaint resolved])	150	107	68		63		

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
								the management of complaints.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMACE

INDICATORS	PROPOSED INTERVENTIONS
1.10.8 Inpatient Bed Utilisation rate	• Rationalization of Winterberg Hospital is still under discussions. • Section one of phase 3 construction at Khotsong is expected to be completed before the end of the financial year • For other institutions like Marjorie Parish, the Directorate will start the process of applying for reduction of the number of TB beds.
1.10.13 Expenditure per patient day equivalent (PDE)	• • Ensure adequate budgeting in future and appropriate management thereof. • • Appointment of critical positions.

CHANGES TO PLANNED TARGET

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

4.3 SUB- PROGRAM: SPECIALISED PSYCHIATRIC HOSPITALS

Strategic Objectives:

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

Key Interventions Implemented to Achieve Strategic Objectives

- Establish single Directorate for Mental Health – The strategy has assisted with planning, evaluation and monitoring of mental health services for PHC, DHS and Tertiary levels.
- Prioritizing implementation of National Mental Health Policy Framework and achieving the main objectives of the programme.

Key Interventions:

The key intervention areas to be included in this plan include

- Establish provincial district, PHC capacity for mental health services
- Strengthen prevention of mental disorders, substance, drug and alcohol abuse
- Provide sufficient resources for mental health

PROGRESS AND ACHIEVEMENTS

Whilst the EC DOH has implemented approximately 75% of Health Ombudsman recommendations at Tower hospital, including minor renovations, improving social work service, staff appointments as well as improving governance and leadership issues, the critical structure to drive coherent and comprehensive programme implementation is not in place, yet. This include absence of a lead senior manager at provincial level to direct and co-ordinate the mental health strategy of the EC province and supporting partners as well as overseeing the implementation of mental health programme activities as stipulated both in the strategic plan 2013 – 2020 and the National Health Care ACT. The eastern side of the Eastern Cape only has mental health units and there is no mental health institution. With the increasing mental health disease burden, strengthening of the Mental Health programme needs urgent attention amidst all other existing and emerging diseases, this includes the establishment of a mental health care institution with maximum security in the eastern region of the Eastern Cape, for forensic cases.

Efficiency indicators for Mental Health hospitals are high and giving a picture of non-functional lower level mental health system. Table below shows extended stay at hospital that translates to high utilisation of usable beds, hence long waiting times of almost two years. This reflects a predominantly curative disease management system and a strategy for a functional district development model in this regard is required.

Table 4.3.1 Efficiency indicators for selected Mental Health hospitals, FY 2019/20

Indicator	ALOS	BUR
Tower	46 months	87%
Komani	9 months	93%
Fort England	5 months	90.5%

Governance, Leadership and Compliance

A member of the Executive Council responsible for health services in a province is required by law (Mental Health Care Act 17 of 2002), to establish a Review Board in respect of every health establishment providing mental health care, treatment and rehabilitation services in that province. During the period under review, BCM and Amathole districts conducted nominations for Mental Health Review Boards and are waiting for approval by the MEC. All the three existing MHRBs are fully functional and are meeting on monthly basis as per guideline.

Recruitment process for the CEO's positions for the Tower and Komani hospitals are under way and awaiting appointments. Training to strengthen oversight role and compliance with the Mental Health Care Act, was conducted for CEOs, Clinical Managers, Head of Casualty, Nursing Managers and Medical Officers for OR Tambo and Alfred Nzo District Hospitals (St Barnabas, St Lucy's, Madzikane KaZulu Hospitals).

Following R158 Regulations, Mental Health Infrastructure norms and standards as well as the National Core Standards, the EC DOH renewed all licensing for the year 2020. Inspection and licensing were conducted as well for the six mental health facilities including three private and three NGOs' facilities.

Continuous monitoring of compliance with the Mental Health Care Act and national policies is performed, including monitoring of SLA with NGOs and Regional Mental Health Forums. During the period under review, the programme was visited by the Ministerial Advisory Committee to monitor and follow – up on Health Ombudsman recommendations for the Tower hospital. The EC DOH has implemented approximately 75% of Health Ombudsman recommendations which included minor renovations, improving social work service as well as improving governance and leadership issues.

Implementing 72-hours Observation Psychiatric Units in selected hospitals

In 2018, the EC Province enlisted 39 facilities for the provision of 72 hours psychiatric observation services. These comprised of 33 district hospitals, five regional hospitals and a tertiary hospital, Livingstone hospital. There is a total of 2325 psychiatry beds in the EC Province (including 650 from Life Esidimeni) constituting a ratio of 43 mental health beds per 100 000 population older than five years; this is against the national standard. An additional 100 beds are provided by the mental health supporting partners. The average waiting time for state patient admission in a Mental Health hospital was 18 months and eight months for forensic observation by end March 2020.

To improve mental health care service delivery in hospitals;

- A specialist psychiatrist who completed his registrar program was appointed at the Nelson Mandela Academic hospital during the FY under review.
- Two specialist doctors were appointed at Dora Nginza and Mthatha MHU;
- Sessional specialist doctor was appointed at Cecilia Makiwane Hospital
- A community service psychologist was appointed at Fort England Hospital.
- Replacement posts were filled at Komanil, Tower and Elizabeth Donkin hospitals
- A significant number of posts were filled at the Tower hospital in line with the recommendations of the Ombudsman including a pharmacist, professional nurses and medical officers.

Infrastructure

The major challenge with Mental Health facilities is the infrastructure that is not suitable for mental health services and not meeting the national standards, hence renovations had been ongoing in various hospitals and mental health units (Table 4.1). During 2019/20, renovations were underway at Bhisho hospital for the establishment of 72-hour assessment Unit; the contract with the contractor at this hospital has been terminated and the Department is seeking to appoint a new contractor to complete the project. The Department has further approved rebuilding of CMH MHU. The new project is waiting for the confirmation of funding; progress was affected by the onset of the COVID pandemic. Security measures at the old structure of the CMH hospital have been upgraded.

Table 4.3.2 Progress made on 72-hours observation psychiatric units

HOSPITAL	PROGRESS MADE
Komani Psych hospital	Ward 15 repairs and renovation was completed by September 2019 and handed over in December 2019
	New laundry completed and ready for commissioning
	Renovation of two staff house accommodation completed
	Minor renovations for wards 8 and 13 completed
	10 000L and 220 KL water tanks procured and connected to main water line
Tower hospital	Minorr renovations done
St Barnabas MHU	Contract for construction was terminated; appointment of new bid to complete the project is underway
PE Provincial hospital	• Psychiatry ward renovations and refurbishment reached works completion by September 2019. • The 40 bedded Mental Unit project completed and is operational
Elizabeth Donkin Psych hospital	• Construction of new OPD was completed during qrt 4, FY 2019/20 • Face-lifting of administration and clinicians' blocks, renovation of seclusion rooms and road signage are now complete.
Bisho hospital	Renovation of new 15 bedded 72-hour Observation Unit is underway.

Collaboration

Intersectoral collaboration

- **SLA between DOE and Tower** for Adult Education and Training (AET) project was signed. This follows Tower being both a chronic hospital and a rehabilitation centre. There are mental health users who are assessed and deemed fit for accessing educational programs i.e. Matric and computer training so that after discharge they can be integrated fully back in their communities and be able to access employment opportunities. The Department of Education is providing qualified educators and instructors to assist with training AET.
- **State patients**: Ward 15 at Komani hospital had been renovated and upgraded to 30 beds to house the state patients. By end March 2020, the EC Province had a total of 48 state patients on the waiting list, to be accommodated in the state Mental Health facilities. Outreach was conducted to St Albans Correctional Centre where 36 patients were reviewed by DOH specialists. Of the 36 patients, 22 were transferred as state patients to Komani hospital and 14 were prioritized for admission at Fort England Hospital when beds become available. The total number on the waiting list for forensic observations by end March 2020 was 256; (197 to be observed by a panel of specialists & 59 by single specialist) with an average waiting time of eight months.

Collaboration with other stakeholders

The Department is collaborating with the PE Mental Health Society, Care Haven Psychiatric Centre & Khulanathi Psychosocial Rehabilitation Day Care Centre and altogether these hold a total of 100 beds.

Building Capacity for Mental Health Service

Training and Professional Development:

- During 2019, five medical officers at Komani Hospital were enrolled for Mental Health Diploma; they all passed their examinations written in July 2019.
- To promote compliance with the Mental Health Care Act, the Mental Health Directorate conducted two days Mental Health training workshop on the Act for CEOs, Clinical Mangers, Head of Casualty and Nursing Managers and Medical Officers of district hospitals at OR Tambo and Alfred Nzo Districts.
- A three-day Mental Health Training Workshop was conducted for Medical Officers, Professional Nurses and Clinical Associates for all the eight districts with the assistance of the Foundation for professional Development (FPD) and the NDOH. A follow-up six months training will be offered online to the 117 course participants who initially attended.

Table B4.3: Performance against Annual Targets from 2019/20 Annual Performance Plan Sub-Programme 4.3-Specialized Psychiatry Hospitals

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.4 Hospital achieved 75% and more on National Core Standards self-assessment rate	New indicator	100%	67%	100%	67%	33%	Target not achieved Komani Hospital did not conduct self – assessment for NCS. Institution only seconded Quality Assurance Manager towards the end of December 2019 who still needed orientation.
	Numerator: SUM ([Hospital achieved 75% and more on National Core Standards self - assessment])		3	2	3	2		
	Denominator: SUM([Hospitals conducted National Core Standards self -assessment])		3	3	3	3		
2.4: Patient satisfaction rate increased to more than 75% health services by 2019	2.4.31 Compliant resolution within 25 working days rate	95%	100%	100%	85%	97.4%	12.4%	Target overachieved. Majority of complaints are minor and resolved at coal – face by facility management.
	Numerator: SUM ([Complaint resolved within 25 working days])	53	73	51		37		
	Denominator: SUM([Complaint resolved])	56	73	51		38		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMACE

INDICTOR	PROPOSED INTERVENTIONS
2.3.4 Hospital achieved 75% and more on National Core Standards self-assessment rate	Dedicated Quality Assurance Manager has been appointed to curb under-performance on National Care Standards

CHANGES TO PLANNED TARGETS

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

LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

	2019/20							2018/19	
	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	2,589,227	206,158	72,878	2,868,263	3,152,971	(284,708)	109.9%	2,869,569	2,954,759
2 TB HOSPITALS	382,376	(19,783)	(26,800)	335,793	310,434	25,359	92.4%	346,670	349,112
3 PSYCHIATRIC MENTAL HOSPITALS	762,264	(186,375)	(9,225)	566,664	562,994	3,670	99.4%	548,871	531,680
	3,733,867	**-**	**36,853**	**3,770,720**	**4,026,399**	**(255,679)**	**106.8%**	**3,765,109**	**3,835,551**
Economic classification									
Current payments	**3,706,666**	**-**	**13,274**	**3,719,940**	**3,726,914**	**(6,974)**	**100.2%**	**3,678,359**	**3,536,052**
Compensation of employees	2,850,830	-	-	2,850,830	2,844,562	6,268	99.8%	2,774,109	2,762,095
Goods and services	855,836	(13,254)	13,274	855,856	869,098	(13,242)	101.5%	901,166	770,873
Interest and rent on land	-	13,254	-	13,254	13,254	-	100.0%	3,084	3,084
Transfers and subsidies	**11,817**	**-**	**1**	**11,818**	**286,900**	**(275,082)**	**2427.7%**	**27,226**	**275,990**
Households	11,817	-	1	11,818	286,900	(275,082)	2427.7%	27,226	275,990
Social benefits	11,787	-	-	11,787	9,323	2,464	79.1%	18,013	13,267
Other transfers to households	30	-	1	31	277,577	(277,546)	895409.7%	9,213	262,723
Payments for capital assets	**15,384**	**-**	**23,578**	**38,962**	**12,585**	**26,377**	**32.3%**	**59,524**	**23,509**
Buildings and other fixed structures	-	-	-	-	-	-	-	486	486
Machinery and equipment	15,384	-	23,578	38,962	12,585	26,377	32.3%	59,038	23,023
	3,733,867	**-**	**36,853**	**3,770,720**	**4,026,399**	**(255,679)**	**106.8%**	**3,765,109**	**3,835,551**

The net overspend of R255,679 million in the Programme arose as a result of the settlement of medico legal claims, which are unbudgeted.

A net amount of R36,853 million was adjusted from Programme 3 to Programme 4, Sub Programme 4.1 - General (Regional) Hospitals to relieve budget pressures in machinery and equipment.



PROGRAMME 5

CENTRAL AND TERTIARY HOSPITAL SERVICES

PROGRAMME 5: CENTRAL & TERTIARY HOSPITALS

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

Sub-Program: Central Hospital

- Nelson Mandela Academic Hospital

Key Interventions:

The key intervention areas to be included in this plan include

- All hospitals will focus on reducing possible avoidable causes of death and minimising risk of incidents that are associated with hospitalisation
- The Department will strengthen the triage and surgical capability at hospitals
- Improve access to treatment in the eastern part of the Province for oncology care
- Render mental health services that consistently meet the standards founded on the principles of human rights
- Improve healthcare service delivery effectiveness and efficiency

STRATEGIC OBJECTIVES:

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

REVIEW OF SERVICE OUTPUTS AND ACHIEVEMENTS

EXPANDING AND STRENGTHENING CLINICAL DISCILPINES

Oncology Services

Nelson Mandela Academic hospital is implementing a decentralized cancer service model which introduces cancer care services within the drainage region of this hospital. It's a co-ordinated multi-disciplinary approach to cancer care with an 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 focus on prevention, screening, early detection and access to treatment.

In May 2019, the Honourable Premier of the Eastern Cape Mr. Oscar Mabuyane and the MEC for Health Ms. S. Gomba launched in Mthatha the lung cancer project. The goal of the project is to implement an integrated Lung Cancer Centre of Excellence that will address the need for early lung cancer detection, accurate diagnosis and better palliative treatment that will improve cancer morbidity and mortality. Implications on service delivery-raises awareness and improves access to early diagnosis and treatment of Lung Cancer thereby improving quality of life.

The model is implemented at five satellite centres which include three district hospitals viz St Barnabas, St Patricks and Madzikane KaZulu as well as at two regional hospitals viz St Elizabeth and Mthatha Regional Hospitals. Patients with cancer signs and symptoms are referred to Nelson Mandela Academic Hospital for expert opinion. NMAH is administering chemotherapy whilst patients for radiation therapy are referred to Frere hospital in East London. Renovations are underway at Sir Henry Elliot hospital to construct an interim Oncology structure where radiation services will be offered whilst awaiting a fully-fledged oncology structure with radiation Department , which will be built at the Nelson Mandela Academic hospital. The implementation of the decentralised cancer service model together with refurbishment of an oncology structure at Sir Henry Elliot hospital is made possible by assistance from both DOH and Bristol Myers Squibb Foundation (BMSF). The refurbishment of the Oncology structure is progressing well and was at approximately 50% by end March 2020.

Cochlear Implant Service

The implementation of the cochlear implant service to patients born deaf or adults who lost their hearing, increases access to specialised services and development of Tertiary Service Level 3 (T3) in line with the central hospital package. During the FY under review, a total of 13 implants were fitted to 11 patients with nine switch-ons. By the end of March 2020, five clients were attending cochlear implant rehabilitation centre.

Cardiac catheterization laboratory (CATHLAB) Services

Cathlab provides vascularisation and permanent heart paces for patients with abnormally slow heart rate, valve screening and interventions for paediatrics with congenital heart disorders. Nelson Mandela Academic hospital is progressively taking its position in offering to the whole Eastern Cape Province and beyond, specialised cardiology services that were previously referred out of the province in diagnosing heart problems and insertion of cardiac pacemakers for patients with heart attacks. This has further had a positive impact on service delivery, with significant improvement observed in access to this service. During the reporting period, a total of 189 patients (Table 5.1) comprising 148 adults and 41 children, received these services.

Table 5.1.1: Patients receiving CATHLAB services, April 2019 – March 2020

Area	Qrt1	Qrt 2	Qrt 3	Qrt 4	TOTAL FY
Paeds	0	7	20	14	41
Adults	14	68	22	44	148
TOTAL	**14**	**75**	**42**	**58**	**189**

Cerebral Palsy Clinic

The hospital is running a cerebral palsy clinic on a weekly basis with all CP patients receiving rehabilitation services. To address and reduce medico-legal claims, the hospital is registering all CP patients and is working with the office of the state attorney to verify the patients at various parts of the Eastern Cape Province.

NATIONAL CORE STANDARDS

- **National Core Standards:** NMAH achieved an overall score of 89% on their NCS self – assessments. Waste management and Security services were the two areas performing poorly; the quality improvement plans will focus in these areas.
- **Patient satisfaction survey** was conducted internally on patients in NMAH wards and OPDs during September 2019 and March 2020. The last external survey was conducted by Mosaic in March 2019. The Table below shows the results achieved for various domains.

Table 5.1.2: Patient satisfaction surveys conducted at NMAH, 2019/20 FY

	Scores		
Areas of survey	Mosaic survey study done in October 2017 report came in May 2019	Internal survey September 2019	Internal Survey March 2020
Food	60%	85%	82%
Staff Attitudes	58%	74%	82%
Waiting times	23%	65%	77%
Availability of medication	73%	90%	94%
Linen	80%	90%	91%
Access to care	50%	66%	87%
Cleanliness	58%	75%	86%
Total	**61%**	**75%**	**85%**

HOSPITAL EFFICIENCY INDICATORS

Average length of stay at NMAH is usually affected by patient stay in various units that hold patients for a lengthy period due to the nature of their health condition. Whilst the Provincial APP and Operational plan will have a single target for the central hospital and in this case being 8 days, the hospital operational plan set different targets for these other hospital Units. The length of stay is extended mainly by two subsidiaries i.e Bedford orthopaedic hospital and the Mental Health Units with ALOS of 17 days and 29 days respectively.

OUTREACH AND IN-REACH SUPPORT SERVICE

Nelson Mandela Academic Hospital implements an in-reach and outreach support programme to the peripheral hospitals in the Eastern Region of the Province whereby both clinical and clinical support teams participate. The in-reach programme promotes skills transfer by specialists mainly to medical officers from lower levels of care in specialised areas including for example, obstetrics and gynaecology, Anaesthesia and general surgery. The programme purports to address the following:

- Maximise utilization of limited resources at both central hospital and other levels of care. Hospital beds are utilised by the relevant patients and in line with the hospital package thereby keeping utilisation of beds and staff workload within acceptable range.
- It reduces waiting times as it eases congestion and overcrowding due to patient movement and presentation at improper levels of care. Patients are seen and assessed by specialists at lower levels of care, before a decision is made to move them to the central hospital for further interventions.
- It promotes skills transfer as young professionals at lower levels of care are mentored and capacitated by the specialists from the central hospital
- It promotes proper implementation of service delivery model with each level of care focusing on relevant service package
- It promotes proper utilization of theatre time particularly at NMAH, as some minor operations are performed in peripheral hospitals.

REVENUE COLLECTION

Effective utilization of case management services and working together with revenue services, has seen Nelson Mandela Academic Hospital performing well in revenue collection for 2019/20 financial year. The hospital collected a total amount of R41 667 265 mil which is 93.3% of the targeted R44 651 000.

HUMAN RESOURCE

- **Human Resource appointments:** To strengthen the functionality of various clinical disciplines and to improve service delivery, consultants including general surgeon, two plastic surgeons, ENT and dermatology specialist were appointed during the period under review. 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 Department s ie medical officers, professional nurses and support staff to work in tandem and reduce waiting times in various hospital clinics (surgical, paediatric burns and dermatology).

- **Human resource development:** Nelson Mandela Academic hospital has sent doctors to train and specialize in Child Psychiatry, Fatality, Fe.to-maternal and Cardiovascular disciplines. Furthermore, The hospital is accredited for registrar programme training

INFRASTRUCTURE, SECURITY AND MAINTENANCE

- **Backup Big Generator:** to supply uninterrupted power in cases of power failure to critical areas. Contract was awarded and site handed over in June 2019 and is delayed due to COVID 19 lockdown.
- **The fencing project:** for cochlear implant rehabilitation center commenced in May 2019 and is now complete.
- **Theatre air conditioning project:** Project for replacement of theatre chillers to control air conditioning in level 2, level 3 and level 4 theatres commenced in November 2018 and expected full commission is 31 July 2020; Delayed are due to lockdown.

OTHER ACHIEVEMENTS

NMAH developed and launched the blood transfusion guidelines in December 2019. Proper use of guidelines reduces blood wastage while ensuring all patient do access blood. Over R12 million has been saved to date. The use of guidelines has resulted in cost containment and quick as well as efficient service delivery. The launch was graced by the presence of blood transfusion expert from Australia; also, in attendance were the guests from the National and Provincial DOH as well as local guests.

CHALLENGES AND PROPOSED SOLUTIONS

Medico-legal claims towards the EC DOH are impacting the hospital negatively, particularly the hospital transport section.

The Department (Head Office) is exploring various options to address this challenge including:

- Strengthening the DOH legal defense and explore additional options to the state attorney.
- Strengthening and improving health care service delivery to affected clients as the bulk of the medico-legal costs relates to future treatment.
- Whilst putting the above systems in place and taking into consideration the limited and/or unavailability of budget to settle these claims, on a short term, the Department could consider staggered payment to the claimants.

The Department is grappling with various interventions whilst also taking into cognisance the need for smooth and efficient service to its patient

Table B5.1: Performance against Annual Targets from 2019/20 Annual Performance Plan for Sub-programme 5.1-Central Hospital

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.5 Hospital achieved 75% and more on National Core Standards) self-assessment rate	New indicator	100%	100%	100%	100%	0%	Target achieved
	Numerator: SUM ([Hospital achieved 75% and more on National Core Standards self -assessment])		1	1	1	1		
	Denominator: SUM ([Hospitals conducted National Core Standards self -assessment])		1	1	1	1		
1.10 80% of Hospitals meeting national efficiency targets by 2019	1.10.4 Average Length of Stay	11.1 days	9 days	8.8 days	8 days	8 days	0 days	Target achieved
	Numerator: SUM ([Inpatient days total x 1])+([Day patient total x 0.5])	229 968	218 522	228 857		228 129		
	Denominator: Inpatient separations: SUM ([inpatient deaths-total])+([inpatient discharges-total])+([inpatient transfers out-total])	20 644	24 340	25 943		28 216		
	1.10.10 Inpatient bed utilization rate	83.9%	79%	82.7%	83%	82.4%	-0.6%	Target achieved within 5% error margin, range 78.9% - 87.2%
	Numerator: SUM ([Inpatient days total x 1])+([Day patient total x 0.5])	229 968	218 522	228 857		228 129		
	Denominator SUM (Inpatient bed days (inpatient beds * 30.42) available	274 145	274 145	276 700		276 700		

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
	1.10.16 Expenditure per patient day equivalent (PDE)	R3 948	R3 472	R4 105	R4 586	R4 677	R91	Target achieved within 5% error margin, range R4 357 – R4815
	Numerator: SUM ([Expenditure - total])	R1 199 771 779	R1 149 556 604	R1 272 497 686		R1 433 055 466		
	Denominator: Sum ([Inpatient days total x 1])+([Day patient total x 0.5])+([OPD headcount not referred new x 0.3333333])+ SUM([OPD headcount referred new x 0.3333333])+([OPD headcount follow-up x 0.3333333])+([Emergency headcount - total x 0.3333333])	303 874	331 066	310 019		306 429		
2.4 Patient satisfaction rate increased to more than 75% in health services by 2019	2.4.32 Complaint resolution within 25 working days rate	100%	98%	100%	85%	100%	15%	Target overachieved due to: • Prompt redress of all complaints as complaint boxes are opened on weekly basis • Support from Patient Satisfaction Forum and the management in dealing with complicated complaints.
	Numerator: SUM ([Complaint resolved within 25 working days])	406	218	319		274		
	Denominator: SUM ([Complaint resolved])	407	223	319		274		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMACE

Not applicable

CHANGES TO PLANNED TARGETS

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

5.2 SUB-PROGRAMME PURPOSES FOR TERTIARY HOSPITALS SERVICES

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

Sub-programmes

- Tertiary Hospitals

STRATEGIC OBJECTIVES:

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

Key Interventions Implemented to Achieve Objectives

- Decant Psychiatric Patients from Livingstone Accident & Emergency Unit to PE Provincial Hospital Mental Health Unit now under construction
- Complete the relocation of Tertiary Services still at PEPH to Livingstone Hospital and consolidate services there to achieve better efficiencies
- Funding of the Linear accelerator and the Cardiac Catheterization Laboratory will also improve the efficiencies at these facilities as well as improve the quality of care
- Complete the Regional service Package of Dora Nginza Hospital as a Regional Hospital
- Complete the Commissioning of Cecilia Makiwane so that Orthopaedic Services are fully functional to relieve pressure from Frere Hospital, improve quality of care and mitigate Medico-Legal

REVIEW OF SERVICE OUTPUTS AND ACHIEVEMENTS

Frere Hospital

Service Delivery Outputs

Providing safe, effective and reliable patient care to our clients

- **Accident & Emergency Services:** Frere Hospital expanded its services for the A&E Department by opening a 25 bedded short stay ward, which is for accommodation of patients who are awaiting beds. Funding for this ward was received from the Road Accident Fund.
- **Radiology Services:** In July 2019, the Coned Beam CT was installed in the Casualty Radiology Department , for examination of sinuses, mandible, dental and facial bones for both ENT and Maxillo-Facial patients. Training was held for Radiographers on the use of this new system. Its installation has improved the quality of care for many patients and has reduced the waiting time to these patients. The PACS system for the Frere hospital Radiology Department continues to show major savings on X-ray films. By the end of the FY under review, the hospital savings due to this system increased by 5% from R2 419 544 in the previous year to R2 533 460.
- **Speech and Audiology Services:** Frere hospital is the first state hospital in the Eastern Cape to issue in May 2019, a high tech Auditory Augmentative Communication (ACC) device to a cerebral palsy teenage patient, which assist with communication. The device was acquired through the assistance of the Clinical Support Services (Programme 7).
- **Patient Information Management Services:** Frere Hospital developed an electronic medical record system (HMS2) through our IT Department that has been rolled-out in phases since 2018. The HMS2 system is now fully implemented within all wards and outpatient Department s at Frere Hospital and manual registers have been discontinued. Clinical staff are now using the system for electronic 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 better 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 them to know the extent of claims received and gives real time data that enables the Executive Management to make informed decisions.

Out/ In-reach Support Services

Frere Hospital supports the Central Region by doing outreach visits to assist and empower clinicians and clinical support services in the following specialties: Paediatric surgery, ENT, Speech Therapy, Occupational Therapy and Social Worker. In 2020, visits in these specialties were made to the following areas: Cecilia Makiwane Hospital; Frontier Hospital; Aliwal North Hospital, Butterworth Hospital; Bhisho Hospital, Victoria Hospital, Grey Hospital; Nkqubela; Empilweni Gompo; Nontyatyambo; Duncan Village; Mooiplaas, Old Aged Homes as well as Newhaven Chronic Hospital.

Patient Satisfaction Survey

- **National Core Standards Audit:** The audit was conducted internally in September 2019. However, the results could not be captured on the system due to the capturing tool that was deleted on the DHIS system when the IT Department was introducing the Ideal Hospital tool that was said to be replacing the NCS one.
- **Patient Satisfaction Survey:** The survey was conducted internally in July 2019 by interns, in both In-patients and Outpatient Department s of Frere Hospital, and the overall satisfaction score was 85%.
- **Quality of Food Services Survey:** In 14 February 2020, Frere Hospital was visited by the office of the Director General from the National Department of Health to assess the quality of the food that is being given to our patients in different categories and to audit the overall service: Policies and Guidelines; Menus; Recipes; Specialised Feeds; Therapeutic Diets; Procurement; Deliveries and Receiving; Storage; Issuing, Meal Serving; Food Safety and Hygiene; General Safety; Equipment and Utensils; Finance and Human Resources.
  While we have still not received formal results, the feedback that we received during the exit meeting was that Frere Hospital was the only hospital that meticulously kept their records up to date. That we were adhering to policies, menus, and strictly following the guidelines. We were congratulated by the National Office for being the best hospital when it comes to food services.

To formulate culture of teamwork among staff

- **Service Excellence Awards:**
  Frere Hospital views teamwork amongst employees as vital for delivering the best quality service to our clients and the community of the Central Region as a whole, hence the hosting of the Service Excellence Awards annually, with the following objectives:
  - To have a formal system of individual / group / team recognition in improving service delivery.
  - To promote, enhance and recognise adherence to norms and standards of quality of care.
  - Boost employee morale and emotional intelligence
  - Improve the image of the Frere Hospital and foster better relations with our stakeholders.

The 2019 Awards event was held on 06 December 2019, in which outstanding employees and best performing leaders and Department s, as well as special categories that included the most innovative employees, excellent in academia, community and wellbeing, clinical care, process and systems improvement and the CEO's Ambassador were awarded. Feedback received from employees through visits to their Department s, indicated highly motivated employees who wished to perform even better to out-do the others, hence this creates a healthy competition amongst employees and results with the best and quality service delivery to our clients.

Revenue Collection

Frere Hospital collected a total amount of R14 373 720 million, which is 36.8% of the targeted R39 019 000. This was due to shortage of staff to do the billing.

Human Resources Management:

Appointments: A total of 129 appointments were made in the 4th quarter, in the following categories: Nursing in their different categories, Medical Doctors including renewal of contracts for 3 Clinical Specialists, Medical Interns, Sessional Doctors, Pharmacy as well as the Clinical Support Services in all their different categories. These appointments have assisted in strengthening the clinical services and in improving the quality of services that we render to our communities.

Infrastructure:

To improve service delivery to our patients, Frere Hospital purchased the highly specialised equipment listed below,

- **Coned Bean CT:** This is for examination of sinuses, mandible, dental and facial bones for patients for both ENT and Maxillo Facial Department s. It is also for improvement of diagnosis.
- **Trauma trolleys:** Six of these specialised trolleys were purchased for our Casualty Department , with the purpose of managing and improving care for the trauma patients.

- **Perinatal CTG Hardware and Management System:** An upgrade was done to this system for our Maternity Department , to monitor foetal heart rates of all patients who are in labour. The signal is seen on the screen in the duty room by the nursing sister on duty. The nursing sister can then be able to monitor all the CTGs of all the patients.
- **Percutaneous Nephrolithotomy:** This was purchased for the Urology Department for patients' surgery; these patients are not sent to private hospital anymore, and this assist in curbing related expenses.
- **Portable Cardiac Specific Ultrasound:** This was purchased for Radiology Department for cardiac scanning.
- **Additional Planning Workstation:** This was added at Oncology Department to assist with easing of the workload.

Challenges and Proposed Solutions:

CHALLENGES	PROPOSED SOLUTIONS
Finding accommodation in homes for the elderly and mentally challenged patients.	Bhisho, through Public Works, to have designated accommodation for the elderly and mentally challenged patients
Shortage of clinical staff – new Departments introduced and additional wards opened	Appoint Specialists, doctors and nurses
Leadership: The hospital has been without a permanent CEO since February 2019	Appoint CEO

Table B5.2: Performance against Annual Targets from 2019/20 Annual Performance Plan for Sub-programme 5.2-Tertiary Hospitals

Strategic Objectives	Performance Indicator	Actual achievement 201617	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.6 Hospital achieved 75% and more on National Core Standards) self-assessment rate	New indicator	100%	0%	100%	0%	0%	Target not achieved. Frere Hospital had a NCS Audit during the third quarter but there was no tool in DHIS to capture the results as the module is no longer supported by NDOH
	Numerator: SUM ([Hospital achieved 75% and more on National Core Standards self -assessment])		2	0	2	0		
	Denominator: SUM ([Hospitals conducted National Core Standards self -assessment])		2	2	2	2		
1.10 80% of Hospitals meeting national efficiency targets by 2019	1.10.5 Average Length of Stay	5.7 days	6 days	4.8 days	6 days	5.6 days	0.4 days	Target achieved. Both tertiary hospitals admit district hospitals patients which have a shorter stay at hospital.
	Numerator: Sum ([Inpatient days total x 1])+([Day patient total x 0.5])	452 728	464 215	494 150		488 259		
	Denominator: Inpatient separations: SUM ([inpatient deaths-total])+([inpatient discharges-total])+([inpatient transfers out-total])	78 785	77 788	103 326		86 895		
	1.10.11Inpatient bed utilization rate	74.8%	77%	77%	75%	76%	1%	Target achieved
	Numerator: Sum ([Inpatient days total x 1])+([Day patient total x 0.5])	452 728	464 215	494 150	725 699	488 259		
	Denominator	605 236	605 236	642 105	967 599	642 105		

Strategic Objectives	Performance Indicator	Actual achievement 201617	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
	SUM (Inpatient bed days (inpatient beds * 30.42) available							
	1.10.17 Expenditure per patient day equivalent (PDE)	R3 357	R3 303	R3 605	R 3 878	R3 700	-R178	Target achieved within 5% error margin, range R3684 - R4072.
	Numerator: SUM ([Expenditure - :otal])	R2 394 478 879	R2 320 617 980	R2 619 821 691		R2 994 213 035		
	Denominator: Sum ([Inpatient days total x 11])+([Day patient total x 0.5])+([OPD headcount not referred new x 0.3333333])+ SUM([OPD headcount referred new x 0.3333333])+([OPD headcount follow-up x 0.3333333])+([Emergency headcount - total x 0.3333333])	713 300	702 512	726 713		809 313		
2.4 Patient satisfaction rate increased to more than 75% in health services by 2019	2.4.33 Complaint resolution within 25 working days rate	95%	95%	99%	85%	96%	11%	Target overachieved due to prompt redress of all complaints as complaint boxes are opened on weekly bases.
	Numerator: SUM ([Complaint resolved within 25 working days])	228	227	249		260		
	Denominator: SUM ([Complaint resolved])	240	292	252		272		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMACE

INDICTOR	PROPOSED INTERVENTIONS
2.3.6 Hospital achieved 75% and more on National Core Standards self-assessment rate	NDOH to assist and support NCS Module –Explanation not enough, why is NDOH is not supporting it anymore? What can be done at Department al level to correct?

CHANGES TO PLANNED TARGETS

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

5.3 SUB- PROGRAMME SPECIALISED (PSYCHIATRIC) TERTIARY HOSPITAL

SUB-PROGRAMME PURPOSE

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

Specialised Tertiary Hospital

- Fort England (specialized psychiatric hospital)

STRATEGIC OBJECTIVES:

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

Key Interventions Implemented to Achieve Strategic Objectives

- Provided Journal club & ongoing training to registrars, forensic mental staff to deliver Maximum Security Services and Forensic Observations for State Patients
- Conducted weekly Multi – Disciplinary rounds for assessment of the users and to empower registrars, medical students and nurses.
- Provided fully equipped library in collaboration with WSU for registrar training.
- Conducted weekly Panel and monthly Single panel observations referred by courts for Forensic Assessment.
- Conducted monthly Clinical Audits

PROGRESS AND ACHIEVEMENTS

The ECDOH together with NDOH embarked on a program visiting Correctional Centres to review waiting state patients and diverting uncomplicated cases for admission at Komani Hospital rather than at Fort England Hospital. This reduced the waiting list at Fort England Hospital as well as the waiting time for admission from 21 to 18 months. In addition, state patients are put on treatment while waiting for a bed and by the time they get admitted they spend less time to get Leave of Absence (LOA). The ALOS is 21 days instead of 30 days. This is helping in dealing with accumulating waiting lists for forensic observations and we have seen reduction in waiting time for forensic observations from 9 months to 8 months.

- **Improve access to care**

Renovations for 15 bedded Child & Adolescent Unit are underway.

Table B5.3: Performance against Annual Targets from 2019/20 Annual Performance Plan for Sub-programme 5.3-Specialised Tertiary Hospital

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.7 Hospital achieved 75% and more on National Core Standards (NCS) self-assessment rate	New indicator	100%	100%	100%	100%	0%	Target achieved
	Numerator: SUM ([Hospital achieved 75% and more on National Core Standards self-assessment])		1	1	1	1		
	Denominator: SUM ([Hospitals conducted National Core Standards self-assessment])		1	1	1	1		
2.4 Patient satisfaction rate increased to more than 75% in health services by 2019	2.4.31 Complaint resolution within 25 working days rate	New indicator	100%	100%	85%	100%	15%	Target overachieved. Majority of complaints are minor and resolved at coal – face by management of the facility.
	Numerator: SUM ([Complaint resolved within 25 working days])		40	31		26		
	Denominator: SUM ([Complaint resolved])		40	31		26		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMACE

CHANGES TO PLANNED TARGETS

There were no changes made to targets during the reporting period

LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 5: CENTRAL HOSPITAL SERVICES

	2019/20							2018/19	
	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	1,228,005	(48,509)	76,073	1,255,569	1,350,353	(94,784)	107.5%	1,168,715	1,249,007
2 PROVINCIAL TERTIARY SERVICES	3,005,031	48,509	-	3,053,540	2,978,937	74,603	97.6%	2,534,817	2,500,145
	4,233,036	**-**	**76,073**	**4,309,109**	**4,329,290**	**(20,181)**	**100.5%**	**3,703,532**	**3,749,152**
Economic classification									
Current payments	**4,122,613**	**-**	**76,073**	**4,198,686**	**4,150,526**	**48,160**	**98.9%**	**3,577,007**	**3,606,700**
Compensation of employees	2,882,648	46,590	76,073	3,005,311	3,005,961	(650)	100.0%	2,381,773	2,643,838
Goods and services	1,239,965	(46,590)	-	1,193,375	1,142,641	50,734	95.7%	1,194,965	962,592
Interest and rent on land	-	-	-	-	1,924	(1,924)	-	269	270
Transfers and subsidies	**11,785**	**-**	**-**	**11,785**	**107,343**	**(95,558)**	**910.8%**	**17,900**	**40,901**
Households	11,785	-	-	11,785	107,343	(95,558)	910.8%	17,900	40,901
Social benefits	11,785	(2,605)	-	9,180	9,181	(1)	100.0%	15,364	10,692
Other transfers to households	-	2,605	-	2,605	98,162	(95,557)	3768.2%	2,536	30,209
Payments for capital assets	**98,638**	**-**	**-**	**98,638**	**71,421**	**27,217**	**72.4%**	**108,625**	**101,551**
Buildings and other fixed structures	-	-	-	-	-	-	-	3,000	152
Machinery and equipment	98,638	-	-	98,638	71,421	27,217	72.4%	105,625	101,399
	4,233,036	**-**	**76,073**	**4,309,109**	**4,329,290**	**(20,181)**	**100.5%**	**3,703,532**	**3,749,152**

The net overspend of R21,181 million in the Programme arose as a result of the settlement of medico legal claims, which are unbudgeted.

As a result of COE pressures vesting in the Programme, Sub Programme 5.2 - Provincial Tertiary Services, R46,590 million was necessarily shifted from the Goods and Services budget of the Programme. A further amount of R76,073 million was vired into the Sub Programme 5.2 COE budget from the COE and Goods and Services budget of Programme 6.



PROGRAMME 6

HEALTH SCIENCES AND TRAINING

PROGRAMME 6. HEALTH SCIENCES AND TRAINING (HST)

6.1 PROGRAMME PURPOSE

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

STRATEGIC OBJECTIVES:

- 2.6 First year Health Professionals students receiving bursaries by 2019

PROGRESS AND ACHIEVEMENTS
TRAINING AND DEVELOPMENT OF NEW HEALTH CARE PROFESSIONALS

The EC DOH supports a total of 711 bursars both in South African Universities and those under the Nelson Mandela – Fidel Castro Medical Scholarship Programme in Cuba. The total constitutes 442 bursars in South African Universities who are enrolled for various Health Related Qualifications (Table 6.1); 324 are continuing students from the previous year whilst 118 were newly enrolled bursars during FY 2019/20. The Department is also funding 269 medical students under Nelson Mandela – Fidel Castro Medical Scholarship Programme. Sixty-seven of the 269 medical students registered under the Nelson Mandela – Fidel Castro Medical Scholarship Programme returned from Cuba in July 2019 to complete their final Clinical Training in South African Universities.

Bursaries awarded to 1st Year Medical Students: Of the total 118 new bursaries awarded during 2019/20, 14 were awarded for the first time to medical doctors (i.e. 1st year students) whilst 104 were awarded to other clinical fields as depicted in the table below (Table 6.1).

Bursaries awarded to 1st Year Nursing Students: A total of 700 first year nursing students were awarded bursaries during 2019. The first 350 nursing students were awarded in February 2019; of these nurses 100 were funded through HWSETA. In November 2019 a second group of 350 first year nursing students were registered in November 2019 for the academic year 2020, following the special concession for Legacy Programmes granted by the South African Nursing Council (SANC).

Table 6.1: DOH awarded bursaries distributed by field of study, 2019/20 new intake

QUALIFICATION	NEW INTAKE 2019
Audiology	3
Clinical Psychology (Masters)	5
Clinical Associates	4
Dentistry	12
Dietetics	7
Emergency Medical Care	5
MBChB	14
Occupational Therapy	14
Optometry	1
Oral Hygiene	3
Medical Orthotists & Prosthesis	2
Pharmacy	14
Physiotherapy	6
Radiography	9
Speech Therapy	19
Total	**118**

EMS COLLEGE

The college is accredited by the HPCSA to present three **Ambulance Emergency Assistant (AEA)** courses per academic year with an intake of 30 students per course. In addition to the HPCSA accredited courses, the college presents the **Rescue Technician Program** which consists of 15 modules presented over a period of 12 months. The rescue technician program accommodates a maximum of 12 learners per intake.

For emergency care personnel to remain registered by the HPCSA, a certain amount of CPD points needs to be accumulated over a 24 months period. Due to the seriousness of CPD training the college has a dedicated CPD program which is

presented within districts. The college has started with mandatory Clinical Practice Guideline updates within the districts as per Health Professions Council of South Africa (HPCSA) regulations as well as to address concerns of poor attendance.

Table 6.2: Key EMS College outputs, 2019

PERFORMANCE INDICATOR	ANNUAL TARGET	1st Quarter	2nd Quarter	3rd Quarter	TOTAL YTD	COMMENTS
Number of Emergency Care Practitioners trained on Intermediate Life Support	90	25	25	27 still on course. End date 31 Jan 2020.	77 expected	The third intake for the AEA program with 30 learners took place in October 2019, expected completion date is 31 Jan 2020. Three Learners failed Midterm assessments
Rescue Technician Program	12	0	0		0	No intake took place. College has prioritized a request from Programme 3 to present a special course for supervisors. Student accommodation presents a serious challenge
Number of Emergency Care Practitioners enrolled for Emergency Medical Despatch	20	0	0		0	No course schedule seeing that the CPD Department will use all their resources for clinical practice guidelines updates of all EMS staff.

LINE FUNCTION TRAINING AND SKILLS PROGRAMME

Most of the activities including trainings planned for the 4th quarter in the HRD Operational Plan could not be performed due to COVID lockdown. However, during the period under review, the Services SETA sponsored a training in Public Administration to 140 DOH staff which included Level 5, administration officers and Assistant Directors from various areas (see Table 6.2). The course is one-year learnership and the trainees are expected to complete by December 2020.

Table 6. 3: DOH staff registered in Public Administration Learnership, 2019 – 2020

	GROUP	MALES	FEMALES	TOTAL
1	BISHO	8	16	24
2	CECILIA MAKIWANE HOSPITAL	6	20	26
3	EAST LONDON	6	23	29
4	OR TAMBO	13	17	30
5	ALFRED NZO	3	29	31
	TOTAL	**35**	**105**	**140**

INTERNSHIP AND LEARNERSHIP PROGRAMME

By the end of December 2019, the Department had placed a total of 1573 young people on DOH youth program through the HRD Generic Training component. These comprised of 850 Graduate Interns, 350 Student Interns, 286 Learnerships and 87 Artisan Apprenticeship. HWSETA gave the Department a conditional approval for additional recruitment of 581 interns in the categories shown in Table 6.3 below. These were recruited during February 2020 and could not start on scheduled date due to the COVID 19 lockdown; their assumption date is yet to be determined.

Table 6.4 Distribution of additional interns on HWSETA conditional grant by type of programme and sex

NO.	TYPE OF PROGRAMME	PLANNED	ACHIEVED	MALE	FEMALE	VARIANCE	NOTES
1	Admin Graduate Interns	105	105	36	69	0	
2	Admin Student Interns	140	140	27	113	0	
5	Pharmacy Technicians Interns	71	57	19	38	14	14 Interns got employed after enrolment on this programme
3	Basic Pharmacy Assistants	140	140	42	98	0	These Learners will assume duty by May/ June 2020 although recruited during 4th QRT
4	Learner Post Basic Pharmacy Assistants	139	139	46	93	0	

- 128 Basic Pharmacy Assistants Learners who have been registered for the programme during 2019/20 FY have achieved their Basic qualification and are scheduled to proceed to a Post Basic Pharmacist`s Assistant programme in the 2020/21 financial year.
- 137 Post Basic Pharmacy Assistants from the cohort of 2014/15 Basic Pharmacy Assistants who graduated during 2018/19 are continuing with the programme and are expected to complete their academic year at end June 2020.

LILITHA COLLEGE OF NURSING

Governance

The College governance structures including the College Council, Senate and EXCO met every quarter during the FY under review.

Memorandums of Understanding with other Institutions: The College signed Memorandums of Understanding (MoUs) with the Health Faculties of the three Universities viz Walter Sisulu, Fort Hare and Nelson Mandela. The MoU aims at maximizing resource sharing amongst these collaborating institutions.

Student access to Wi-Fi connectivity both at the campus level and at student residences is critical to enhance student learning and is one of the critical components of the accreditation criteria for the colleges. Lack of Wi-Fi connectivity at these two areas has been identified as a gap which the College needs to address. At present however, students have access to ECDOH Health Resource Centre libraries and connectivity. It is hoped that through the signed agreements and collaboration with other institutions, LCoN students will be able to access their libraries and their connectivity.

Student Intake FY 2019

During 2019, Lilitha College of Nursing (LCoN) had a total of 2056 enrolled students distributed by year of study and discipline in Table 6.4 below. A total of 700 four-year diploma students consisting of both private and serving officers across the province were awarded bursaries. Of the total bursars, the first group (350) enrolled in February 2019 whilst the second group started in November 2019 following SANC special concession. These students will continue through the 2020/21 FY with no new intake during this period.

Table 6.5: Enrolled students at Lilitha College of Nursing, 2019/20 FY

QUALIFICATION	NUMBER
Post Basic Diplomas	181
Four Year Diploma – Total Year 1 Year 2 Year 3 Year 4	**1443** 411 415 302 315
One Year Diploma in Midwifery	93
Bridging Diploma in General Nursing	339
Total	**2056**

Lilitha College of Nursing Performance Outputs

The pass rate for the College ranged between 82% and 86%. Against a target of 1720 students that were expected to graduate in July 2019, a total of 761 students graduated including 430 and 135 who completed their 4-Year Diploma in Nursing and post basic Diploma (Specialist programmes) respectively. The South African Nursing Council (SANC) phased out Enrolled nurses and Enrolled Nursing Assistants' programmes which used to bring a high number of college throughput; hence the target was not achieved.

State of Readiness to Higher Education

As in all institutions of Higher Learning in South Africa, LCoN is undergoing a process of migration to higher education academic band. This move resulted in all Nursing Education Institutions and particularly, the colleges, to start aligning themselves with the prefix of Higher Education teaching and learning requirements. The colleges embarked on the development of new nursing curricula that are packed and aligned with the National Qualification Framework (NQF) level of the South African Qualification Authority (SAQA). The new programmes are packed at a different band and NQF levels.

The new higher education programs will be introduced in a phase in (of new programs) phase out (of old programs) approach, on year to year basis with no new intake for all legacy programs. Table 6.5 below gives an illustration of the new programmes that are developed progressively and will be submitted to SCE and SANC for accreditation before their inception.

Teaching and Learning

Table 6.6: New Programme/ curricula under development process and progress

PROGRAMME	PROGRESS	
Higher Certificate in Auxiliary Nursing R169	100 % completed and submitted to SANC and CHE for accreditation and has received Conditional Accreditation by CHE	
Diploma in nursing program R171	Submitted to both SANC and CHE for accreditation and has received Conditional Accreditation by CHE	
Advanced Diploma in Midwifery program	Programme design has been completed and submitted to SANC; The Regulation has been recently published college is SANC to provide with an endorsement letter which then can be submitted to CHE	
Post Graduate Diplomas	**List of proposed programmes to be offered by LCoN**: • Critical Care Nursing Science • Trauma Nursing Science • Ophthalmic Nursing Science • Child Nursing Science • Operating Theatre Nursing Science • Clinical Health Assessment, Treatment and Care • Nephrology • Forensic Nursing Science • Orthopaedic Nursing Science; • Oncology Nursing Sciences • Psychiatric Nursing Sciences • Infection Prevention and Control Sciences • Forensic Nursing Sciences	• All these programmes will be developed at NQF level 8 and will require educators with a Masters' Degree qualification to teach • Development of these programmes is in line with the priorities and needs of the ECDoH health service platforms.
Bachelor's Degree in Nursing	25 % complete and further development is still underway until its ready for submission to SANC and CHE for accreditation	

Human Resources and HRD

With the consideration of the move towards the institution of higher learning and the noticeable ageing staff, the College is encouraging and promoting staff development to improve qualifications. Through the EC DOH Human Resource Development Programme, one LCoN academic has completed her PHD and is awaiting graduation. This brings the total number of PHD holders at this institution to four across all the LCoN campuses (one in PE campus, three in Central Office), whilst some have graduated their masters' degree during 2019/20. In addition, four academics are about to complete their speciality programmes which include Trauma in Nursing science, Advanced Midwifery, Orthopaedics and Ophthalmic Nursing Sciences.

Table 6.1: Performance against Annual Targets from 201920 Annual Performance Plan for Programme 6-Health Sciences and Training

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
2.6 First year Health Professionals students receiving bursaries by 2019	2.6.1 Number of bursaries awarded for first year medicine students	13	97	45	10	14	4	Target overachieved as a result of the MEC bailout program to 4 students.
	2.6.2 Number of bursaries awarded for first year nursing students	350	351	350	350	700		Target overachieved. A cohort of 350 new students were recruited and enrolled in November 2019, in addition to the 350 enrolled in February 2019. This is a special concession

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMACE

Not applicable

CHANGES TO PLANNED TARGETS

There were no changes made to targets during the reporting period

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

	2019/20							2018/19	
	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	344,888	-	(56,024)	288,864	274,293	14,571	95.0%	319,100	288,232
2 EMS TRAINING COLLEGE	17,982	-	-	17,982	10,441	7,541	58.1%	12,573	10,939
3 BURSARIES	184,728	-	(35)	184,693	81,139	103,554	43.9%	171,191	147,216
4 OTHER TRAINING	382,412	-	(18,342)	364,070	362,689	1,381	99.6%	334,052	330,148
	930,010	**-**	**(74,401)**	**855,609**	**728,562**	**127,047**	**85.2%**	**836,918**	**776,535**
Economic classification									
Current payments	**711,382**	**-**	**(74,366)**	**637,016**	**625,048**	**11,968**	**98.1%**	**642,909**	**611,253**
Compensation of employees	597,480	-	(52,806)	544,674	544,030	644	99.9%	551,456	519,800
Goods and services	113,902	-	(21,560)	92,342	81,018	11,324	87.7%	91,453	91,453
Transfers and subsidies	**193,393**	**-**	**(35)**	**193,358**	**93,233**	**100,125**	**48.2%**	**182,636**	**158,770**
Department al agencies and accounts	13,733	-	-	13,733	12,263	1,470	89.3%	11,856	11,856
Department al agencies	13,733	-	-	13,733	12,263	1,470	89.3%	11,856	11,856
Households	179,660	-	(35)	179,625	80,970	98,655	45.1%	170,780	146,914
Social benefits	2,000	-	-	2,000	2,118	(118)	105.9%	1,653	1,653
Other transfers to households	177,660	-	(35)	177,625	78,852	98,773	44.4%	169,126	145,261
Payments for capital assets	**25,235**	**-**	**-**	**25,235**	**10,281**	**14,954**	**40.7%**	**11,373**	**6,512**
Machinery and equipment	25,235	-	-	25,235	10,281	14,954	40.7%	11,373	6,512
	930,010	**-**	**(74,401)**	**855,609**	**728,562**	**127,047**	**85.2%**	**836,918**	**776,535**

The net underspend of R127,047 million in the programme, primarily vested in outstanding transfers due in respect of the Bursary Programme (R98,655 million), Machinery & Equipment (R14,954 million) and Goods & Services (R11,324 million) arose in order to assist in the funding of medico legal claim settlements incurred by clinical Programmes 2, 4 and 5.









PROGRAMME 7

HEALTH CARE SUPPORT SERVICES

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES (HCSS)

7.1 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.

Programme Description

Transversal Health Service consists of:

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

Pharmaceutical Service 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.

Key Interventions:

The key intervention areas to be included in this plan include

- Strengthen rehabilitation services at District Hospitals and PHC facilities
- Collaborating with partners and other sectors to improve availability of assistive devices
- Improve efficiency in medicines supply chain
- Ensure adequate infrastructure for medicines storage at depot and health facilities.
- Ensure compliance with Good Pharmacy Practice Standards
- Stock visibility system
- Central chronic medicines dispensing and distribution
- Framework and strategy for disability and rehabilitation services in South Africa

Strategic Objectives:

- 1.11 95% of clients eligible for assistive devices provided with wheelchairs, hearing aids, prostheses & orthoses by 2019
- 1.12 90% availability of essential drugs in all health facilities by 2019

Key Strategies Implemented to Achieve Objectives

- Stock visibility system (SVS) was implemented by all health facilities
- Clients stable on treatment were registered on Central chronic medicines dispensing and distribution (CCMDD)
- Framework and strategy for disability and rehabilitation services in South Africa was institutionalize

PROGRESS REPORT AND ACHIEVEMENTS

TRANSVERSAL HEALTH SERVICES

Rehabilitation Services

The high rate of trauma and injuries in the province continues to put pressure on the Department's capacity to supply assistive devices and rehabilitative service to those in need. A total of 8 098 crutches and 6 784 orthotic devices were supplied from the three centres in the province (Table 7.1). The performance on the supply of prosthetics and orthosis was lower than the demand due to the shortage of some supplies and consumables needed in the manufacturing of these devices.

Table 7.1: Distribution of assistive devices issued during FY 2019/20

Device	TOTAL
Prosthesis	804
Orthosis	9 417
Crutches	9 783
Other walking aids	7 027
Cochlear implants	12

The Department has signed a memorandum of understanding (MOU) with Latter Day Saints (LDS) charities, a not-for-profit organisation which conducts charitable and humanitarian activities out of compassion for humanity. This partnership is expected to improve access to wheelchairs for the most vulnerable members of our community. LDS in cooperation with the Department of Health trained 12 therapists on the World Health Organization (WHO) accredited Basic Level Wheelchair Provision course during November 2019. Furthermore, 24 and 16 therapists were trained by the Department on basic and intermediate wheelchair seating course respectively. The training of these therapists is expected to give them the necessary skills to offer quality rehabilitation services and improve access to assistive devices in the province. The province received a donation of 60 wheelchairs from the partnership with the LDS Charities organization. Further partnership is forged with organisations such as the Road Accident Fund (RAF) to consider ways of having the required resources available for clients in need.

The support from the provincial TB programme has had great positive impact on delivery of Audiology services. The programme procured and supplied 33 kudu wave devices for audit screening and diagnosis. These devices are used in the screening of patients on drug resistant TB treatment which may cause hearing loss as a side effect. The transversal health programme recruited an additional audiologist and procured 16 hydroboxes for processing hearing aids. The program has established the third cochlear implant unit in Nelson Mandela Academic hospital (NMAH) with an aural stimulation centre. A total number of 13 cochlear implants were fitted to 11 patients at the NMAH and one cochlear implant was fitted at Frere Hospital. Four implant upgrades were done at Livingstone Hospital.

Laboratory Services

The Department has been implementing the electronic Gate Keeping (eGK) system, which assist in reducing clinically unnecessary tests and prevent wastage in the laboratory diagnostic service. During the period under review, the Department has continued to observe a significant number of tests that have been rejected, saving the Department R6 193 061. Table 7.2 below presents the results of the eGK system for the 12 months of the 2019/20 financial year.

Table 7.2: Monthly savings on implementation of eGK system, April 2019 – March 2020

Month	Requested test volume	Requested test value	Rejected test volume	Rejected test value	% Savings
April	328 356	R34 927 433	5 141	R549 620	1,6%
May	327 576	R34 937 520	3 747	R401 350	1,1%
June	311 416	R33 537 106	4 351	R456 640	1,4%
July	367 854	R39 302 854	5 486	R577 171	1,5%
Aug	357 396	R38 173 663	4 937	R516 905	1,4%
September	348 940	R37 947 475	4 958	R527 153	1,4%
October	389 303	R42 748 970	5 406	R589 881	1,0%
November	342 668	R38 027 936	5 008	R533 606	1,0%
December	266 550	R26 446 601	4 949	R526 316	2,0%
January	327 966	R34 932 476	4 444	R475 485	1,4%
February	339 635	R36 419 980	4 919	R516 905	1,5%
March	353 168	R38 060 569	4 947	R522 029	1,5%
Total	**4 060 828**	**R435 462 583**	**58 293**	**R6 193 061**	**1,4%**

The Department saved R6 193 million on 58 293 tests that could have been duplicate or clinically unnecessary. The programme will continue to monitor the implementation of the eGK system as part of an effort to rationalize the expenditure on laboratory diagnostic services.

The Department is developing a policy for patient blood management as part of a set of efficiency measures in the use of blood and related products. The policy will guide clinicians on best practice in the use of blood as well as reduce wastage and overuse of blood. Patient blood management seeks to optimize patient outcomes by clinically managing and preserving patient blood. The policy once implemented, is expected to reduce the Department's expenditure on blood products significantly.

NMAH developed and launched the blood transfusion guidelines in December 2019. Proper use of guidelines reduces blood wastage while ensuring all patient do access blood. Over R12 million has been saved to date. The use of guidelines has resulted in cost containment and quick as well as efficient service delivery. The launch was graced by the presence of blood transfusion expert from Australia; also, in attendance were the guests from the National and Provincial DOH as well as local guests.

Radiological Services

Madwaleni Hospital, Khotsong Hospital and Zithulele Hospital received new state of the art, digitalized X-ray machines during this financial year. The three machines are expected to assist the clinicians in quicker diagnosis of patients who need radiological services. The province welcomed 25 diagnostic radiographers who joined as part of their community service placement in the Eastern Cape.

PHARMACEUTICAL SERVICES

Central chronic medicines dispensing and distribution (CCMDD)

The Department continues to implement the central chronic medicines dispensing and distribution (CCMDD) programme throughout the province. By the end of March 2020, there were 170 989 clients receiving their medicines through the CCMDD. During this reporting period, the Department has seen an increase in external pick up points from 93 at end of March 2019 to 148 at the end of March 2020. Fast lanes services remain at 756 at various clinics and hospitals around the province (Table 7.3). The programme is growing steadily however, the challenge of stock out of certain essential medicines nationally, has affected the programme in the province. In addition, the COVID-19 pandemic has resulted in staff shifting focus which has had a negative impact on patients' enrolments and script renewals for CCMDD.

Table 7.3: Patients enrolled on CCMDD in the EC Province distributed by districts, 31March 2020

DISTRICT	PATIENTS ENROLLED	NUMBER OF ACTIVE PATIENTS				FAST-LANE POINTS
		QUARTER1	QUARTER 2	QUARTER 3	QUARTER 4	
Alfred Nzo	41 005	13 774	20 529	23 289	24 140	75
Amathole	44 538	15 922	20 793	24 763	25 903	128
Buffalo City	50 582	16 871	24 344	29 155	30 136	83
Chris Hani	40 153	16 291	19 301	20 199	19 149	161
Joe Gqabi	13 564	5 569	6412	6 815	6 310	44
Nelson Mandela Metro	24 926	6 421	8062	8 604	8 282	54
OR Tambo	124 490	40 053	46 921	52 362	49 813	147
Sarah Baartman	16 021	6 277	7398	7 667	7 256	64
TOTAL	**330 617**	**121 178**	**153 760**	**173 154**	**170 989**	**756**

The Department has approved the implementation of the synchronized national communication in health (SyNCH) software for the CCMDD programme. The software has been deployed in 123 facilities in Amathole District, 138 in OR Tambo District, 65 in Alfred Nzo district and 13 facilities in Chris Hani District. Facilities that are implementing SyNCH were supplied with desktop computers, digital scanners, data connectivity, and signature pads. This equipment is donated to the province by the National Department of Health and partners supporting the implementation of the software. Health Systems Trust (HST), a non-governmental organisation supporting CCMDD through funding from the United Stated President's Emergency Plan for AIDS Relief (PEPFAR) in the province has appointed two call centre agents and 28 technicians to provide troubleshooting support on SyNCH to prescribers at the facilities. SyNCH continues to assist in promoting rational prescribing and ensuring that clinicians adhere to the standard treatment guidelines for the management of common health conditions. The use of SyNCH in the four districts is already showing an improvement in the accuracy of prescriptions transmitted to the central warehouse, and a reduction in prescriptions rejection rate due to non-compliance with set standards. SyNCH has internal validations to prevent profiles with missing data or incorrect data formats from being submitted to CCMDD for processing. Furthermore, it assists in promoting rational medicine use by ensuring compliance with STGs and formularies. The programme will soon use the data from SyNCH for pharmacoeconomic evaluation, policy and decision-making in pharmaceutical care. The province is planning to rollout SYNCH in Buffalo City Metro (BCM) and additional facilities in Chris Hani district in the next financial year.

Medicine Availability

The stock visibility system (SVS) is used throughout the province to track the availability of tracer medicines which include medicines for tuberculosis, antiretroviral medicines, vaccines, and medicines for chronic non-communicable diseases.

Table 7.4 below presents the key performance indicators monitored through SVS. During the period under review, the medicines availability in the province has improved from the 82,9% reported at the end of 2018/19 to 90,5% at the end of this financial year. The reporting compliance at the end of the financial year was at 78,9%. There is a marked improvement from the 64,1% reported at the end of quarter 4 of 2018/19.

Table 7.4: SVS Key Performance Indicators: FY 2019/20

Category	QUARTER 4 2018/19	QUARTER 1 2019/20	QUARTER 2 2019/20	QUARTER 3 2019/20	QUARTER 4 2019/20
Facility medicine availability	82,9%	83,9%	88,2%	91,3%	90,5%
Reporting Compliance	64,1%	78,0%	89,9%	75,0%	78,9%

Table 7.5 below presents the availability of the four categories of medicines tracked on the stock visibility system. There is marked improvement in all stock categories with the most noticeable improvement in vaccines and TB medicines which increased by12.3% and 12.6% respectively.

Table 7.5: Medicine availability per stock category

Category	QUARTER 4 2018/19	QUARTER 1 2019/20	QUARTER 2 2019/20	QUARTER 3 2019/20	QUARTER 4 2019/20
Antiretroviral	87,9%	92,11%	93,51%	93,83%	93,18%
Tuberculosis	73,8%	81,83%	86,81%	86,79%	86,46%
Tracer Medicines	83,1%	81,49%	86,32%	87,81%	89,03%
Vaccines	81,4%	86,05%	91,81%	91,60%	93,72%

Medicine availability has improved over the twelve months ending March 2020. The Department has implemented various interventions to increase availability of vaccines at facilities and hence improving immunisation coverage. A senior pharmacist has been assigned to support the supply chain management of vaccines, working with the pharmaceutical services directorate and maternal and child heath directorate. Users of the SVS have participated in refresher workshop sessions on navigating and the interpretation of reports on the web-based portal. The workshop also provided guidance to users on interventions to reduce stock-out duration by possibly redistributing stock, following up on orders and also placing emergency orders with the medical depot. The province continues to engage and collaborate with the national Department of health on interventions to improve medicine availability in the country. The improved medicines availability team (IMAT) is established by the NDOH with the aim of coordinating strategies to address medicine availability challenges and devise some interventions that will reduce the impact of stock outs on patient care.

The province experienced a stock-out of essential medicines for mental health care. The stock-out was due to a shortage of active pharmaceutical ingredient and a general short supply of the items nationally. In addition, it was due to the change on contracted supplier by the national Department of health for the supply of these essential medicines. The provincial Department worked closely with national Department of Health to identify alternative suppliers who were able to supply small quantities of stock to fill the gap while the contracted supplier was building a pipeline of stock to supply the public sector.

Mthatha Pharmaceutical Depot

The construction project at the Mthatha Pharmaceutical Depot is continuing. The contractor did not meet the revised completion date of December 2019. Major work in the refurbishment of the warehouse was however achieved enabling the Depot to have full use of the entire warehouse floor space as from December 2019. The contractor continues to work at the depot with another revised completion date of September 2020. The outstanding work includes the following: External installation of a new sewer line, repairs to floors, remedial work to ceilings, repair work to loading bay ramps, integration, testing, commissioning and training on the fire protection system, integration, testing, commissioning of the CCTV and HVAC, general electrical repairs, general electronics work, repairs to the roof, building of a new refuse area, painting, paving, new fencing, road repairs, guardhouse and main entrance gate.

Table 7.1: Performance against Annual Targets from 2019/20 Annual Performance Plan for Programme 7-Health Care Support Services

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
1.11 95% of clients eligible for assistive devices provided with wheelchairs, hearing aids, prostheses & orthoses by 2019	1.11.1 Wheelchair issued rate	88%	53%	21%	60%	**51.92%**	-8.08%	Target not achieved as the distribution of an additional 226 wheelchairs was delayed due to factors that include the COVID-19 disaster declaration in March.
	Numerator: SUM([Wheelchair issued new])	2 523	1 537	1 156	1 500	1298		
	Denominator: SUM([Wheelchair applications])	2 863	2 890	5 510	2 500	2500		
	1.11.2 Hearing aids issued rate	81%	44%	75.3%	70%	81.3%	11.3%	Target over achieved due to recruitment of more audiologists and the distribution of the equipment that was acquired through support from the TB directorate
	Numerator: SUM([Hearing aids issued new])	2 110	1 427	1 1883	1 400	1626		
	Denominator: SUM([Hearing aids applications])	2 592	3 211	2 500	2 000	2 000		
1.12 95% availability of essential drugs in all health facilities by 2019	1.12.1 Percentage of order fulfilment of essential drugs at the depots.	84%	84%	75.5%	90%	74%	-16%	Target not achieved • Suppliers were unable to supply ordered quantities, and suppliers who had suspended the Department's account due to the delay in payment of invoices at the end of the financial year. • The contract for tablet formulations ended in the first quarter of the financial year and the new contractor couldn't meet the demand on time. • ARV single agents were out of stock. • Fixed dose of Tenofovir 300mg/Emtricitabine 200mg tabs were also problematic. • New antibiotic tender was awarded in October 2019 & resulted into extended lead times
	Numerator: Number of order fulfilled completely	366 124	649 999	472 310	598 787	423 776		
	Denominator: Number of orders received	435 664	772 662	625 709	665 319	572 461		

Strategic Objectives	Performance Indicator	Actual achievement 2016/17	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
	1.12.2 Essential medicines stock-out rate at the depots	New indicator	New indicator	25%	<5%	48.3%	-43.3%	Target not achieved. • Large quantities of tracer medicines were stocked out at the depot. • Contract HP09 for tablets came to an end during this quarter which led to gap in the supply of the tracer medicines on this contract. • There was a national unavailability of certain contraceptives and mental health medicines due to supplier constraints. • ARV single agents were out of stock. • Supply of the Fixed dose of Tenofovir 300mg/Emtricitabine 200mg tabs was a challenge. • New antibiotic tender was awarded in October, resulting in longer lead times on ordered quantities
	Numerator: Number of essential medicines out of stock			15	< 3	29		
	Denominator: Total number of essential medicines			60	60	60		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMACE

Indicator	Proposed strategies
1.11.1 Wheelchair issued rate	Partnership with LDS charities to be strengthened to acquire and supply more wheelchairs
1.11.2 Hearing aids issued rate	continue to work with the TB programme to collaborate in the supply of hearing aids.
1.12.1 Percentage of order fulfilment of essential drugs at the depots.	The depots have a system which analyses the consumption or utilisation patterns of all products in the depots. The analysis then gives an indication of minimum quantities to order to replenish stock thereby allowing 100% fulfilment of orders placed at the depot.
1.12.2 Essential medicines stock-out rate at the depots	Depots keep safety or buffer stock of essential medicines. This buffer stock is kept at a minimum stock level of 8 weeks.

CHANGES TO PLANNED TARGETS

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

LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

	2019/20							2018/19	
	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 & PROSTHETIC SERVICES	54,143	(3,689)	(2,774)	47,680	36,740	10,940	77.1%	46,287	39,316
2 MEDICINE TRADING ACCOUNT	71,692	3,689	(7,286)	68,095	64,589	3,506	94.9%	70,140	70,744
	125,835	**-**	**(10,060)**	**115,775**	**101,329**	**14,446**	**87.5%**	**116,427**	**110,060**
Economic classification									
Current payments	**124,456**	**-**	**(10,054)**	**114,402**	**100,819**	**13,583**	**88.1%**	**115,509**	**109,832**
Compensation of employees	68,045	-	-	68,045	64,231	3,814	94.4%	64,767	60,148
Goods and services	56,411	-	(10,054)	46,357	36,588	9,769	78.9%	50,742	49,684
Transfers and subsidies	**200**	**-**	**(6)**	**194**	**68**	**126**	**35.1%**	**16**	**16**
Households	200	-	(6)	194	68	126	35.1%	16	16
Payments for capital assets	**1,179**	**-**	**-**	**1,179**	**442**	**737**	**37.5%**	**902**	**212**
Machinery and equipment	1,179	-	-	1,179	442	737	37.5%	902	212
	125,835	**-**	**(10,060)**	**115,775**	**101,329**	**14,446**	**87.5%**	**116,427**	**110,060**

The net underspend of R14,446 million in the Programme, primarily vesting in current expenditure, arose in order to assist in the funding of medico legal claim settlements incurred by clinical Programmes 2, 4 and 5.







PROGRAMME 8

HEALTH FACILITIES MANAGEMENT

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM)

8.1 Programme Purpose

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

The programme has 5 sub-programmes, which is supports namely:
- Community Health Facilities
- Emergency Medical Services
- District Hospital Services
- Provincial Hospital services
- Other facilities

Strategic Objectives:

- 2.7 Health facilities refurbished to comply with the National norms and standards by 2019

Priorities for the Next Three Year MTEF

Key intervention strategies to achieve objectives
- To facilitate and provide infrastructural support to ensure adequate facilities for health services platform
- Renovation and refurbishment of existing structures to ensure compliance with norms and standards
- To assist in the devolution of maintenance to districts and provided governance structures.
- To facilitate general building maintenance to all immovable assets under the Department s inventory
- To facilitate the provision and maintenance of health technology equipment
- To facilitate the provision and maintenance of all plant & machinery
- To ensure the implementation of treasury local content by engaging SMME suppliers when contracting

PROGRESS REPORT AND ACHIEVEMENTS

During the period under review the programme has the following achievements:

Amathole District
- A new Clinic was constructed and completed in the village of Hamburg in Peddie at cost of R25m.
- The Willowvale Community Health Centre was upgraded at a cost of R14m.
- The SS Gida Hospital Fencing and Guardhouse in Keiskamahoek was upgraded at a cost of R5m

Buffalo City
- Nkqubela TB Hospital in Mdantsane was upgraded at a cost of R15 million
- Repairs and Renovations of Empilweni Gompo CHC in East London were carried out at a cost of R12.2 million
- The Office Block at Lilitha College in East London Frere Hospital was upgraded at a cost of R12 million.

Chris Hani District
- At Komani Psychiatric Hospital, Ward 15, two doctors houses as well as Fransbury clinic were upgraded at a cost R20 million.
- Nkwenkwana Clinic was completed
- Isikhoba Clinic was completed
- Qebe Clinic was completed
- Upgrading of Accommodation for Health professionals was done at Wilhelm Stahl Hospital in Middleburg at a cost of R6 million, providing a total of 9 new beds.

Joe Gqabi District
- At Maclear Hospital the roof replacement together with general repairs was done a cost of R9 million
- Urgent Maintenance and Repairs at Empilisweni Hospital were carried out at a cost of R13.8 million

Nelson Mandela Bay Metropolitan Municipality
- The Mental Health Observation Unit 15 at the Port Elizabeth Provincial Hospital was upgraded at a cost of R20 million
- Erection of Fencing and Construction of Guard Houses to various primary health care facilities was done at a cost of R11 million to ensure safety of health care personnel.
- Livingstone Hospital Water Supply was done at cost of R12.3 million
- Elizabeth Donkin Hospital Psychiatric Unit was upgraded at a cost of R7.7 million

- The Construction of a New Emergency Medical Services College at Dora Nginza Hospital in Port Elizabeth was completed at a cost of R115 million and is currently being commissioned

OR Tambo District

- Upgrading of Nelson Mandela Academic Hospital ICU & High Care for Neo Natal Unit was completed at a cost of R13 million
- Erection of Fencing and Guard House at Nelson Mandela Academic Hospital was completed at a cost of R9.8 million
- Construction of Khambi Clinic was completed at a cost R28 million
- Lusikisiki Clinic was done in conjunction with the National Department of Health and was completed in officially opened by the Honourable State President, Mr. Cyril Ramaphosa in September 2019.

In addition, a total of 65 infrastructure projects were done by the National Department of Health easing the burden on our infrastructure backlogs in the OR Tambo District. A list of these project is attached hereto.

Sarah Baartman District

- Renovation and Refurbishment of Nonzwakazi Clinic was done at a cost of R6 million

**** Refer to table 1 below for a List of Completed projects

The Department is committed in ensuring that health care services are provided in health facilities that comply with infrastructure norms and standards.
In this regard, the following infrastructure projects are underway throughout province:

Projects Under Construction

Alfred Nzo District

- Emergency Repairs at Ntabankulu Community Health Centre

Amathole District

- Upgrading of Staff Accommodation at Victoria Hospital in Alice at a cost of R19.9 million

Buffalo City Metropolitan Municipality

- Nontyatyambo CHC Repairs and Renovations at a cost of R3 million
- Bisho Hospital Repairs and Renovations at a cost of R7.5 million
- Grey Hospital Staff Accommodation Renovations and Refurbishment at a cost of R16.4 million

Chris Hani District

- Mjanyana Hospital Pharmacy & OPD Upgrade
- All Saints Hospital Staff Accommodation Upgrade Phase 1
- Cradock Hospital Repairs and Renovations

Joe Gqabi District

- Steynsburg Clinic Pharmacy Upgrade at a cost of R3.8 million
- Empilisweni Hospital Staff Accommodation at a cost of R13.8 million
- Ndofela Clinic Upgrade at a cost of R4 million

Nelson Mandela Bay Metropolitan Municipality

- Gqeberha Clinic Repairs & Renovations at a cost of R3.8 million
- Letitia Bam CHC Renovations & Refurbishment at a cost of R3.8 million
- Chatty Clinic Repairs at R2.3 million
- Dora Nginza Hospital Water Supply at a cost of R7.7 million
- Livingstone Hospital Cath lab & CSSD at a cost of R43.8 million

OR Tambo District

- Canzibe Hospital Repairs & Renovations at a cost of R12.4 million
- Nessie Knight Hospital Staff Accommodation Phase 3 at a cost of R105.3 million
- St. Barnabas Hospital Mental Unit at a cost of R114 million
- Mthatha General Hospital Rehabilitation of Nursing Accommodation & Depot costing R108.4 million
- Isilimela Hospital - Phase 1 Health Professionals Accommodation at a cost of R24 million
- Relocatable Health Professional Accommodation - Phase 1 Dr Malizo Mpehle & Zithulele Hospital at a cost R9 million

Sarah Baartman District

- Bhongweni Clinic Renovations at a cost of R6.3 million

Regarding Engineering & Technical Services / Maintenance; the following projects were carried out:

- At Fort Beaufort, Tower Hospital Water & Sanitation was completed at a cost of R6.3 million
- Empilisweni Hospital Water & Sanitation project was nearing completion at 90% at a cost of R17.5 million
- Water Supply and Storage Reservoirs - Livingstone, Dora Nginza and Uitenhage Hospital at cost of R8.6 million was 90% complete stage
- Dr Malizo Mpehle Hospital (Water Supply) was completed at a cost of R11 million
- Mlamli Water and Sanitation plant upgrade (5023) at a cost of R1.5 million was nearing completion at 90%
- Nelson Mandela Academic Hospital - Nelson Mandela Academic – Generator was underway at 95% complete a cost of R26.7 million
- Tafalofefe Hospital Water & Sanitation was underway at 80% complete at a cost of R39.6 million
- A total of 4 project for water and sanitation were at Tender Stage. These will cost the Department a sum of R98.7 million over the MTEF period
- A total of 37 projects for electro-mechanical plant maintenance was at Tender Stage. These are a at a total cost of R340 million over the MTEF period.
- A total of 63 projects for electro-mechanical plant maintenance was at Planning Stage. These are a at a total cost of R443.8 million over the MTEF period.

A contract for Scheduled Maintenance of Generators throughout the province was underway at a total cost of R70.9 million. The breakdown of this figure (R70.9) is attached per district hereunder

Table 8.1.

PROJECT NAME	TOTAL PROJECT COSTS	2019/20 Budget	Status of Project	Comments
Scheduled Maintenance to Generators Alfred Nzo	6 271 387	3 094 511	Construction	In Progress 60%
Scheduled Maintenance to Generators Amathole	13 286 396	6 555 950	Construction	In Progress 60%
Scheduled Maintenance to Generators Buffalo City	9 436 194	4 656 132	Construction	In Progress 60%
Scheduled Maintenance to Generators Chris Hani	15 048 524	7 425 442	Construction	In Progress 85%
Scheduled Maintenance to Generators Joe Gqabi	5 311 549	2 620 895	Construction	In Progress 60%
Scheduled Maintenance to Generators Nelson Mandela Bay	11 466 877	5 658 139	Construction	In Progress 60%
Scheduled Maintenance to Generators Sarah Baartman	10 104 117	4 985 708	Construction	In Progress 60%

Notwithstanding the above-mentioned strides applied by the Programme is as far is infrastructure delivery was concerned. We have faced some challenges on some of the projects during the year under review.
Five (5) projects were awarded for construction but could not commence on scheduled time due to different reasons as stated below:

- Refurbishment and Renovation of Staff Accommodation at Frere Hospital in East London could not commence due to illegal occupants on site. This matter was referred to court for possible eviction.
- Refurbishment and Renovations of NG Dlukulu Clinic, the contractor refused to sign contract or take site handover due to project cost negotiation
- All Saints Hospital Gateway Clinic Renovations, the contract was signed in February 2020, but contractor is not on site due to non-compliance to contract clauses
- Refurbishment and Renovations of Walmer 14th Avenue and Booysen Park Clinics in the Nelson Mandela Bay Metro were put on hold at contracting stage due to budget constraints

A total of 18 projects were at tender stage and could not proceed due to inadequate budget. Budget was reprioritised to finish active and contracted projects which were on site.

Health Technology:

- The Department procured and installed major medical equipment items totaling R 61 million with equitable share and HFRH funding. This was based on requests obtained from health facilities. This comprises of major life support equipment for high risk medico legal health facilities in the Department. Special focus was on maternal and infant care as part of a multi-disciplinary risk mitigating strategy. A total of 29 health facilities benefited on this regard, receiving life-threatening medical devices.
- Minor medical equipment and furniture was procured for Ideal Clinics

- A total of R12 million was spent on procurement and installation of health technologies that were required to operationalize business units and clinical service spaces at Cecilia Makiwane Hospital.
- Due to limited funding as well as protracted procurement process for health technology, some major equipment needs could not be addressed.
- Servicing and repairs were carried out on all Life Support, Critical Diagnostics and Imaging Equipment with special focus on prioritized medico legal facilities. Budgetary constraints only allowed for the Department to do minor repairs and life-threatening services in other facilities.

The Department procured medical equipment for twenty-seven (29) facilities that have been prioritized to reduce medical legal cases. These are listed below under the various districts:

Table 8.2

Name of District	Name of Facility
Amathole District	Butterworth, Madwaleni and Victoria Hospitals
OR Tambo District	Zithulele, Dr Malizo Mpehle, Holy Cross, Mthatha, St Barnabas, St Elizabeth's Regional and Nelson Mandela Academic Hospitals
Alfred Nzo District	St Patrick's, Taylor Bequest (Matatiele), Madzikane kaZulu Hospitals
Chris Hani District	All Saints, Wilhelm Stahl and Cradock Hospitals & Frontier Regional Hospital
Joe Gqabi District	Aliwal North & Empilisweni Hospitals.
Buffalo City Metro	Frere, Bhisho and Grey Hospitals & Cecilia Makhiwane regional Hospital.
Sarah Baartman	Settlers and Humansdorp Hospitals.
Nelson Mandela Metro	Motherwell CHC, Uitenhage, Dora Nginza Regional, Livingstone and PE Provincial Hospitals.

PROJECTS UNDERWAY WITH COMPLETION DATE IN 2020/2021

The Department has targeted 19 facilities across the province to receive health professional accommodation units for the clinical professionals in the year under review. The following 9 health professional housing upgrade projects are planned for completion in the current and next financial year, providing a total of 384 beds for health professional's accommodation:

- Mthatha General Hospital (Nurses Home Tall building) = 223 beds (expected completion June 2020)
- Grey Hospital = 3 beds (expected completion in July 2020)
- Isikhoba Clinic = 6 beds (expected completion in November 2020)
- Qebe Clinic = 6 beds (expected completion in November 2020)
- Nkwenkwana Clinic = 6 beds (expected completion in November 2020)
- All Saints Hospital = 6 beds (expected completion in January 2021)
- Isilimela Hospital = 48 beds. (expected completion in December 2020)
- Nessie Knight Hospital = 73 beds. (expected completion in September 2020)
- In Cradock, the Cradock Hospital upgrading at a cost of R22m is progressing well and is planned for completion by June 2020.
- The Department of Health is implementing the Construction of new Community Health Centre in Mbongweni in Mbizana, Alfred Nzo District and will be known as MEJE Community Health Centre. Completion is expected in the 3rd Quarter of the 2021/2022 Financial Year at a cost of 204.063 million.
- Khutsong TB Hospital upgrade at a cost of R515m is expected to be completed in the 4th Quarter of the 2020/2021 Financial Year.
- The 100 bed Sipetu Hospital in the Ntabankulu, Alfred Nzo District is being upgraded at a cost of R584m and the milestone of Practical Completion is expected in the 3rd Quarter of the 2020/2021 Financial Year.
- The new Flagstaff CHC is being constructed at a cost of 173 284 million with a milestone of Practical Completion expected in the 4th Quarter of 2020/2021.
- St Elizabeth Hospital Upgrade includes the upgrade of the New Lilitha College, Laundry, Paediatric Ward & related works in Lusikisiki, situated in Ngquza Hill Municipality, OR Tambo District. The estimated overall project cost is R 311 882 million with an expenditure of R 118 859 million to date. Its construction is being implemented in two phases. The first phase was completed in November 2019 and the last phase is planned to complete in 3rd quarter of 2019/20 financial year.
- The Department is also planning to upgrade the Lady Grey Hospital at a cost of R40m over the MTEF. Interim repairs and upgrades at a cost of R500k will start in April 2020.
- The Department will be upgrading the Nessie Knight Hospital at a cost of R40 million and aims to have a contractor to start in the 3rd quarter of this financial year

The National Department of Health is implementing the following infrastructure projects in the Province over the MTEF:

- Bambisana Hospital Upgrade
- Zithulele Hospital
- Tsolo Clinic

- New Oncology Centre at Mthatha Academic Hospital
- Construction of a new clinic at Mahlamvu village near Mqanduli.
- Upgrade of the Komani Psychiatric Hospital

Infrastructure Delivery

Table 8.3 Projects completed during 2019/20 financial year

Twenty-two (22) projects were completed. List of the facilities hereunder:

District	Name of Facility & Project Name	Facility Type	Progress Achieved
Amathole	SS Gida Hospital Fencing	District Hospital	Completed
Amathole	Willowvale CHC Staff Accoomodation & external works	District Hospital	Completed
Buffalo City	East London Lilitha College Office Block Renovations	Lilitha College	Completed
Buffalo City	Nkqubela TB Hospital Repairs and Renovations	TB Hospital	Completed
Buffalo City	Empilweni Gompo CHC Repairs and Renovations	Community Health Centre	Completed
Chris Hani	Wilhem Stahl Hospital Staff Accommodation Upgrade	District Hospital	Practical Completion
Chris Hani	Komani Hospital Ward 15 Repairs and Renovations	Psychiatric Hospital	Completed
Chris Hani	Fransbury Clinic	Clinic	Completed
Chris Hani	Nkwenkwana New Clinic	Clinic	Completed
Chris Hani	Isikhoba New Clinic	Clinic	Completed
Chris Hani	Qebe New Clinic	Clinic	Completed
Nelson Mandela Bay Metro	PE Provincial Hospital Psychiatric Ward Renovations & Refurbishment	Psychiatric Hospital	Completed
Nelson Mandela Bay Metro	EMS College	EMS College	Completed
Nelson Mandela Bay Metro	EDH Psychiatric Hospital - Prefabricated OPD	Psychiatric Hospital	Practical Completion
Nelson Mandela Bay Metro	Livingstone Hospital Water Supply	Tertiary Hospital	Practical Completion
Nelson Mandela Bay Metro	Fencing & Guard Houses 1&2	Clinic	Practical Completion
Joe Gqabi	Maclear Hospital Roof Replacement	District Hospital	Practical Completion
Joe Gqabi	Empilisweni Hospital - Repairs & Maintenance	District Hospital	Practical Completion
Sarah Baartman	Nonzwakazi Clinic Renovations	Clinic	Practical Completion
OR Tambo	Nelson Mandela Academic Hospital ICU & High Care for Neo Natal	Central Hospital	Completed
OR Tambo	Khambi Clinic - Renovations & Refurbishment	Clinic	Completed
OR Tambo	Nelson Mandela Academic Hospital - Fencing at Various Staff Accommodations	Central Hospital	Completed

Table 8.4: Projects under Construction

Twenty (22) projects under construction namely:

District	Name of Facility & Project Name	Facility Type	Progress Achieved
Amathole	Victoria Hospital Staff Accommodation	District Hospital	Construction underway
Buffalo City	Bisho Hospital Repairs and Renovations	District Hospital	Construction underway
Buffalo City	Nontyatyambo CHC Repairs and Renovations	Community Health Centre	Construction underway
Buffalo City	Grey Hospital Staff Accommodation Renovations and Refurbishment	District Hospital	Construction underway
Chris Hani	Mjanyana Hospital Pharmacy & OPD Upgrade	District Hospital	Construction underway at 90%
Chris Hani	All Saints Hospital Staff Accommodation Upgrade Phase 1	District Hospital	Construction underway at 59%
Chris Hani	Cradock Hospital Repairs and Renovations	District Hospital	Construction underway at 80%
Nelson Mandela Bay Metro	Gqeberha Clinic Repairs & Renovations	Clinic	Construction underway
Nelson Mandela Bay Metro	Letitia Bam CHC Renovations & Refurbishment	Community Health Centre	Construction underway
Nelson Mandela Bay Metro	Chatty Clinic Repairs	Clinic	Construction underway
Nelson Mandela Bay Metro Nelson Mandela Bay Metro	Dora Nginza Hospital Water Supply Livingstone Hospital Cathlab & CSSD	Clinic Tertiary Hospital	Construction underway Construction underway
Joe Gqabi	Steynsburg Clinic Pharmacy Upgrade	Clinic	Construction underway at 75,8%
Joe Gqabi	Empilisweni Hospital Staff Accommodation	District Hospital	Costruction underway at 50,7%
Joe Gqabi	Ndofela Clinic Upgrade	Clinic	Construction underway at 56,8%
Sarah Baartman	Bhongweni Clinic Renovations	Clinic	Construction underway at 75%
OR Tambo	Canzibe Hospital Repairs & Renovations	District Hospital	Construction underway at 85%
OR Tambo	Nessie Knight Hospital Staff Accommodation Phase 3	District Hospital	Construction underway at 92%
OR Tambo	St. Barnabas Hospital Mental Unit	District Hospital	Construction underway at 95%
OR Tambo	Mthatha General Hospital Rehabilitation of Nursing Acoommodation & Depot	Regional Hospital	Construction underway at 85%
OR Tambo	Isilimela Hospital - Phase 1 Health Professionals Accommodation	District Hospital	6% Construction underway
OR Tambo	Relocatable Health Professional Accommodation - Phase 1 Dr Malizo Mpehle & Zitulele Hospital	District Hospital	Construction underway at 94%

Table 8.5: Projects at Tender Stage

Hereunder is a list of 18 projects at Tender Stage

District	Name of Facility & Project Name	Facility Type	Progress Achieved
Alfred Nzo	Taylor Bequest Hospital - Procurement of Kitchen Equipment	District Hospital	Project Tender closed. Bid evaluation started on the 14/10/19
Nelson Mandela Bay Metro	West End Clinic Repairs	Clinic	Tender stage
Nelson Mandela Bay Metro	New Brighton Clinic Repairs	Clinic	Tender stage
Nelson Mandela Bay Metro	Veeplaas Clinic Repairs	Clinic	Tender stage
Nelson Mandela Bay Metro	Soweto Clinic Repairs	Clinic	Tender stage
Nelson Mandela Bay Metro	Kwamagxaki Clinic Repairs	Clinic	Tender stage
Nelson Mandela Bay Metro	Lunga Kobese Clinic Repairs	Clinic	Tender stage
Nelson Mandela Bay Metro	Isolomzi Clinic Repairs	Clinic	Tender stage
Nelson Mandela Bay Metro	Masakhane Clinic Repairs	Clinic	Tender stage
Nelson Mandela Bay Metro	Wells Estate Clinic Repairs	Clinic	Tender stage
Nelson Mandela Bay Metro	Du Preez Clinic Repairs	Clinic	Tender stage
Nelson Mandela Bay Metro	Gustav Lamour Clinic Repairs	Clinic	Tender stage
Nelson Mandela Bay Metro	Ikamvelihle Clinic Repairs	Clinic	Tender stage
Nelson Mandela Bay Metro	Missionville Clinic Repairs	Clinic	Tender stage
Nelson Mandela Bay Metro	Edameni Clinic Repairs	Clinic	Tender stage
Nelson Mandela Bay Metro	Silverton Clinic Repairs	Clinic	Tender stage
Sarah Baartman	Andries Vosloo Hospital Roof Replacement	District Hospital	Project to go out on Tender through DPW&I
OR Tambo	Canzibe Hospital Phase 2 - Health Professional Accomodation (736sqm) 8 x 2 bedroom units)	District Hospital	Tender evaluation stage

Table 8.1: Performance against Quarterly Targets from 2019/20 Annual Performance Plan for Programme 8-Health Facilities Management

Strategic Objectives	Performance Indicator	Actual achievement 201617	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
2.7 Health facilities refurbished to comply with the National norms and standards by 2019	2.7.1 Number of health facilities that have undergone major refurbishment in NHI Pilot District	10	6	3	2	1	1	Target not achieved. Nessie Knight hospital staff accommodation reached 92% completion stage. It could not be completed on time due to delays on site. A replacement contractor will finish the project in the next financial year 2020/21.
	2.7.2 Number of health facilities that have undergone minor refurbishment in NHI Pilot District	70	90	3 276	7	2	5	Target not achieved. Under-achievement was due to delays on site. The affected projects are at advanced stage and are expected to be completed before the end of 2nd quarter of 2020/21 financial year, considering of the Corona Virus outbreak pandemic.
	2.7.3 Number of health facilities that have undergone major refurbishment outside NHI pilot District	13	4	15	3	3 – namely, PE Emergency Medical Services College, Hamburg Clinic and PE Provincial Psychiatric Ward	-	Target achieved
	2.7.4 Number of health facilities that have undergone minor refurbishment outside NHI pilot District	70	17	30 000	38	16 – namely; Willowvale CHC, Lilitha College Office Block in East London, Nkqubela TB Hospital, Empilweni Gompo CHC, Wilhelm Stahl, Komani	22	Target not achieved. Under-achievement was due to delays on site. The affected projects are at advanced stage and are expected to be completed before the end of 2nd quarter of 2020/21 financial year, considering of the Corona Virus outbreak pandemic.

Strategic Objectives	Performance Indicator	Actual achievement 201617	Actual achievement 2017/18	Actual achievement 2018/19	Planned Targets 2019/20	Actual achievement 2019/20	Deviation from planned target to actual achievement 2019/20	Comment on deviation
						Hospital Ward 15, Fransbury Clinic, Nkwenkwana Clinic, Isikhoba Clinic, Qebe Clinic, Empilisweni Hospital Renovations, Elizabeth Donkin Hospital Prefab OPD, Livingstone Hospital Water, Fencing & Guard houses 1&2, Tower Hospital Water and Dr. Malizo Mpehle Water.		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMACE

Indicator	Proposed Strategies
1.7.1 Number of health facilities that have undergone major refurbishment in NHI Pilot District 2.7.2 Number of health facilities that have undergone minor refurbishment in NHI Pilot District	• Apply terms of contracts i.e. defaulters to pay penalties • Application for the waiver of penalties for those contracts that have submitted such requests to ECDOH Contract Management for BAC approval. • Issue contractors with Notice of Default in terms of contract. • Termination of contract for those contractors that continue defaulting • Ensure that payments due to contractors/ service providers are made timeously to avoid incurring interests • Ensure that well established / bigger contractors pay SMMEs timeously to avoid slow progress on site.

CHANGES TO PLANNED TARGETS

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

PROGRAMME 8: HEALTH FACILITIESMANAGEMENT

	2019/20							2018/19	
	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	286,805	(2,516)	-	284,289	300,782	(16,493)	105.8%	165,302	106,070
2 DISTRICT HOSPITAL SERVICES	-	22,579	(5,826)	16,753	-	16,753	-	136	136
3 PROVINCIAL HOSPITAL SERVICES	720,507	(20,063)	4	700,448	626,499	73,949	89.4%	583,319	661,090
4 OTHER FACILITIES	614,845	-	-	614,845	528,898	85,947	86.0%	425,685	412,773
5 EMERGENCY MEDICAL RESCUE SERVICES	43,243	-	-	43,243	40,128	3,115	92.8%	79,251	73,227
	1,665,400	**-**	**(5,822)**	**1,659,578**	**1,496,307**	**163,271**	**90.2%**	**1,253,692**	**1,253,296**
Economic classification									
Current payments	**373,065**	**-**	**(5,828)**	**367,237**	**378,344**	**(11,107)**	**103.0%**	**285,054**	**306,023**
Compensation of employees	34,108	1	(5,828)	28,281	28,283	(2)	100.0%	29,796	29,103
Goods and services	338,957	(610)	-	338,347	349,452	(11,105)	103.3%	255,258	256,616
Interest and rent on land	-	609	-	609	609	-	100.0%	-	20,304
Transfers and subsidies	**-**	**-**	**6**	**6**	**6**	**-**	**100.0%**	**11**	**11**
Households	-	-	6	6	6	-	100.0%	11	11
Payments for capital assets	**1,292,335**	**-**	**-**	**1,292,335**	**1,117,957**	**174,378**	**86.5%**	**968,628**	**947,262**
Buildings and other fixed structures	1,162,194	-	-	1,162,194	1,060,483	101,711	91.2%	912,180	911,812
Machinery and equipment	130,141	-	-	130,141	57,474	72,667	44.2%	56,448	35,450
	1,665,400	**-**	**(5,822)**	**1,659,578**	**1,496,307**	**163,271**	**90.2%**	**1,253,692**	**1,253,296**

The net underspend of R163,271 million in the Programme, primarily vesting in capital expenditure, arose in order to assist in the funding of medico legal claim settlements incurred by clinical Programmes 2, 4 and 5.

5. TRANSFER PAYMENTS

TRANSFER PAYMENT TO PUBLIC ENTITIES

There were no transfers to public entities.

TRANSFER PAYMENTS TO ALL ORGANIZATIONS 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 R 957,621 million to the transferees detailed in the table below, for the period 1 April 2019 to 31 March 2020. Details of these transfer payments are also given in "Grants Paid to Munics" in note 40 of the annual report, as well as annexures 1A, 1B, and 1respectively 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 (Annexure 1G).

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

NAME OF TRANSFEREE	TYPE OF ORGANISATION	PURPOSE FOR WHICH FUNDS WERE USED	DID THE DEP COMPLY WITH S38(1)(J) OF PFMA	AMOUNT TRANSFERRED R'000	AMOUNT SPENT R'000
Ebhenezer Home Comm Based Care	CBO	Payment of stipend, office administration and auditing fees	YES	320	320
Empilisweni Hiv/Aids &Orphans	CBO	Payment of stipend, office administration and auditing fees	YES	350	350
Faith & Hope Intergr Aids Progr	CBO	Payment of stipend, office administration and auditing fees	YES	330	330
Good Shepherd Hospice	CBO	Payment of stipend, office administration and auditing fees	YES	600	600
Ilitha Community Psychology Serv	CBO	Payment cf stipend, office administration and auditing fees	YES	320	320
Keiskamma Trust	CBO	Payment of stipend, office administration and auditing fees	YES		
Khanyisani Hiv/Aids Awareness	CBO	Payment of stipend, office administration and auditing fees	YES	330	330
Mpumakapa Multi Purpo Education	CBO	Payment of stipend, office administration and auditing fees	YES	300	300
Mzamomhle Home Community Based C	CBO	Payment of stipend, office administration and auditing fees	YES	330	330
Ndonga Home/Community Based Care	CBO	Payment of stipend, office administration and auditing fees	YES	350	350
Never Give Up Supp Group-Dimbaza	CBO	Payment of stipend, office administration and auditing fees	YES	400	400
Nywara Home Based Care	CBO	Payment cf stipend, office administration and auditing fees	YES	330	330
Port St Johns Creat Young Wom Gr	CBO	Payment of stipend, office administration and auditing fees	YES	300	300
Sakhimpilo Home Based Care Proj	CBO	Payment of stipend, office administration and auditing fees	YES	340	340
Sinothando Home Of Safety	CBO	Payment of stipend, office administration and auditing fees	YES	300	300
Siyakhana Hbc	CBO	Payment of stipend, office administration and auditing fees	YES	350	350
Siyakhanyisa Hiv/Aids Support Gr	CBO	Payment of stipend, office administration and auditing fees	YES	340	340
Sizanenguqu Home Comm Based Care	CBO	Payment of stipend, office administration and auditing fees	YES	300	300
Sophumelela Clinic Incorporated	CBO	Payment of stipend, office administration and auditing fees	YES	330	330

NAME OF TRANSFEREE	TYPE OF ORGANISATION	PURPOSE FOR WHICH FUNDS WERE USED	DID THE DEP COMPLY WITH S38(1)(J) OF PFMA	AMOUNT TRANSFERRED R'000	AMOUNT SPENT R'000
St Bernards Hospice	CBO	Payment of stipend, office administration and auditing fees	YES	1,000	1,000
St Francis Hospice	CBO	Payment of stipend, office administration and auditing fees	YES	1,000	1,000
Ukhamba Projects	CBO	Payment of stipend, office administration and auditing fees	YES	510	510
Vukuzenzele Comm Dev Org	CBO	Payment of stipend, office administration and auditing fees	YES	330	330
Leave Gratuity	NATURAL PERSONS	LEAVE GRAUITY	YES	94,604	94,604
Bursaries(Non-Employee)	NATURAL PERSONS	BURSARIES TO NON-EMPLOYEES	YES	78,852	78,852
Claims Against State(Cash)	NATURAL PERSONS	MEDICO-LEGAL CLAIMS	YES	762,842	762,842
Hwseta	SETA	SKILLS LEVY	YES	12,263	12,263
TOTAL				**957,621**	**957,621**

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

Conditional grants have spent at the level of 99.5% resulting in a net under expenditure of R 22,818 million.

Application for rollovers submitted to PT are as follows:
- National Tertiary Services Grant for R 11,137 million;
- HPTD Grant for R 954 thousand and R 11,193 million for the Health Facility Grant

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

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 cutputs 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: • 35 Services at Nelson Mandela Academic Hospital • 40 Tertiary Services at Livingstone Hospital • 40 Tertiary Services at Frere Hospital • 1 Tertiary Service at Fort England Specialised Psychiatric Hospital Notable outputs would also include: Development of a Cath-lab at Nelson Mandela Academic Hospital Procurement of Gamma Camera for Livingstone Hospital Procurement of Gastro Intestinal Tract Unit for Livingstone Hospital Procurement of 2 digital X-Rays and Stacks for Frere and Nelson Mandela Hospitals Procurement of 5 Mobile X-Rays Frere and Nelson Mandela Hospitals Enhanced the CCTV system for the Fort England Psychiatric Maximum Security Facility
Amount per amended DORA (R'000) Rollover	R955,438 R4,017
Amount received (R'000)	R999,455
Reasons if amount as per DORA was not received	N/A
Amount spent by the Department (R'000)	R988,420
Reasons for the funds unspent by the entity (R'000)	R11,035 - The grant spent slightly below expected target mainly due to capital commitment savings, which have since been requested for rollover in the next financial year. The slight underspend refers to minor medical and allied equipment that could not be procured due to delays in the bid processes. The equipment refers to Radiation and Radiation Oncology equipment. The goods and services saving were used to offset the COE overspend per current payments cash flow.

NATIONAL TERTIARY SERVICES GRANT	
Reasons for deviations on performance	The service load is more than the available resources resulting in more patients being serviced, with an impact on the equitable share budget. The tertiary services platform has been developing over the past +5 years, whilst the NTSG fund has not grown to cater for this development.
Measures taken to improve performance	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 PROFESSIONS TRAINING AND DEVELOPMENT GRANT	
Department who transferred the grant	**Health (Vote 16)**
Purpose of the grant	Support provinces to fund service costs associated with clinical training and supervision of health science trainees on the public service platform.
Expected outputs of the grant	Support and strengthen the undergraduate and post graduate teaching and training (undergraduate students, registrars, expanded specialists, and teaching infrastructure in target provinces)
Actual outputs achieved	Number of Registrars appointed as per Business Plan: 43, which were only replacements as there was no funding for new appointment. Registrars who completed training: 19 Clinical Training Coordinators in support of the clinical teaching: 1 Coordinator appointed in East London (Frere) for Audio & Speech – for the training and mentoring of students. The incumbent has since resigned. Continued with the appointment of Medical Officers / Preceptors for health science students on the platform at District and Regional Hospitals at Settlers, Malizo Mpehle, and Cecilia Makiwane Hospitals. In the process of appointing preceptors also for Madzikane ka-Zulu, All Saints, Butterworths, Dora Nginza. The delays in the appointment is due to HR recruitment and selection processes at head office. Support and strengthen the grant administration: 6 HPTDG Administration Officers are continuing with the daily management of the Grant in the province. Support the training of Postgraduates on the public health service platform as per statutory requirements by continued support of 7 Doctor of Pharmacy students at Livingstone, Frere, Cecilia Makiwane and Nelson Mandela hospitals; Strengthening of Joint Clinical Teaching and Clinical Training capacity on the public Health service platform through recruitment and retention Medical

HEALTH PROFESSIONS TRAINING AND DEVELOPMENT GRANT	
	Specialists and Cubans at Nelson Mandela Academic hospital and Walter Sisulu University.
Amount per amended DORA (R'000) Rollover	R253,131 R201
Amount received (R'000)	R253,332
Reasons if amount as per DORA was not received	N/A
Amount spent by the Department (R'000)	R253,330
Reasons for the funds unspent by the entity	R2 thousand - Delays in the supply and delivery of specialised medical equipment at the benefiting facilities within the Health Professions Training and Development Grant led to the under expenditure of the stated amount.
Reasons for deviations on performance	Aimed for appointment of 2 Preceptors for Speech & Audio and 1 Coordinator at both CMH and Frere, ended up with only 1 Coordinator (who also resigned) due to inability to attract suitable candidates; Medical Officers / Preceptors: delays in the recruitment and selection processes at head office led to the unit inability to appoint at All Saints, Madzikane ka-Zulu, Butterworths and Dora Nginza hospitals; Machinery & Equipment where delays in the delivery of equipment due to some of it being ordered from overseas, coincided with shortages of cash-flow at the end of the financial year.
Measures taken to improve performance	Better planning and intense follow up on service delivery units where the conditional grant funding gets spent.
Monitoring mechanism by the receiving Department	Adherence to reporting requirements of DORA, including inter alia In-Year-Monitoring reporting and monitoring processes, monthly certification of predetermined objectives, ongoing reviews by National Department Grant Managers (support visits by NDOH). Institutional quarterly visits by Provincial HPTD Office.

COMPREHENSIVE HIV/AIDS & TB GRANT:	
Department who transferred the grant	**Health (Vote 16)**
Purpose of the grant	To enable the health sector to develop and implement an effective response to HIV and AIDS and Tuberculosis; to fund Community Outreach Services; prevention and protection of health workers of exposure to hazards in the workplace.
Expected outputs of the grant	• Number of people counselled and tested for HIV • Number of Male and Female Condoms distributed, number of MMC conducted • Number of newly diagnosed patients initiated on ART • Number of Patients retained on treatment (TROA) • Number of HIV clients screened for TB • Number of HIV positive clients started on TPT • TB investigation done 5 years and older rate • DS - TB treatment start 5 years and older rate • All TB client treatment success rate
Actual outputs achieved	Strengthen health system in order to support HIV and TB programmes
Amount per amended DORA (R'000) Rollover	R2,397,703 R1,990
Amount received (R'000)	R2,399,693
Reasons if amount as per DORA was not received	N/A
Amount spent by the Department (R'000)	R2,398,114
Reasons for the funds unspent by the entity	R1,579 -Transfers to CBOs withheld due to non-compliance with prescribed SCM requirements.
Reasons for deviations on performance	Challenges with data collection tool for TB screening
Measures taken to improve performance	TB screening has now been included in the NIDS and will collected electronically
Monitoring mechanism by the receiving Department	Adherence to reporting requirements of DORA, including inter alia In Year Monitoring Reporting and monitoring processes, monthly certification of financial returns, quarterly certification of predetermined objectives, quarterly reviews with district HAST and National Department of health Grant Managers.

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	The following capital projects were completed: • Cecilia Makhiwane Hospital – Phase 4C • Frontier Hospital – CAS/OPD • Ngcizela Clinic • St Patricks Hospital – CAS/OPD • EMS District HQ: Port Elizabeth • Mahlubini Clinic – Modular Buildings The following capital projects were at practical completion stage: • PE Provincial Psychiatric Hospital • Hamburg Clinic • Tower Hospital – Water Sanitation • Komani & Fransbury Clinics • Empilisweni Hospital Phase 2 • SS Gida Hospital – Fencing • Kwanonzwakazi Clinic • Elizabeth Donkin Hospital • Nelson Mandela Academic – Fencing • Empilweni Gompo CHC • EMS District College: Port Elizabeth The following capital projects were at works completion stage: • Lilitha College @ Frere Hospital • Wilhelm Stahl Hospital • Nkqubela TB Hospital • Willowvale CHC
Amount per amended DORA (R'000) Rollover	R784,988 R206,000
Amount received (R'000)	R990,998
Reasons if amount as per DORA was not received	N/A
Amount spent by the Department (R'000)	R980,133
Reasons for the funds unspent by the entity	N/A
Reasons for deviations on performance	Same as above
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.

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)	R2,439
Amount received (R'000)	R2,439
Reasons if amount as per DORA was not received	N/A
Amount spent by the Department (R'000)	R2,439
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.

HUMAN PAPILLOMA VACCINE GRANT	
Department who transferred the grant	**Health (Vote 16)**
Purpose of the grant	To enable the health sector to prevent cervical cancer by making available Human Papillomavirus vaccination for grade four schoolgirls in all public and special schools
Expected outputs of the grant	An estimated 67 000 learners are to be vaccinated across the Province
Actual outputs achieved	1st dose 48,265 learners
Actual outputs achieved	2nd dose 36,689 learners
Amount per amended DORA (R'000) Adjustments	R35,345 -R2,940
Amount received (R'000)	R32,405
Reasons if amount as per DORA was not received	N/A
Amount spent by the Department (R'000)	R32,405
Reasons for the funds unspent by the entity	N/A
Reasons for deviations on performance	Temporary staff contracted late. Shortage of transport for outreach. Vehicles to assist arrived late alongside the contract workers
Measures taken to improve performance	To strengthen data collection and quality the teams will be provided with registers and vaccination cards. The institutionalisation of the existing Health systems for data capturing will be further strengthened where district and provincial information system unit will take over the process of data collection and reporting.
Monitoring mechanism by the receiving Department	Joint Monitoring and Evaluation teams will be established between the Department and Department of Education across all levels.

*HUMAN RESOURCES CAPACITATION GRANT	
Department who transferred the grant	**Health (Vote 16)**
Purpose of the grant	To appoint critical and frontline staff for systematic realisation of human resources for health strategy and phased-in of National Health Insurance. According to the Presidential Stimulus Package, the project had a specific target in relation to Health Professionals i.e. Medical Specialists, Medical Officers and Health related support i.e. General Workers, Laundry Workers and Food Service Aids.
Expected outputs of the grant	The appointment of five hundred and eighty-three (583) personnel in health institutions i.e. 3x Medical Specialists, 36x Medical Officers, 74 Nursing Assistants, 100x Staff Nurses, 50x Pharmacist Assistant and 320 General Workers
Actual outputs achieved	583 Health professionals and support personnel were appointed.3x Medical Specialists, 36x Medical Officers, 100 Nursing Assistants, 58x Staff Nurses, 50x Pharmacist Assistant and 336 General Workers
Amount per amended DORA (R'000) Adjustment	R58,253 R37,155
Amount Received (R'000)	R95,408
Reasons for the funds unspent by the entity	N/A
Reasons for deviations on performance	The targeted number of 583 personnel was appointed. The increased number of Nursing Assistants appointed based on the service delivery needs. However, this was balanced with a reduced number of Staff Nurses appointed.
Measures taken to improve performance	N/A
Monitoring mechanism by the receiving Department	Recruitment of the targeted health personnel according to the allocation for the key service points.

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)	R45,333
Amount received (R'000)	R45 333
Reasons if amount as per DORA was not received	Full amount received
Amount spent by the Department (R'000)	R45333
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.

7. DONOR FUNDS

7.1 Donor Funds Received

The Eastern Cape Department of Health received no direct cash Donor Funding during the 2019/20 financial year. Details of the donors and expenditure can be viewed in Section E, Annexure 1I. The Department received in kind donations valued at R 676 thousand and can be viewed in Section E, Annexure 1H. The Department also received indirect Donor support from various Funding Organisation such as Global Fund, German Fund and Presidential Emergency Program Funds for AIDS Relief (PEPFAR) through funding agencies: USAID and CDC, which is channelled through Grant Recipients (NGOs). The Grant Recipients provide technical support (TA) and Direct Service Delivery (DSD) through various cadres who are deployed to assist and support health facilities to improve HIV and TB performance indicators in line with the national 90-90-90 targets strategies.

8. CAPITAL INVESTMENT

Capital Investments, 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. Provide reasons for material variances (2% variance).
- Infrastructure projects that are currently in progress (list projects) and when are they expected to be completed.
- Plans to close down or down-grade any current facilities.
- Progress made on the maintenance of infrastructure.
- Developments relating to the above that are expected to impact on the Department's current expenditure.
- Details as to how asset holdings have changed over the period under review, including information on disposals, scrapping and loss due to theft.
- Measures taken to ensure that the Department's asset register remained up-to-date during the period under review.
- The current state of the Department's capital assets, for example what percentage is in good, fair
- or bad condition.
- Major maintenance projects that have been undertaken during the period under review.
- 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 not, and what measures were taken to keep on track..

	2019/2020			2018/2019		
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	613 270	573 532	39 738	453 503	438 855	14 648
Existing infrastructure assets						
- Upgrades and additions	136 441	118 300	18 141	196 881	209 819	(12 938)
- Rehabilitation, renovations and refurbishments	551 594	528 403	23 191	352 895	302 067	50 828
- Maintenance and repairs	356 929	270 644	86 285	360 559	301 246	59 313

- An analysis of past performance from 2012/13 to 2019/20 reflects a constant expenditure of an average of 94% of the revised budget. The under expenditure is mainly related to Equitable Share is mostly on maintenance under the goods and services economic classification. Goods and Services is mostly allocated to Equitable Share. The reason for under expenditure in this category is mostly attributed to the increased pressures on the COE budget caused by an increase in Medical Negligence claims which causes unavailability of cash at year end. During the financial year, the overall vote runs out of money, with the Department not being able to service outstanding liabilities from maintenance service providers. Maintenance is an ongoing activity that cannot be stopped therefore it is bound to have such an expenditure trend. However, the HFRG shows consistent expenditure trends.

The implementation of the IDMS coupled with increase in the internal capacity of ECDOH built environment personnel in the province is a contributory factor to this good expenditure trend.

During the 2019 / 2020 FY the Department made an application for a top-up of the Grant as 5 projects implemented by CDC and DPW performed well in advance of the projected cash-flows. The application for an additional R206m was approved by National Treasury

- **PROGRESS REPORT AND ACHIEVEMENTS**

During the period under review the programme has the following achievements:

Amathole District

A new Clinic was constructed and completed in the village of Hamburg in Peddie at cost of R25m.
The Willowvale Community Health Centre was upgraded at a cost of R14m.
The SS Gida Hospital Fencing and Guardhouse in Keiskamoek was upgraded at a cost of R5m

Buffalo City

Nkqubela TB Hospital in Mdantsane was upgraded at a cost of R15 million
Repairs and Renovations of Empilweni Gompo CHC in East London were carried out at a cost of R12.2 million
The Office Block at Lilitha College in East London Frere Hospital was upgraded at a cost of R12 million

Chris Hani District

At Komani Psychiatric Hospital, Ward 15, two doctors houses as well as Fransbury clinic were upgraded at a cost R20 million.
Nkwenkwana Clinic was completed
Isikhoba Clinic was completed
Qebe Clinic was completed
Upgrading of Accommodation for Health professionals was done at Wilhelm Stahl Hospital in Middleburg at a cost of R6 million, providing a total of 9 new beds.

Joe Gqabi District

At Maclear Hospital the roof replacement together with general repairs was done a cost of R9 million
Urgent Maintenance and Repairs at Empilisweni Hospital were carried out at a cost of R13.8 million

Nelson Mandela Bay Metropolitan Municipality

The Mental Health Observation Unit 15 at the Port Elizabeth Provincial Hospital was upgraded at a cost of R20 million
Erection of Fencing and Construction of Guard Houses to various primary health care facilities was done at a cost of R11 million to ensure safety of health care personnel.
Livingstone Hospital Water Supply was done at cost of R12.3 million
Elizabeth Donkin Hospital Psychiatric Unit was upgraded at a cost of R7.7 million
The Construction of a New Emergency Medical Services College at Dora Nginza Hospital in Port Elizabeth was completed at a cost of R115 million and is currently being commissioned

OR Tambo District

Upgrading of Nelson Mandela Academic Hospital ICU & High Care for Neo Natal Unit was completed at a cost of R13 million
Erection of Fencing and Guard House at Nelson Mandela Academic Hospital was completed at a cost of R9.8 million
Construction of Khambi Clinic was completed at a cost R28 million
Lusikisiki Clinic was done in conjunction with the National Department of Health and was completed in officially opened by the Honourable State President, Mr. Cyril Ramaphosa in September 2019.
In addition, a total of 65 infrastructure projects were done by the National Department of Health easing the burden on our infrastructure backlogs in the OR Tambo District. A list of these project is attached hereto.

Sarah Baartman District

Renovation and Refurbishment of Nonzwakazi Clinic was done at a cost of R6 million
The Department is committed in ensuring that health care services are provided in health facilities that comply with infrastructure norms and standards.

- **PROJECTS UNDER CONSTRUCTION**

Alfred Nzo District

Emergency Repairs at Ntabankulu Community Health Centre

Amathole District
Upgrading of Staff Accommodation at Victoria Hospital in Alice at a cost of R19.9 million

Buffalo City Metropolitan Municipality
Nontyatyambo CHC Repairs and Renovations at a cost of R3 million
Bisho Hospital Repairs and Renovations at a cost of R7.5 million
Grey Hospital Staff Accommodation Renovations and Refurbishment at a cost of R16.4 million

Chris Hani District
Mjanyana Hospital Pharmacy & OPD Upgrade
All Saints Hospital Staff Accommodation Upgrade Phase 1
Cradock Hospital Repairs and Renovations

Joe Gqabi District
Steynsburg Clinic Pharmacy Upgrade at a cost of R3.8 million
Empilisweni Hospital Staff Accommodation at a cost of R13.8 million
Ndofela Clinic Upgrade at a cost of R4 million

Nelson Mandela Bay Metropolitan Municipality
Gqeberha Clinic Repairs & Renovations at a cost of R3.8 million
Letitia Bam CHC Renovations & Refurbishment at a cost of R3.8 million
Chatty Clinic Repairs at R2.3 million
Dora Nginza Hospital Water Supply at a cost of R7.7 million
Livingstone Hospital Cathlab & CSSD at a cost of R43.8 million

OR Tambo District
Canzibe Hospital Repairs & Renovations at a cost of R12.4 million
Nessie Knight Hospital Staff Accommodation Phase 3 at a cost of R105.3 million
St. Barnabas Hospital Mental Unit at a cost of R114 million
Mthatha General Hospital Rehabilitation of Nursing Accommodation & Depot costing R108.4 million
Isilimela Hospital - Phase 1 Health Professionals Accommodation at a cost of R24 million
Relocatable Health Professional Accommodation - Phase 1 Dr Malizo Mpehle & Zitulele Hospital at a cost R9 million

Sarah Baartman District
Bhongweni Clinic Renovations at a cost of R6.3 million

- The Department has no plan to close down or down-grade any current facilities.

Regarding Engineering & Technical Services / Maintenance; the following projects were carried out:

- At Fort Beaufort, Tower Hospital Water & Sanitation was completed at a cost of R6.3 million
- Empilisweni Hospital Water & Sanitation project was nearing completion at 90% at a cost of R17.5 million
- Water Supply and Storage Reservoirs - Livingstone, Dora Nginza and Uitenhage Hospital at cost of R8.6 million was 90% complete stage
- Dr Malizo Mpehle Hospital (Water Supply) was completed at a cost of R11 million
- Umlamli Water and Sanitation plant upgrade (5023) at a cost of R1.5 million was nearing completion at 90%
- Nelson Mandela Academic Hospital - Nelson Mandela Academic – Generator was underway at 95% complete a cost of R26.7 million
- Tafalofefe Hospital Water & Sanitation was underway at 80% complete at a cost of R39.6 million
- A total of 4 project for water and sanitation were at Tender Stage. These will cost the Department a sum of R98.7 million over the MTEF period
- A total of 37 projects for electro-mechanical plant maintenance was at Tender Stage. These are a at a total cost of R340 million over the MTEF period.
- A total of 63 projects for electro-mechanical plant maintenance was at Planning Stage. These are a at a total cost of R443.8 million over the MTEF period.

A contract for Scheduled Maintenance of Generators throughout the province was underway at a total cost of R70.9 million. The breakdown of this figure (R70.9) is attached per district hereunder.

PROJECT NAME	TOTAL PROJECT COSTS	2019/20 Budget	Status of Project	Comments
Scheduled Maintenance to Generators Alfred Nzo	6 271 387	3 094 511	Construction	In Progress 60%
Scheduled Maintenance to Generators Amathole	13 286 396	6 555 950	Construction	In Progress 60%
Scheduled Maintenance to Generators Buffalo City	9 436 194	4 656 132	Construction	In Progress 60%
Scheduled Maintenance to Generators Chris Hani	15 048 524	7 425 442	Construction	In Progress 85%
Scheduled Maintenance to Generators Joe Gqabi	5 311 549	2 620 895	Construction	In Progress 60%
Scheduled Maintenance to Generators Nelson Mandela Bay	11 466 877	5 658 139	Construction	In Progress 60%
Scheduled Maintenance to Generators Sarah Baartman	10 104 117	4 985 708	Construction	In Progress 60%

Notwithstanding the above-mentioned strides applied by the Programme is as far is infrastructure delivery was concerned. We have faced some challenges on some of the projects during the year under review.
Five (5) projects were awarded for construction but could not commence on scheduled time due to different reasons as stated below:

- Refurbishment and Renovation of Staff Accommodation at Frere Hospital in East London could not commence due to illegal occupants on site. This matter was referred to court for possible eviction.
- Refurbishment and Renovations of NG Dlukulu Clinic, the contractor refused to sign contract or take site handover due to project cost negotiation
- All Saints Hospital Gateway Clinic Renovations, the contract was signed in February 2020, but contractor is not on site due to non-compliance to contract clauses
- Refurbishment and Renovations of Walmer 14th Avenue and Booysen Park Clinics in the Nelson Mandela Bay Metro were put on hold at contracting stage due to budget constraints

A total of 18 projects were at tender stage and could not proceed due to inadequate budget. Budget was reprioritised to finish active and contracted projects which were on site.

- In terms of Infrastructure, the Department had no disposals.

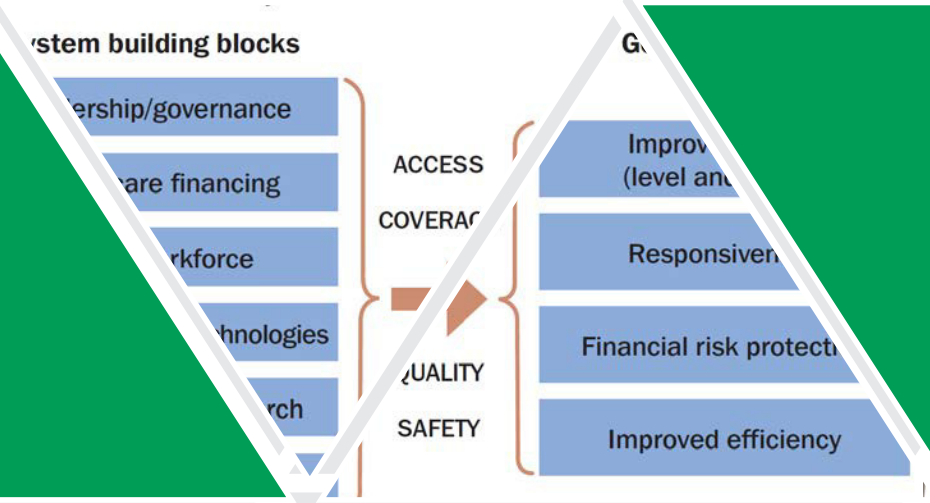
- The Department has conducted conditional assessments on projects that were implemented during the year under review. The Department is in the process of conducting conditional assessments of all its facilities.

- No major maintenance was carried out, however, Electro-Mechanical Plant Upgrades and Refurbishments were done. Water and Wastewater Plant Upgrades and Refurbishments were also done.
  - At Fort Beaufort, Tower Hospital Water & Sanitation was completed at a cost of R6.3 million
  - Empilisweni Hospital Water & Sanitation project was nearing completion at 90% at a cost of R17.5 million
  - Water Supply and Storage Reservoirs - Livingstone, Dora Nginza and Uitenhage Hospital at cost of R8.6 million was 90% complete stage
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  - A total of 63 projects for electro-mechanical plant maintenance was at Planning Stage. These are a at a total cost of R443.8 million over the MTEF period.

Approved Maintenance Policy & Maintenance Plan

The policy was approved on 16 May 2019. The policy makes provision for the following:

- A collaborative working relationship with the Department Public Works, the Custodian of State Assets
- A transition from a dependency on outsourced Facilities Maintenance Management Services to in-sourced Facilities Maintenance Management.
- The Implementation of the Decentralized Facilities Maintenance Management Model.
- Maintenance Plan
- Existing Call Centre – interim measure
- DPW developing a Call Centre Model – in progress
- The Department together with Public Works developed a Maintenance Strategy in line with the Departments' Maintenance Policy. The focus now, was developed a clear plan of action. Department in process together with DPW. Expectation to use DPW regional artisans.





PART C

GOVERNANCE

1. Introduction

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

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

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

2. Risk Management

Risk Management Policy Framework and Strategy

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

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

Progress on Risk Management

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

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

Risk Management Committee (RMC)

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

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

3. Fraud and Corruption

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

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

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

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

NO.	DESCRIPTION	Financial Year 2018/2019	Financial Year 2019/2020
	Carried over from previous Financial Year		35
	Cases received during the year under review	107	11
	TOTAL CASES (Opening)	**107**	**46**
	Status of Cases		
1.	- Fraud and corruption cases finalized	52	30
	- Referred to SAPS	02	07
	- Referred to Labour	01	02
	- Investigation completed (finalizing report)	14	08
	- Not fraud related	03	02
2.	Cases still under investigation	35	5
	TOTAL CASES (Closing)	**107**	**66**

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

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

4. Minimising Conflict of Interest

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

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

5. Code of Conduct

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

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

6. Health Safety and Environmental Issues

The Department has a legal requirement of complying with the National Environmental Management Act (NEMA), 1998 (Act 107 of 1998). The compliance is required in various aspects of environmental management, areas which include the following: hazardous substances management, water resource management, sanitation and hygiene, outbreak response and preparedness and malaria and vector control. All these aspects are covered in the environmental management plan (EMP) which is the legislated authority in compliance with the NEMA in line with the NDOH 3rd Edition (2015-2020) EMP in Gazette No. 39730 of 23 February 2016 for implementation but provinces and their municipalities are the main implementers of the environmental management functions in the Department. The EMP outlines those functions of the Department that relates to the management of the environment for protection of public health, as well as those activities emanating from provision of health care services, that may impact negatively on the environment if not properly managed. The EMP also outlines plans to strengthen compliance of the DOH to environmental management laws and prescripts, and to ensure adherence to procedures and principles of NEMA in providing health care services.

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The Department has made some strides in complying with NEMA. In this regard, the Department has appointed a service provider to manage health care risk waste. All hazardous substances dealers selling Group I, category A and B hazardous substances are licenced every calendar year. The Department is working with the municipalities and metros in implementing the health and hygiene strategy. The Department gives inputs to developments conducted in the province through Environmental Impact Assessmnts (EIAs) that are done by the Department of Environment, Forestry and Fisheries.

7. Portfolio Committees

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

- 16th July 2019 — Consideration of the 2019/20 Budget Vote
- 26th July 2019 — Consideration of the 2019/20 Budget Vote
- 29th Oct 2019 — Consideration of 2018/19 Annual Report & 2019/20 Half Year Oversight Report
- 19th Nov 2019 — Consideration of 2018/19 Annual Report & 2019/20 Half Year Oversight Report
- 21st Nov 2019 — Consideration of 2018/19 Annual Report & 2019/20 Half Year Oversight Report

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

8. SCOPA 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 Officer</td><td>Monthly</td><td>Monthly</td><td>Monthly reports collected</td></tr>
<tr><td>7</td><td>Invitation of stakeholders</td><td>GM – Financial Management</td><td>Monthly</td><td>Monthly</td><td>Copies of the invitation letters</td></tr>
</table></td><td>No</td></tr>
</table>

Resolution No.	Subject	Details	Response by the Department						Resolved (Yes/No)
				(Provincial Treasury and Internal Auditors) to be part of the meetings to discuss SCOPA Resolutions	Chief Financial Officer				
			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	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 deficiencies in the management of contracts and improper document management. The monthly top	The recommendation of SCOPA is acknowledged. The contracts nearing extension are presented at the Department al Bid Adjudication Committee. As recommended by SCOPA, this will also be done at the monthly Top Management meeting and Budget Advisory Committee meeting 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 Chain Management committees to meet as scheduled. The delays cut across demand planning, bid						No

Resolution No.	Subject	Details	Response by the Department	Resolved (Yes/No)
	extension of contracts beyond the thresholds prescribed by Treasury. This is a recurring finding	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	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 decentralised bid committee at districts and facilities (with the exception of the Bid adjudication process). The intention was to implement processes closer to the end users directly needing the service whilst providing technical capacity to procure fit for purpose goods and services contracts. However, it has been found that the decentralised 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 finalisation 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 finalised. 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 requests the said report within 30 days of adoption of this report	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,	No

Resolution No.	Subject	Details	Response by the Department	Resolved (Yes/No)
			there were no cases referred by FIC unit to the FMU that were not investigated during the 2018/19 financial year.	
e)	Effective and appropriate steps were not taken to prevent unauthorised 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 unauthorised 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 unauthorised 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 unauthorised expenditure given the circumstances that gave rise to it. To mitigate the unauthorised expenditure going forward, the Department continues to implement its medico legal strategy which includes vigorous defence 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 unauthorised expenditure by rationalising payments according to available budget whilst also ensuring that SMMEs are prioritised.	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 synergise 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 digitisation 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 receipt of an invoice as required	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)
	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 t ensure full coverage 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 ar used but have not 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 whic now transfer patients in less than 2 hours. • The Department is conducting monthly audit of Caesarian sections and using the results of thes 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 proactiv way to manage medico legal claims. As at the end of December 2019, the Department had 752 PSIs of which 426 were Severity Assessment Code (SAC) 1 or life-threatening cases whic could lead to death or possible litigation. • The Department is intensifying its teenage pregnancy and contraceptive programmes as th 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 gazetted as Centres c Excellence for the management of Celebral Palsy (CP) cases in the province. In addition, Dor Nginza, Frontier, St Elizabeth and Butterworth Hospitals have also been designated as key C centres in the province • Between 250 and 300 medico legal claims files have been assessed and responded to by thes specialists and many of the files require multiple updates as additional information become available as and when its required. • This unit is currently being beefed up with extra capacity, as more than 1300 cases were receive in the 2018/2019 financial year. This is done in cognisance of the impending function shift. • Most medico legal claims assessed at this stage involve cases at summons stage and probably les than 1/3 are letters of demand. A majority of these cases are Cerebral Palsy with allegation c negligence in labour management of patients. • Challenges observed are that the assessment of these files takes a significant number of time (o average take 4-5 hours to review all the notes). Therefore, based on the assessment conducte there is a need for 3-4 full time doctors who are skilled in the medico legal assessment of case to provide a reasonable service in trying to build defence on these cases which will withstan court scrutiny. • That quantum in these cases is often excessive and must be considered in terms of th reasonableness of the actual amount, the possibility of service in lieu of money, and the possibilit	

Resolution No.	Subject	Details	Response by the Department	Resolved (Yes/No)
			to create a Trust account that is separate from the plaintiff's lawyers which must emplo professional case management and financial management services. • There are also challenges with the quality of patient records which often compromises the case for defence. • The recording of obstetric management is often very poor from most hospitals and leads to th 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 assiste delivery when required (C/S, forceps, vacuum), the failure to record why delays may b unavoidable, failure to get early secondary opinions (doctors, receiving referral hospitals), delay in patient transport – all are the major problems. • Lessons learnt from the audit of files conducted to date has been shared with clinicians in th following forums: o Weekly medico legal task team meetings which is a multi-disciplinary team o Midwifery Seminars held by the Department o Mediation Seminars held by Legal Services in conjunction with Norton Rose Fulbright Smith Tabata Consortium o Clinical Outreach Programmes of the Department o 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 Department s. 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.	

Resolution No.	Subject	Details	Response by the Department	Resolved (Yes/No)
			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 Department s. Also working with Treasury and the Special Investigative Unit (SIU), the Department continues to fight fraudulent 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) Masterlists 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-year Provincial Treasury allocated an additional R53 million for medical equipment to strengthen maternal and maternal health interventions. This will include procurement of rehabilitative equipment in the identified Celebral Palsy (CP) centres in the province. With regards to filing and patient records management, in the 2020/21 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 district and regional and tertiary hospitals and will be dedicated to the management of	

Resolution No.	Subject	Details	Response by the Department	Resolved (Yes/No)
			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 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	The Department must expedite investigations relating to vehicle damages as well as instituting recoveries from officials not showing up for booked accommodation. Progress on these investigations must be forwarded to the Committee on a quarterly basis	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. 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.	No
i)	Contracts were extended or modified without the approval	The Department must continuously seek the counsel and guidance of Treasury on the interpretation of Treasury Notes	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	No

Resolution No.	Subject	Details	Response by the Department	Resolved (Yes/No)
	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.	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	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.	

9. Prior modifications to audit reports

The 2018/19 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 488,8 million.
The mechanism put in place by the Accounting Officer to resolve the matters reported by the AGSA in the previous financial year was to develop the Revised Audit Improvement Plan (RAIP). This strategy was premised on three pillars namely Reporting, Accountability and Consequence Management.

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

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 2019/20
Effective and appropriate steps were not taken to prevent unauthorised expenditure	2018/19	Controls have improved, the matter had however not been cleared by the end of 2019/20
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 2019/20
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 2019/20
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 2019/20
The preference point system was not applied in some of the procurement of goods and services above R30 000 as required by section 2(a) of the Preferential Procurement Policy Framework Act, 2000 (Act No. 05 of 2000) (PPPFA) and treasury regulations 16A6.3(b).	2018/19	Controls were implemented and there was no such finding for 2019/20
Some of the quotations were awarded to bidders based on preference points that were not allocated in accordance with the requirements of the PPPFA and its regulations	2018/19	Controls were implemented and there was no such finding for 2019/20
Some of the bid documentation for procurement of commodities designated for local content and production, did not stipulated the minimum threshold for local production and content as required by the 2017 preferential procurement regulation 8(2). Similar non-compliance was also reported in the prior year	2018/19	Controls were implemented and there was no such finding for 2019/20
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 2019/20
We were unable to obtain sufficient appropriate audit evidence that disciplinary steps were taken against officials who had incurred fruitless and wasteful	2018/19	Controls were implemented and there was no such finding for 2019/20

Nature of qualification, disclaimer, adverse opinion and matters of noncompliance	Financial year in which it first arose	Progress made in clearing / resolving the matter
expenditure as required by section 38(1)(h)(iii) of the PFMA. This was due to proper and complete records that were not maintained as evidence to support the investigations into fruitless and wasteful expenditure		
Investigations were not conducted into all allegations of financial misconduct committed by some of the officials, as required by treasury regulation 4.1.1.	2017/18	Controls have improved, the matter had however not been cleared by the end of 2019/20
Allegations of theft or fraud which exceeded R100 000 were not reported to the South African Police Services, as required by section 34(1) of the Prevention and Combating of Corrupt Activities Act, 2004 (Act no. 12 of 2004) (PRECCA).	2018/19	Controls were implemented and there was no such finding for 2019/20

10. Internal Control Unit

- The Internal Control Unit (also known as Pre-Audit Section) seeks to improve operational efficiency and effectiveness through ensuring compliance with the PFMA and Treasury regulations in all financial transactions. In addition to this, it is here to prevent irregular, fruitless and wasteful and unauthorised expenditure in line with the Policy adopted by the Department in the 2015/16 financial year. The pre-audit function is performed at HO, districts offices and central hospitals including district ones
- The Unit at HO is also responsible for investigation of financial misconduct allegations/ cases emanating from non-compliance with financial legislation which result in the incurrence of irregular expenditure and fruitless and wasteful expenditure.
- A Consequence Management Committee (CMC) was established during the financial year as a governance structure chaired by the Accounting Officer. The Consequence Management Committee replaced the Financial Misconduct Committee, which previously dealt with financial misconduct allegations/cases only. The CMC is now responsible for assessment of causes of financial misconduct including other misconducts, determine level of investigation to be conducted and recommend appropriate disciplinary steps to be taken. When allegations/ cases of financial misconduct in particular have been identified these are recorded in a register and letters in terms of Treasury Regulation 4.1.1 are issued to the responsible managers to initiate investigations into the allegations/cases.
- During the financial year 2019/20, the Unit investigated 119 cases (transactions) of irregular expenditure 2018/19 cases) and 124 cases (transactions) of fruitless and wasteful expenditure) 2018/19. About 95(69 condoned and 26 invalid) cases (transactions) of irregular expenditure and 39 cases of fruitless and wasteful expenditure were resolved during the year with disciplinary action in the form of written warning letters issued against 6 employees for the irregular expenditure cases by the end of the financial year.

The table below summarises progress on financial misconduct cases relating to irregular expenditure during the financial year:

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

- Financial Misconduct Quarterly Registers were submitted to Provincial Treasury and annual report submitted to the Public Service Commission in terms of section 85(1) of the PFMA read with TR4.3.1 for the year ended 31 March.2020.
- Through regular sitting of the Consequence Management Committee during the 2020/21financial year, the Department will ensure the prompt finalisation of the pending disciplinary cases and oversee that appropriate sanctions are issued to those who transgress the PFMA.
- The Internal Control Unit is working hand in hand with SCM's Inventory and Logistics Directorate, Risk Management Directorate and Internal Auditors and will continue to provide much needed capacity to officials of the Department on procurement legislation and procedures with the aim of curbing the prevalent findings of irregular and fruitless and wasteful expenditure.

11. Internal Audit and Audit Committees

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

To ensure independence and sufficient objectivity of the Internal Audit Unit, as well as assure that the Department's objectives are accomplished, Internal Audit operates unimpeded by management, reporting administratively to the Superintendent General 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, 29 reviews were planned and, as at year-end, the audit plan was substantially completed. The plan was developed based on a risk assessment process, which was conducted with management of the Department. The scope, timing of activities and sites visited were agreed with management prior to the commencement of the audits. The plan received the endorsement of the Audit Committee.

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

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

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

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

12. Audit Committee Report

Introduction

We are pleased to present our report for the financial year ended 31 March 2020.

Committee members and meetings

The Committee was appointed by the Executive Authority in concurrence with the Accounting Officer.
The Committee is composed of the following members:

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

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

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

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

The following is a schedule of meetings attended by the committee members for the year ended 31 March 2020:

Member	10/05/2019	24/05/2019	29/05/2019	26/07/2019	06/09/2019	14/11/2019	21/02/2020	13/03/2020
Ms. Ingrid Kriel (Chairperson)	√	√	√	√	√	√	√	√
Ms Loren Smith	√	√	√	√	√	√	√	√
Ms. Refiloe Kwela	√	×	√	√	√	√	√	√
Dr Thobekile Mjekevu	√	√	√	√	√	√	√	√
Mr Vuyolwethu Tshangana	√	√	√	√	√	√	√	√

Key

√ = Present

× = Apology

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.

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.

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

The Audit Committee is responsible for the following:

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 is responsible for:

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

Internal Audit

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

Financial Statements, accounting practices and other financial matters

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

The Audit Committee is further responsible for:

- Monitoring and reviewing the effectiveness of internal control systems, including IT systems.
- Communicating any concerns, it deems necessary to the Executive Authority and the Auditor General; and
- Encouraging communication between, senior and executive management, Internal Audit, Health Portfolio Committee and the Auditor General.

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

Effectiveness of Internal Control

The Committee has amongst other things, 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 Department s' 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; and
- 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.

Whist the Audit Committee acknowledges efforts put in place by management to strengthen internal controls with regards to managing performance information, connectivity remains 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.

Emerging Risk of the Coronavirus

The Committee has noted the risk of the Coronavirus Pandemic, which emerged immediately before year end. This required that Internal Audit becomes agile and responsive to the needs of the Department and the risk brought about by the emergence of COVID 19. The Committee has 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 the following recommendations to the strategical leadership of the Department:

- A Medico Legal services framework and strategy 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; 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 particular processes.
- Conducted follow up audits and reported to the Audit Committee on the progress made by management towards implementing remedial actions recommended by Internal Audit; and
- Developed and implemented a quality assurance and improvement program.

In-Year Monitoring and Monthly/Quarterly Report

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

The Department is reliant upon legacy systems which do not support the control environment. The lack of automated systems has hindered the Department s' 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 considered the organisational and functional independence of Internal Audit and are 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 2019/20 Annual Internal Audit Plan as approved by the Audit Committee.

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

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.

During the year, the Internal Audit capacity was enhanced through the supply of additional resources to further bolster the capacity of the Unit. This initiative has contributed to Internal Audit becoming more efficient, more responsive to challenges and better able to provide audit reports of improved quality to management and the Audit Committee.

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

The Committee 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.

The Committee met privately with the Chief Audit Executive, Management, or the Auditor as and when the need arose to discuss matters pertinent to the Department.

Risk Management Function

The committee assists in ensuring that the Department implements effective policies and plans for risk management. These policies and plans are intended to enhance the Department's ability to achieve its strategic objectives. The Risk Management Function ensures that identified risks are monitored and appropriate measures are implemented to manage these.

The Audit Committee has reviewed and monitored the Department s' approach to Risk Management. This has been done through the Chief Audit Executive and Audit Committee Chairperson being standing invitees at meetings of the Risk Committee.

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

Finance Function

The Committee has noted the performance of the Chief Financial Officer and are satisfied that he had the necessary experience and expertise to fulfil this role during the period under review. In addition, the Committee satisfied itself that the composition, experience, and skills set of the finance function are satisfactory. The Committee is thus of the opinion that the finance function, including the CFO, is effective.

Internal Financial Controls

The Committee has:

- Reviewed the reports provided by Internal Audit on the reviews conducted on systems of Internal Control.
- Engaged management to obtain assurance about the impact of medico legal claims and their impact on the financial health of the Department and have been satisfied with the interaction the Department has had with Provincial Treasury pertaining to its going concern, the overdraft facility granted and the use thereof.
- Reviewed the accounting policy for medico legal claims and are satisfied with the accounting treatment proposed.
- Have considered the structures put in place to manage the incidence of medico legal claims and how the various committees' function.
- Reviewed fraud and whistleblowing reports including appropriateness of the actions with regards thereto; and

- Performed certain high-level technical reviews and provided advice and judgment on the accounting treatment and disclosure of certain key transactions.

The Committee has similarly received and reviewed reports of the external auditors on their concerns arising from their interactions with the Department and has considered the appropriateness of responses and action plans from management. Although certain weakness in internal financial controls have been reported by Internal Audit in their reports, the Committee does not consider these control weaknesses to have resulted in actual material financial loss, fraud, or material errors.

Based on its assessment, the Committee is of the view that the Department s' 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 23 July 2020 and 27 July 2020 to review the draft financial statements and annual report to be presented to Provincial Treasury and the Auditor General on the 31st July 2020. 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 significant 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 is satisfied that the Annual Report is prepared in terms of the PFMA, Treasury Regulations and other related regulatory requirements for reporting performance. The Committee recommends that the performance report be submitted together with the annual financial statements to the auditor for auditing.

Auditor General South Africa

The Audit Committee has met with the Auditor General to ensure that there is common understanding between the Committee, Auditor General and the Department.

Conclusion

The Audit Committee accepts that the Department submits the annual financial statements and the Annual Report to the Auditor General for Auditing.



Ms. Ingrid Kriel CA (SA)
Chairperson of the Audit Committee
Eastern Cape Department of Health
31st July 2020

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?		
Developing and implementing a preferential procurement policy?	Yes	The Department complies with the Preferential Procurement Policy Framework Act and Preferential Procurement Policy Regulations 2017 (PPPR 2017). The Department has implemented prequalification requirements as set out on the PPPR 2017 to develop local economy and transform the industry. These are implemented through the subcontracting and predetermined BBBEE level strategies.
Determining qualification criteria for the sale of state-owned enterprises?		
Developing criteria for entering into partnerships with the private sector?	Yes	The Department complies with the set standard operating processes set out by National Treasury for Public Private Partnership (PPPs) agreements. The Department currently has in place two PPP agreements in Sarah Baartman District, with one in the process of termination.
Determining criteria for the awarding of incentives, grants and investment schemes in support of Broad Based Black Economic Empowerment?		

WISN

WORKLOAD INDICATORS OF STAFFING NEED



PART D

HUMAN RESOURCE MANAGEMENT

1. INTRODUCTION

Overview of Human Resources

The status of human resources in the Department

During the period under review, the Department employed 41 833 employees in a permanent capacity and more than 60% of which are health professionals. In terms of the employment equity profile of the Department there are 99 persons with disability and more than 50% of senior management positions are held by females. The Department had a vacancy rate of 13.8%.

The Branch HR and Corporate Services 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.

2. ORGANISATIONAL DEVELOPMENT: HUMAN RESOURCE PRIORITIES FOR THE YEAR UNDER REVIEW

The Department has since commended with partial implementation of the Macro Structure with a focus on Senior Management Service appointments at this stage. A second Deputy Director General – District Health Services and Primary Health Care has since been appointed and out of the eight 8) Chief Directors - District Management only four have qualified for appointment to-date and commenced with relinquishing their duties in an attempt to enhance and strengthen Service Delivery at Primary Health Care (PHC) level.

During the reporting period the Micro Structure has been reviewed and aligned with the approved Macro Structure of the Department. Furthermore, an alignment of the Micro Structure was made against Work Load Indicator Staffing Needs (WISN), National Affordability Guidelines as well as against the Strategic Imperatives of the 6th Administration of Government. Through the MEC's Organogram Intervention Project the Department is engaged in a final stage of Stakeholder Consultation process of the Micro Structure prior approval and implementation.

Job Evaluation has also been conducted at Senior Management Service level in line with the new Structure. However, for lower level jobs only Central Job Evaluation Quality Assurance Committee (CJEQAC) work has been completed but no Moderation has been done.

Recruitment:

Recruitment, selection and appointment functions were managed through the approved Annual Recruitment Plan, to ensure achievement of the strategic and service delivery objectives of Department.

The Department's Annual Recruitment Plan informed by staffing analysis and human resource plan, prioritised the appointment of 842 Post-Community intake, 197 critical clinical and non-clinical posts, 27 posts in Infrastructure, and 169 posts funded under the HIV/AIDS conditional grants, and 42 NHI posts in OR Tambo.

Performance Management and Development

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

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

Department actively empowers women amongst others though formal qualification and targeted training and development interventions:

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

Employee Wellness Programme

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 delivered include:

- Case Management and counselling, with 889 Active Cases
- 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: 113 Sessions Reaching 4521 employees
- Management Training and Advice, : 22 Sessions reaching 240
- EW Programme Promotion, 97 sessions reaching 3487 employees
- Monitoring and Evaluation

The Department's HIV in the workplace programme is guided by the National Strategic Plan (NSP) for HIV, TB and STIs: 2017 – 2022 and the Policy on HIV / AIDS, TB and STIs. It is aimed at providing opportunities for employees to test voluntarily for HIV and TB screening. Thus minimising the impact of HIV and AIDS in the workplace. Coordination and support of Awareness/Education and Preventative programmes continued.

The measures taken to protect HIV-positive employees or those perceived to be HIV-positive from discrimination include case management and counselling services and addressing stigma and discrimination through all Prevention, Education Programmes and training programmes. During the year 17 Lifestyle educational sessions were conducted, 289 employees trained on GBV and Sexual Harassment in the workplace, 39 EW Coordinators capacitated on HIV & IDS, PEP and Sexual Offences

Key steps taken to reduce risk include Standard/Universal Precautions for infection control, Needle Prick protocol, Post Exposure Prophylaxis, Protective Barriers /Equipment and Personal Protective clothing – clothing, gloves, masks, and eye wear.

Other interventions include:

- Staff training on infection control and standard / universal precautions
- Warning signage
- Reporting and investigation of occupational exposures
- Education on sharps disposal.
- Trauma debriefing

The Department 's programme on Health and Productivity Management ensured promotion of management of diseases and chronic illnesses, management of mental health and psychosomatic illness, management Incapacity due to ill-health and training sessions on occupational health safety. Oversee and support management of referred PILIR cases – assessment, intervention, follow up, facilitation of reintegration into workplace or job accommodation/adjustment

The EWP continues to be dependent on internal and external partners to deliver services. The Department contracted an Employee Wellness external service provider to deliver professional counselling services to high risk groups in Emergency Medical Services and Forensic Pathology.

To ensure the provision and promotion of a healthy and safe environment statutory appointments as prescribed by OHS Act have been made. This includes 16.2 appointments at District Office and Facilities as well as establishment of the Health and Safety structures.

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

Whilst the Department is managing reasonably well, variables such as the national shortage of health professionals, provincial budget cuts and the rural nature of the province makes it challenging to attract and retain health professionals. Despite the introduction of the OSD, nodal and rural allowances and competitive remuneration packages the recruitment of qualified and competent health professionals poses a challenge in rural areas and the restrictive appointment measures that are imposed on certain of the occupations in terms of counter offer when these professionals as offered job in the metro.

The challenge after the approval of the macro structure is the availability of sufficient budget to fund structure. The COE budget is not sufficient to fund all posts on the approved organisation and post structure of the Department. The current funded approved staff establishment reflects a 13.8 per cent vacancy rate. Budget constraints continue from the previous financial year wherein the Department was unable to fully implement the Annual Recruitment Plan.

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

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

3. HUMAN RESOURCES OVERSIGHT STATISTICS

3.1 Personnel related expenditure

The following tables summarise the by programme and by salary bands. In particular, it provides an indication of the following:

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

Table D3.1.1 Personnel expenditure by programme for the period 1 April 2019 and 31 March 2020

Programme	Total expenditure (R'000)	Personnel expenditure (R'000)	Training expenditure (R'000)	Professional and special services expenditure (R'000)	Personnel expenditure as a % of total expenditure	Average personnel cost per employee (R'000)
Administration	619 801.00	426 051.00	0.00	0.00	68.70	466.00
Assets & Liabilities	0.00	0.00	0.00	0.00	0.00	0.00
Central Hospital Services	4 327 140.00	3 005 315.00	0.00	0.00	69.50	454.00
District Health Services	13 623 389.00	9 328 321.00	0.00	0.00	68.50	313.00
Emergency Medical Service	1 277 760.00	913 267.00	0.00	0.00	71.50	358.00
Health Care Support Serv	101 328.00	64 229.00	0.00	0.00	63.40	353.00
Health Facilities Management	1 496 309.00	28 279.00	0.00	0.00	1.90	221.00
Health Science & Training	729 208.00	544 674.00	0.00	0.00	74.70	163.00
Medsas Supplies	0.00	0.00	0.00	0.00	0.00	0.00
Provincial Hospital Services	4 025 557.00	2 844 561.00	0.00	0.00	70.70	404.00
Total as on Financial Systems (BAS)	**26 200 492.00**	**17 154 696.00**	**0.00**	**0.00**	**65.50**	**339.00**

Table D3.1.2 Personnel costs by salary band for the period 1 April 2019 and 31 March 2020

Salary band	Personnel expenditure (R'000)	% of total personnel cost	No. of employees	Average personnel cost per employee (R'000)
01 Lower skilled (Levels 1-2)	929 825.00	5.40	167 748.00	5 543.00
02 Skilled (Levels 3-5)	3 782 267.00	21.80	247 304.00	15 294.00
03 Highly skilled production (Levels 6-8)	4 477 902.00	25.80	385 727.00	11 609.00
04 Highly skilled supervision (Levels 9-12)	6 269 564.00	36.20	848 270.00	7 391.00
05 Senior and Top management (Levels 13-16)	116 916.00	0.70	1 257 161.00	93.00
Other Categories	1 671 783.00	9.60	156 638.00	10 672.91
TOTAL	**17 248 256.00**	**99.50**	**340 855.00**	**50 602.91**

Table D3.1.3 Salaries, Overtime, Home Owners Allowance and Medical Aid by programme for the period 1 April 2019 and 31 March 2020

Programme	Salaries		Overtime		Home Owners Allowance		Medical Aid	
	Amount (R'000)	Salaries as a % of personnel costs	Amount (R'000)	Overtime as a % of personnel costs	Amount (R'000)	HOA as a % of personnel costs	Amount (R'000)	Medical aid as a % of personnel costs
Prg1: Administration	357 285.00	82.50	3 035.00	0.70	11 958.00	2.80	15 557.00	3.60
Prg2: District Health Services	7 609 879.00	81.20	202 273.00	2.20	322 830.00	3.40	394 089.00	4.20
Prg3: Emergency Medical Services	666 173.00	72.40	73 371.00	8.00	39 383.00	4.30	65 566.00	7.10
Prg4: Provincial Hospital Service	2 338 458.00	77.20	207 225.00	6.80	93 050.00	3.10	127 837.00	4.20
Prg5: Central Hospital Services	2 219 647.00	76.20	283 769.00	9.70	71 068.00	2.40	104 682.00	3.60
Prg6: Health Sciences & Training	463 131.00	80.40	59 027.00	10.20	7 757.00	1.30	9 227.00	1.60
Prg7: Health Care Support Services	52 345.00	81.10	233.00	0.40	2 647.00	4.10	3 093.00	4.80
Prg8: Health Facilities Management	26 882.00	90.40	0.00	0.00	601.00	2.00	221.00	0.70
Total	**13 733 800.00**	**79.20**	**828 932.00**	**4.80**	**549 294.00**	**3.20**	**720 271.00**	**4.20**

Table D3.1.4 Salaries, Overtime, Home Owners Allowance and Medical Aid by salary band for the period 1 April 2019 and 31 March 2020

Salary band	Salaries		Overtime		Home Owners Allowance		Medical Aid	
	Amount (R'000)	Salaries as a % of person-nel costs	Amount (R'000)	Overtime as a % of person-nel costs	Amount (R'000	HOA as a % of person-nel costs	Amount (R'000)	Medical aid as a % of person-nel costs
01 Lower skilled (Levels 1-2)	685 093.00	73.70	7 579.00	0.80	80 077.00	8.60	67 731.00	7.30
02 Skilled (Levels 3-5)	2 846 116.00	74.80	84 922.00	2.20	226 819.00	6.00	272 862.00	7.20
03 Highly skilled production (Levels 6-8)	3 611 380.00	80.30	59 190.00	1.30	145 450.00	3.20	240 895.00	5.40
04 Highly skilled supervision (Levels 9-12)	4 995 112.00	79.30	506 774.00	8.00	93 678.00	1.50	136 968.00	2.20
05 Senior management (Levels 13-16)	103 148.00	85.00	158.00	0.10	2 459.00	2.00	1 009.00	0.80
Other Categories	1 492 952.00	89.00	170 309.00	10.20	811.00	0.00	807.00	0.00
TOTAL	**13 733 800.00**	**79.20**	**828 932.00**	**4.80**	**549 294.00**	**3.20**	**720 271.00**	**4.20**

3.2 Employment and Vacancies

The tables in this section summarise the position with regard to employment and vacancies.

The following tables summarise the number of posts on the establishment, the number of employees, the vacancy rate, and whether there are any staff that are additional to the establishment.
This information is presented in terms of three key variables:

- programme

- salary band
- Critical occupations (see definition in notes below).

Department s have identified critical occupations that need to be monitored. In terms of current regulations, it is possible to create a post on the establishment that can be occupied by more than one employee.

Therefore, the vacancy rate reflects the percentage of posts that are not filled.

Table D3.2.1 Employment and vacancies by programme as on 31 March 2020

Programme	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
PRG1: Administration, Permanent	891.00	699.00	21.50	5.00
PRG2: District Health Services, Permanent	28 184.00	24 264.00	13.90	1 072.00
PRG3: Emergency Medical Services, Permanent	2 844.00	2 553.00	10.20	0.00
PRG4: Provincial Hospital Service, Permanent	8 275.00	7 227.00	12.70	192.00
PRG5: Central Hospital Services, Permanent	7 193.00	6 087.00	15.40	300.00
PRG6: Health Sciences & Training, Permanent	697.00	602.00	13.60	0.00
PRG7: Health Care Support Services, Permanent	230.00	177.00	23.00	1.00
PRG8: Health Facilities Management, Permanent	35.00	18.00	48.60	1.00
Total	**48 349.00**	**41 627.00**	**13.8**	**1 571.00**

Table D3.2.2 Employment and vacancies by salary band as on 31 March 2019

Salary band	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
01 Lower Skilled (Levels 1-2), Permanent	6 387.00	5 543.00	13.20	48.00
02 Skilled (Levels 3-5), Permanent	17 438.00	15 294.00	12.30	100.00
03 Highly Skilled Production (Levels 6-8), Permanent	13 228.00	11 608.00	12.20	128.00
04 Highly Skilled Supervision (Levels 9-12), Permanent	9 459.00	7 383.00	21.90	47.00
05 Senior Management (Levels13-16), Permanent	131.00	93.00	29.00	1.00
09 Other, Permanent	33.00	33.00	0.00	13.00
10 Contract (Levels 1-2), Permanent	4.00	4.00	0.00	0.00
11 Contract (Levels 3-5), Permanent	31.00	31.00	0.00	0.00
12 Contract (Levels 6-8), Permanent	746.00	746.00	0.00	713.00
13 Contract (Levels 9-12), Permanent	888.00	888.00	0.00	520.00
14 Contract (Levels >= 13), Permanent	4.00	4.00	0.00	1.00
TOTAL	**48 349.00**	**41 627.00**	**13.8**	**1 571.00**

Table D3.2.3 Employment and vacancies by critical occupations as on 31 March 2020

Critical occupation	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
Dental Related	223	186	16.6	21
Emergency Medical Services Related Staff	2 787.00	2 506.00	10.1	0
Engineering And Related	44	38	13.6	5
Hod & Ceo	19	12	36.8	0
Information Technology Related	402	339	15.7	0
Medical Professionals And Related	2 746.00	2 195.00	20.1	377
Nurses - Nursing Assistants	5 952.00	5 397.00	9.3	18
Nurses - Professional	13 648.00	11 774.00	13.7	685
Nurses - Staff Nurses And Pupil Nurses	3 740.00	3 322.00	11.2	27
Other Allied Health Professionals	1 931.00	1 560.00	19.2	164
Pharmacists And Related	1 105.00	942	14.8	127
Non-Critical Posts	15 752.00	13 356.00	13.80	147.00
Totals	**48 529**	**41 627**	**13.8**	**1 571**

3.3 Filling of SMS Posts

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

Table D3.3.1 SMS post information as on 31 March 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	1	1	100	0	0
Salary Level 16	0	0	0	0	0
Salary Level 15	4	3	75	1	25
Salary Level 14	18	16	88	2	11
Salary Level 13	90	86	95	4	4
Total	**113**	**106**	**93**	**7**	**6**

Table D3.3.2 SMS post information as on 30 September 2019

SMS Level	Total number of funded SMS posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
Director-General/ Head of Department	1	1	100	0	0
Salary Level 16	0	0	0	0	0
Salary Level 15	3	2	67	1	33
Salary Level 14	18	15	83	3	7
Salary Level 13	90	86	95	4	5
Total	**112**	**104**	**93**	**8**	**7**

Table D3.3.3 Advertising and filling of SMS posts for the period 1 April 2019 and 31 March 2020

SMS Level	Advertising	Filling of Posts	
	Number of vacancies per level advertised in 6 months of becoming vacant	Number of vacancies per level filled in 6 months of becoming vacant	Number of vacancies per level not filled in 6 months but filled in 12 months
Director-General/ Head of Department	0	0	0
Salary Level 16	0	0	0
Salary Level 15	1	0	1
Salary Level 14	0	0	0
Salary Level 13	7	4	3
Total	**8**	**4**	**4**

Table D3.3.4 Reasons for not having complied with the filling of funded vacant SMS - Advertised within 6 months and filled within 12 months after becoming vacant for the period 1 April 2019 and 31 March 2020

Reasons for vacancies not advertised within six months
Not applicable

Reasons for vacancies not filled within twelve months
Not applicable

Table D3.3.5 Disciplinary steps taken for not complying with the prescribed timeframes for filling SMS posts within 12 months for the period 1 April 2019 and 31 March 2020

Reasons for vacancies not advertised within six months
Nobody could be held responsible since no vacant and funded posts were not filled.

Reasons for vacancies not filled within six months
Nobody could be held responsible since no vacant and funded posts were not filled.

3.4 Job Evaluation

Within a nationally determined framework, executing authorities may evaluate or re-evaluate any job in his or her organisation. In terms of the Regulations all vacancies on salary levels 9 and higher must be evaluated before they are filled. The following table summarises the number of jobs that were evaluated during the year under review. The table also provides statistics on the number of posts that were upgraded or downgraded.

Table D3.4.1 Job Evaluation by Salary band for the period 1 April 2019 and 31 March 2020

Salary band	Number of posts on approved establish-ment	Number of Jobs Evaluated	% of posts evaluated by salary bands	Posts Upgraded		Posts downgraded	
				Number	% of posts evaluated	Number	% of posts evaluated
Lower Skilled (Levels1-2)	6387.00	5	0	0	0	0	0
Skilled (Levels 3-5)	17438.00	9	0	0	0	0	0
Highly skilled production (Levels 6-8)	13229.00	0	0	0	0	0	0
Highly skilled supervision (Levels 9-12)	9467.00	57	0	0	0	0	0
Senior Management Service Band A	106.00	0	0	0	0	0	0
Senior Management Service Band B	18.00	6	0	0	0	0	0
Senior Management Service Band C	6.00	0	0	0	0	0	0
Senior Management Service Band D	1.00	0	0	0	0	0	0
Other Categories	280.00	0	0	0	0	0	0
Total	**46 932.00**	**77**	**0**	0	0	0	0

The following table provides a summary of the number of employees whose positions were upgraded due to their post being upgraded. The number of employees might differ from the number of posts upgraded since not all employees are automatically absorbed into the new posts and some of the posts upgraded could also be vacant.

Table D3.4.2 Profile of employees whose positions were upgraded due to their posts being upgraded for the period 1 April 2019 and 31 March 2020

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

Employees with a disability	

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

Table D3.4.3 Employees with salary levels higher than those determined by job evaluation by occupation for the period 1 April 2019 and 31 March 2020

Occupation	Number of employees	Job evaluation level	Remuneration level	Reason for deviation
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
Total number of employees whose salaries exceeded the level determined by the evaluation				0
Percentage of total employed				0

No employees were job evaluated and found to be above levels that were determined

The following table summarises the beneficiaries of the above in terms of race, gender, and disability.

Table D3s.4.4 Profile of employees who have salary levels higher than those determined by job evaluation for the period 1 April 2019 and 31 March 2020

Gender	African	Asian	Coloured	White	Total
Female	0	0	0	0	0
Male	0	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**

Employees with a disability	0	0	0	0	0

No employees were job evaluated and found to be above levels that were determined

Total number of Employees whose salaries exceeded the grades determine by job evaluation	0

3.5 Employment Changes

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

Table D3.5.1 Annual turnover rates by salary band for the period 1 April 2019 and 31 March 2020

Salary band	Number of employees at beginning of period- 1 April 2019	Appointments and transfers into the Department	Terminations and transfers out of the Department	Turnover rate
01 Lower Skilled (Levels 1-2) Permanent	5 492.00	315.00	170.00	3.10
02 Skilled (Levels 3-5) Permanent	15 421.00	764.00	610.00	4.00
03 Highly Skilled Production (Levels 6-8) Permanent	11 236.00	1 108.00	809.00	7.20
04 Highly Skilled Supervision (Levels 9-12) Permanent	7 378.00	460.00	591.00	8.00
05 Senior Management Service Band A Permanent	82.00	1.00	8.00	9.80
06 Senior Management Service Band B Permanent	14.00	0.00	1.00	7.10
07 Senior Management Service Band C Permanent	4.00	1.00	1.00	25.00
08 Senior Management Service Band D Permanent	1.00	0.00	0.00	0.00
09 Other Permanent	71.00	0.00	0.00	0.00
Contracts	1 550.00	1 369.00	1 213.00	78.30
TOTAL	**41 249.00**	**4 018.00**	**3 403.00**	**8.60**

Table D3.5.2 Annual turnover rates by critical occupation for the period 1 April 2019 and 31 March 2020

Critical Occupation	Number of employees at Beginning of Period April 2019	Appointments and transfers into the departmement	Terminations And treansfers out of the Department	Turnover Rate
Dental Related	170	37	22	12.9
Emergency Medical Services Related Staff	2552	5	50	2
Engineering And Related	37	2	1	2.7
HOD & CEO	14	1	3	21.4
Medical Professionals And Related	2094	765	613	29.3
Nurses - Nursing Assistants	5359	316	212	4
Nurses - Professional	11319	1580	1212	10.7
Nurses - Staff Nurses And Pupil Nurses	3353	249	150	4.5
Other Allied Health Professionals	1561	309	295	18.9
Pharmacists And Related	883	200	148	16.8
Social Workers And Related	132	3	5	3.8
Non-Critical	13 774.00	547	691	8.2
Other Temporary	226	244	165	74
Total	**41 474**	**4 014**	**3 402**	**8.20**

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

Table D3.5.3 Reasons why staff left the Department for the period 1 April 2019 and 31 March 2020

Termination Type	Number	% of Total Resignations
01 Death, Permanent	204.00	5.70
02 Resignation, Permanent	1 196.00	33.50
02 Resignation, Temporary	31.00	0.90
03 Expiry of contract, Permanent	1 183.00	33.10
03 Expiry of contract, Temporary	135.00	3.80
04 Transfers, Permanent	1.00	0.00
06 Discharged due to ill health, Permanent	35.00	1.00
07 Dismissal-misconduct, Permanent	36.00	1.00
09 Retirement, Permanent	747.00	20.90
10 Other, Permanent	1.00	0.00
TOTAL	**3 569.00**	**100.00**
Total number of employees who left as a % of total employment	3 569.00	8.5%

Table D3.5.4 Promotions by critical occupation for the period 1 April 2019 and 31 March 2020

Occupation	Employees 1 April 2019	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	4739	29	0.60	2747	58.00
Artisan And Related	321	2	0.60	143	44.50
Auxiliary And Related Workers	646	2	0.30	348	53.90
Cleaners	4552	5	0.10	1968	43.20
Dental Related	171	0	0.00	48	28.10
Diplomats	2	0	0.00	2	100.00
Drivers	237	1	0.40	128	54.00
Emergency Medical Services Related Staff	2552	9	0.40	1077	42.20
Engineering And Related	37	0	0.00	12	32.40
Financial Administrative And Related	639	14	2.20	387	60.60
Food Services Workers	632	1	0.20	294	46.50
General Workers	228	1	0.40	106	46.50
Hod & Ceo	14	0	0.00	3	21.40
Household	883	1	0.10	391	44.30
Human Resources Related	525	3	0.60	325	61.90
Information Technology Related	345	2	0.60	187	54.20
Medical Professionals And Related	2314	35	1.50	565	24.40
Nurses - Nursing Assistants	5359	0	0.00	1890	35.30
Nurses - Professional	11319	301	2.70	3234	28.60
Nurses - Staff Nurses And Pupil Nurses	3353	7	0.20	1154	34.40
Other Allied Health Professionals	1563	10	0.60	523	33.50
Pharmacists And Related	885	11	1.20	230	26.00
Security And Related	25	0	0.00	18	72.00
Social Workers And Related	132	0	0.00	43	32.60
Other Temporary	1	0	0.00	0	0.00
Total	**41474**	**434**	**77.15**	**15823**	**2672.6**

Table 3.5.5 Promotions by salary band for the period 1 April 2019 and 31 March 2020

Salary Band	Employees 1 April 2019	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
01 Lower Skilled (Levels 1-2), Permanent	5 492.00	0.00	0.00	2 067.00	37.60
02 Skilled (Levels 3-5), Permanent	15 421.00	30.00	0.20	6 797.00	44.10
03 Highly Skilled Production (Levels 6-8), Permanent	11 236.00	194.00	1.70	4 194.00	37.30
04 Highly Skilled Supervision (Levels 9-12), Permanent	7 378.00	206.00	2.80	2 550.00	34.60
05 Senior Management (Levels 13-160, Permanent	101.00	2.00	2.00	34.00	33.70
TOTAL	**41 474.00**	**434.00**	**1.00**	**15 823.00**	**38.20**

3.6 Employment Equity

Table D3.6.1 Total number of employees (including employees with disabilities) in each of the following occupational categories as on 31 March 2019

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
01 - Senior Officials and Managers	52.00	1.00	1.00	1.00	54.00	5.00	2.00	6.00	122.00
02 - Professionals	1 473.00	140.00	115.00	333.00	2 197.00	245.00	106.00	460.00	5 069.00
03 - Technicians and Associate Professionals	2 189.00	146.00	4.00	47.00	10 014.00	1 312.00	31.00	460.00	14 203.00
04 - Clerks	902.00	63.00	1.00	14.00	2 447.00	146.00	3.00	48.00	3 624.00
05 - Service Shop and Market Sales Workers	2 675.00	266.00	6.00	72.00	7 607.00	527.00	2.00	124.00	11 279.00
07 - Craft and Related Trade Workers	126.00	14.00	1.00	16.00	24.00	0.00	0.00	0.00	181.00
08 - Plant and Machine Operators and Assemblers	243.00	18.00	0.00	5.00	9.00	1.00	0.00	0.00	276.00
09 - Labourers and Related Workers	2 336.00	124.00	1.00	28.00	4 347.00	239.00	0.00	34.00	7 109.00
99 - Unknown	4.00	0.00	0.00	2.00	14.00	0.00	0.00	0.00	20.00
TOTAL	**10 000.00**	**772.00**	**129.00**	**518.00**	**26 713.00**	**2 475.00**	**144.00**	**1 132.00**	**41 883.00**
Employees with disabilities	41.00	4.00	0.00	4.00	41.00	4.00	0.00	5.00	99.00

Table D3.6.2 Total number of employees (including employees with disabilities) in each of the following occupational bands as on 31 March 2020

Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	3.00	0.00	0.00	0.00	3.00	0.00	0.00	0.00	6.00
Senior Management	39.00	2.00	2.00	5.00	35.00	1.00	1.00	2.00	87.00
Professionally qualified and experienced specialists and mid-management	1 280.00	143.00	86.00	240.00	4 541.00	618.00	71.00	404.00	7 383.00
Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents	2 148.00	239.00	9.00	79.00	7 613.00	1 069.00	22.00	429.00	11 608.00
Semi-skilled and discretionary decision making	4 074.00	266.00	2.00	51.00	10 253.00	556.00	4.00	88.00	15 294.00
Unskilled and defined decision making	1 864.00	82.00	0.00	12.00	3 436.00	145.00	0.00	4.00	5 543.00
Other categories	592.00	40.00	30.00	131.00	832.00	86.00	46.00	205.00	1 962.00
Total	**10 000.00**	**772.00**	**129.00**	**518.00**	**26 713.00**	**2 475.00**	**144.00**	**1 132.00**	**41 883.00**

Table D3.6.3 Recruitment for the period 1 April 2019 to 31 March 2020

Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Senior Management	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00
Professionally qualified and experienced specialists and mid-management	145.00	8.00	5.00	19.00	214.00	38.00	6.00	25.00	460.00
Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents	295.00	9.00	1.00	1.00	678.00	75.00	5.00	44.00	1 108.00
Semi-skilled and discretionary decision making	145.00	8.00	0.00	0.00	569.00	40.00	0.00	2.00	764.00
Unskilled and defined decision making	122.00	3.00	0.00	0.00	186.00	4.00	0.00	0.00	315.00
Other Categories	492.00	28.00	19.00	81.00	739.00	71.00	32.00	157.00	1 619.00
Total	**1 200.00**	**56.00**	**25.00**	**101.00**	**2 387.00**	**228.00**	**43.00**	**228.00**	**4 268.00**
Employees with disabilities	3.00	0.00	0.00	0.00	3.00	0.00	0.00	0.00	6.00

Table D3.6.4 Promotions for the period 1 April 2019 to 31 March 2020

Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	0.00	0.00	0.00	0.00	2.00	0.00	0.00	0.00	2.00
Senior Management	16.00	1.00	0.00	2.00	13.00	1.00	1.00	0.00	34.00
Professionally qualified and experienced specialists and mid-management	446.00	59.00	37.00	87.00	1 717.00	238.00	32.00	140.00	2 756.00
Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents	706.00	66.00	4.00	27.00	2 999.00	422.00	10.00	154.00	4 388.00
Semi-skilled and discretionary decision making	1 944.00	123.00	2.00	28.00	4 475.00	208.00	3.00	44.00	6 827.00
Unskilled and defined decision making	643.00	28.00	0.00	2.00	1 362.00	30.00	0.00	2.00	2 067.00
Other Categories	43.00	6.00	5.00	30.00	36.00	14.00	6.00	43.00	183.00
Total	**3 798.00**	**283.00**	**48.00**	**176.00**	**10 604.00**	**913.00**	**52.00**	**383.00**	**16 257.00**
Employees with disabilities	19.00	2.00	0.00	2.00	19.00	2.00	0.00	0.00	44.00

Table D3.6.5 Terminations for the period 1 April 2019 to 31 March 2020

Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Senior Management	3.00	0.00	0.00	0.00	5.00	1.00	0.00	0.00	9.00
Professionally qualified and experienced specialists and mid-management	107.00	6.00	8.00	27.00	364.00	37.00	5.00	37.00	591.00
Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents	170.00	13.00	0.00	2.00	508.00	70.00	2.00	44.00	809.00
Semi-skilled and discretionary decision making	193.00	6.00	0.00	2.00	370.00	32.00	0.00	7.00	610.00
Unskilled and defined decision making	76.00	4.00	0.00	0.00	83.00	7.00	0.00	0.00	170.00
Other Categories	407.00	14.00	19.00	89.00	580.00	89.00	17.00	164.00	1 379.00
Total	**956.00**	**43.00**	**27.00**	**120.00**	**1 910.00**	**236.00**	**24.00**	**253.00**	**3 569.00**
Employees with Disabilities	5.00	0.00	0.00	0.00	3.00	0.00	0.00	1.00	9.00

Table D3.6.6 Disciplinary action for the period 1 April 2019 to 31 March 2020

Disciplinary action	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
TOTALS	**12.00**	**0.00**	**0.00**	**0.00**	**4.00**	**0.00**	**1.00**	**0.00**	**17.00**

Table D3.6.7 Skills development for the period 1 April 2019 to 31 March 2020 – Table was empty

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Legislators, senior officials and managers	171	14	5	18	307	22	1	9	547
Professionals	1199	73	24	43	5987	755	16	305	8402
Technicians and associate professionals	721	16	0	10	2291	110	0	17	3165
Clerks	333	12	0	0	1003	32	0	11	1391
Service and sales workers	131	11	0	0	549	28	0	7	726
Skilled agriculture and fishery workers	13	2	0	0	9	0	0	0	24
Craft and related trades workers	0	0	0	0	0	0	0	0	0
Plant and machine operators and assemblers	19	1	0	0	7	0	0	0	27
Elementary occupations	221	4	0	0	594	40	0	2	861
Total	2808	133	29	71	10747	987	17	351	15143
Employees with disabilities	2	0	0	0	4	0	0	0	6

3.7 Signing of Performance Agreements by SMS Members

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

Table D3.7.1 Signing of Performance Agreements by SMS members as on 31 May 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				
Salary Level 16		1	0	0%
Salary Level 15		4	0	0%
Salary Level 14		14	3	21%
Salary Level 13		86	19	22%
Total		**105**	**22**	**21%**

Table D3.7.2 Reasons for not having concluded Performance agreements for all SMS members as on 31 March 2020

Reasons
Two reasons for not concluding the performance agreements are the following:
Officials who exited by resignation and contract expiry
Transition from one position to another

Table D3.7.3 Disciplinary steps taken against SMS members for not having concluded Performance agreements as on 31 March 2020

Reasons
They were served with warning letters

3.8 Performance Rewards

To encourage good performance, the Department has granted the following performance rewards during the year under review. The information is presented in terms of race, gender, disability, salary bands and critical occupations (see definition in notes below).

Table D3.8.1 Performance Rewards by race, gender and disability for the period 1 April 2019 to 31 March 2020

Race and Gender	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within group	Cost (R'000)	Average cost per employee
African					
Male	0.00	26 672.00	0.00	0.00	0.00
Female	0.00	9 959.00	0.00	0.00	0.00
Asian					
Male	0.00	144.00	0.00	0.00	0.00
Female	0.00	129.00	0.00	0.00	0.00
Coloured					
Male	0.00	2 471.00	0.00	0.00	0.00
Female	0.00	768.00	0.00	0.00	0.00
White					
Male	0.00	1 127.00	0.00	0.00	0.00
Female	0.00	514.00	0.00	0.00	0.00
Total	**0.00**	**41 883.00**	**0.00**	**0.00**	**0.00**
Employees with a disability	0.00	99.00	0.00	0.00	0.00

Table D3.8.2 Performance Rewards by salary band for personnel below Senior Management Service for the period 1 April 2019 to 31 March 2020

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	5 543.00	0.00	0.00	0.00	0.00
Skilled (level 3-5)	0.00	15 294.00	0.00	0.00	0.00	0.00
Highly skilled production (level 6-8)	0.00	11 609.00	0.00	0.00	0.00	0.00
Highly skilled supervision (level 9-12)	0.00	7 391.00	0.00	0.00	0.00	0.00
Other categories	0.00	1 949.00	0.00	0.00	0.00	0.00
Total	**0.00**	**41 786.00**	**0.00**	**0.00**	**0.00**	**0.00**

Table D3.8.3 Performance Rewards by critical occupation for the period 1 April 2019 to 31 March 2020

Critical Occupations	Beneficiary Profile			Cost (R'000)	Average Cost per Beneficiary (R)
	Number of Beneficiaries	Total Employment	% of Total with occupation		
Financial Clerks And Credit Controllers	0.00	356.00	0.00	0.00	0.00
Household Food And Laundry Services Related	0.00	5.00	0.00	0.00	0.00
Human Resources Clerks	0.00	268.00	0.00	0.00	0.00
Security Officers	0.00	1.00	0.00	0.00	0.00
Household And Laundry Workers	0.00	836.00	0.00	0.00	0.00
Oral Hygiene	0.00	20.00	0.00	0.00	0.00
Messengers Porters And Deliverers	0.00	734.00	0.00	0.00	0.00
All Artisans In The Building Metal Machinery Etc.	0.00	158.00	0.00	0.00	0.00
Human Resources & Organisat Developm & Relate Prof	0.00	53.00	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	14.00	0.00	0.00	0.00
Life Sciences Related	0.00	3.00	0.00	0.00	0.00
Social Sciences Related	0.00	4.00	0.00	0.00	0.00
Boiler And Related Operators	0.00	47.00	0.00	0.00	0.00
Finance And Economics Related	0.00	148.00	0.00	0.00	0.00
Logistical Support Personnel	0.00	88.00	0.00	0.00	0.00
Food Services Workers	0.00	5.00	0.00	0.00	0.00
Chemists	0.00	47.00	0.00	0.00	0.00
Optometrists And Opticians	0.00	8.00	0.00	0.00	0.00
Other Administrat & Related Clerks And Organisers	0.00	1 393.00	0.00	0.00	0.00
Housekeepers Laundry And Related Workers	0.00	21.00	0.00	0.00	0.00
Auxiliary And Related Workers	0.00	616.00	0.00	0.00	0.00
Other Occupations	0.00	81.00	0.00	0.00	0.00
Legal Related	0.00	4.00	0.00	0.00	0.00
Financial And Related Professionals	0.00	63.00	0.00	0.00	0.00
Building And Other Property Caretakers	0.00	98.00	0.00	0.00	0.00
Probation Workers	0.00	1.00	0.00	0.00	0.00
Occupational Therapy	0.00	152.00	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	36.00	0.00	0.00	0.00
Emergency Services Related	0.00	39.00	0.00	0.00	0.00
Radiography	0.00	404.00	0.00	0.00	0.00
Diplomats	0.00	2.00	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	2.00	0.00	0.00	0.00

Critical Occupations	Beneficiary Profile			Cost (R'000)	Average Cost per Beneficiary (R)
	Number of Beneficiaries	Total Employment	% of Total with occupation		
Administrative Related	0.00	502.00	0.00	0.00	0.00
Communication And Information Related	0.00	48.00	0.00	0.00	0.00
Secretaries & Other Keyboard Operating Clerks	0.00	1 167.00	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	4 527.00	0.00	0.00	0.00
Library Mail And Related Clerks	0.00	68.00	0.00	0.00	0.00
Human Resources Related	0.00	208.00	0.00	0.00	0.00
Dental Practitioners	0.00	166.00	0.00	0.00	0.00
Ambulance And Related Workers	0.00	2 466.00	0.00	0.00	0.00
Pharmaceutical Assistants	0.00	10.00	0.00	0.00	0.00
Printing And Related Machine Operators	0.00	1.00	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	12.00	0.00	0.00	0.00
Trade Labourers	0.00	195.00	0.00	0.00	0.00
Environmental Health	0.00	23.00	0.00	0.00	0.00
Physiotherapy	0.00	183.00	0.00	0.00	0.00
Language Practitioners Interpreters & Other Commun	0.00	27.00	0.00	0.00	0.00
Medical Practitioners	0.00	2 175.00	0.00	0.00	0.00
Social Work And Related Professionals	0.00	125.00	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
Road Workers	0.00	1.00	0.00	0.00	0.00
Material-Recording And Transport Clerks	0.00	179.00	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	12.00	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	133.00	0.00	0.00	0.00
Other Administrative Policy And Related Officers	0.00	340.00	0.00	0.00	0.00
Artisan Project And Related Superintendents	0.00	13.00	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	3.00	0.00	0.00	0.00
Professional Nurse	0.00	11 774.00	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	104.00	0.00	0.00	0.00
Client Inform Clerks(Switchb Recept Inform Clerks)	0.00	192.00	0.00	0.00	0.00
Speech Therapy And Audiology	0.00	66.00	0.00	0.00	0.00
Pharmacists	0.00	935.00	0.00	0.00	0.00
Engineers And Related Professionals	0.00	20.00	0.00	0.00	0.00
Middle Managers	0.00	1.00	0.00	0.00	0.00
Trade Related	0.00	3.00	0.00	0.00	0.00
Other Information Technology Personnel.	0.00	84.00	0.00	0.00	0.00
Dental Therapy	0.00	18.00	0.00	0.00	0.00
Light Vehicle Drivers	0.00	174.00	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	226.00	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	19.00	0.00	0.00	0.00
Health Sciences Related	0.00	426.00	0.00	0.00	0.00

Critical Occupations	Beneficiary Profile			Cost (R'000)	Average Cost per Beneficiary (R)
	Number of Beneficiaries	Total Employment	% of Total with occupation		
Food Services Aids And Waiters	0.00	617.00	0.00	0.00	0.00
Nursing Assistants	0.00	5 397.00	0.00	0.00	0.00
Conservation Labourers	0.00	9.00	0.00	0.00	0.00
Quantity Surveyors & Rela Prof Not Class Elsewhere	0.00	1.00	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	15.00	0.00	0.00	0.00
Information Technology Related	0.00	15.00	0.00	0.00	0.00
Librarians And Related Professionals	0.00	2.00	0.00	0.00	0.00
Shoemakers	0.00	3.00	0.00	0.00	0.00
Agriculture Related	0.00	2.00	0.00	0.00	0.00
Staff Nurses And Pupil Nurses	0.00	3 322.00	0.00	0.00	0.00
TOTAL	**0.00**	**41 883.00**	**0.00**	**0.00**	**0.00**

Table D3.8.4 Performance related rewards (cash bonus), by salary band for Senior Management Service for the period 1 April 2019 to 31 March 2020

Salary band	Beneficiary Profile			Cost		Total cost as a % of the total personnel expenditure
	Number of beneficiaries	Number of employees	% of total within salary bands	Total Cost (R'000)	Average cost per employee	
Band A	0	78.00	0	0	0	97 935.61
Band B	0	12.00	0	0	0	16 854.13
Band C	0	5.00	0	0	0	8 587.03
Band D	0	2.00	0	0	0	4 426.16
Total	**0**	**97.00**	**0**	**0**	**0**	**127 802.93**

3.9 Foreign Workers

The tables below summarise the employment of foreign nationals in the Department in terms of salary band and major occupation.

Table D3.9.1 foreign workers by salary band for the period 1 April 2019 and 31 March 2020

Salary band	01 April 2019		31 March 2020		Change	
	Number	% of total	Number	% of total	Number	% Change
Lower skilled	3	1	2	1	1	5
Highly skilled production (Lev. 6-8)	28	8.1	28	8.7	0	0
Highly skilled supervision (Lev. 9-12)	301	87.5	276	85.7	-25	113.6
Senior Management Contract (level 13-16)	1	0.3	1	0.3	0	0
Other categories	12	3.5	16	5	4	-18.2
Total	**344**	**100**	**322**	**100**	**-22**	**100**

Table D3.9.2 foreign workers by major occupation for the period 1 April 2019 and 31 March 2020

Major occupation	01 April 2019		31 March 2020		Change	
	Number	% of total	Number	% of total	Number	% Change
Administrative office workers	3	0.9	2	0.6	-1	4.5
Craft and related trades workers	0	0	1	0.3	1	-4.5
Information technology personnel	0	0	0	0	0	0
Professionals and managers	340	98.8	318	98.8	-22	100
Service workers	1	0.3	1	0.3	0	0
Technicians and associated professionals	0	0	0	0	0	0
TOTAL	**329**	**100**	**348**	**100**	**19**	**100**

3.10 Leave utilisation

The Public Service Commission identified the need for careful monitoring of sick leave within the public service. The following tables provide an indication of the use of sick leave and disability leave. In both cases, the estimated cost of the leave is also provided.

Table D3.10.1 Sick leave for the period 1 January 2019 to 31 December 2019

Salary band	Total days	% Days with Medical certification	Number of Employees using sick leave	% of total employees using sick leave	Average days per employee	Estimated Cost (R'000)
Lower Skills (Level 1-2)	34 180	84.2	3 733	12.1	9	19 655
Skilled (levels 3-5)	103 333	85.9	11 209	36.4	9	86 236
Highly skilled production (levels 6-8)	84 649	84	9 100	29.6	9	119 342
Highly skilled supervision (levels 9 -12)	1 650	67.6	389	1.3	4	3 734
Top and Senior management (levels 13-16)	342	88.9	47	0.2	7	1439
Other Categories	2 789	0	612	0	5	3 190
Total	**279 454**	**84.6**	**30 767**	**100**	**9**	**375 381**

Table D3.10.2 Disability leave (temporary and permanent) for the period 1 January 2019 to 31 December 2019

Salary band	Total days	% Days with Medical certification	Number of Employees using disability leave	% of total employees using disability leave	Average days per employee	Estimated Cost (R'000)
Lower skilled (Levels 1-2)	2 684	100	53	10.3	51	1 617
Skilled (Levels 3-5)	10 149	100	164	32	62	8 530
Highly skilled production (Levels 6-8)	9490	99.2	172	33.5	55	13361
Highly skilled supervision (Levels 9-12)	7 610	100	115	22.4	66	20 737
Senior management (Levels 13-16)	0	0	0	0	0	0
Other Categories	357.00	100.00	9.00	1.80	81.00	506.00
Total	**30290**	**99.8**	**513**	**100**	**59**	**44751**

The table below summarises the utilisation of annual leave. The wage agreement concluded with trade unions in the PSCBC in 2000 requires management of annual leave to prevent high levels of accrued leave being paid at the time of termination of service.

Table D3.10.3 Annual Leave for the period 1 January 2019 to 31 December 2019

Salary band	Total days taken	Average days per employee	Number of Employees using annual leave
Lower skilled (Levels 1-2)	115 375	21	5455
Skilled Levels 3-5)	326 120	21	15173
Highly skilled production (Levels 6-8)	254 727	22	11483
Highly skilled supervision(Levels 9-12)	178 243	24	7495
Senior management (Levels 13- 16)	1 943	20	95
Other Categories	24 938	14	1830
Total	**901 345.51**	**22.00**	**41 531.00**

Table D3.10.4 Capped leave for the period 1 January 2019 to 31 December 2019

Salary band	Total days of capped leave taken	Average capped leave per employee as on 31 March 2019	Average number of days taken per employee	Number of Employees using capped leave
Lower skilled (Levels 1-2)	3	3	64	1
Skilled Levels (3-5)	110	3	55	41
Highly skilled production (Levels 6-8)	554.36	5	72	116
Highly skilled supervision(Levels 9-12)	529	4	76	135
Senior management (Levels 13-16)	6	3	86	2
Other Categories	7	4	0	2
Total	**1 209**	**4**	**70**	**297**

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

Table D3.10.5 Leave pay-outs for the period 1 April 2019 and 31 March 2020

Reason	Total amount (R'000)	Number of employees	Average per employee (R'000)
Leave payout for 2019/20 due to non-utilisation of leave for the previous cycle	0	0	0
Capped leave payouts on termination of service for for 2019/20	5052	48	105250
Current leave payout on termination of service for for 2019/20	2839	127	20 026
Total	**7891**	**175**	**125 276**

3.11 HIV/AIDS & Health Promotion Programmes

Table D3.11.1 Steps taken to reduce the risk of occupational exposure – Info remains the same

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 and other communicable diseases through direct contact with infected patients, body parts and body fluids. The mode of infection includes cuts, needle pricks, handling of infected body parts and fluids and soiled linen and utensils, breathing infected air.	Standard/Universal Precautions for infection control, Needle Prick protocol, Post Exposure Prophylaxis, Protective Barriers /Equipment and Personal Protective clothing – clothing, gloves, masks, and eye wear, etc. Other interventions include: a) Staff training on infection control and standard / universal precautions b) Warning signage c) Reporting and investigation of occupational exposures d) Education on sharps disposal. e) Trauma debriefing **Monitoring proper use of Personal Protective Clothing and equipment**
Employees working directly with bodily fluids or patients:	Continuous Training on HIV/AIDS & TB; and other chronic conditions. Health Risk Assessments (GEMS screenings on wellness days).

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	Medical Surveillance at Staff Health Clinics (even though HIV testing is optional). Standard/Universal Precautions for infection control, Needle Prick protocol Post Exposure Prophylaxis, Protective Barriers /Equipment and Personal Protective clothing – clothing, gloves, masks, and eye wear, etc. Counselling services HIV/AIDS &TB Management in the workplace Policy. Compensation of Occupational Injuries and Diseases program for incidents.
Staff Refuse Collectors and General Assistants at medical service delivery points are at high risk of exposure to HIV, TB and other communicable diseases through direct contact with infected patients, body parts and body fluids. The mode of infection includes cuts, needle pricks, handling of infected body parts and fluids and soiled linen and utensils, breathing infected air.	Other interventions include: a) Staff training on infection control and standard / universal precautions b) Warning signage c) Reporting and investigation of occupational exposures d) Education on sharps disposal. Monitoring proper use of Personal Protective Clothing and equipment

Table D3.11.2 Details of Health Promotion and HIV/AIDS Programmes (tick the applicable boxes and provide the required information) – Info remains the same

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 29 designated personnel: 13 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 264 565; R3000 000 for Psycho-social Services for EMS and Forensic Pathology Employees outsourced and 130 565 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
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, with 889 Active Cases 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

Question	Yes	No	Details, if yes
			information on various Wellness topics: 113 Sessions Reaching 4521 employees 3. Management Training and Advice, : 22 Sessions reaching 240 4. EW Programme Promotion, 97 sessions reaching 3487 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 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. 36 HCT sessions were held and 200 employees tested for HIV and 1762 screened for T.B. 64 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.
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 D3.12.1 Collective agreements for the period 1 April 2019 and 31 March 2020

Subject matter	Date
None	
Total number of Collective agreements	None

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

Table D3.12.2 Misconduct and disciplinary hearings finalised for the period 1 April 2019 and 31 March 2020

Outcomes of disciplinary hearings	Number	% of total
Dismissal	5.00	29.40
Final Written Warning	2.00	11.80
No Outcome	8.00	47.10
Suspended Without Payment	6.00	35.30
Total	**17.00**	**100.00**

Total number of Disciplinary hearings finalised	

Table D3.12.3 Types of misconduct addressed at disciplinary hearings for the period 1 April 2019 and 31 March 2020

Type of misconduct	Number	% of total
Absent From Work Without Reason Or Permission	20.00	18.50
Assault/Attempts Or Threatens To Assault A Person	8.00	7.40
Conduct Self In Improper/Unacceptable Manner	8.00	7.40
Fails To Comply With Or Contravenes An Act	10.00	9.30
Falsifies Records Or Any Documents	2.00	1.90
Intimidates/Victimise Others	18.00	16.70
Prejudices Administration Of Organisation Or Dept	38.00	35.20
Sexual Harassment	1.00	0.90
Wilfully Or Negligently Mismanages Finances	3.00	2.80
TOTAL	**108.00**	**100.00**

Table D3.12.4 Grievances logged for the period 1 April 2019 and 31 March 2020

Grievances	Number	% of Total
Number of grievances addressed	Number	% of Total
Not resolved	4.00	25.00
Resolved	12.00	75.00
TOTAL	**16.00**	**100.00**

Table D3.12.5 Disputes logged with Councils for the period 1 April 2019 and 31 March 2020

Disputes	Number	% of Total
Number of grievances resolved	89.00	57.00
Number of grievances not resolved	71.00	53.00
TOTAL:	**160.00**	**100.00**

Table D3.12.6 Strike actions for the period 1 April 2019 and 31 March 2020

Total number of persons working days lost	0
Total costs working days lost	0
Amount recovered as a result of no work no pay (R'000)	0

Table D3.12.7 Precautionary suspensions for the period 1 April 2019 and 31 March 2020

Number of people suspended	8
Number of people whose suspension exceeded 30 days	8

3.13 Skills development

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

Table D3.13.1Training needs identified for the period 1 April 2019 and 31 March 2020

Occupational category	Gender	Number of employees as at 1 April 2019	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	826	4	938	13	955
	Male	537	3	54	7	64
Professionals	Female	2513	63	3314	5	3382
	Male	8373	8	1113	6	1127
Technicians and associate professionals	Female	1617	62	998	69	1129
	Male	7973	19	453	17	489
Clerks	Female	2602	0	1532	52	0
	Male	1049	0	789	21	810
Service and sales workers	Female	3465	0	87	0	87
	Male	1249	0	124	0	124
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	18	2	1	0	3
	Male	108	31	33	0	64
Plant and machine operators and assemblers	Female	17	0	7	0	7
	Male	33	0	58	0	58
Elementary occupations	Female	3416	2	345	9	0
	Male	1572	5	313	0	318
Sub Total	Female	14474	133	7222	148	5563
	Male	20894	66	2937	51	3054
Total		**35368**	**199**	**10159**	**199**	**8617**

Table D3.13.2 Training provided for the period 1 April 2019 and 31 March 2020

Occupational category	Gender	Number of employees as at 1 April 2019	Training provided within the reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	826	8	225	16	249
	Male	537	4	66	9	79
Professionals	Female	2513	10	3564	4120	7694
	Male	8373	1	631	983	1615
Technicians and associate professionals	Female	1617	1	795	1160	1956
	Male	7973	0	279	229	508
Clerks	Female	2602	47	512	427	986
	Male	1049	12	183	116	311
Service and sales workers	Female	3465	0	1004	1010	2014
	Male	1249	0	189	132	321
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	4	6	10
	Male	108	0	2	3	5
Plant and machine operators and assemblers	Female	17	1	1	0	2
	Male	33	0	2	8	10
Elementary occupations	Female	3416	4	46	385	435
	Male	1572	19	36	119	174
Sub Total	Female	14474	71	6151	7124	13346
	Male	20894	36	1388	1599	3023
Total		**35368**	**107**	**7539**	**8723**	**16369**

3.14 Injury on duty

The following tables provide basic information on injury on duty.

Table D3.14.1 Injury on duty for the period 1 April 1 April 2019 to 31 March 2020

Nature of injury on duty	Number	% of total
Required basic medical attention only	38.00	29%
Temporary Total Disablement	44.00	33%
Permanent Disablement	50.00	38%
Fatal	0.00	0%
Total	**132.00**	**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 D3.15.1Report on consultant appointments using appropriated funds for the period 1 April 2019 to 31 March 2020

Project title	Total number of consultants that worked on project	Duration (work days)	Contract value in Rand
Appointment of a Panel of Forensic investigators to provide Forensic investigation Capacity in support of the Fraud Management Unit for the Eastern Cape Department of Health for period of thirty-six (36) months	Panel of 7 service providers, namely; 1. Bowman Gilfillan/Smith Tabatha 2. Nexus Forensic Services (Pty) Ltd 3. Rakoma & Associates Inc 4. Open Water Advanced Risk Solutions (Pty) Ltd 5. Pooven Chetty & Associates t/a Umnotho Business Consulting 6. Phumlani Mkhize and Associates (Pty) Ltd Ubuntu Business Advisory and Consulting (Pty) Ltd	36 months	Rate based contract
The supply of specialised legal services for a period of 2 years	Norton Rose Fulbright South Africa Inc and Smith Tabata Attorneys Consortium	24 months	R58,416,336

Total number of projects	Total individual consultants	Total duration Work days	Total contract value in Rand
1	85	36 months	Rate based
1	21	24 months	58,416,336

Table D3.15.2 Analysis of consultant appointments using appropriated funds, in terms of Historically Disadvantaged Individuals (HDIs) for the period 1 April 1 April 2019 to 31 March 2020 – Remains the same

Project title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of consultants from HDI groups that work on the project
Appointment of a Panel of Forensic investigators to provide Forensic investigation Capacity in support of the Fraud Management Unit for the Eastern Cape Department of Health for period of thirty-six (36) months	1. 18.49% & 51% back owned respectively - Bowman Gilfillan/Smith Tabatha 2. 51% - Nexus Forensic Services (Pty) Ltd 3. 94% – Rakoma & Associates Inc 4. 51% black owned – Open Water Advanced Risk Solutions (Pty) Ltd 5. 100% black owned - Pooven Chetty & Associates t/a Umnotho Business Consulting 6. 100% – Phumlani Mkhize and Associates (Pty) Ltd 7. 100% – Ubuntu Business Advisory and Consulting (Pty) Ltd	1. 18.49% & 51 black owned respectively - Bowman Gilfillan/Smith Tabatha 2. 51% - Nexus Forensic Services (Pty) Ltd 3. 94% – Rakoma & Associates Inc 4. 51% – Open Water Advanced Risk Solutions (Pty) Ltd 5. 100% black owned - Pooven Chetty & Associates t/a Umnotho Business Consulting 6. 100% – Phumlani Mkhize and Associates (Pty) Ltd 7. 100% – Ubuntu Business Advisory and Consulting (Pty) Ltd	1. 20 key consultants - Bowman Gilfillan/Smith Tabatha 2. 18 key consultants – Nexus Forensic Services (Pty) Ltd 3. 8 key consultants – Rakoma & Associates Inc 4. 5 key consultants – Open Water Advanced Risk Solutions (Pty) Ltd 5. 6 key consultants – Pooven Chetty & Associates t/a Umnotho Business Consulting 6. 9 key consultants – Phumlani Mkhize and Associates (Pty) Ltd 7. 19 key consultants - Ubuntu Business Advisory and Consulting (Pty) Ltd
The supply of specialised legal services for a period of 2 years	Norton Rose Fulbright South Africa Inc and Smith Tabata Attorneys Consortium 32% black owned	32% black owned	21 key consultants

Table D3.15.3 Report on consultant appointments using Donor funds for the period 1 April 1 April 2019 to 31 March 2020

Project title	Total Number of consultants that worked on project	Duration (Work days)	Donor and contract value in Rand
0	0	0	0
0	0	0	0

Total number of projects	Total individual consultants	Total duration Work days	Total contract value in Rand
0	0	0	0
0	0	0	0

Table D3.15.4 Analysis of consultant appointments using Donor funds, in terms of Historically Disadvantaged Individuals (HDIs) for the period 1 April 1 April 2019 to 31 March 2020

Project title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of consultants from HDI groups that work on the project
0	0	0	0
0	0	0	0

3.16 Severance Packages

Table D3.16.1 Granting of employee initiated severance packages for the period 1 April 1 April 2019 to 31 March 2020

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



PART E

ANNUAL FINANCIAL STATEMENTS



REPORT OF THE AUDITOR GENERAL

Report of the auditor-general to the Eastern Cape Legislature on vote no. 3: Department of Health

Report on the audit of the financial statements

Qualified opinion

1. I have audited the financial statements of the Department of Health set out on pages 258 to 372, which comprise the appropriation statement, statement of financial position as at 31 March 2020, statement of financial performance, statement of changes in net assets and cash flow statement for the year then ended, as well as the notes to the financial statements, including a summary of significant accounting policies.

2. In my opinion, except for the effects of the matters described in the basis for qualified opinion section of this auditor's report, the financial statements present fairly, in all material respects, the financial position of the Department of Health as at 31 March 2020, and its financial performance and cash flows for the year then ended in accordance with the Modified Cash Standard (MCS) as prescribed by the National Treasury and the requirements of the Public Finance Management Act of South Africa, 1999 (Act No. 1 of 1999) (PFMA) and the Division of Revenue Act of South Africa (Act No. 16 of 2019) (Dora).

Basis for qualified opinion

Contingent liabilities

3. The department did not properly account for contingent liabilities, as required by the MCS, chapter 14, Provisions and 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, contingent liabilities as disclosed in note 21 to the financial statements is understated by R2,1 billion (2019: overstated by R0,9 billion).

Context for the opinion

4. I conducted my audit in accordance with the International Standards on Auditing (ISAs). My responsibilities under those standards are further described in the auditor-general's responsibilities for the audit of the financial statements section of this auditor's report.

5. I am independent of the department in accordance with sections 290 and 291 of the *code of ethics for professional accountants* and parts 1 and 3 of the *International code of ethics for professional accountants* (including International Independence Standards) of the International Ethics Standards Board for Accountants (IESBA codes) as well as the ethical requirements that are relevant to my audit in South Africa. I have fulfilled my other ethical responsibilities in accordance with these requirements and the IESBA codes.

6. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my qualified opinion.

Material uncertainty relating to going concern

7. I draw attention to the matter below. My opinion is not modified in respect of this matter.

8. As disclosed in note 21 to the financial statements, the amounts paid for medico-legal claims are not included as part of the appropriated budget. Funds have to be shifted from 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 annual performance plan targets. The steps taken by management to address this risk and to ensure the financial sustainability of the department are also detailed in this note.

Emphasis of matter

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

Bank overdraft

10. The department was in an overdraft position of R692,3 million as disclosed in note 17 to the financial statements.

Non-adjusting events after reporting date

11. I draw attention to note 38 to the financial statements, which outlines non-adjusting events after the reporting date and specifically the possible effects of the budgetary implications associated with the Covid19 response by the department.

Other matter

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

Unaudited supplementary information

13. The supplementary information set out on pages 373 to 392 does not form part of the financial statements and is presented as additional information. I have not audited these schedules and, accordingly, I do not express an opinion on them.

Responsibilities of the accounting officer for the financial statements

14. 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.

15. 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

16. 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.

17. 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

18. In accordance with the Public Audit Act of South Africa, 2004 (Act No. 25 of 2004) (PAA) and the general notice issued in terms thereof, I have a responsibility to report material findings on the reported performance information against predetermined objectives for selected programmes presented in the annual performance report. I performed procedures to identify findings but not to gather evidence to express assurance.

19. My procedures address the reported performance information, which must be based on the approved performance planning documents of the department. I have not evaluated the completeness and appropriateness of the performance indicators included in the planning documents. My procedures also did not extend to any disclosures or assertions relating to planned performance strategies and information in respect of future periods that may be included as part of the reported performance information. Accordingly, my findings do not extend to these matters.

20. 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 programme presented in the annual performance report of the department for the year ended 31 March 2020:

Programme	Pages in the annual performance report
Programme 2 – district health services	66 - 113

21. 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.

22. The material findings in respect of the reliability of the selected programme are as follows:

Programme 2 – district health services

Various indicators

23. I was unable to obtain sufficient appropriate audit evidence for the reported achievements of 15 out of the 31 material performance indicators relating to this programme. This was due to limitations placed on the scope of my work. I was unable to confirm the reported achievements by alternative means. Consequently, I was unable to determine whether any adjustments were required to the reported achievements in the annual performance report for the indicators listed below:

Indicator number	Indicator description	Number of indicators
1.1.1	PHC utilisation rate	1
1.5.3 / 1.5.4	HIV and TB related indicators	2
1.7.2 / 1.7.3 / 1.7.4 / 1.8.1 / 1.8.2 / 1.8.3 / 1.8.7 / 1.8.10 / 1.8.11 / 1.2.4 / 3.4.2 / 3.4.3	Maternal health related indicators	12

Various indicators

24. The achievements below were reported in the annual performance report for the listed indicators. However, the supporting evidence provided materially differed from the reported performance, while in other instances I was unable to obtain sufficient appropriate audit evidence. This was due to a 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 below reported achievements:

Indicator number	Indicator description	Reported achievement
1.7.5	Maternal mortality in facility ratio	108/100 000
1.10.1	Average length of stay	4,6 days

TB client lost to follow up rate

25. An achievement of 11,8% was reported against a target of 7% in the annual performance report. However, the supporting evidence provided did not agree to the reported achievement and indicated an achievement of 8%.

Other matters

26. I draw attention to the matters below.

Achievement of planned targets

27. Refer to the annual performance report on pages 66 to 113 for information on the achievement of planned targets for the year and explanations provided for the under- or overachievement of a significant number of targets. This information should be considered in the context of the material findings on the reliability of the reported performance information in paragraphs 22 to 25 of this report.

Adjustment of material misstatements

28. I identified material misstatements in the annual performance report submitted for auditing. These material misstatements were on the reported performance information of programme 2 – district health services. As management subsequently corrected only some of the misstatements, I raised material findings on the 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

29. 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.

30. The material findings on compliance with specific matters in key legislation are as follows:

Annual financial statements

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

Strategic planning

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

Expenditure management

33. Effective and appropriate steps were not taken to prevent unauthorised expenditure amounting to R598,2 million, as disclosed in note 11 to the financial statements, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. The unauthorised expenditure disclosed in the financial statements arose as a result of the overspending of the department's vote and main divisions within the vote.

34. Effective and appropriate steps were not taken to prevent irregular expenditure amounting to R338,1 million as disclosed in note 27 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 (SCM) legislation.

35. Effective steps were not taken to prevent fruitless and wasteful expenditure amounting to R23,7 million, as disclosed in note 28 to the financial statements, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. Most of the fruitless and wasteful expenditure was caused by interest incurred on late and overdue payments.

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.

Procurement and contract management

37. Information technology-related goods and services, classified as mandatory, were not procured through the 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).

38. Some of the contracts were extended or modified without the approval of a properly delegated official, as required by section 44 of the PFMA and treasury regulations 8.1 and 8.2. Similar non-compliance was also reported in the prior year.

39. In some instances, persons in the service of the department who had a private or business interest in contracts awarded by the department failed to disclose such interest, contrary to treasury regulation 16A8.4 and public service regulation 18(1) and (2).

40. In some instances, persons in the 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, contrary to treasury regulation 16A8.4.

Consequence management

41. I was 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.

Other information

42. The accounting officer is responsible for the other information. The other information comprises the information included in the annual report. The other information does not include the financial statements, the auditor's report and those selected programmes presented in the annual performance report that have been specifically reported on in the auditor's report.

43. My opinion on the financial statements and findings on the reported performance information and compliance with legislation do not cover the other information and I do not express an audit opinion or any form of assurance conclusion thereon.

44. 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 during the audit or otherwise appears to be materially misstated.

45. I did not receive the other information prior to the date of this auditor's report. When I do receive and read this information, and 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

46. 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.

47. The disclosure items included in the notes to the financial statements were not reconciled throughout the financial period and were prepared as part of the financial statements preparation process. This limited the reviews that the department performed on its financial statements and contributed to the material misstatements identified.

48. The department's compliance monitoring processes were not effective to ensure compliance with applicable laws and regulations. This contributed to the repeat findings on compliance with legislation.

49. Policies and procedures were not consistently implemented throughout the department. The lack of implementation of policies and procedures relating to job responsibilities by some officials at facilities and districts resulted in repeat findings on performance information and findings on compliance with legislation.

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 continued to have a challenge with the submission of documentation to support its reported performance.

Material irregularities

51. In accordance with the PAA and the Material Irregularity Regulations, I have a responsibility to report on material irregularities identified during an audit.

Material irregularity in progress

52. 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 auditor's report, the response of the accounting officer was not yet due. This material irregularity will be included in next year's auditor's report.

Other reports

53. 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.

54. The Special Investigating Unit and the Public Protector is conducting ongoing investigations into SCM processes relating to covid-19 procurement. These investigations cover the next financial period and are still ongoing.

Auditor-General.

East London

4 November 2020

AUDITOR-GENERAL
SOUTH AFRICA

Auditing to build public confidence

Annexure – Auditor-general's responsibility for the audit

1. As part of an audit in accordance with the ISAs, I exercise professional judgement and maintain professional scepticism throughout my audit of the financial statements and the procedures performed on reported performance information for selected programmes and on the department's compliance with respect to the selected subject matters.

Financial statements

2. In addition to my responsibility for the audit of the financial statements as described in this auditor's report, I also:

   - identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control
   - obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the department's internal control
   - evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the accounting officer
   - conclude on the appropriateness of the accounting officer's use of the going concern basis of accounting in the preparation of the financial statements. I also conclude, based on the audit evidence obtained, whether a material uncertainty exists 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 confirm to the accounting officer that I have complied with relevant ethical requirements regarding independence, and communicate all relationships and other matters that may reasonably be thought to have a bearing on my independence and, where applicable, actions taken to eliminate threats or safeguards applied.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2020

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1. Appropriation Statements

Appropriation per programme

Voted funds and Direct charges	2019/20							2018/19	
	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	669,341	-	(53,708)	615,633	598,794	16,839	97.3%	741,464	692,884
2 DISTRICT HEALTH SERVICES	13,219,823	-	110,467	13,330,290	13,640,040	(309,750)	102.3%	12,332,679	12,779,800
3 EMERGENCY MEDICAL SERVICES	1,393,057	-	(79,402)	1,313,655	1,277,761	35,894	97.3%	1,273,756	1,273,093
4 PROVINCIAL HOSPITAL SERVICES	3,733,867	-	36,853	3,770,720	4,026,399	(255,679)	106.8%	3,765,109	3,835,551
5 CENTRAL HOSPITAL SERVICES	4,233,036	-	76,073	4,309,109	4,329,290	(20,181)	100.5%	3,703,532	3,749,152
6 HEALTH SCIENCES AND TRAINING	930,010	-	(74,401)	855,609	728,562	127,047	85.2%	836,918	776,535
7 HEALTH CARE SUPPORT SERVICES	125,835	-	(10,060)	115,775	101,329	14,446	87.5%	116,427	110,060
8 HEALTH FACILITIES MANAGEMENT	1,665,400	-	(5,822)	1,659,578	1,496,307	163,271	90.2%	1,253,692	1,253,296
Programme sub total	**25,970,369**	**-**	**-**	**25,970,369**	**26,198,482**	**(228,113)**	**100.9%**	**24,023,577**	**24,470,371**
Statutory Appropriation	**2,019**	**-**	**-**	**2,019**	**2,019**	**-**	**100.0%**	**1,948**	**1,948**
Member of Executive Council salary	2,019	-	-	2,019	2,019	-	100.0%	1,948	1,948
	-	-	-	-	-	-	-	-	-
TOTAL	**25,972,388**	**-**	**-**	**25,972,388**	**26,200,501**	**(228,113)**	**100.9%**	**24,025,525**	**24,472,319**

APPROPRIATION STATEMENTS

for the year ended 31 March 2020

Voted funds and Direct charges	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Reconciliation with Statement of Financial Performance									
Add:									
Departmental receipts				4,108				-	
NRF Receipts				-				-	
Aid assistance				-				1,227	
Actual amounts per Statement of Financial Performance (Total Revenue)				**25,976,496**				**24,026,752**	
Add: Aid assistance					1,110				346
Prior year unauthorised expenditure approved without funding									
Actual amounts per Statement of Financial Performance Expenditure					**26,201,611**				**24,472,665**

APPROPRIATION STATEMENTS

for the year ended 31 March 2020

Appropriation per economic classification									
	2019/20							2018/19	
	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	**23,927,348**	**(95)**	**1**	**23,927,254**	**23,829,297**	**97,957**	**99.6%**	**22,271,578**	**22,121,145**
Compensation of employees	17,055,771	78,662	20,310	17,154,743	17,154,718	25	100.0%	15,794,257	15,980,940
Salaries and wages	15,055,003	39,397	20,310	15,114,710	15,080,862	33,848	99.8%	13,892,839	14,068,072
Social contributions	2,000,768	39,265	-	2,040,033	2,073,856	(33,823)	101.7%	1,901,418	1,912,868
Goods and services	6,871,577	(101,360)	(20,309)	6,749,908	6,650,052	99,856	98.5%	6,453,223	6,110,829
Administrative fees	4,163	-	-	4,163	2,367	1,796	56.9%	3,627	2,216
Advertising	12,397	(4,396)	(308)	7,693	2,560	5,133	33.3%	10,509	3,683
Minor assets	62,177	(15,773)	(13,749)	32,655	14,705	17,950	45.0%	42,782	24,941
Audit costs: External	27,645	-	-	27,645	27,469	176	99.4%	24,088	23,563
Bursaries: Employees	12,591	534	-	13,125	13,421	(296)	102.3%	5,545	15,041
Catering: Department al activities	3,918	(119)	-	3,799	3,606	193	94.9%	3,557	2,275
Communication (G&S)	70,624	24,932	(2,304)	93,252	92,280	972	99.0%	107,741	117,706
Computer services	94,162	(6,955)	(7,130)	80,077	44,451	35,626	55.5%	81,858	87,549
Consultants: Business and advisory services	102,692	(9,567)	(34,933)	58,192	83,373	(25,181)	143.3%	104,579	135,840
Laboratory services	1,021,645	(236,622)	-	785,023	826,050	(41,027)	105.2%	835,739	736,578
Legal services	9,726	5,107	(1,970)	12,863	6,843	6,020	53.2%	38,551	46,294
Contractors	133,400	(39,471)	10,411	104,340	80,685	23,655	77.3%	369,764	280,169
Agency and support / outsourced services	254,873	(37,324)	(10,611)	206,938	249,869	(42,931)	120.7%	311,680	245,282
Entertainment	2	-	-	2	-	2	-	5	2
Fleet services (including government motor transport)	212,874	(7,448)	15,453	220,879	198,187	22,692	89.7%	177,121	183,586
Inventory: Clothing material and accessories	5,307	146	(1,074)	4,379	2,643	1,736	60.4%	6,321	7,711
Inventory: Food and food supplies	172,206	(64,484)	(9,562)	98,160	144,248	(46,088)	147.0%	166,472	150,333
Inventory: Fuel, oil and gas	70,306	(24,958)	(2,509)	42,839	46,411	(3,572)	108.3%	73,833	59,644
Inventory: Learner and teacher support material	6,556	-	(6,371)	185	-	185	-	-	-
Inventory: Materials and supplies	21,288	3,734	-	25,022	39,540	(14,518)	158.0%	44,577	47,264

Appropriation per economic classification	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Medical supplies	788,789	(26,397)	(16,348)	746,044	788,498	(42,454)	105.7%	897,345	773,273
Inventory: Medicine	2,154,912	443,813	121,232	2,719,957	2,138,881	581,076	78.6%	1,804,855	1,672,326
Inventory: Other supplies	27,694	(3,765)	-	23,929	46,717	(22,788)	195.2%	42,777	60,783
Consumable supplies	96,992	15,154	(18,145)	94,001	103,269	(9,268)	109.9%	99,197	103,027
Consumable: Stationery, printing and office supplies	85,997	(23,891)	(9,791)	52,315	43,590	8,725	83.3%	70,338	72,328
Operating leases	141,929	(21,244)	(7,773)	112,912	126,192	(13,280)	111.8%	121,999	115,958
Property payments	976,668	(26,211)	5,068	955,525	1,300,679	(345,154)	136.1%	804,375	954,494
Transport provided: Department al activity	2,335	-	-	2,335	934	1,401	40.0%	2,536	1,530
Travel and subsistence	174,303	(21,710)	(13,074)	139,519	136,829	2,690	98.1%	137,850	118,809
Training and development	33,039	(10,273)	(9,535)	13,231	10,228	3,003	77.3%	10,889	21,469
Operating payments	74,484	(10,648)	(7,286)	56,550	65,273	(8,723)	115.4%	48,951	43,949
Venues and facilities	14,703	(3,524)	-	11,179	9,560	1,619	85.5%	3,310	2,443
Rental and hiring	1,180	-	-	1,180	694	486	58.8%	451	763
Interest and rent on land	-	22,603	-	22,603	24,527	(1,924)	108.5%	24,098	29,376
Interest (Incl. interest on unitary payments (PPP))	-	22,603	-	22,603	24,527	(1,924)	108.5%	24,098	29,376
Transfers and subsidies	**307,643**	**-**	**(1)**	**307,642**	**957,621**	**(649,979)**	**311.3%**	**353,684**	**1,051,664**
Provinces and municipalities	2,853	-	-	2,853	-	2,853	-	1,201	3,091
Municipalities	2,853	-	-	2,853	-	2,853	-	1,201	3,091
Municipal agencies and funds	2,853	-	-	2,853	-	2,853	-	1,201	3,091
Department al agencies and accounts	13,733	-	-	13,733	12,263	1,470	89.3%	11,856	11,856
Department al agencies	13,733	-	-	13,733	12,263	1,470	89.3%	11,856	11,856
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	11,300	-	-	11,300	9,060	2,240	80.2%	19,570	17,566

APPROPRIATION STATEMENTS

for the year ended 31 March 2020

Appropriation per economic classification									
	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Households	279,757	-	(1)	279,756	936,298	(656,542)	334.7%	321,057	1,019,151
Social benefits	66,326	33,166	-	99,492	94,604	4,888	95.1%	85,547	76,416
Other transfers to households	213,431	(33,166)	(1)	180,264	841,694	(661,430)	466.9%	235,510	942,735
Payments for capital assets	**1,737,397**	**95**	**-**	**1,737,492**	**1,413,583**	**323,909**	**81.4%**	**1,400,262**	**1,287,172**
Buildings and other fixed structures	1,162,194	-	-	1,162,194	1,060,483	101,711	91.2%	915,666	912,450
Buildings	1,162,194	-	-	1,162,194	1,060,483	101,711	91.2%	915,666	912,450
Machinery and equipment	575,203	95	-	575,298	353,100	222,198	61.4%	484,596	374,722
Transport equipment	209,444	15,384	-	224,828	164,110	60,718	73.0%	178,336	165,164
Other machinery and equipment	365,759	(15,289)	-	350,470	188,990	161,480	53.9%	306,260	209,558
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**12,338**
	25,972,388	**-**	**-**	**25,972,388**	**26,200,501**	**(228,113)**	**100.9%**	**24,025,525**	**24,472,319**

PROGRAMME 1: ADMINISTRATION

	2019/20							2018/19	
	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	6,898	1,483	(2,600)	5,781	5,781	-	100.0%	11,063	7,314
2 MANAGEMENT	662,443	(1,483)	(51,108)	609,852	593,013	16,839	97.2%	730,401	685,570
	669,341	**-**	**(53,708)**	**615,633**	**598,794**	**16,839**	**97.3%**	**741,464**	**692,884**
Economic classification									
Current payments	**660,987**	**(95)**	**(55,941)**	**604,951**	**588,628**	**16,323**	**97.3%**	**710,015**	**679,357**
Compensation of employees	429,204	-	-	429,204	424,044	5,160	98.8%	442,946	412,288
Salaries and wages	354,407	17,166	-	371,573	371,654	(81)	100.0%	391,297	361,772
Social contributions	74,797	(17,166)	-	57,631	52,390	5,241	90.9%	51,649	50,516
Goods and services	231,783	(595)	(55,941)	175,247	164,084	11,163	93.6%	266,664	266,664
Administrative fees	223	-	-	223	169	54	75.8%	337	148
Advertising	1,397	-	(308)	1,089	906	183	83.2%	1,081	531
Minor assets	1,133	(500)	(458)	175	126	49	72.0%	984	300
Audit costs: External	27,645	-	-	27,645	27,469	176	99.4%	24,088	23,563
Bursaries: Employees	-	32	-	32	32	-	100.0%	3	71
Catering: Department al activities	696	(32)	-	664	666	(2)	100.3%	983	627
Communication (G&S)	30,618	-	(2,304)	28,314	27,880	434	98.5%	36,965	36,198
Computer services	73,297	(5,107)	(7,130)	61,060	33,181	27,879	54.3%	78,669	74,283
Consultants: Business and advisory services	43,048	-	(34,933)	8,115	34,592	(26,477)	426.3%	28,623	37,856
Legal services	9,726	5,107	(1,970)	12,863	6,843	6,020	53.2%	38,381	46,294
Contractors	288	-	-	288	133	155	46.2%	85	31
Agency and support / outsourced services	-	-	-	-	-	-	-	25	-

PROGRAMME 1: ADMINISTRATION

	2019/20							2018/19	
	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
Fleet services (including government motor transport)	4,088	-	(202)	3,886	2,554	1,332	65.7%	11,168	5,221
Inventory: Food and food supplies	972	-	(545)	427	93	334	21.8%	182	68
Inventory: Fuel, oil and gas	26	-	-	26	51	(25)	196.2%	-	-
Inventory: Materials and supplies	676	-	-	676	228	448	33.7%	496	5,005
Inventory: Medical supplies	-	-	-	-	-	-	-	40	7
Inventory: Other supplies	456	-	-	456	348	108	76.3%	607	659
Consumable supplies	2,392	-	(120)	2,272	779	1,493	34.3%	2,522	957
Consumable: Stationery, printing and office supplies	4,962	-	(2,871)	2,091	2,139	(48)	102.3%	10,057	8,524
Operating leases	5,072	-	(52)	5,020	4,626	394	92.2%	4,190	3,073
Property payments	980	(125)	-	855	566	289	66.2%	1,905	1,009
Travel and subsistence	20,708	-	(5,048)	15,660	18,808	(3,148)	120.1%	22,549	19,966
Training and development	-	30	-	30	30	-	100.0%	500	595
Operating payments	2,102	-	-	2,102	836	1,266	39.8%	1,893	1,470
Venues and facilities	1,278	-	-	1,278	1,029	249	80.5%	331	208
Interest and rent on land	-	500	-	500	500	-	100.0%	405	405
Interest (Incl. interest on unitary payments (PPP))	-	500	-	500	500	-	100.0%	405	405
Transfers and subsidies	**1,703**	**-**	**2,233**	**3,936**	**3,979**	**(43)**	**101.1%**	**2,364**	**4,183**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	1,703	-	2,233	3,936	3,979	(43)	101.1%	2,364	4,183

PROGRAMME 1: ADMINISTRATION

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Social benefits	1,703	-	2,200	3,903	3,938	(35)	100.9%	2,434	3,828
Other transfers to households	-	-	33	33	41	(8)	124.2%	(70)	355
Payments for capital assets	**6,651**	**95**	**-**	**6,746**	**6,187**	**559**	**91.7%**	**29,085**	**9,344**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	6,651	95	-	6,746	6,187	559	91.7%	29,085	9,344
Transport equipment	2,677	1,542	-	4,219	3,665	554	86.9%	(1)	4,870
Other machinery and equipment	3,974	(1,447)	-	2,527	2,522	5	99.8%	29,086	4,474
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	669,341	**-**	**(53,708)**	**615,633**	**598,794**	**16,839**	**97.3%**	**741,464**	**692,884**

SUBPROGRAMME: 1.1: OFFICE OF THE MEC

	2019/20							2018/19	
	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	**6,328**	**1,483**	**(2,633)**	**5,178**	**5,747**	**(569)**	**111.0%**	**8,661**	**6,252**
Compensation of employees	2,263	1,483	-	3,746	3,656	90	97.6%	4,711	4,714
Goods and services	4,065	-	(2,633)	1,432	2,091	(659)	146.0%	3,950	1,538
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	**-**	**-**	**33**	**33**	**34**	**(1)**	**103.0%**	**59**	**41**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions				-		-	-	-	
Foreign governments and international organisations				-		-	-	-	
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions				-		-	-	-	
Households	-	-	33	33	34	(1)	103.0%	59	41
Payments for capital assets	**570**	**-**	**-**	**570**	**-**	**570**	**-**	**2,343**	**1,021**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	570	-	-	570	-	570	-	2,343	1,021
Software and other intangible assets				-		-	-	-	
Payment for financial assets				**-**		**-**	**-**	**-**	
Total	**6,898**	**1,483**	**(2,600)**	**5,781**	**5,781**	**-**	**100.0%**	**11,063**	**7,314**

SUBPROGRAMME: 1.2: MANAGEMENT

	2019/20							2018/19	
	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	**654,659**	**(1,578)**	**(53,308)**	**599,773**	**582,881**	**16,892**	**97.2%**	**701,354**	**673,105**
Compensation of employees	426,941	(1,483)	-	425,458	420,388	5,070	98.8%	438,235	407,574
Goods and services	227,718	(595)	(53,308)	173,815	161,993	11,822	93.2%	262,714	265,126
Interest and rent on land	-	500	-	500	500	-	100.0%	405	405
Transfers and subsidies	**1,703**	**-**	**2,200**	**3,903**	**3,945**	**(42)**	**101.1%**	**2,305**	**4,142**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions				-		-	-	-	
Foreign governments and international organisations				-		-	-	-	
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions				-		-	-	-	
Households	1,703	-	2,200	3,903	3,945	(42)	101.1%	2,305	4,142
Payments for capital assets	**6,081**	**95**	**-**	**6,176**	**6,187**	**(11)**	**100.2%**	**26,742**	**8,323**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	6,081	95	-	6,176	6,187	(11)	100.2%	26,742	8,323
Software and other intangible assets				-		-	-	-	
Payment for financial assets				**-**		**-**	**-**	**-**	
Total	**662,443**	**(1,483)**	**(51,108)**	**609,852**	**593,013**	**16,839**	**97.2%**	**730,401**	**685,570**

PROGRAMME 2: DISTRICT HEALTH SERVICES

	2019/20							2018/19	
	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	952,265	(3,142)	5,173	954,296	1,012,920	(58,624)	106.1%	1,003,932	973,747
2 COMMUNITY HEALTH CLINICS	2,621,679	163,461	88,559	2,873,699	2,862,890	10,809	99.6%	2,599,900	2,636,946
3 COMMUNITY HEALTH CENTRES	1,322,547	(66,741)	18,935	1,274,741	1,254,401	20,340	98.4%	1,140,237	1,135,530
4 COMMUNITY BASED SERVICES	612,432	(38,801)	-	573,631	562,012	11,619	98.0%	568,229	569,552
5 OTHER COMMUNITY SERVICES	80,961	(1,094)	-	79,867	72,687	7,180	91.0%	65,791	65,016
6 HIV/AIDS	2,399,693	(548)	-	2,399,145	2,398,092	1,053	100.0%	2,105,798	2,089,536
7 NUTRITION	47,715	(8,030)	-	39,685	27,281	12,404	68.7%	39,928	32,333
8 CORONER SERVICES	112,200	11,128	-	123,328	117,315	6,013	95.1%	108,119	109,401
9 DISTRICT HOSPITALS	5,070,331	(56,233)	(2,200)	5,011,898	5,332,442	(320,544)	106.4%	4,700,745	5,167,739
	13,219,823	**-**	**110,467**	**13,330,290**	**13,640,040**	**(309,750)**	**102.3%**	**12,332,679**	**12,779,800**
Economic classification									
Current payments	**12,995,687**	**-**	**112,667**	**13,108,354**	**13,082,349**	**26,005**	**99.8%**	**12,106,718**	**12,098,714**
Compensation of employees	9,310,214	2,900	-	9,313,114	9,328,322	(15,208)	100.2%	8,625,026	8,579,777
Salaries and wages	8,245,203	(49,770)	-	8,195,433	8,178,090	17,343	99.8%	7,565,789	7,518,808
Social contributions	1,065,011	52,670	-	1,117,681	1,150,232	(32,551)	102.9%	1,059,237	1,060,969
Goods and services	3,685,473	(11,140)	112,667	3,787,000	3,745,787	41,213	98.9%	3,461,352	3,513,624
Administrative fees	652	-	-	652	172	480	26.4%	816	336
Advertising	8,968	(4,396)	-	4,572	1,416	3,156	31.0%	8,575	2,832
Minor assets	28,140	(8,348)	-	19,792	7,088	12,704	35.8%	27,052	13,947
Bursaries: Employees	-	163	-	163	293	(130)	179.8%	-	339
Catering: Departmental activities	1,824	(13)	-	1,811	2,383	(572)	131.6%	2,300	1,409
Communication (G&S)	21,547	17,578	-	39,125	36,346	2,779	92.9%	32,195	46,081
Computer services	8,294	(1,796)	-	6,498	3,389	3,109	52.2%	2,949	7,230
Consultants: Business and advisory services	57,771	(9,525)	-	48,246	47,790	456	99.1%	73,766	96,792
Laboratory services	723,478	(179,828)	-	543,650	600,072	(56,422)	110.4%	553,083	529,307

PROGRAMME 2: DISTRICT HEALTH SERVICES

	2019/20							2018/19	
	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
Contractors	11,878	(2,367)	-	9,511	6,078	3,433	63.9%	14,688	(2,680)
Agency and support / outsourced services	74,997	(29,865)	-	45,132	59,724	(14,592)	132.3%	96,413	75,462
Fleet services (including government motor transport)	20,612	22,159	-	42,771	39,919	2,852	93.3%	44,651	54,157
Inventory: Clothing material and accessories	2,408	146	-	2,554	1,251	1,303	49.0%	2,424	2,963
Inventory: Food and food supplies	73,205	(27,463)	-	45,742	62,775	(17,033)	137.2%	89,492	68,216
Inventory: Fuel, oil and gas	34,935	(15,569)	-	19,366	6,259	13,107	32.3%	11,402	8,281
Inventory: Materials and supplies	13,006	(2,815)	-	10,191	5,591	4,600	54.9%	14,227	8,906
Inventory: Medical supplies	249,577	(9,054)	-	240,523	245,267	(4,744)	102.0%	330,585	246,199
Inventory: Medicine	1,683,484	308,592	107,494	2,099,570	1,788,240	311,330	85.2%	1,497,349	1,608,099
Inventory: Other supplies	18,804	(3,758)	-	15,046	14,869	177	98.8%	17,961	18,666
Consumable supplies	42,022	13,982	-	56,004	56,103	(99)	100.2%	52,698	61,262
Consumable: Stationery, printing and office supplies	43,388	(19,643)	-	23,745	19,927	3,818	83.9%	37,544	41,162
Operating leases	31,126	(9,910)	-	21,216	18,497	2,719	87.2%	22,156	20,432
Property payments	371,516	(18,774)	5,173	357,915	579,725	(221,810)	162.0%	433,362	517,385
Transport provided: Department al activity	1,050	-	-	1,050	482	568	45.9%	1,655	754
Travel and subsistence	99,061	(16,797)	-	82,264	82,954	(690)	100.8%	69,715	61,669
Training and development	800	-	-	800	612	188	76.5%	356	-
Operating payments	49,085	(10,096)	-	38,989	50,144	(11,155)	128.6%	21,377	22,094
Venues and facilities	12,665	(3,743)	-	8,922	7,727	1,195	86.6%	2,226	1,561
Rental and hiring	1,180	-	-	1,180	694	486	58.8%	335	763
Interest and rent on land	-	8,240	-	8,240	8,240	-	100.0%	20,340	5,313
Interest (Incl. interest on unitary payments (PPP))	-	8,240	-	8,240	8,240	-	100.0%	20,340	5,313
Transfers and subsidies	**85,338**	**-**	**(2,200)**	**83,138**	**462,964**	**(379,826)**	**556.9%**	**119,754**	**568,015**
Provinces and municipalities	2,853	-	-	2,853	-	2,853	-	1,201	3,091
Municipalities	2,853	-	-	2,853	-	2,853	-	1,201	3,091
Municipal agencies and funds	2,853	-	-	2,853	-	2,853	-	1,201	3,091
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-

PROGRAMME 2: DISTRICT HEALTH SERVICES

	2019/20							2018/19	
	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
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	11,300	-	-	11,300	9,060	2,240	80.2%	19,570	17,566
Households	71,185	-	(2,200)	68,985	453,904	(384,919)	658.0%	98,983	547,358
Social benefits	35,444	35,771	(2,200)	69,015	66,842	2,173	96.9%	44,278	43,171
Other transfers to households	35,741	(35,771)	-	(30)	387,062	(387,092)	(1290206.7%)	54,705	504,187
Payments for capital assets	**138,798**	**-**	**-**	**138,798**	**94,727**	**44,071**	**68.2%**	**106,207**	**100,733**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	138,798	-	-	138,798	94,727	44,071	68.2%	106,207	100,733
Transport equipment	82,862	11,300	-	94,162	65,322	28,840	69.4%	60,146	55,598
Other machinery and equipment	55,936	(11,300)	-	44,636	29,405	15,231	65.9%	46,061	45,135
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**12,338**
	13,219,823	**-**	**110,467**	**13,330,290**	**13,640,040**	**(309,750)**	**102.3%**	**12,332,679**	**12,779,800**

SUBPROGRAMME: 2.1: DISTRICT MANAGEMENT

	2019/20							2018/19	
	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	**871,829**	**(7,346)**	**5,173**	**869,656**	**932,630**	**(62,974)**	**107.2%**	**924,072**	**902,220**
Compensation of employees	746,883	19,076	-	765,959	810,260	(44,301)	105.8%	775,544	766,926
Goods and services	124,946	(26,422)	5,173	103,697	122,370	(18,673)	118.0%	148,529	135,294
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	**34,672**	**4,204**	**-**	**38,876**	**38,876**	**-**	**100.0%**	**31,068**	**30,840**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions				-		-	-	-	
Foreign governments and international organisations				-		-	-	-	
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions				-		-	-	-	
Households	34,672	4,204	-	38,876	38,876	-	100.0%	31,068	30,840
Payments for capital assets	**45,764**	**-**	**-**	**45,764**	**41,414**	**4,350**	**90.5%**	**48,791**	**40,687**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	45,764	-	-	45,764	41,414	4,350	90.5%	48,791	40,687
Software and other intangible assets				-		-	-	-	
Payment for financial assets				**-**		**-**	**-**	**-**	
Total	**952,265**	**(3,142)**	**5,173**	**954,296**	**1,012,920**	**(58,624)**	**106.1%**	**1,003,932**	**973,747**

SUBPROGRAMME: 2.2: COMMUNITY HEALTH CLINICS

	2019/20							2018/19	
	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	**2,603,937**	**161,918**	**88,559**	**2,854,414**	**2,856,014**	**(1,600)**	**100.1%**	**2,600,653**	**2,633,300**
Compensation of employees	1,824,394	77,892	-	1,902,286	1,907,355	(5,069)	100.3%	1,742,653	1,751,826
Goods and services	779,543	84,026	88,559	952,128	948,659	3,469	99.6%	858,000	881,474
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	**-**	**2,849**	**-**	**2,849**	**2,848**	**1**	**100.0%**	**1,161**	**1,623**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions				-		-	-	-	
Foreign governments and international organisations				-		-	-	-	
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions				-		-	-	-	
Households	-	2,849	-	2,849	2,848	1	100.0%	1,161	1,623
Payments for capital assets	**17,742**	**(1,306)**	**-**	**16,436**	**4,028**	**12,408**	**24.5%**	**(1,914)**	**2,023**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	17,742	(1,306)	-	16,436	4,028	12,408	24.5%	(1,914)	2,023
Software and other intangible assets				-		-	-	-	
Payment for financial assets				**-**		**-**	**-**	**-**	
Total	**2,621,679**	**163,461**	**88,559**	**2,873,699**	**2,862,890**	**10,809**	**99.6%**	**2,599,900**	**2,636,946**

SUBPROGRAMME: 2.3: COMMUNITY HEALTH CENTRES

	2019/20							2018/19	
	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	**1,316,600**	**(68,029)**	**18,935**	**1,267,506**	**1,247,239**	**20,267**	**98.4%**	**1,135,913**	**1,129,432**
Compensation of employees	1,104,584	(93,991)	-	1,010,593	1,003,764	6,829	99.3%	948,281	942,345
Goods and services	212,016	25,962	18,935	256,913	243,475	13,438	94.8%	187,597	187,051
Interest and rent on land	-	-	-	-	-	-	-	36	36
Transfers and subsidies	**-**	**1,288**	**-**	**1,288**	**1,289**	**(1)**	**100.1%**	**-**	**1,493**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions				-		-	-	-	
Foreign governments and international organisations				-		-	-	-	
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions				-		-	-	-	
Households	-	1,288	-	1,288	1,289	(1)	100.1%	-	1,493
Payments for capital assets	**5,947**	**-**	**-**	**5,947**	**5,873**	**74**	**98.8%**	**4,324**	**4,605**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	5,947	-	-	5,947	5,873	74	98.8%	4,324	4,605
Software and other intangible assets				-		-	-	-	
Payment for financial assets				**-**		**-**	**-**	**-**	
Total	**1,322,547**	**(66,741)**	**18,935**	**1,274,741**	**1,254,401**	**20,340**	**98.4%**	**1,140,237**	**1,135,530**

SUBPROGRAMME: 2.4: COMMUNITY BASED SERVICES

	2019/20							2018/19	
	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	**604,624**	**(40,174)**	**-**	**564,450**	**555,727**	**8,723**	**98.5%**	**556,344**	**538,502**
Compensation of employees	484,331	(16,391)	-	467,940	466,444	1,496	99.7%	457,836	433,952
Goods and services	120,293	(23,783)	-	96,510	89,283	7,227	92.5%	98,509	104,550
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	**2,853**	**67**	**-**	**2,920**	**66**	**2,854**	**2.3%**	**1,201**	**3,472**
Provinces and municipalities	2,853	-	-	2,853	-	2,853	-	1,201	3,091
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions				-		-	-	-	
Foreign governments and international organisations				-		-	-	-	
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions				-		-	-	-	
Households	-	67	-	67	66	1	98.5%	-	381
Payments for capital assets	**4,955**	**1,306**	**-**	**6,261**	**6,219**	**42**	**99.3%**	**10,684**	**15,240**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	4,955	1,306	-	6,261	6,219	42	99.3%	10,684	15,240
Software and other intangible assets				-		-	-	-	
Payment for financial assets				**-**		**-**	**-**	**-**	**12,338**
Total	**612,432**	**(38,801)**	**-**	**573,631**	**562,012**	**11,619**	**98.0%**	**568,229**	**569,552**

SUBPROGRAMME: 2.5: OTHER COMMUNITY SERVICES

	2019/20							2018/19	
	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	**79,950**	**(1,094)**	**-**	**78,856**	**72,027**	**6,829**	**91.3%**	**63,947**	**64,332**
Compensation of employees	63,867	-	-	63,867	60,855	3,012	95.3%	55,888	55,902
Goods and services	16,083	(1,094)	-	14,989	11,172	3,817	74.5%	8,058	8,430
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions				-		-	-		
Foreign governments and international organisations				-		-	-		
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions				-		-	-		
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	**1,011**	**-**	**-**	**1,011**	**660**	**351**	**65.3%**	**1,844**	**684**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	1,011	-	-	1,011	660	351	65.3%	1,844	684
Software and other intangible assets				-		-	-		
Payment for financial assets				**-**		**-**	**-**	**-**	
Total	**80,961**	**(1,094)**	**-**	**79,867**	**72,687**	**7,180**	**91.0%**	**65,791**	**65,016**

SUBPROGRAMME: 2.6: HIV/AIDS

	2019/20							2018/19	
	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	**2,381,305**	**(548)**	**-**	**2,380,757**	**2,383,470**	**(2,713)**	**100.1%**	**2,076,860**	**2,062,932**
Compensation of employees	695,577	(548)	-	695,029	676,309	18,720	97.3%	616,954	605,536
Goods and services	1,685,728	-	-	1,685,728	1,707,161	(21,433)	101.3%	1,459,906	1,457,396
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	**11,950**	**-**	**-**	**11,950**	**9,692**	**2,258**	**81.1%**	**19,700**	**17,672**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions				-		-	-	-	
Foreign governments and international organisations				-		-	-	-	
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	11,300			11,300	9,060	2,240	80.2%	19,570	17,566
Households	650	-	-	650	632	18	97.2%	130	106
Payments for capital assets	**6,438**	**-**	**-**	**6,438**	**4,930**	**1,508**	**76.6%**	**9,238**	**8,932**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	6,438	-	-	6,438	4,930	1,508	76.6%	9,238	8,932
Software and other intangible assets				-		-	-	-	
Payment for financial assets				**-**		**-**	**-**	**-**	
Total	**2,399,693**	**(548)**	**-**	**2,399,145**	**2,398,092**	**1,053**	**100.0%**	**2,105,798**	**2,089,536**

SUBPROGRAMME: 2.7: NUTRITION

	2019/20							2018/19	
	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	**35,284**	**(5,227)**	**-**	**30,057**	**27,253**	**2,804**	**90.7%**	**35,219**	**31,622**
Compensation of employees	-	-	-	-	-	-	-	-	-
Goods and services	35,284	(5,227)	-	30,057	27,253	2,804	90.7%	35,219	31,622
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions				-		-	-	-	
Foreign governments and international organisations				-		-	-	-	
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions				-		-	-	-	
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	**12,431**	**(2,803)**	**-**	**9,628**	**28**	**9,600**	**0.3%**	**4,709**	**711**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	12,431	(2,803)	-	9,628	28	9,600	0.3%	4,709	711
Software and other intangible assets				-		-	-	-	
Payment for financial assets				**-**		**-**	**-**	**-**	
Total	**47,715**	**(8,030)**	**-**	**39,685**	**27,281**	**12,404**	**68.7%**	**39,928**	**32,333**

SUBPROGRAMME: 2.8: CORONER SERVICES

	2019/20							2018/19	
	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	**105,627**	**8,325**	**-**	**113,952**	**107,954**	**5,998**	**94.7%**	**103,908**	**103,164**
Compensation of employees	86,201	8,325	-	94,526	94,527	(1)	100.0%	87,851	87,853
Goods and services	19,426	-	-	19,426	13,427	5,999	69.1%	16,056	15,311
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	**122**	**-**	**-**	**122**	**78**	**44**	**63.9%**	**-**	**-**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions				-		-	-	-	
Foreign governments and international organisations				-		-	-	-	
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions				-		-	-	-	
Households	122	-	-	122	78	44	63.9%	-	-
Payments for capital assets	**6,451**	**2,803**	**-**	**9,254**	**9,283**	**(29)**	**100.3%**	**4,211**	**6,237**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	6,451	2,803	-	9,254	9,283	(29)	100.3%	4,211	6,237
Software and other intangible assets				-		-	-	-	
Payment for financial assets				**-**		**-**	**-**	**-**	
Total	**112,200**	**11,128**	**-**	**123,328**	**117,315**	**6,013**	**95.1%**	**108,119**	**109,401**

SUBPROGRAMME: 2.9: DISTRICT HOSPITALS

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**4,996,531**	**(47,825)**	**-**	**4,948,706**	**4,900,035**	**48,671**	**99.0%**	**4,609,801**	**4,633,210**
Compensation of employees	4,304,377	8,537	-	4,312,914	4,308,808	4,106	99.9%	3,940,019	3,935,437
Goods and services	692,154	(64,602)	-	627,552	582,987	44,565	92.9%	649,478	692,496
Interest and rent on land	-	8,240	-	8,240	8,240	-	100.0%	20,304	5,277
Transfers and subsidies	**35,741**	**(8,408)**	**(2,200)**	**25,133**	**410,115**	**(384,982)**	**1631.8%**	**66,624**	**512,915**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions				-		-	-	-	
Foreign governments and international organisations				-		-	-	-	
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions				-		-	-	-	
Households	35,741	(8,408)	(2,200)	25,133	410,115	(384,982)	1631.8%	66,624	512,915
Payments for capital assets	**38,059**	**-**	**-**	**38,059**	**22,292**	**15,767**	**58.6%**	**24,320**	**21,614**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	38,059	-	-	38,059	22,292	15,767	58.6%	24,320	21,614
Software and other intangible assets				-		-	-	-	
Payment for financial assets				**-**		**-**	**-**	**-**	
Total	**5,070,331**	**(56,233)**	**(2,200)**	**5,011,898**	**5,332,442**	**(320,544)**	**106.4%**	**4,700,745**	**5,167,739**

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

	2019/20							2018/19	
	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	1,171,128	(6)	(82,273)	1,088,849	1,034,403	54,446	95.0%	1,069,699	1,031,914
2 PLANNED PATIENT TRANSPORT	221,929	6	2,871	224,806	243,358	(18,552)	108.3%	204,056	241,179
	1,393,057	**-**	**(79,402)**	**1,313,655**	**1,277,761**	**35,894**	**97.3%**	**1,273,756**	**1,273,093**
Economic classification									
Current payments	**1,230,473**	**-**	**(55,824)**	**1,174,649**	**1,174,650**	**(1)**	**100.0%**	**1,154,060**	**1,171,266**
Compensation of employees	881,223	29,171	2,871	913,265	913,266	(1)	100.0%	922,436	971,943
Salaries and wages	778,633	20,101	2,871	801,605	779,063	22,542	97.2%	820,639	848,278
Social contributions	102,590	9,070	-	111,660	134,203	(22,543)	120.2%	101,797	123,665
Goods and services	349,250	(29,171)	(58,695)	261,384	261,384	-	100.0%	231,624	199,323
Advertising	100	-	-	100	20	80	20.0%	(0)	-
Minor assets	14,412	-	(12,246)	2,166	2,257	(91)	104.2%	6,853	1,098
Bursaries: Employees	-	123	-	123	124	(1)	100.8%	-	-
Catering: Departmental activities	403	(57)	-	346	31	315	9.0%	-	4
Communication (G&S)	5,938	2,847	-	8,785	8,785	-	100.0%	8,284	10,859
Contractors	7,247	-	(5,411)	1,836	1,437	399	78.3%	4,930	3,511
Agency and support / outsourced services	7,621	(2,847)	(1,386)	3,388	3,388	-	100.0%	2,358	156
Entertainment	-	-	-	-	-	-	-	5	-
Fleet services (including government motor transport)	179,661	(29,237)	15,655	166,079	149,696	16,383	90.1%	110,622	116,528
Inventory: Clothing material and accessories	1,074	-	(1,074)	-	-	-	-	2,560	2,152
Inventory: Food and food supplies	-	-	-	-	-	-	-	391	142
Inventory: Fuel, oil and gas	2,509	-	(2,509)	-	-	-	-	11,334	63
Inventory: Materials and supplies	636	-	-	636	246	390	38.7%	-	110
Inventory: Medical supplies	13,750	-	(5,858)	7,892	13,979	(6,087)	177.1%	13,394	6,392
Inventory: Medicine	200	645	-	845	846	(1)	100.1%	11	653
Inventory: Other supplies	1,790	(93)	-	1,697	1,445	252	85.2%	-	441

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Consumable supplies	18,266	-	(14,064)	4,202	6,902	(2,700)	164.3%	4,817	2,340
Consumable: Stationery, printing and office supplies	8,869	-	(6,920)	1,949	1,978	(29)	101.5%	4,514	2,296
Operating leases	45,119	(481)	(7,721)	36,917	36,209	708	98.1%	44,941	31,752
Property payments	26,517	-	(11,571)	14,946	23,694	(8,748)	158.5%	14,221	14,872
Transport provided: Department al activity	224	-	-	224	-	224	-	212	-
Travel and subsistence	9,304	481	(5,590)	4,195	5,304	(1,109)	126.4%	2,177	5,894
Operating payments	5,510	(552)	-	4,958	4,958	-	100.0%	-	60
Venues and facilities	100	-	-	100	85	15	85.0%	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	**3,407**	**-**	**-**	**3,407**	**3,128**	**279**	**91.8%**	**3,778**	**3,778**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	3,407	-	-	3,407	3,128	279	91.8%	3,778	3,778
Social benefits	3,407	-	-	3,407	3,128	279	91.8%	3,778	3,778
Payments for capital assets	**159,177**	**-**	**(23,578)**	**135,599**	**99,983**	**35,616**	**73.7%**	**115,918**	**98,049**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	159,177	-	(23,578)	135,599	99,983	35,616	73.7%	115,918	98,049
Transport equipment	115,408	-	-	115,408	83,593	31,815	72.4%	108,503	95,343
Other machinery and equipment	43,769	-	(23,578)	20,191	16,390	3,801	81.2%	7,415	2,706
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	1,393,057	**-**	**(79,402)**	**1,313,655**	**1,277,761**	**35,894**	**97.3%**	**1,273,756**	**1,273,093**

SUBPROGRAMME: 3.1: EMERGENCY TRANSPORT

	2019/20							2018/19	
	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	**1,026,733**	**-**	**(58,695)**	**968,038**	**946,441**	**21,597**	**97.8%**	**966,793**	**944,524**
Compensation of employees	724,785	27,020	-	751,805	730,208	21,597	97.1%	782,579	791,863
Goods and services	301,948	(27,020)	(58,695)	216,233	216,233	-	100.0%	184,213	152,661
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	**3,407**	**(6)**	**-**	**3,401**	**3,122**	**279**	**91.8%**	**3,778**	**3,778**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions				-		-	-	-	
Foreign governments and international organisations				-		-	-	-	
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions				-		-	-	-	
Households	3,407	(6)	-	3,401	3,122	279	91.8%	3,778	3,778
Payments for capital assets	**140,988**	**-**	**(23,578)**	**117,410**	**84,840**	**32,570**	**72.3%**	**99,129**	**83,612**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	140,988	-	(23,578)	117,410	84,840	32,570	72.3%	99,129	83,612
Software and other intangible assets				-		-	-	-	
Payment for financial assets				**-**		**-**	**-**	**-**	
Total	**1,171,128**	**(6)**	**(82,273)**	**1,088,849**	**1,034,403**	**54,446**	**95.0%**	**1,069,699**	**1,031,914**

SUBPROGRAMME: 3.2: PLANNED PATIENT TRANSPORT

	2019/20							2018/19	
	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	**203,740**	**-**	**2,871**	**206,611**	**228,209**	**(21,598)**	**110.5%**	**187,267**	**226,742**
Compensation of employees	156,438	2,151	2,871	161,460	183,058	(21,598)	113.4%	139,857	180,080
Goods and services	47,302	(2,151)	-	45,151	45,151	-	100.0%	47,410	46,662
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	**-**	**6**	**-**	**6**	**6**	**-**	**100.0%**	**-**	**-**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions				-		-	-	-	
Foreign governments and international organisations				-		-	-	-	
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions				-		-	-	-	
Households	-	6	-	6	6	-	100.0%	-	-
Payments for capital assets	**18,189**	**-**	**-**	**18,189**	**15,143**	**3,046**	**83.3%**	**16,789**	**14,437**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	18,189	-	-	18,189	15,143	3,046	83.3%	16,789	14,437
Software and other intangible assets				-		-	-	-	
Payment for financial assets				**-**		**-**	**-**	**-**	
Total	**221,929**	**6**	**2,871**	**224,806**	**243,358**	**(18,552)**	**108.3%**	**204,056**	**241,179**

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

	2019/20							2018/19	
	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	2,589,227	206,158	72,878	2,868,263	3,152,971	(284,708)	109.9%	2,869,569	2,954,759
2 TB HOSPITALS	382,376	(19,783)	(26,800)	335,793	310,434	25,359	92.4%	346,670	349,112
3 PSYCHIATRIC MENTAL HOSPITALS	762,264	(186,375)	(9,225)	566,664	562,994	3,670	99.4%	548,871	531,680
	3,733,867	**-**	**36,853**	**3,770,720**	**4,026,399**	**(255,679)**	**106.8%**	**3,765,109**	**3,835,551**
Economic classification									
Current payments	**3,706,666**	**-**	**13,274**	**3,719,940**	**3,726,914**	**(6,974)**	**100.2%**	**3,678,359**	**3,536,052**
Compensation of employees	2,850,830	-	-	2,850,830	2,844,562	6,268	99.8%	2,774,109	2,762,095
Salaries and wages	2,486,304	12,715	-	2,499,019	2,489,574	9,445	99.6%	2,474,551	2,457,117
Social contributions	364,526	(12,715)	-	351,811	354,988	(3,177)	100.9%	299,558	304,978
Goods and services	855,836	(13,254)	13,274	855,856	869,098	(13,242)	101.5%	901,166	770,873
Administrative fees	318	-	-	318	104	214	32.7%	130	57
Advertising	23	-	-	23	-	23	-	0	1
Minor assets	9,446	(2,835)	-	6,611	1,847	4,764	27.9%	3,357	1,674
Bursaries: Employees	45	93	-	138	138	-	100.0%	-	114
Catering: Department al activities	207	(37)	-	170	64	106	37.6%	-	59
Communication (G&S)	6,809	491	-	7,300	6,858	442	93.9%	9,566	8,558
Computer services	3,945	(52)	-	3,893	2,386	1,507	61.3%	0	1,688
Consultants: Business and advisory services	45	-	-	45	18	27	40.0%	1,041	350
Laboratory services	117,600	(13,154)	-	104,446	101,282	3,164	97.0%	169,005	99,907
Contractors	9,788	(2,654)	-	7,134	6,410	724	89.9%	31,204	4,311
Agency and support / outsourced services	127,777	(1,992)	(9,225)	116,560	132,996	(16,436)	114.1%	137,906	124,767
Entertainment	2	-	-	2	-	2	-	-	2
Fleet services (including government motor transport)	5,325	(690)	-	4,635	3,254	1,381	70.2%	5,284	4,092
Inventory: Clothing material and accessories	1,225	-	-	1,225	932	293	76.1%	1,268	2,247
Inventory: Food and food supplies	71,441	(20,420)	(7,844)	43,177	50,886	(7,709)	117.9%	44,568	50,877

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

	2019/20							2018/19	
	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	16,085	(5,077)	-	11,008	7,246	3,762	65.8%	16,434	13,570
Inventory: Materials and supplies	4,808	(1,087)	-	3,721	3,448	273	92.7%	3,493	4,709
Inventory: Medical supplies	96,956	4,763	-	101,719	125,880	(24,161)	123.8%	149,169	143,655
Inventory: Medicine	169,696	33,919	39,341	242,956	153,308	89,648	63.1%	155,282	23,087
Inventory: Other supplies	6,110	-	-	6,110	10,414	(4,304)	170.4%	3,368	18,794
Consumable supplies	18,433	1,009	-	19,442	21,052	(1,610)	108.3%	21,441	19,208
Consumable: Stationery, printing and office supplies	11,667	(1,314)	-	10,353	9,522	831	92.0%	5,806	9,082
Operating leases	14,470	(4,002)	-	10,468	19,275	(8,807)	184.1%	10,421	21,573
Property payments	151,381	3,620	(8,998)	146,003	204,235	(58,232)	139.9%	113,201	211,664
Transport provided: Department al activity	704	-	-	704	380	324	54.0%	568	651
Travel and subsistence	9,342	(3,835)	-	5,507	6,344	(837)	115.2%	9,754	4,971
Training and development	40	-	-	40	1	39	2.5%	-	219
Operating payments	2,048	-	-	2,048	818	1,230	39.9%	8,694	986
Venues and facilities	100	-	-	100	-	100	-	90	-
Rental and hiring	-	-	-	-	-	-	-	116	-
Interest and rent on land	-	13,254	-	13,254	13,254	-	100.0%	3,084	3,084
Interest (Incl. interest on unitary payments (PPP))	-	13,254	-	13,254	13,254	-	100.0%	3,084	3,084
Transfers and subsidies	**11,817**	**-**	**1**	**11,818**	**286,900**	**(275,082)**	**2427.7%**	**27,226**	**275,990**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	11,817	-	1	11,818	286,900	(275,082)	2427.7%	27,226	275,990
Social benefits	11,787	-	-	11,787	9,323	2,464	79.1%	18,013	13,267
Other transfers to households	30	-	1	31	277,577	(277,546)	895409.7%	9,213	262,723
Payments for capital assets	**15,384**	**-**	**23,578**	**38,962**	**12,585**	**26,377**	**32.3%**	**59,524**	**23,509**
Buildings and other fixed structures	-	-	-	-	-	-	-	486	486

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

	2019/20							2018/19	
	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
Buildings	-	-	-	-	-	-	-	486	486
Machinery and equipment	15,384	-	23,578	38,962	12,585	26,377	32.3%	59,038	23,023
Transport equipment	4,640	-	-	4,640	6,202	(1,562)	133.7%	5,092	4,651
Other machinery and equipment	10,744	-	23,578	34,322	6,383	27,939	18.6%	53,946	18,372
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	3,733,867	**-**	**36,853**	**3,770,720**	**4,026,399**	**(255,679)**	**106.8%**	**3,765,109**	**3,835,551**

SUBPROGRAMME: 4.1: GENERAL (REGIONAL) HOSPITALS

	2019/20							2018/19	
	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	**2,575,668**	**206,158**	**49,299**	**2,831,125**	**2,862,104**	**(30,979)**	**101.1%**	**2,792,467**	**2,665,907**
Compensation of employees	2,058,197	177,662	-	2,235,859	2,241,080	(5,221)	100.2%	2,183,855	2,156,954
Goods and services	517,471	15,242	49,299	582,012	607,770	(25,758)	104.4%	605,528	505,869
Interest and rent on land	-	13,254	-	13,254	13,254	-	100.0%	3,084	3,084
Transfers and subsidies	**9,317**	**-**	**1**	**9,318**	**285,139**	**(275,821)**	**3060.1%**	**28,758**	**275,382**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions				-		-	-	-	
Foreign governments and international organisations				-		-	-	-	
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions				-		-	-	-	
Households	9,317	-	1	9,318	285,139	(275,821)	3060.1%	28,758	275,382
Payments for capital assets	**4,242**	**-**	**23,578**	**27,820**	**5,728**	**22,092**	**20.6%**	**48,344**	**13,470**
Buildings and other fixed structures	-	-	-	-	-	-	-	486	486
Machinery and equipment	4,242	-	23,578	27,820	5,728	22,092	20.6%	47,858	12,984
Software and other intangible assets				-		-	-	-	
Payment for financial assets				**-**		**-**	**-**	**-**	
Total	**2,589,227**	**206,158**	**72,878**	**2,868,263**	**3,152,971**	**(284,708)**	**109.9%**	**2,869,569**	**2,954,759**

SUBPROGRAMME: 4.2: TB HOSPITALS

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**374,245**	**(19,783)**	**(26,800)**	**327,662**	**306,220**	**21,442**	**93.5%**	**337,762**	**341,765**
Compensation of employees	247,623	-	-	247,623	232,430	15,193	93.9%	248,272	263,159
Goods and services	126,622	(19,783)	(26,800)	80,039	73,790	6,249	92.2%	89,490	78,606
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	**600**	**-**	**-**	**600**	**318**	**282**	**53.0%**	**1,216**	**353**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions				-		-	-	-	
Foreign governments and international organisations				-		-	-	-	
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions				-		-	-	-	
Households	600	-	-	600	318	282	53.0%	1,216	353
Payments for capital assets	**7,531**	**-**	**-**	**7,531**	**3,896**	**3,635**	**51.7%**	**7,692**	**6,994**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	7,531	-	-	7,531	3,896	3,635	51.7%	7,692	6,994
Software and other intangible assets				-		-	-	-	
Payment for financial assets				**-**		**-**	**-**	**-**	
Total	**382,376**	**(19,783)**	**(26,800)**	**335,793**	**310,434**	**25,359**	**92.4%**	**346,670**	**349,112**

SUBPROGRAMME: 4.3: PSYCHIATRIC MENTAL HOSPITALS

	2019/20							2018/19	
	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	**756,753**	**(186,375)**	**(9,225)**	**561,153**	**558,590**	**2,563**	**99.5%**	**548,130**	**528,380**
Compensation of employees	545,010	(177,662)	-	367,348	371,052	(3,704)	101.0%	341,982	341,982
Goods and services	211,743	(8,713)	(9,225)	193,805	187,538	6,267	96.8%	206,148	186,398
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	**1,900**	**-**	**-**	**1,900**	**1,443**	**457**	**75.9%**	**(2,748)**	**255**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions				-	-	-	-	-	
Foreign governments and international organisations				-	-	-	-	-	
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions				-	-	-	-	-	
Households	1,900	-	-	1,900	1,443	457	75.9%	(2,748)	255
Payments for capital assets	**3,611**	**-**	**-**	**3,611**	**2,961**	**650**	**82.0%**	**3,488**	**3,045**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	3,611	-	-	3,611	2,961	650	82.0%	3,488	3,045
Software and other intangible assets				-	-	-	-	-	
Payment for financial assets				**-**		**-**	**-**	**-**	
Total	**762,264**	**(186,375)**	**(9,225)**	**566,664**	**562,994**	**3,670**	**99.4%**	**548,871**	**531,680**

PROGRAMME 5: CENTRAL HOSPITAL SERVICES

	2019/20							2018/19	
	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	1,228,005	(48,509)	76,073	1,255,569	1,350,353	(94,784)	107.5%	1,168,715	1,249,007
2 PROVINCIAL TERTIARY SERVICES	3,005,031	48,509	-	3,053,540	2,978,937	74,603	97.6%	2,534,817	2,500,145
	4,233,036	**-**	**76,073**	**4,309,109**	**4,329,290**	**(20,181)**	**100.5%**	**3,703,532**	**3,749,152**
Economic classification									
Current payments	**4,122,613**	**-**	**76,073**	**4,198,686**	**4,150,526**	**48,160**	**98.9%**	**3,577,007**	**3,606,700**
Compensation of employees	2,882,648	46,590	76,073	3,005,311	3,005,961	(650)	100.0%	2,381,773	2,643,838
Salaries and wages	2,552,547	29,761	76,073	2,658,381	2,673,900	(15,519)	100.6%	2,095,387	2,320,479
Social contributions	330,101	16,829	-	346,930	332,061	14,869	95.7%	286,386	323,359
Goods and services	1,239,965	(46,590)	-	1,193,375	1,142,641	50,734	95.7%	1,194,965	962,592
Administrative fees	70	-	-	70	54	16	77.1%	-	4
Advertising	635	-	-	635	15	620	2.4%	-	91
Minor assets	4,190	(3,980)	-	210	1,503	(1,293)	715.7%	121	3,049
Bursaries: Employees	-	123	-	123	124	(1)	100.8%	-	239
Catering: Department al activities	203	20	-	223	62	161	27.8%	74	72
Communication (G&S)	4,507	2,488	-	6,995	10,373	(3,378)	148.3%	11,460	13,367
Computer services	4,819	-	-	4,819	2,943	1,876	61.1%	100	3,067
Consultants: Business and advisory services	-	(42)	-	(42)	177	(219)	(421.4%)	250	-
Laboratory services	180,567	(43,640)	-	136,927	124,696	12,231	91.1%	113,651	106,998
Contractors	41,509	(17,491)	15,822	39,840	42,266	(2,426)	106.1%	107,593	53,245
Agency and support / outsourced services	26,493	(2,620)	-	23,873	37,972	(14,099)	159.1%	55,037	34,772
Fleet services (including government motor transport)	1,510	42	-	1,552	1,534	18	98.8%	2,309	1,953

PROGRAMME 5: CENTRAL HOSPITAL SERVICES

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Clothing material and accessories	600	-	-	600	460	140	76.7%	-	322
Inventory: Food and food supplies	26,582	(16,601)	(1,173)	8,808	30,494	(21,686)	346.2%	31,725	31,024
Inventory: Fuel, oil and gas	16,634	(4,310)	-	12,324	32,797	(20,473)	266.1%	34,554	37,689
Inventory: Materials and supplies	1,928	-	-	1,928	5,046	(3,118)	261.7%	6,361	8,969
Inventory: Medical supplies	398,418	(22,588)	(7,722)	368,108	376,615	(8,507)	102.3%	378,533	348,849
Inventory: Medicine	301,407	100,655	(25,603)	376,459	196,485	179,974	52.2%	152,214	40,475
Inventory: Other supplies	-	86	-	86	18,914	(18,828)	21993.0%	16,000	21,620
Consumable supplies	10,309	(7)	(3,961)	6,341	14,885	(8,544)	234.7%	13,572	14,816
Consumable: Stationery, printing and office supplies	12,030	(2,765)	-	9,265	8,445	820	91.1%	10,784	7,821
Operating leases	42,311	(6,851)	-	35,460	45,174	(9,714)	127.4%	37,878	37,166
Property payments	153,827	(27,185)	22,637	149,279	186,777	(37,498)	125.1%	215,528	192,177
Transport provided: Department al activity	357	-	-	357	72	285	20.2%	101	125
Travel and subsistence	9,348	(1,924)	-	7,424	3,957	3,467	53.3%	5,614	3,553
Training and development	-	-	-	-	-	-	-	-	67
Operating payments	1,651	-	-	1,651	801	850	48.5%	1,506	1,062
Venues and facilities	60	-	-	60	-	60	-	-	-
Interest and rent on land	-	-	-	-	1,924	(1,924)	-	269	270
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	1,924	(1,924)	-	269	270
Transfers and subsidies	**11,785**	**-**	**-**	**11,785**	**107,343**	**(95,558)**	**910.8%**	**17,900**	**40,901**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-

PROGRAMME 5: CENTRAL HOSPITAL SERVICES

	2019/20							2018/19	
	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
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	11,785	-	-	11,785	107,343	(95,558)	910.8%	17,900	40,901
Social benefits	11,785	(2,605)	-	9,180	9,181	(1)	100.0%	15,364	10,692
Other transfers to households	-	2,605	-	2,605	98,162	(95,557)	3768.2%	2,536	30,209
Payments for capital assets	**98,638**	**-**	**-**	**98,638**	**71,421**	**27,217**	**72.4%**	**108,625**	**101,551**
Buildings and other fixed structures	-	-	-	-	-	-	-	3,000	152
Buildings	-	-	-	-	-	-	-	3,000	152
Machinery and equipment	98,638	-	-	98,638	71,421	27,217	72.4%	105,625	101,399
Transport equipment	-	2,542	-	2,542	3,341	(799)	131.4%	3,099	3,098
Other machinery and equipment	98,638	(2,542)	-	96,096	68,080	28,016	70.8%	102,526	98,301
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	4,233,036	**-**	**76,073**	**4,309,109**	**4,329,290**	**(20,181)**	**100.5%**	**3,703,532**	**3,749,152**

SUBPROGRAMME: 5.1: CENTRAL HOSPITAL SERVICES

	2019/20							2018/19	
	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	**1,182,005**	**(48,509)**	**76,073**	**1,209,569**	**1,295,542**	**(85,973)**	**107.1%**	**1,133,534**	**1,193,318**
Compensation of employees	806,343	(17,644)	76,073	864,772	957,755	(92,983)	110.8%	783,533	905,691
Goods and services	375,662	(30,865)	-	344,797	337,416	7,381	97.9%	349,922	287,547
Interest and rent on land	-	-	-	-	371	(371)	-	80	80
Transfers and subsidies	**6,000**	**-**	**-**	**6,000**	**30,187**	**(24,187)**	**503.1%**	**8,700**	**25,705**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions				-		-	-	-	
Foreign governments and international organisations				-		-	-	-	
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions				-		-	-	-	
Households	6,000	-	-	6,000	30,187	(24,187)	503.1%	8,700	25,705
Payments for capital assets	**40,000**	**-**	**-**	**40,000**	**24,624**	**15,376**	**61.6%**	**26,481**	**29,984**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	40,000	-	-	40,000	24,624	15,376	61.6%	26,481	29,984
Software and other intangible assets				-		-	-	-	
Payment for financial assets				**-**		**-**	**-**	**-**	
Total	**1,228,005**	**(48,509)**	**76,073**	**1,255,569**	**1,350,353**	**(94,784)**	**107.5%**	**1,168,715**	**1,249,007**

SUBPROGRAMME: 5.2: PROVINCIAL TERTIARY SERVICES

	2019/20							2018/19	
	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	**2,940,608**	**48,509**	**-**	**2,989,117**	**2,854,984**	**134,133**	**95.5%**	**2,443,473**	**2,413,382**
Compensation of employees	2,076,305	64,234	-	2,140,539	2,048,206	92,333	95.7%	1,598,240	1,738,147
Goods and services	864,303	(15,725)	-	848,578	805,225	43,353	94.9%	845,043	675,045
Interest and rent on land	-	-	-	-	1,553	(1,553)	-	190	190
Transfers and subsidies	**5,785**	**-**	**-**	**5,785**	**77,156**	**(71,371)**	**1333.7%**	**9,200**	**15,196**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions				-		-	-	-	
Foreign governments and international organisations				-		-	-	-	
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions				-		-	-	-	
Households	5,785	-	-	5,785	77,156	(71,371)	1333.7%	9,200	15,196
Payments for capital assets	**58,638**	**-**	**-**	**58,638**	**46,797**	**11,841**	**79.8%**	**82,144**	**71,567**
Buildings and other fixed structures	-	-	-	-	-	-	-	3,000	152
Machinery and equipment	58,638	-	-	58,638	46,797	11,841	79.8%	79,144	71,415
Software and other intangible assets				-		-	-	-	
Payment for financial assets				**-**		**-**	**-**	**-**	
Total	**3,005,031**	**48,509**	**-**	**3,053,540**	**2,978,937**	**74,603**	**97.6%**	**2,534,817**	**2,500,145**

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

	2019/20							2018/19	
	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	344,888	-	(56,024)	288,864	274,293	14,571	95.0%	319,100	288,232
2 EMS TRAINING COLLEGE	17,982	-	-	17,982	10,441	7,541	58.1%	12,573	10,939
3 BURSARIES	184,728	-	(35)	184,693	81,139	103,554	43.9%	171,191	147,216
4 OTHER TRAINING	382,412	-	(18,342)	364,070	362,689	1,381	99.6%	334,052	330,148
	930,010	**-**	**(74,401)**	**855,609**	**728,562**	**127,047**	**85.2%**	**836,918**	**776,535**
Economic classification									
Current payments	**711,382**	**-**	**(74,366)**	**637,016**	**625,048**	**11,968**	**98.1%**	**642,909**	**611,253**
Compensation of employees	597,480	-	(52,806)	544,674	544,030	644	99.9%	551,456	519,800
Salaries and wages	541,673	13,949	(52,806)	502,816	504,286	(1,470)	100.3%	458,996	479,892
Social contributions	55,807	(13,949)	-	41,858	39,744	2,114	94.9%	92,459	39,908
Goods and services	113,902	-	(21,560)	92,342	81,018	11,324	87.7%	91,453	91,453
Administrative fees	2,450	-	-	2,450	1,833	617	74.8%	1,760	1,671
Advertising	799	-	-	799	203	596	25.4%	313	228
Minor assets	3,443	(308)	(1,045)	2,090	334	1,756	16.0%	3,660	1,094
Bursaries: Employees	12,546	-	-	12,546	12,710	(164)	101.3%	5,542	14,278
Catering: Departmental activities	585	-	-	585	400	185	68.4%	200	100
Communication (G&S)	321	1,148	-	1,469	1,424	45	96.9%	4,884	1,824
Computer services	-	-	-	-	-	-	-	-	53
Consultants: Business and advisory services	1,828	-	-	1,828	796	1,032	43.5%	899	842
Contractors	838	(278)	-	560	98	462	17.5%	2,589	80
Agency and support / outsourced services	15,546	-	-	15,546	15,687	(141)	100.9%	17,134	10,125

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

	2019/20							2018/19	
	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
Fleet services (including government motor transport)	988	278	-	1,266	1,147	119	90.6%	2,763	1,591
Inventory: Clothing material and accessories	-	-	-	-	-	-	-	69	27
Inventory: Food and food supplies	6	-	-	6	-	6	-	114	6
Inventory: Fuel, oil and gas	38	(2)	-	36	13	23	36.1%	43	4
Inventory: Learner and teacher support material	6,556	-	(6,371)	185	-	185	-	-	-
Inventory: Materials and supplies	230	1	-	231	149	82	64.5%	-	291
Inventory: Medical supplies	5,746	26	-	5,772	7,117	(1,345)	123.3%	4,505	6,130
Inventory: Medicine	125	2	-	127	2	125	1.6%	-	12
Inventory: Other supplies	395	-	-	395	613	(218)	155.2%	4,265	560
Consumable supplies	2,042	169	-	2,211	1,316	895	59.5%	764	2,274
Consumable: Stationery, printing and office supplies	3,425	(169)	-	3,256	915	2,341	28.1%	534	1,963
Operating leases	1,868	-	-	1,868	1,001	867	53.6%	1,216	1,110
Property payments	11,428	(1,148)	(2,173)	8,107	8,329	(222)	102.7%	8,387	8,642
Travel and subsistence	21,234	365	(2,436)	19,163	16,476	2,687	86.0%	22,336	19,204
Training and development	19,319	(303)	(9,535)	9,481	9,149	332	96.5%	5,828	18,575
Operating payments	1,646	-	-	1,646	587	1,059	35.7%	2,983	95
Venues and facilities	500	219	-	719	719	-	100.0%	663	674
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	**193,393**	**-**	**(35)**	**193,358**	**93,233**	**100,125**	**48.2%**	**182,636**	**158,770**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	13,733	-	-	13,733	12,263	1,470	89.3%	11,856	11,856
Department al agencies	13,733	-	-	13,733	12,263	1,470	89.3%	11,856	11,856
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

	2019/20							2018/19	
	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
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	179,660	-	(35)	179,625	80,970	98,655	45.1%	170,780	146,914
Social benefits	2,000	-	-	2,000	2,118	(118)	105.9%	1,653	1,653
Other transfers to households	177,660	-	(35)	177,625	78,852	98,773	44.4%	169,126	145,261
Payments for capital assets	**25,235**	**-**	**-**	**25,235**	**10,281**	**14,954**	**40.7%**	**11,373**	**6,512**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	25,235	-	-	25,235	10,281	14,954	40.7%	11,373	6,512
Transport equipment	3,309	-	-	3,309	1,862	1,447	56.3%	905	1,545
Other machinery and equipment	21,926	-	-	21,926	8,419	13,507	38.4%	10,468	4,967
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	930,010	**-**	**(74,401)**	**855,609**	**728,562**	**127,047**	**85.2%**	**836,918**	**776,535**

SUBPROGRAMME: 6.1: NURSING TRAINING COLLEGES

	2019/20							2018/19	
	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	**337,394**	**-**	**(56,024)**	**281,370**	**269,810**	**11,560**	**95.9%**	**317,060**	**284,993**
Compensation of employees	308,648	-	(52,806)	255,842	249,638	6,204	97.6%	288,998	256,918
Goods and services	28,746	-	(3,218)	25,528	20,172	5,356	79.0%	28,062	28,075
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	**2,000**	**-**	**-**	**2,000**	**1,801**	**199**	**90.1%**	**1,562**	**1,561**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions				-		-	-	-	
Foreign governments and international organisations				-		-	-	-	
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions				-		-	-	-	
Households	2,000	-	-	2,000	1,801	199	90.1%	1,562	1,561
Payments for capital assets	**5,494**	**-**	**-**	**5,494**	**2,682**	**2,812**	**48.8%**	**478**	**1,678**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	5,494	-	-	5,494	2,682	2,812	48.8%	478	1,678
Software and other intangible assets				-		-	-	-	
Payment for financial assets				**-**		**-**	**-**	**-**	
Total	**344,888**	**-**	**(56,024)**	**288,864**	**274,293**	**14,571**	**95.0%**	**319,100**	**288,232**

SUBPROGRAMME: 6.2: EMS TRAINING COLLEGE

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**12,946**	**-**	**-**	**12,946**	**9,796**	**3,150**	**75.7%**	**11,547**	**10,709**
Compensation of employees	9,182	-	-	9,182	7,378	1,804	80.4%	7,971	7,135
Goods and services	3,764	-	-	3,764	2,418	1,346	64.2%	3,576	3,574
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**18**	**11**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions				-		-	-	-	
Foreign governments and international organisations				-		-	-	-	
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions				-		-	-	-	
Households	-	-	-	-	-	-	-	18	11
Payments for capital assets	**5,036**	**-**	**-**	**5,036**	**645**	**4,391**	**12.8%**	**1,009**	**219**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	5,036	-	-	5,036	645	4,391	12.8%	1,009	219
Software and other intangible assets				-		-	-	-	
Payment for financial assets				**-**		**-**	**-**	**-**	
Total	**17,982**	**-**	**-**	**17,982**	**10,441**	**7,541**	**58.1%**	**12,573**	**10,939**

SUBPROGRAMME: 6.3: BURSARIES

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**7,068**	**-**	**-**	**7,068**	**1,974**	**5,094**	**27.9%**	**1,955**	**1,955**
Compensation of employees	-	-	-	-	-	-	-	-	-
Goods and services	7,068	-	-	7,068	1,974	5,094	27.9%	1,955	1,955
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	**177,660**	**-**	**(35)**	**177,625**	**79,159**	**98,466**	**44.6%**	**169,126**	**145,261**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions				-		-	-	-	
Foreign governments and international organisations				-		-	-	-	
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions				-		-	-	-	
Households	177,660	-	(35)	177,625	79,159	98,466	44.6%	169,126	145,261
Payments for capital assets	**-**	**-**	**-**	**-**	**6**	**(6)**	**-**	**110**	**-**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	6	(6)	-	110	-
Software and other intangible assets				-		-	-	-	
Payment for financial assets				**-**		**-**	**-**	**-**	
Total	**184,728**	**-**	**(35)**	**184,693**	**81,139**	**103,554**	**43.9%**	**171,191**	**147,216**

SUBPROGRAMME: 6.4: OTHER TRAINING

	2019/20							2018/19	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**353,974**	**-**	**(18,342)**	**335,632**	**343,468**	**(7,836)**	**102.3%**	**312,347**	**313,596**
Compensation of employees	279,650	-	-	279,650	287,014	(7,364)	102.6%	254,486	255,747
Goods and services	74,324	-	(18,342)	55,982	56,454	(472)	100.8%	57,861	57,849
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	**13,733**	**-**	**-**	**13,733**	**12,273**	**1,460**	**89.4%**	**11,929**	**11,937**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	13,733	-	-	13,733	12,263	1,470	89.3%	11,856	11,856
Higher education institutions				-		-	-	-	
Foreign governments and international organisations				-		-	-	-	
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions				-		-	-	-	
Households	-	-	-	-	10	(10)	-	73	81
Payments for capital assets	**14,705**	**-**	**-**	**14,705**	**6,948**	**7,757**	**47.2%**	**9,776**	**4,615**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	14,705	-	-	14,705	6,948	7,757	47.2%	9,776	4,615
Software and other intangible assets				-		-	-	-	
Payment for financial assets				**-**		**-**	**-**	**-**	
Total	**382,412**	**-**	**(18,342)**	**364,070**	**362,689**	**1,381**	**99.6%**	**334,052**	**330,148**

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

	2019/20							2018/19	
	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 & PROSTHETIC SERVICES	54,143	(3,689)	(2,774)	47,680	36,740	10,940	77.1%	46,287	39,316
2 MEDICINE TRADING ACCOUNT	71,692	3,689	(7,286)	68,095	64,589	3,506	94.9%	70,140	70,744
	125,835	**-**	**(10,060)**	**115,775**	**101,329**	**14,446**	**87.5%**	**116,427**	**110,060**
Economic classification									
Current payments	**124,456**	**-**	**(10,054)**	**114,402**	**100,819**	**13,583**	**88.1%**	**115,509**	**109,832**
Compensation of employees	68,045	-	-	68,045	64,231	3,814	94.4%	64,767	60,148
Salaries and wages	60,109	(3,301)	-	56,808	55,217	1,591	97.2%	54,435	51,866
Social contributions	7,936	3,301	-	11,237	9,014	2,223	80.2%	10,332	8,282
Goods and services	56,411	-	(10,054)	46,357	36,588	9,769	78.9%	50,742	49,684
Advertising	100	-	-	100	-	100	-	-	-
Minor assets	1,065	-	-	1,065	(1)	1,066	(0.1%)	614	71
Communication (G&S)	306	380	-	686	614	72	89.5%	3,445	819
Computer services	3,167	-	-	3,167	2,552	615	80.6%	(0)	1,228
Contractors	371	-	-	371	42	329	11.3%	484	84
Agency and support / outsourced services	-	-	-	-	-	-	-	2,807	-
Fleet services (including government motor transport)	687	-	-	687	83	604	12.1%	321	44
Inventory: Fuel, oil and gas	79	-	-	79	45	34	57.0%	66	37
Inventory: Materials and supplies	4	-	-	4	-	4	-	-	28
Inventory: Medical supplies	24,342	(380)	(2,768)	21,194	16,374	4,820	77.3%	20,983	19,772
Inventory: Other supplies	139	-	-	139	31	108	22.3%	5	43
Consumable supplies	3,238	-	-	3,238	1,937	1,301	59.8%	2,316	1,871
Consumable: Stationery, printing and office supplies	1,245	-	-	1,245	615	630	49.4%	1,051	1,169
Operating leases	1,963	-	-	1,963	1,410	553	71.8%	1,197	852
Property payments	5,978	-	-	5,978	4,858	1,120	81.3%	3,099	4,373
Travel and subsistence	1,505	-	-	1,505	905	600	60.1%	2,338	1,156

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

	2019/20							2018/19	
	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
Training and development	180	-	-	180	-	180	-	-	127
Operating payments	12,042	-	(7,286)	4,756	7,123	(2,367)	149.8%	12,018	18,010
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	**200**	**-**	**(6)**	**194**	**68**	**126**	**35.1%**	**16**	**16**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	200	-	(6)	194	68	126	35.1%	16	16
Social benefits	200	-	(6)	194	68	126	35.1%	16	16
Payments for capital assets	**1,179**	**-**	**-**	**1,179**	**442**	**737**	**37.5%**	**902**	**212**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	1,179	-	-	1,179	442	737	37.5%	902	212
Transport equipment	450	-	-	450	125	325	27.8%	592	59
Other machinery and equipment	729	-	-	729	317	412	43.5%	310	153
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	125,835	**-**	**(10,060)**	**115,775**	**101,329**	**14,446**	**87.5%**	**116,427**	**110,060**

SUBPROGRAMME: 7.1: ORTHOTIC & PROSTHETIC SERVICES

	2019/20							2018/19	
	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	**53,643**	**(3,689)**	**(2,768)**	**47,186**	**36,614**	**10,572**	**77.6%**	**45,705**	**39,204**
Compensation of employees	26,505	(3,689)	-	22,816	19,002	3,814	83.3%	22,697	18,078
Goods and services	27,138	-	(2,768)	24,370	17,612	6,758	72.3%	23,008	21,126
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	**200**	**-**	**(6)**	**194**	**68**	**126**	**35.1%**	**-**	**-**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions				-		-	-	-	
Foreign governments and international organisations				-		-	-	-	
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions				-		-	-	-	
Households	200	-	(6)	194	68	126	35.1%	-	-
Payments for capital assets	**300**	**-**	**-**	**300**	**58**	**242**	**19.3%**	**582**	**112**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	300	-	-	300	58	242	19.3%	582	112
Software and other intangible assets				-		-	-	-	
Payment for financial assets				**-**		**-**	**-**	**-**	
Total	**54,143**	**(3,689)**	**(2,774)**	**47,680**	**36,740**	**10,940**	**77.1%**	**46,287**	**39,316**

SUBPROGRAMME: 7.2: MEDICINE TRADING ACCOUNT

	2019/20							2018/19	
	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	**70,813**	**3,689**	**(7,286)**	**67,216**	**64,205**	**3,011**	**95.5%**	**69,804**	**70,628**
Compensation of employees	41,540	3,689	-	45,229	45,229	-	100.0%	42,070	42,070
Goods and services	29,273	-	(7,286)	21,987	18,976	3,011	86.3%	27,734	28,558
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**16**	**16**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions				-		-	-	-	
Foreign governments and international organisations				-		-	-	-	
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions				-		-	-	-	
Households	-	-	-	-	-	-	-	16	16
Payments for capital assets	**879**	**-**	**-**	**879**	**384**	**495**	**43.7%**	**320**	**100**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	879	-	-	879	384	495	43.7%	320	100
Software and other intangible assets				-		-	-	-	
Payment for financial assets				**-**		**-**	**-**	**-**	
Total	**71,692**	**3,689**	**(7,286)**	**68,095**	**64,589**	**3,506**	**94.9%**	**70,140**	**70,744**

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

	2019/20							2018/19	
	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	286,805	(2,516)	-	284,289	300,782	(16,493)	105.8%	165,302	106,070
2 DISTRICT HOSPITAL SERVICES	-	22,579	(5,826)	16,753	-	16,753	-	136	136
3 PROVINCIAL HOSPITAL SERVICES	720,507	(20,063)	4	700,448	626,499	73,949	89.4%	583,319	661,090
4 OTHER FACILITIES	614,845	-	-	614,845	528,898	85,947	86.0%	425,685	412,773
5 EMERGENCY MEDICAL RESCUE SERVICES	43,243	-	-	43,243	40,128	3,115	92.8%	79,251	73,227
	1,665,400	**-**	**(5,822)**	**1,659,578**	**1,496,307**	**163,271**	**90.2%**	**1,253,692**	**1,253,296**
Economic classification									
Current payments	**373,065**	**-**	**(5,828)**	**367,237**	**378,344**	**(11,107)**	**103.0%**	**285,054**	**306,023**
Compensation of employees	34,108	1	(5,828)	28,281	28,283	(2)	100.0%	29,796	29,103
Salaries and wages	34,108	(1,224)	(5,828)	27,056	27,059	(3)	100.0%	29,796	27,912
Social contributions	-	1,225	-	1,225	1,224	1	99.9%	-	1,191
Goods and services	338,957	(610)	-	338,347	349,452	(11,105)	103.3%	255,258	256,616
Administrative fees	450	-	-	450	35	415	7.8%	584	-
Advertising	375	-	-	375	-	375	-	540	-
Minor assets	348	198	-	546	1,551	(1,005)	284.1%	142	3,708
Catering: Department al activities	-	-	-	-	-	-	-	-	4
Communication (G&S)	578	-	-	578	-	578	-	942	-
Computer services	640	-	-	640	-	640	-	140	-
Laboratory services	-	-	-	-	-	-	-	-	366
Legal services	-	-	-	-	-	-	-	170	-
Contractors	61,481	(16,681)	-	44,800	24,221	20,579	54.1%	208,191	221,587
Agency and support / outsourced services	2,439	-	-	2,439	102	2,337	4.2%	-	-
Fleet services (including government motor transport)	3	-	-	3	-	3	-	3	-
Inventory: Materials and supplies	-	7,635	-	7,635	24,832	(17,197)	325.2%	20,000	19,246
Inventory: Medical supplies	-	836	-	836	3,266	(2,430)	390.7%	136	2,269

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

	2019/20							2018/19	
	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	-	-	-	-	83	(83)	-	571	-
Consumable supplies	290	1	-	291	295	(4)	101.4%	1,067	299
Consumable: Stationery, printing and office supplies	411	-	-	411	49	362	11.9%	48	311
Property payments	255,041	17,401	-	272,442	292,495	(20,053)	107.4%	14,672	4,372
Travel and subsistence	3,801	-	-	3,801	2,081	1,720	54.7%	3,367	2,396
Training and development	12,700	(10,000)	-	2,700	436	2,264	16.1%	4,205	1,886
Operating payments	400	-	-	400	6	394	1.5%	480	172
Interest and rent on land	-	609	-	609	609	-	100.0%	-	20,304
Interest (Incl. interest on unitary payments (PPP))	-	609	-	609	609	-	100.0%	-	20,304
Transfers and subsidies	**-**	**-**	**6**	**6**	**6**	**-**	**100.0%**	**11**	**11**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	6	6	6	-	100.0%	11	11
Social benefits	-	-	6	6	6	-	100.0%	11	11
Payments for capital assets	**1,292,335**	**-**	**-**	**1,292,335**	**1,117,957**	**174,378**	**86.5%**	**968,628**	**947,262**
Buildings and other fixed structures	1,162,194	-	-	1,162,194	1,060,483	101,711	91.2%	912,180	911,812
Buildings	1,162,194	-	-	1,162,194	1,060,483	101,711	91.2%	912,180	911,812
Machinery and equipment	130,141	-	-	130,141	57,474	72,667	44.2%	56,448	35,450
Transport equipment	98	-	-	98	-	98	-	-	-
Other machinery and equipment	130,043	-	-	130,043	57,474	72,569	44.2%	56,448	35,450
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	1,665,400	**-**	**(5,822)**	**1,659,578**	**1,496,307**	**163,271**	**90.2%**	**1,253,692**	**1,253,296**

SUBPROGRAMME: 8.1: COMMUNITY HEALTH FACILITIES

	2019/20							2018/19	
	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	**44,313**	**(2,516)**	**-**	**41,797**	**82,456**	**(40,659)**	**197.3%**	**21,897**	**3,688**
Compensation of employees	-	-	-	-	-	-	-	-	-
Goods and services	44,313	(2,516)	-	41,797	82,456	(40,659)	197.3%	21,897	3,688
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions				-		-	-	-	
Foreign governments and international organisations				-		-	-	-	
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions				-		-	-	-	
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	**242,492**	**-**	**-**	**242,492**	**218,326**	**24,166**	**90.0%**	**143,405**	**102,382**
Buildings and other fixed structures	231,503	-	-	231,503	203,592	27,911	87.9%	141,300	100,277
Machinery and equipment	10,989	-	-	10,989	14,734	(3,745)	134.1%	2,105	2,105
Software and other intangible assets				-		-	-	-	
Payment for financial assets				**-**		**-**	**-**	**-**	
Total	**286,805**	**(2,516)**	**-**	**284,289**	**300,782**	**(16,493)**	**105.8%**	**165,302**	**106,070**

SUBPROGRAMME: 8.2: DISTRICT HOSPITAL SERVICES

	2019/20							2018/19	
	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	**-**	**27,205**	**(5,828)**	**21,377**	**-**	**21,377**	**-**	**136**	**136**
Compensation of employees	-	16,041	(5,828)	10,213	-	10,213	-	-	-
Goods and services	-	11,164	-	11,164	-	11,164	-	136	136
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	**-**	**-**	**2**	**2**	**-**	**2**	**-**	**-**	**-**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions				-		-	-	-	
Foreign governments and international organisations				-		-	-	-	
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions				-		-	-	-	
Households	-	-	2	2	-	2	-	-	-
Payments for capital assets	**-**	**(4,626)**	**-**	**(4,626)**	**-**	**(4,626)**	**-**	**-**	**-**
Buildings and other fixed structures	-	(4,626)	-	(4,626)	-	(4,626)	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Software and other intangible assets				-		-	-	-	
Payment for financial assets				**-**		**-**	**-**	**-**	
Total	**-**	**22,579**	**(5,826)**	**16,753**	**-**	**16,753**	**-**	**136**	**136**

SUBPROGRAMME: 8.3: PROVINCIAL HOSPITAL SERVICES

	2019/20							2018/19	
	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	**120,368**	**(24,689)**	**-**	**95,679**	**145,348**	**(49,669)**	**151.9%**	**221,896**	**267,167**
Compensation of employees	3,515	(16,040)	-	(12,525)	16,041	(28,566)	(128.1%)	8,123	8,122
Goods and services	116,853	(9,258)	-	107,595	129,307	(21,712)	120.2%	213,773	238,741
Interest and rent on land	-	609	-	609	-	609	-	-	20,304
Transfers and subsidies	**-**	**-**	**4**	**4**	**2**	**2**	**50.0%**	**11**	**11**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions				-		-	-	-	
Foreign governments and international organisations				-		-	-	-	
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions				-		-	-	-	
Households	-	-	4	4	2	2	50.0%	11	11
Payments for capital assets	**600,139**	**4,626**	**-**	**604,765**	**481,149**	**123,616**	**79.6%**	**361,412**	**393,912**
Buildings and other fixed structures	546,711	4,626	-	551,337	471,376	79,961	85.5%	338,113	361,681
Machinery and equipment	53,428	-	-	53,428	9,773	43,655	18.3%	23,299	32,231
Software and other intangible assets				-		-	-	-	
Payment for financial assets				**-**		**-**	**-**	**-**	
Total	**720,507**	**(20,063)**	**4**	**700,448**	**626,499**	**73,949**	**89.4%**	**583,319**	**661,090**

SUBPROGRAMME: 8.4: OTHER FACILITIES

	2019/20							2018/19	
	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	**208,057**	**-**	**-**	**208,057**	**146,943**	**61,114**	**70.6%**	**32,537**	**25,645**
Compensation of employees	30,593	-	-	30,593	9,902	20,691	32.4%	21,673	20,981
Goods and services	177,464	-	-	177,464	136,432	41,032	76.9%	10,864	4,664
Interest and rent on land	-	-	-	-	609	(609)	-	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**4**	**(4)**	**-**	**-**	**-**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions				-		-	-	-	
Foreign governments and international organisations				-		-	-	-	
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions				-		-	-	-	
Households	-	-	-	-	4	(4)	-	-	-
Payments for capital assets	**406,788**	**-**	**-**	**406,788**	**381,951**	**24,837**	**93.9%**	**393,148**	**387,128**
Buildings and other fixed structures	347,991	-	-	347,991	352,238	(4,247)	101.2%	369,654	386,742
Machinery and equipment	58,797	-	-	58,797	29,713	29,084	50.5%	23,494	386
Software and other intangible assets				-		-	-	-	
Payment for financial assets				**-**		**-**	**-**	**-**	
Total	**614,845**	**-**	**-**	**614,845**	**528,898**	**85,947**	**86.0%**	**425,685**	**412,773**

SUBPROGRAMME: 8.5: EMERGENCY MEDICAL RESCUE SERVICES

	2019/20							2018/19	
	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	**327**	**-**	**-**	**327**	**3,597**	**(3,270)**	**1100.0%**	**8,588**	**9,387**
Compensation of employees	-	-	-	-	2,340	(2,340)	-	-	-
Goods and services	327	-	-	327	1,257	(930)	384.4%	8,588	9,387
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions				-		-	-	-	
Foreign governments and international organisations				-		-	-	-	
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions				-		-	-	-	
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	**42,916**	**-**	**-**	**42,916**	**36,531**	**6,385**	**85.1%**	**70,663**	**63,840**
Buildings and other fixed structures	35,989	-	-	35,989	33,277	2,712	92.5%	63,113	63,112
Machinery and equipment	6,927	-	-	6,927	3,254	3,673	47.0%	7,550	728
Software and other intangible assets				-		-	-	-	
Payment for financial assets				**-**		**-**	**-**	**-**	
Total	**43,243**	**-**	**-**	**43,243**	**40,128**	**3,115**	**92.8%**	**79,251**	**73,227**

DIRECT CHARGE: MEMBER OF EXECUTIVE COUNCIL SALARY

	2019/20							2018/19	
	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	**2,019**	**-**	**-**	**2,019**	**2,019**	**-**	**100.0%**	**1,948**	**1,948**
Compensation of employees	2,019	-	-	2,019	2,019	-	100.0%	1,948	1,948
Goods and services	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Department al agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions				-		-	-		
Foreign governments and international organisations				-		-	-		
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions				-		-	-		
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Heritage assets				-		-	-		
Specialised military assets				-		-	-		
Biological assets				-		-	-		
Land and sub-soil assets				-		-	-		
Software and other intangible assets				-		-	-		
Payment for financial assets				**-**		**-**	**-**		
Total	**2,019**	**-**	**-**	**2,019**	**2,019**	**-**	**100.0%**	**1,948**	**1,948**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2020

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	615,633	598,794	16,839	2.74%

The net underspend of R16,839 million in the Programme, primarily vesting in current expenditure, arose in order to assist in the funding of medico legal claim settlements incurred by clinical Programmes 2, 4 and 5.
A net amount of R53,708 million was adjusted from Programme 1 to Programme 2, through the application of virements, in order to relieve pressures in the medicines budget of Sub Programme 2.2 - Community Health Clinics.

District Health Services	13,330,290	13,640,040	-309,750	-2.32%

The net overspend of R309,750 million net of funds shifts and virements is primarily attributable to the settlement of medico legal claims which are unbudgeted.

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

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
	R'000	R'000	R'000	%
Emergency Medical Services	1,313,655	1,277,761	35,894	2.73%

The net underspend of R35,894 million in the Programme, primarily vesting in finance lease budgets, arose in order to assist in the funding of medico legal claim settlements incurred by clinical Programmes 2, 4 and 5.
A net amount of R58,694 million was adjusted from Programme 3 to Programme 2, through the application of virements, in order to relieve pressures in the medicines budget of Sub Programme 2.2 - Community Health Clinics.
A further amount of R23,578 million was adjusted from Programme 3 to Programme 4, Sub Programme 4.1 – General (Regional) Hospitals to relieve budget pressures in machinery and equipment.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2020

Provincial Hospital Services

3,770,720	4,026,399	-255,679	-6.78%

The net overspend of R255,679 million in the Programme arose as a result of the settlement of medico legal claims, which are unbudgeted.
A net amount of R23,578 million was adjusted from Programme 3 to Programme 4, Sub Programme 4.1 - General (Regional) Hospitals to relieve budget pressures in machinery and equipment.

Central Hospital Services

4,309,109	4,329,290	-20,181	-0.47%

The net overspend of R20,181 million in the Programme arose as a result of the settlement of medico legal claims, which are unbudgeted.
As a result of COE pressures vesting in the Programme, Sub Programme 5.2 - Provincial Tertiary Services, R46,590 million was necessarily shifted from the Goods and Services budget of the Programme. A further amount of R76,077 million was vired into the Sub Programme 5.2 COE budget from the COE and Goods and Services budget of Programme 6.

Health Sciences and Training

855,609	728,562	127,047	14.85%

The net underspend of R127,047 million in the programme, primarily vested in outstanding transfers due in respect of the Bursary Programme (R98,654 million). Machinery & Equipment (R14,954 million) and Goods & Services (R11,323 million) arose in order to assist in the funding of medico legal claim settlements incurred by clinical Programmes 2, 4 and 5.

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
	R'000	R'000	R'000	%
Health Care Support Services	115,775	101,329	14,446	12.48%

The net underspend of R14,446 million in the Programme, primarily vesting in current expenditure, arose in order to assist in the funding of medico legal claim settlements incurred by clinical Programmes 2, 4 and 5.

Health Facilities Management

1,659,578	1,496,307	163,271	9.84%

The net underspend of R163,271 million in the Programme, primarily vesting in capital expenditure, arose in order to assist in the funding of medico legal claim settlements incurred by clinical Programmes 2, 4 and 5.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2020

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	17,154,743	17,154,718	25	0.00%
Goods and services	6,749,908	6,650,052	99,856	1.48%
Interest and rent on land	22,603	24,527	-1,924	-8.51%
Transfers and subsidies				
Provinces and municipalities	2,853	-	2,853	100.00%
Department al agencies and accounts	13,733	12,263	1,470	10.70%
Non-profit institutions	11,300	9,060	2,240	19.82%
Households	279,756	936,298	-656,542	-234.68%
Payments for capital assets				
Buildings and other fixed structures	1,162,194	1,060,483	101,711	8.75%
Machinery and equipment	575,298	353,100	222,198	38.62%

Compensation of Employees (COE): Underspent by a net amount of R25 thousand, after the application of approved funds shifts and virements.

The COE budget was under pressure in the financial year as a result of the underfunding of R59,500 million in the carry through costs of the Human Resources Capacitation Grant wherein the Department received an approval for the appointment of five hundred and eighty-three (583) health workers with effect from 1 January 2019. However, the allocated funding covered for carry through costs for only ninety seven (97) posts with the shortfall of three hundred and nineteen (319) posts. In addition, the Department did not receive funding, as undertaken, from the National Department of Health of R29,700 million, which represented disbursements made in respect of the President's Emergency Plan for Aids Relief (PEPFAR) activities in the Province. Furthermore, the Department did not receive funding, as undertaken, from the National Department of Health of R7,600 million which represented an instruction for the Province to appoint an additional 55 interns in the January 2020 intake above the baseline.

Goods and Services: Underspent by a net amount of R99 856 million in order to fund unbudgeted medico-legal claim settlements in the current financial year.

Transfers and Subsidies: Overspent by a net amount of R649 979 million, primarily attributable to the residual settlement by the Department of unbudgeted medico-legal claim settlements in the current financial year.

Payments for Capital Assets: Underspent by a net amount of R323,909 million in order to fund unbudgeted medico-legal claim settlements in the current financial year.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2020

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	999,455	988,420	11,035	1.10%
Health Professions Training and Development Grant	253,332	253,330	2	0.00%
Comprehensive HIV/ AIDS and TB Grant	2,399,693	2,398,114	1,579	0.07%
Health Facility Revitalisation Grant	990,988	980,133	10,855	1.10%
Expanded Public Works Programme Insentive Grant	13,179	13,179	-	0.00%
Expanded Public Works Programme Social Sector Grant	2,439	2,439	-	0.00%
Human Papilloma Vaccine Grant	32,405	32,405	-	0.00%
Human Resources Capacitation Grant	95,408	95,408	-	0.00%
National Health Insurance Grant	45,333	45,333	-	0.00%
TOTAL	4,832,232	4,808,761	23,471	0.49%

Conditional grants have spent at the level of 99.5% resulting in a net under expenditure of R 23,471 million.
Application for rollovers submitted to PT are as follows:
(1) National Tertiary Services Grant for R 11,137 million; (2) HPTD Grant for R 954 thousand and R 11,193 million for the Health Facility Revitalisation Grant.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

STATEMENT OF FINANCIAL PERFORMANCE

for the year ended 31 March 2020

	Note	2019/20 R'000	2018/19 R'000
REVENUE			
Annual appropriation	1	25,970,369	24,023,577
Statutory appropriation	2	2,019	1,948
Department al revenue	3	4,108	-
Aid assistance	4	-	1,227
TOTAL REVENUE		**25,976,496**	**24,026,752**
EXPENDITURE			
Current expenditure			
Compensation of employees	5	17,154,696	15,980,936
Goods and services	6	6,650,069	6,110,824
Interest and rent on land	7	24,527	29,375
Aid assistance	4	1,110	346
Total current expenditure		**23,830,402**	**22,121,481**
Transfers and subsidies			
Transfers and subsidies	9	957,622	1,051,663
Total transfers and subsidies		**957,622**	**1,051,663**
Expenditure for capital assets			
Tangible assets	10	1,413,587	1,287,183
Intangible assets	10	-	-
Total expenditure for capital assets		**1,413,587**	**1,287,183**
Payments for financial assets	8	**-**	**12,338**
TOTAL EXPENDITURE		**26,201,611**	**24,472,665**
SURPLUS/(DEFICIT) FOR THE YEAR		**(225,115)**	**(445,913)**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

STATEMENT OF FINANCIAL PERFORMANCE

for the year ended 31 March 2020

	Note	2019/20 R'000	2018/19 R'000
Reconciliation of Net Surplus/(Deficit) for the year			
Voted Funds		(228,113)	(446,794)
Annual appropriation		(251,584)	(453,669)
Conditional grants		23,471	6,875
Department al revenue and NRF Receipts	16	4,108	-
Aid assistance	4	(1,110)	881
SURPLUS/(DEFICIT) FOR THE YEAR		**(225,115)**	**(445,913)**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

STATEMENT OF FINANCIAL POSITION

as at 31 March 2020

	Note	2019/20 R'000	2018/19 R'000
ASSETS			
Current Assets		**1,441,882**	**814,780**
Unauthorised expenditure	11	1,246,871	648,647
Cash and cash equivalents	12	17	17
Prepayments and advances	13	156	-
Receivables	14	194,838	166,116
Non-Current Assets		**2,634**	**3,011**
Receivables	14	2,634	3,011
TOTAL ASSETS		**1,444,516**	**817,791**
LIABILITIES			
Current Liabilities		**1,320,382**	**708,634**
Voted funds to be surrendered to the Revenue Fund	15	571,964	201,853
Department al revenue and NRF Receipts to be surrendered to the Revenue Fund	16	23,639	29,469
Bank overdraft	17	692,302	459,845
Payables	18	29,489	13,369
Aid assistance unutilised	4	2,988	4,098
TOTAL LIABILITIES		**1,320,382**	**708,634**
NET ASSETS		**124,134**	**109,157**
Represented by:			
Recoverable revenue		124,134	109,157
TOTAL		**124,134**	**109,157**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

STATEMENT OF CHANGES IN NET ASSETS

for the year ended 31 March 2020

	Note	2019/20 R'000	2018/19 R'000
Recoverable revenue			
Opening balance		109,157	95,782
Transfers		**14,977**	**13,375**
Debts revised		(169)	(733)
Debts recovered (included in Department al receipts)		(8,831)	(3,125)
Debts raised		23,977	17,233
Closing balance		**124,134**	**109,157**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

CASH FLOW STATEMENT

for the year ended 31 March 2020

	Note	2019/20 R'000	2018/19 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		**26,218,947**	**24,246,252**
Annual appropriated funds received	1.1	25,970,369	24,023,577
Statutory appropriated funds received	2	2,019	1,948
Department al revenue received	3	246,323	218,937
Interest received	3.2	236	563
Aid assistance received	4	-	1,227
Net (increase)/ decrease in working capital		(610,982)	(582,334)
Surrendered to Revenue Fund		(252,389)	(272,704)
Surrendered to RDP Fund/Donor		-	-
Current payments		(23,207,651)	(21,522,756)
Interest paid	7	(24,527)	(29,375)
Payments for financial assets		-	(12,338)
Transfers and subsidies paid		(957,622)	(1,051,663)
Net cash flow available from operating activities	19	**1,165,776**	**775,082**
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	10	(1,413,587)	(1,287,183)
Proceeds from sale of capital assets	3.3	-	-
(Increase)/ decrease in non-current receivables		377	-
Net cash flows from investing activities		**(1,413,210)**	**(1,287,183)**
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/ (decrease) in net assets		14,977	13,375
Net cash flows from financing activities		**14,977**	**13,375**
Net increase/ (decrease) in cash and cash equivalents		(232,457)	(498,726)
Cash and cash equivalents at beginning of period		(459,828)	38,898
Cash and cash equivalents at end of period	20	**(692,285)**	**(459,828)**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
ACCOUNTING POLICIES
for the year ended 31 March 2020

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 Department al 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	**Department al revenue** Department al 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 Department al revenue** Accruals in respect of Department al 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. 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.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
ACCOUNTING POLICIES
for the year ended 31 March 2020

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. 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**

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	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 capital assets are initially recorded in the notes to the financial statements at cost. Immovable capital assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition. Where the cost of immovable capital assets cannot be determined reliably, the immovable capital assets are measured at fair value for recording in the asset register. Immovable capital assets are subsequently carried at cost and are not subject to depreciation or impairment. Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use. Additional information on immovable assets not reflected in the assets register is provided in the notes to financial statements.
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.
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**

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	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.
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.
20	**Irregular expenditure** Irregular expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the value of the irregular expenditure incurred unless it is impracticable to determine, in which case reasons therefor are provided in the note. Irregular expenditure is removed from the note when it is either condoned by the relevant authority, transferred to receivables for recovery, 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.

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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** A related party transaction is a transfer of resources, services or obligations between the reporting entity and a related party. Related party transactions within the Minister's portfolio are recorded in the notes to the financial statements when the transaction is not at arm's length.
28	**Key management personnel** Key management members are those persons having the authority and responsibility for planning, directing and controlling the activities of the Department. In the Department all officials from level 14 and above are deemed to be key management personnel. The number of individuals and their full compensation is recorded in the notes to the financial statements.
29	**Inventories *(Effective from date determined in a Treasury Instruction)*** At the date of acquisition, inventories are 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 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

	2019/20			2018/19	
Programmes	Final Appropriation R'000	Actual Funds Received R'000	Funds not requested/ not received R'000	Final Appropriation R'000	Appropriation Received R'000
Pr1 Health Administration	622,954	622,954	-	772,255	772,255
Pr2 District Health Services	13,324,939	13,324,939	-	12,171,900	12,171,900
Pr3 Emergency Medical Services	1,305,190	1,305,190	-	1,349,735	1,349,735
Pr4 Provincial Hospital Services	3,873,354	3,873,354	-	3,967,355	3,967,355
Pr5 Central Hospital Services	4,168,171	4,168,171	-	3,510,699	3,510,699
Pr6 Health Science & Training	891,812	891,812	-	880,512	880,512
Pr7 Health Care & Support Services	118,543	118,543	-	126,551	126,551
Pr8 Health Facilities Management	1,665,406	1,665,406	-	1,244,570	1,244,570
Total	**25,970,369**	**25,970,369**	**-**	**24,023,577**	**24,023,577**

Funds are requested in order to pay for the planned activities of the Department.
The Notes to the Appropriation Statement give variance explanations per programme and the recourse to be taken. Roll overs for the unrequested funds have been applied for from Provincial Treasury.

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		2019/20 R'000	2018/19 R'000
1.2 Conditional grants			
Total grants received	*39*	4,832,232	3,994,655
2 Statutory Appropriation			
Member of executive committee		2,019	1,948
Total		**2,019**	**1,948**
Actual Statutory Appropriation received		**2,019**	**1,948**
3 Department al Revenue			
Sales of goods and services other than capital assets	*3.1*	238,640	209,250
Interest, dividends and rent on land	*3.2*	236	563
Transactions in financial assets and liabilities	*3.3*	7,683	9,687
Total revenue collected		**246,559**	**219,500**
Less: Own revenue included in appropriation	*16*	242,451	219,500
Department al revenue collected		**4,108**	**-**

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		2019/20 R'000	2018/19 R'000
3.1 Sales of goods and services other than capital assets	*3*		
Sales of goods and services produced by the Department		**238,340**	**209,023**
Sales by market establishment		23,090	25,310
Administrative fees		5,344	4,817
Other sales		209,906	178,896
Sales of scrap, waste and other used current goods		300	227
Total		**238,640**	**209,250**
3.2 Interest, dividends and rent on land	*3*		
Interest		236	563
Total		**236**	**563**
3.3 Transactions in financial assets and liabilities	*3*		
Receivables		3,046	4,294
Stale cheques written back		17	33
Other Receipts including Recoverable Revenue		4,620	5,360
Total		**7,683**	**9,687**

4 Aid Assistance		
Opening Balance	4,098	3,217
Transferred from statement of financial performance	(1,110)	881
Closing Balance	**2,988**	**4,098**
4.1 Analysis of balance by source		
Aid assistance from other sources	2,988	4,098
Closing Balance	**2,988**	**4,098**
4.2 Analysis of balance		
Aid assistance unutilised	2,988	4,098
Closing Balance	**2,988**	**4,098**
4.4 Aid assistance expenditure per economic classification		
Current	1,110	346
Total aid assistance expenditure	**1,110**	**346**

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	Note	2019/20 R'000	2018/19 R'000
5 Compensation of Employees			
5.1 Salaries and wages			
Basic salary		10,962,156	10,179,839
Performance award		6,784	6,864
Service Based		15,676	15,940
Compensative/circumstantial		2,181,065	2,095,999
Periodic payments		8,976	7,309
Other non-pensionable allowances		1,905,471	1,762,117
Total		**15,080,128**	**14,068,068**
5.2 Social Contributions			
Employer contributions			
Pension		1,350,003	1,260,092
Medical		720,824	649,637
UIF		451	64
Bargaining council		3,185	3,075
Insurance		105	-
Total		**2,074,568**	**1,912,868**
Total compensation of employees		**17,154,696**	**15,980,936**
Average number of employees		50,602	48,407

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	Note	2019/20 R'000	2018/19 R'000
6 Goods and services			
Administrative fees		2,370	2,215
Advertising		2,561	3,684
Minor assets	*6.1*	14,699	24,936
Bursaries (employees)		13,420	15,042
Catering		3,606	2,277
Communication		92,277	117,710
Computer services	*6.2*	44,452	87,550
Consultants: Business and advisory services		83,375	135,838
Laboratory services		826,048	736,583
Legal services		6,842	46,294
Contractors		80,687	280,165
Agency and support / outsourced services		249,870	245,281
Entertainment		-	2
Audit cost – external	*6.3*	27,467	23,564
Fleet services		198,188	183,592
Inventory	*6.4*	3,206,936	2,771,313
Consumables	*6.5*	146,863	175,351
Operating leases		126,193	115,962
Property payments	*6.6*	1,300,679	954,496
Rental and hiring		697	764
Transport provided as part of the Department al activities		938	1,530
Travel and subsistence	*6.7*	136,835	118,807
Venues and facilities		9,564	2,442
Training and development		10,228	21,469
Other operating expenditure	*6.8*	65,274	43,957
Total		**6,650,069**	**6,110,824**

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			2019/20 R'000	2018/19 R'000
6.1	**Minor assets**	*6*		
	Tangible assets		**14,699**	**24,936**
	Machinery and equipment	*35*	14,699	24,936
	Total		**14,699**	**24,936**
6.2	**Computer services**	*6*		
	SITA computer services		31,463	37,866
	External computer service providers		12,989	49,684
	Total		**44,452**	**87,550**
6.3	**Audit cost – external**	*6*		
	Regularity audits		27,467	23,564
	Total		**27,467**	**23,564**
6.4	**Inventory**	*6*		
	Clothing material and accessories		2,643	7,708
	Food and food supplies		144,244	150,332
	Fuel, oil and gas		46,412	59,642
	Materials and supplies		86,264	108,036
	Medical supplies		788,499	773,274
	Medicine		2,138,874	1,672,321
	Total		**3,206,936**	**2,771,313**

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	Note	2019/20 R'000	2018/19 R'000
6.5 Consumables	6		
Consumable supplies		103,271	103,021
Uniform and clothing		62,940	61,016
Household supplies		33,039	34,047
Communication accessories		86	296
IT consumables		6,248	4,619
Other consumables		958	3,043
Stationery, printing and office supplies		43,592	72,330
Total		**146,863**	**175,351**
6.6 Property payments	6		
Municipal services		394,053	349,335
Property maintenance and repairs		346,760	84,726
Other		559,866	520,435
Total		**1,300,679**	**954,496**
6.7 Travel and subsistence	6		
		136,835	118,807
Local		135,785	118,399
Foreign		1,050	408
Total			
		136,835	**118,807**
6.8 Other operating expenditure	6		
Professional bodies, membership and subscription fees		216	230
Resettlement costs		2,629	3,590
Other		62,429	40,137
Total		**65,274**	**43,957**

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	Note	2019/20 R'000	2018/19 R'000
7 Interest and Rent on Land			
Interest paid		24,527	29,375
Total		**24,527**	**29,375**
8 Payments for financial assets			
Debts written off	*8.1*	-	12,338
Total		**-**	**12,338**
8.1 Debts written off	*8*		
Nature of debts written off			
Other debt written off -		-	12,338
Irrecoverable debt from National Department of Health			
Total debt written off		**-**	**12,338**

9 Transfers and Subsidies			
Provinces and municipalities	*ANNEXURE 1A*	-	3,091
Department al agencies and accounts	*ANNEXURE 1B*	12,264	11,856
Non-profit institutions	*ANNEXURE 1F*	9,060	17,565
Households	*ANNEXURE 1G*	936,298	1,019,151
Total		**957,622**	**1,051,663**

Transfers to non-profit institutions of R 17,565 million have been reclassified from Department al agencies and accounts to Non-profit institutions in the prior year to more correctly disclose these transfers.

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10 Expenditure for capital assets

10.1 Tangible assets		**1,413,587**	**1,287,183**
Buildings and other fixed structures	37	1,060,488	912,453
Machinery and equipment	34	353,099	374,730
Intangible assets		**-**	**-**
Software	36	-	-
Total		**1,413,587**	**1,287,183**

10.2 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
Total	**1,413,587**	**-**	**1,413,587**

10.3 Analysis of funds utilised to acquire capital assets - 2018/19

	Voted Funds R'000	Aid assistance R'000	TOTAL R'000
Tangible assets	**1,287,183**	**-**	**1,287,183**
Buildings and other fixed structures	912,453	-	912,453
Machinery and equipment	374,730	-	374,730
Total	**1,287,183**	**-**	**1,287,183**

	2019/20 R'000	2018/19 R'000
10.4 Finance lease expenditure included in Expenditure for capital assets		
Tangible assets	**164,110**	**164,263**
Machinery and equipment	164,110	164,263
Total	**164,110**	**164,263**

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	Note	2019/20 R'000	2018/19 R'000
11 Unauthorised Expenditure			
11.1 Reconciliation of unauthorised expenditure			
Opening balance		648,647	79,297
Unauthorised expenditure - discovered in the current year		598,224	569,350
Less: Amounts approved by Parliament/Legislature with funding		-	-
Less: Amounts approved by Parliament/Legislature without funding and written off in the Statement of Financial Performance		-	-
Current		-	-
Unauthorised expenditure awaiting authorisation / written off		**1,246,871**	**648,647**
11.2 Analysis of unauthorised expenditure awaiting authorisation per economic classification			
Current		-	-
Capital		-	-
Transfers and subsidies		1,246,871	648,647
Total		**1,246,871**	**648,647**
11.3 Analysis of unauthorised expenditure awaiting authorisation per type			
Unauthorised expenditure relating to overspending of the vote or a main division within the vote		1,246,871	648,647
Total		**1,246,871**	**648,647**

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11.4 Details of unauthorised expenditure - current year

Incident	Disciplinary steps taken/criminal proceedings	2019/20 R'000
Overspending programmes due to settlement of medico legal claims through court orders	Assessed by State Attorney	598,224
	Total	**598,224**

For the year under review, the Department incurred overspending of R228 103 184 at the Vote level and R598 224 000 at the Programmes level. The amount of R598 224 000 is made up of R311 329 000 (Prg 2), R255 679 000 (Prg 4) and R31 216 000 (Prg 5) adjusted for underspending of the conditional grants within those programmes.

The unauthorised expenditure has primarily arisen through the settlement of unbudgeted medico legal claims by the Department of R762 809 727 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.

Within the month of March 2020 of this reporting period, the Department sought 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 R243 million to pay SMME's and Municipalities (amongst others).

This amount was approved in additional to the R490 million previously allowed as an excess during 2018/19 financial year. Both amounts (R490 million + R243 million) were cushioned in the Exchequer Account, to avoid interest charges.

The excess is not an additional allocation to the vote and as such would require a legislative process for condonement.

	Note	2019/20 R'000	2018/19 R'000
12 Cash and Cash Equivalents			
Cash receipts		17	17
Disbursements			
Total		**17**	**17**

The provincial treasury approved an extension to the excess facility on the Department's Paymaster General Account of up to R733 million in March 2020. The balance on this facility at year end is disclosed in Note 17.

13 Prepayments and Advances			
Travel and subsistence		156	-
Advances paid (Not expensed)	*13.1*	-	-
		156	**-**

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	Note	Balance as at 1 April 2019	Less: Amount expensed in current year	Add: Current Year advances	Balance as at 31 March 2020
13.1 Advances paid (Not expensed)	**13**	**R'000**	**R'000**	**R'000**	**R'000**
National Departments	*Annex8A*	-	-	-	-
		-	**-**	**-**	**-**

	Note	Balance as at 1 April 2018	Less: Amount expensed in current year	Add: Current Year advances	Balance as at 31 March 2019
Advances paid (Not expensed)	**13**	**R'000**	**R'000**	**R'000**	**R'000**
National Departments	*Annex8A*	2,250	(2,250)	-	-
		2,250	**(2,250)**	**-**	**-**

	Note	2019/20			2018/19		
		Current	Non-current	Total	Current	Non-current	Total
		R'000	R'000	R'000	R'000	R'000	R'000
14 Receivables							
Claims recoverable	14.1/Ann 4	1,287	-	1,287	781	-	781
Trade receivables	14.2	8,659	-	8,659	1,427	-	1,427
Recoverable expenditure	14.3	5,123	-	5,123	5,266	-	5,266
Staff debt	14.4	12,850	2,634	15,484	10,579	3,011	13,590
Fruitless and wasteful expenditure	14.5	498	-	498	238	-	238
Other receivables	14.6	166,421	-	166,421	147,825	-	147,825
Total		**194,838**	**2,634**	**197,472**	**166,116**	**3,011**	**169,127**

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		Note	2019/20 R'000	2018/19 R'000
14.1	**Claims recoverable**	14		
	National Departments		130	133
	Provincial Departments		1,157	648
	Total		**1,287**	**781**
14.2	**Trade receivables**	14		
	Suppliers		8,659	1,427
	Total		**8,659**	**1,427**
14.3	**Recoverable expenditure *(disallowance accounts)***	14		
	Dishonoured Cheques		473	473
	Salary rebates		4,650	4,793
	Total		**5,123**	**5,266**
14.4	**Staff debt**	14		
	Salary Debt		15,484	13,590
	Total		**15,484**	**13,590**
14.5	**Fruitless and wasteful expenditure**	14		
	Opening balance		238	144
	Less amounts recovered		-	-
	Less amounts written off		-	-
	Transfers from note 28 Fruitless and Wasteful expenditure		203	86
	Interest		57	8
	Total		**498**	**238**
14.6	**Other debtors**	14		
	Medsas debtors		283	325
	Ex-Employees		158,644	140,506
	Breach of contract - Bursary holders		7,494	6,994
	Total		**166,421**	**147,825**
14.7	**Impairment of receivables**			
	Estimate of impairment of receivables		153,620	122,674
	Total		**153,620**	**122,674**

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	2019/20 R'000	2018/19 R'000
15 Voted Funds to be Surrendered to the Revenue Fund			
Opening balance		201,853	142,153
Transfer from statement of financial performance		(228,113)	(446,794)
Add: Unauthorised expenditure for current year		598,224	569,350
Voted funds not requested/not received	*1.1*	-	-
Paid during the year		-	(62,856)
Closing balance		**571,964**	**201,853**
16 Department al revenue and NRF Receipts to be surrendered to the Revenue Fund			
Opening balance		29,469	19,817
Transfer from Statement of Financial Performance		4,108	-
Own revenue included in appropriation	*3*	242,451	219,500
Paid during the year		(252,389)	(209,848)
Closing balance		**23,639**	**29,469**
17 Bank Overdraft			
Consolidated Paymaster General Account		692,302	459,845
Total		**692,302**	**459,845**
18 Payables - current			
Advances received	*18.1*	22,666	9,679
Clearing accounts	*18.2*	6,823	3,690
Total		**29,489**	**13,369**

The provincial treasury approved an extension to the excess facility on the Department's Paymaster General Account of up to R733 million in March 2020.

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		Note	2019/20 R'000	2018/19 R'000
18.1	**Advances received**	*18*		
	National Departments	Annex 8B	22,666	-
	Public entities	Annex 8B	-	9,679
	Total		**22,666**	**9,679**
18.2	**Clearing accounts**	*18*		
	Salary finance and other institutions		6,035	3,681
	Pension recoverable		788	9
	Total		**6,823**	**3,690**
19	**Net cash flow available from operating activities**			
	Net surplus/(deficit) as per Statement of Financial Performance		(225,115)	(445,913)
	Add back non cash/cash movements not deemed operating activities		1,390,891	1,220,995
	(Increase)/decrease in receivables – current		(28,722)	(9,634)
	(Increase)/decrease in prepayments and advances		(156)	2,250
	Increase/(decrease) in payables – current		16,120	(5,600)
	Expenditure on capital assets		1,413,587	1,287,183
	Surrenders to Revenue Fund		(252,389)	(272,704)
	Voted funds not requested/not received		-	-
	Own revenue included in appropriation		242,451	219,500
	Net cash flow generated by operating activities		**1,165,776**	**775,082**
20	**Reconciliation of cash and cash equivalents for cash flow purposes**			
	Consolidated Paymaster General account		(692,302)	(459,845)
	Cash receipts		17	17
	Total		**(692,285)**	**(459,828)**

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			Note	2019/20 R'000	2018/19 R'000
21 Contingent liabilities and contingent assets					
21.1	**Contingent liabilities**				
	Liable to	**Nature**			
	Housing loan guarantees	Employees	*Annex 3A*	2,925	2,926
	Claims against the Department		*Annex 3B*	36,751,207	32,864,497
	Other interDepartment al payables		*Annex 5*	402	499
	Total			**36,754,534**	**32,867,922**
21.2	**Contingent assets**				
	Nature of contingent asset				
	OSD			-	887
	Total			**-**	**887**

Prior year error

The prior year balance for the claims against the state has been adjusted upwards by R 3, 811 877 billion due to errors and adjustments required. Further details are under note 33.1.

Claims against the Department

Claims against the Department mainly consist of Medico legal claims. These claims are at various stages within the legal process. The possible final value of the claims is dependent on many uncertain variables that are not under the control of the Department. These variables could result in large fluctuations in the values. Further details are included under Annexure 3B.

The Department has identified and disclosed possible duplicate claims in the above amount that have been made on behalf of the same plaintiff but either by different attorneys or by registering different cases. The Department only derecognizes these claims when they are withdrawn by either the plaintiff or the courts.

Financial sustainability & 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. 95% of these medico legal claims are Cerebral Palsy claims. These payments are upfront settlements, largely to meet future medical needs of Cerebral Palsy claimants, but 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.

Claims totalling R763 million have been settled within the period 1 April 2014 to 31 March 2020. These payments are unbudgeted and unfunded.

The value of medico-legal claims settled or paid out pursuant to court orders by the Department amounts to R2,541 billion.

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This is illustrated by the following table:

2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	Total
75,608,451	261,797,863	215,685,848	428,303,487	797,120,477	762,809,727	2,541,325,853

Amounts paid for medico-legal claims are not included as part of the appropriated budgets. Accordingly, funds have to be shifted from other 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 discussion above of the 2019/20 appropriation account, 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 medical negligence claims in recent years. The current contingent liability of claims amounts to approximately R36,8 billion at 31 March 2020 in comparison to R32,9 billion at 31 March 2019. This exceeds the current annual appropriation of the Department.

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
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	36,751,207

The average annual increase in the contingent liability in respect of claims against the Department over the past four years exceeds R5 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, and 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.

HROPT

Relating to HROPT, during the current year, affected employees have had R100 per month deducted from their salaries and this amounted to R0,430 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 (R263,665 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 R263,665 million. The present value of the R8,5 million has been included in Staff debt per note 14 above.

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Walter Sisulu University Health Professions Training and Development Fund

As reported in the prior year, the Department observed non-compliance by Walter Sisulu University (WSU) with the material requirements of transfer payments funding provided by the Department of Health being ring fenced and governed by legislation including the Division of Revenue Act, Public Finance Management Act and Treasury Regulations.

In the current year, the Department and WSU continued in a joint project to reconcile the University's Health Professions Training and Development Fund Account in order to conclude the requirements of Sections 38(i) J&K of the Public Finance Management Act, as amended.

All credit notes and outstanding disputes have been settled with only regular accruals incurred in the normal course of business being outstanding at the end of the current financial year.

	Note	2019/20 R'000	2018/19 R'000
22 Capital commitments			
		1,414,158	**2,042,495**
Buildings and other fixed structures		1,355,905	2,029,011
Machinery and equipment		58,253	13,484
Total Commitments		**1,414,158**	**2,042,495**

Commitments at 31 March 2020 that exceed one year amount to R 380,027 million.

In the previous year, the Department had current commitments amounting to R1,833 344 billion. However, due to a change in disclosure which requires only capital commitments to be disclosed, the balance of the previous year commitments has decreased from R3,875 839 billion to R2,042 495 billion.

Current commitments not included in the above note for the current year are R 2,501 519 billion.

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			2019/20 R'000	2018/19 R'000
23 Accruals and payables not recognised				
23.1 Accruals				
Listed by economic classification	**30 days**	**30+ days**	**Total**	**Total**
Goods and services	354,307	-	354,307	256,795
Transfers and subsidies	78,353	-	78,353	35,199
Capital assets	94,351	-	94,351	100,580
Total	**527,011**	**-**	**527,011**	**392,574**

Listed by programme level	**R'000**	**R'000**
Pr1 Health Administration	163,622	48,169
Pr2 District Health Services	123,474	98,494
Pr3 Emergency Medical Services	78,777	42,750
Pr4 Provincial Hospital Services	57,667	28,415
Pr5 Central Hospital Services	13,520	21,202
Pr6 Health Science and Training	14,749	35,794
Pr7 Health Care and Support Services	650	193
Pr8 Health Facilities Development and Maintenance	74,552	117,557
Total	**527,011**	**392,574**

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			2019/20 R'000	2018/19 R'000
23.2 Payables not recognised				
Listed by economic classification	**30 days**	**30+ days**	**Total**	**Total**
Goods and services	627,073	1,944,822	2,571,895	2,239,237
Transfers and subsidies	156,053	487,534	643,587	518,815
Capital assets	21,572	44,103	65,675	153,658
Total	**804,698**	**2,476,459**	**3,281,157**	**2,911,710**

Listed by programme level	**R'000**	**R'000**
Pr1 Health Administration	1,352,359	505,172
Pr2 District Health Services	493,315	557,533
Pr3 Emergency Medical Services	92,008	75,393
Pr4 Provincial Hospital Services	377,342	548,238
Pr5 Central Hospital Services	111,706	102,318
Pr6 Health Science and Training	46,618	87,080
Pr7 Health Care and Support Services	752,338	887,808
Pr8 Health Facilities Development and Maintenance	55,471	148,168
Total	**3,281,157**	**2,911,710**

Included in the above totals are the following:			
Confirmed balances with Department s	*Annex 5*	885,839	576,809
Total		**885,839**	**576,809**

24 Employee benefits		
Leave entitlement	659,096	606,362
Service bonus (Thirteenth cheque)	441,612	410,406
Performance awards	-	-
Capped leave commitments	489,707	533,110
Other	200,325	161,493
Total	**1,790,740**	**1,711,371**

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 2020 which will be recovered from future monthly leave credits earned. The value of this leave is R16,9 million (2019: R14,8 million).

Included under Other are HR accruals. Only claims validated as at 31 March 2020 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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25 Lease commitments

25.1 Finance leases expenditure

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**

2018/19	**Motor Vehicles R'000**	**Machinery and equipment R'000**	**Total R'000**
Not later than 1 year	117,075	14,353	131,428
Later than 1 year and not later than 5 years	112,531	11,202	123,733
Later than five years	-	-	-
Total lease commitments	229,606	25,555	255,161
LESS: finance costs	-	-	-
Total present value of lease liabilities	**229,606**	**25,555**	**255,161**

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 Department s 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	2019/20 R'000	2018/19 R'000
26 Receivables for Department al revenue			
Sales of goods and services other than capital assets		239,777	225,015
Total		**239,777**	**225,015**
26.1 Analysis of receivables for Department al revenue			
Opening balance		225,015	202,303
Less: Amounts received		(199,529)	(162,501)
Less: Services received in lieu of cash		-	-
Add: Amounts recognised		249,352	264,793
Less: Amounts written-off/reversed as irrecoverable		(35,061)	(79,580)
Closing balance		**239,777**	**225,015**
26.2 Receivables for Department revenue written off			
Nature of losses			
Patient debt		35,061	79,580
Total		**35,061**	**79,580**
26.3 Impairment of accrued Department al revenue			
Estimate of impairment of accrued Department al revenue		176,365	149,404
Total		**176,365**	**149,404**

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		Note	2019/20 R'000	2018/19 R'000
27	**Irregular expenditure**			
27.1	**Reconciliation of irregular expenditure**			
	Opening balance		81,109	203,147
	Prior period error	27.5	-	(30)
	As restated		81,109	203,117
	Add: Irregular expenditure - relating to prior year	27.2	72,354	13,104
	Add: Irregular expenditure - relating to current year	27.2& 5	265,761	295,354
	Less: Prior year amounts condoned	27.3	-	(201,983)
	Less: Current year amounts condoned	27.3	(14,167)	(228,483)
	Less: Amounts recoverable (not condoned)	27.4	(7,081)	-
	Less: Amounts written off		-	-
	Irregular expenditure awaiting condonation		**397,976**	**81,109**
	Analysis of awaiting condonation per age classification			
	Current year		251,594	66,868
	Prior years		146,382	14,241
	Total		**397,976**	**81,109**

			2019/20 R'000
27.2	**Details of irregular expenditure identified current year**		
	Incident	**Disciplinary steps taken/criminal proceedings**	
	Non-compliance with SCM procedures	Determination and Investigation	338,115
			338,115
27.3	**Details of irregular expenditure condoned**		
	Incident	**Condoned by (condoning authority)**	
	Non-compliance - extension of contracts aove 15%	Provincial Treasury	14,167
			14,167
27.4	**Details of irregular expenditure recoverable (not condoned)**		
	Incident	**Not condoned by (condoning authority)**	
	Irregular expenditure recoverable from supplier		7,081
			7,081

		2018/19 R'000
27.5	**Irregular expenditure - prior year error**	
	Relating to prior to 2018/19 (affecting the opening balance)	**(30)**
	Invalid irregular expenditure relating to the opening balance	(30)
	Relating to 2018/19	**(216)**
	Irregular expenditure - relating to current year	(216)
		(246)

a) During the current year the Department found invalid irregular expenditure previously incorrectly included in the opening balance of 2018/19 and the current year for 2018/19. The total invalid irregular expenditure found was R 246 thousand. The prior year opening balance is reduced by R 30 thousand and the irregular expenditure relating to the current year for 2018/19 is reduced by R 216 thousand to include only confirmed valid irregular expenditure items.

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28. Fruitless and wasteful expenditure	**Note**	**2019/20 R'000**	**2018/19 R'000**
28.1 Reconciliation of fruitless and wasteful expenditure			
Opening balance		3,151	3,362
Prior period error	*28.5*	-	(298)
As restated		3,151	3,064
Fruitless and wasteful expenditure – relating to prior year	*28.2*	20,424	-
Fruitless and wasteful expenditure – relating to current year	*28.2*	3,276	1,224
Less: Amounts recoverable	*28.3&14.5*	(203)	(1,051)
Less: Amounts written off	*28.4*	(2,352)	(86)
Fruitless and wasteful expenditure awaiting condonement		**24,296**	**3,151**

28.2 Analysis of Current Year's Fruitless and wasteful expenditure

Incident	**Disciplinary steps taken/criminal proceedings**	**2019/20 R'000**
Interest	Investigation stage	22,451
Damages	Investigation stage	1,066
Penalties	Investigation stage	183
	Total	**23,700**

28.3 Details of fruitless and wasteful expenditure recoverable

Incident	**2019/20 R'000**
Damages	146
Penalties	57
Total	**203**

28.4 Details of fruitless and wasteful expenditure written off

Incident	**2019/20 R'000**
Interest	1,962
Penalties	361
Damages - vehicles	29
Total	**2,352**

	2018/19 R'000
28.5 Prior period error relating to fruitless and wasteful expenditure	
Nature of prior period error	**(298)**
Invalid fruitless expenditure for periods prior to 2018/19 discovered in the 2017/18 year	(298)
	(298)

During the current year the Department found invalid fruitless and wasteful expenditure previously incorrectly included in the opening balance of 2018/19. The total invalid fruitless and wasteful found was R 298 thousand. The prior year opening balance is reduced by R 298 thousand to include only confirmed valid fruitless and wasteful expenditure items. Refer to note 33.2 for further details.

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28.6 Details of fruitless and wasteful expenditure under investigation (not in the main note)

Incident	
Damages cases where personal liability due to lack of reasonable care has not been established yet by state attorney	2,742,729

29 Related parties

29.1 Related parties of the Department of Health Eastern Cape:

Department s: 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.

30 Key management personnel	***No. of Individuals***	**2019/20 R'000**	**2018/19 R'000**
Political office bearer	2	2,019	1,948
Officials:			
Level 15 to 16	7	10,587	12,320
Level 14	15	17,560	18,999
Total		**30,166**	**33,267**

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31 Public Private Partnerships

Contract fee paid		**45,863**	**99,144**
	Fixed component	38,980	91,362
	Indexed component	6,882	7,782

Humansdorp Hospital Co-Location PPP

Contract Fee Paid:

		2019/20 R'000	2018/19 R'000
Fixed Component:			
Waste Management		183	351
Estate Maintenance and Engineering		787	1 418
Cleaning		1 048	2 006
Gardens		261	500
Laundry		346	662
Security		402	769
Personnel services (Reception Services)		364	697
Personnel services (She coordinator)		121	232
Less: Offset Services		(477)	(940)
	Subtotal	**3 035**	**5 695**
Indexed Component			
Current Expenditure		**1 465**	**2 952**
Goods and Services			
Catering Services		879	1 841
Other Costs		586	1 111
	Control Total	**4 501**	**8 647**

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.

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

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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:

	2019/20 R'000	2018/19 R'000
Contract Fee paid		
Unitary fee	35 925	85 667
Current expenditure		
Goods and services	5 417	4 830
CSSD Consumables -Port Alfred	18	85
Additional security guard – Port Alfred	-	2
Nursing Services - Port Alfred	54	481
Patients-Overflow	6	33
Consumables - Settlers	90	-
Non-liquid gasses - Settlers	526	327
Non-liquid Gasses - Port Alfred	326	118
Photostat copies - Port Alfred	53	65
Photostat copies - Settlers	99	122
Radiology Service - Port Alfred	438	829
Radiology Service - Settlers	1 317	992
Telephone Recovery - Port Alfred	108	174
Water & Electricity - Port Alfred	547	608
Water & Electricity - Settlers	1 835	996
TOTAL	**41 362**	**90 497**

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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 process of engaging with notification of proposed termination received from the Concessionaire, Messrs Nalithemba Hospitals (Pty) Ltd.

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	2019/20 R'000	2018/19 R'000
32 Agent-principal arrangements		
32.1 Department acting as the principal		
Fees paid to Coega development corporation	-	23,230
	-	**23,230**

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.

33 Prior period errors

	Note	Amount bef error correction R'000	Prior period error R'000	Restated amount R'000
		2018/19		
33.1 Correction of prior period error				
Irregular Expenditure				
Opening balance reduced by	27.4	203,147	(30)	203,117
Add: Irregular expenditure - relating to current year	27.4	295,570	(216)	295,354
Net effect		**498,717**	**(246)**	**498,471**

a) Through further investigations it was found that previously recorded irregular expenditure was not irregular. Irregular expenditure had to be reduced accordingly.

33.2 Correction of prior period error				
Fruitless and wasteful expenditure				
Opening balance reduced due to invalid fruitless and wasteful expenditure identified	28.5	3,362	(298)	3,064
Net effect		**3,362**	**(298)**	**3,064**

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	2018/19 Prior period error R'000	Restated amount R'000
33.3	**Correction of prior period error**				
	Contingent liabilities				
	Adjustment to opening balance due to valuation changes	21.1	29,052,620	3,811,877	32,864,497
	Net effect		**29,052,620**	**3,811,877**	**32,864,497**

Adjustments were made to the opening balance of the contingent liabilities as disclosed above.

34 Movable Tangible Capital Assets

MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2020

	Opening balance R'000	Value adjustments 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**

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	250	3,591

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.

34.1 ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2020

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	329,856	676	(164,110)	-	166,422
Transport assets	164,110	-	(164,110)	-	-
Computer equipment	19,171	676	-	-	19,847
Furniture and office equipment	3,049	-	-	-	3,049
Other machinery and equipment	143,526	-	-	-	143,526
TOTAL	**329,856**	**676**	**(164,110)**	**-**	**166,422**

34.2 DISPOSALS OF MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2020

Movable Tangible Capital Assets

	Sold for cash	Non-cash disposal	Total disposals	Cash received Actual
	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	-	16,057	16,057	-
Transport assets	-	-	-	-
Computer equipment	-	754	754	-
Furniture and office equipment	-	314	314	-
Other machinery and equipment	-	14,989	14,989	-
TOTAL	**-**	**16,057**	**16,057**	**-**

34.3 MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2019

	Opening balance	Prior period error	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	**2,466,566**	**-**	**207,480**	**8,492**	**2,665,554**
Transport assets	108,057	-	902	-	108,959
Computer equipment	159,103	-	19,379	568	177,914
Furniture and office equipment	104,367	-	5,563	95	109,835
Other machinery and equipment	2,095,039	-	181,636	7,829	2,268,846
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	**2,466,566**	**-**	**207,480**	**8,492**	**2,665,554**

35.1 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
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**

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	366	839

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.

35.2 Minor assets

MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2019

	Machinery and equipment R'000	Total R'000
Opening balance	543,965	543,965
Additions	20,692	20,692
Disposals	1,102	1,102
TOTAL MINOR ASSETS	**563,555**	**563,555**

	Machinery and equipment	Total
Number of R1 minor assets	14,401	14,401
Number of minor assets at cost	460,614	460,614
TOTAL NUMBER OF MINOR ASSETS	**475,015**	**475,015**

36 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**

36.1 MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2019

	Opening balance R'000	Additions R'000	Disposals R'000	Closing balance R'000
Computer Software	1,549	-	-	1,549
TOTAL INTANGIBLE CAPITAL ASSETS	**1,549**	**-**	**-**	**1,549**

37 Immovable Tangible Capital Assets

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

Additions

37.1 ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2020

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	1,060,488	379,872	(1,030,273)	-	410,087
Dwellings	-	-	-	-	-
Non-residential buildings	1,060,488	379,872	(1,030,273)	-	410,087
Other fixed structures	-	-	-	-	-
TOTAL ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS	1,060,488	379,872	(1,030,273)	-	410,087

Movement for 2018/19

37.2 MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2019

	Opening balance	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	**4,112,423**	**247,097**	**-**	**4,359,520**
Dwellings	-	-	-	-
Non-residential buildings	4,112,423	247,097	-	4,359,520
Other fixed structures	-	-	-	-
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	**4,112,423**	**247,097**	**-**	**4,359,520**

37.3 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

37.4 Assets subjected to transfer in terms of S42 of the PFMA 2018/19

	No of Assets	Value of Assets R'000
BUILDINGS AND OTHER FIXED STRUCTURES	5	209,181
Dwellings	-	-
Non-residential buildings	5	209,181
Other fixed structures	-	-
TOTAL	5	209,181

Capital Work-in-progress

37.5 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**

Age analysis on ongoing projects	Number of projects		2019/20 Total R'000
	Planned, construction not started	Planned, construction started	
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**

Include discussion on projects longer than 5 years in capital work in progress

Accruals and payables not recognised relating to Capital WIP	2019/20 R'000	2018/19 R'000
Amounts relating to progress certificates received but not paid at year end and therefore not included in capital work-in-progress	56,750	207,766
Total	**56,750**	**207,766**

37.6 CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2019

	Note	Opening Balance 1 April 2018	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing Balance 31 March 2019
	Annexure 7	R'000	R'000	R'000	R'000
Buildings and other fixed structures		1,566,682	889,885	(224,529)	2,232,038
Machinery and equipment		-	-	-	-
Intangible assets		-	-	-	-
TOTAL		**1,566,682**	**889,885**	**(224,529)**	**2,232,038**

Age analysis on ongoing projects	Number of projects		2018/19
	Planned, construction not started	Planned, construction started	Total R'000
0 to 1 year	1	4	124,091
1 to 3 year(s)	130	49	1,628,899
3 to 5 years	-	13	273,468
Longer than 5 years	3	9	205,580
TOTAL	**134**	**75**	**2,232,038**

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38. Events after reporting date

38.1 Adjusting events after reporting date

No adjusting events after the reporting date were identified by management that would affect the operations of the Department or the results of those operations significantly 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 HEALTH RESPONSE

On 15 March 2020, the President of the Country declared a state of disaster, owing to the magnitude and severity of the COVID-19 outbreak which had been declared a global pandemic by the World Health Organisation (WHO). A nation-wide lockdown ensued from 26 March to 30 April, in an effort to curb the spread of the disease and to allow the healthcare system to prepare for the period at which the rate of new infections will be at their highest.

To a great extent, the lockdown was successful in flattening the curve – reducing the numbers of infections and delaying the onset of the peak in infections. National Government lifted the lockdown (which was thereafter referred to Alert Level 5) on 30 April 2020, and from 1 May 2020 imposed Alert Level 4, which eased some of the restrictions of Level 5. The President thereafter announced that the Alert Level would be further lowered to Alert Level 3 from 1 June 2020. The Alert Levels have been lowered partly because the health system was at a higher level of readiness, but also because of a looming economic and humanitarian crisis.

APPROVED SPECIAL ADJUSTMENTS ESTIMATES FINAL ALLOCATIONS FOR 2020/21

On 24 June 2020, the Minister of Finance tabled an Adjustments Budget for 2020/21, which set out government's initial economic and fiscal response to COVID-19. The Eastern Cape Province was required to reprioritise a total R2.651 billion from provincial Department s' baselines and allocate these funds to key social services (public health, schools and social welfare services) at the front line of the pandemic response as well as the economic recovery response post the pandemic.

Therefore, based on the National Supplementary Budget, the Provincial Special Adjustment Budget sought to modify the 2020/21 current baseline allocations in order to reprioritise funds towards the provincial response to COVID-19. Thus, the Provincial Special Adjustments Budget catered for reprioritisation of funds as well as the allocation of additional funds, which enabled Department s to spend on COVID-19.

The Special Adjustments Estimates is being prepared in terms of Section 31(2) of the PFMA and Treasury Regulations 6.4.

The Department's budget was adjusted by **R1.744 billion to a total adjusted appropriation of R28.135 billion**. These adjustments emanated from the following:

Adjustments to conditional grants amount to an additional **R525.627 million** for the following:

- **R481.076 million** is allocated to the new COVID-19 component within the HIV, TB, Malaria and Community Outreach grant. This component complements spending for the purchase of personal protective equipment and ventilators. Furthermore, it is for the hiring of additional staff, including Cuban medical personnel, to assist in responding to the additional caseload resulting from the pandemic;
- **R44.551 million** allocated by National Treasury from the 2019/20 Provincial Disaster Relief Grant. These funds will be utilised to purchase Personal Protective Equipment (PPE) and is allocated in the 2020/21 financial year.

Provincial allocation amounting to **R1.988 billion** is additionally allocated for the following:

- **R307.100 million** has been allocated in terms of Section 25 of the PFMA, for immediate response to Covid-19 pandemic, and in line with emergency provisions of the above act for the following;
    - R164 million for 822 Enrolled nurses and Nursing assistants for 12 months

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- R101.100 million for Laboratory Tests;
- R30 million for Field Hospitals;
- R12 million for Ventilators

- **R1.681 billion** is allocated as additional funding to deal with the COVID-19 pandemic through:
  - R840.796 million for Field Hospitals/ Infrastructure/ Operating Costs;
  - R461.421 million for PPE and Consumables;
  - R175.350 million for 5 400 Community Health Workers;
  - R173.791 million for Ventilators for 240 Intensive Care Unit (ICU) beds;
  - R17.401 million for 171 Enrolled nurses and Nursing assistants for 12 months
  - R12.515 million for Cuban Medical Brigade Personnel.

- Other provincial adjustments amount to a reduction of R769.262 million for the following:
  - R746.169 million is the portion of the Department 's cut from R2.386 billion on ES
  - R23.092 million is the portion of the Department's cut from R264.858 million from the 45 per cent reduction on the Equitable Share Travel and Subsistence budget.

- The following grants can be reprioritised towards COVID-19 as the grant framework has been amended for this purpose:

  - The Health Facility Revitalisation grant will be used to provide additional capacity such as more bed space for COVID-19 patients through upgrading and refurbishing health facilities; and
  - The National Tertiary Services grant will be used to strengthen intensive-care unit capacity – for example, by procuring more specialists to respond to COVID-19 in accordance with nationally approved business plans.

- As a result of the COVID 19 pandemic and lockdown period, the provincial own revenue of the Department will be significantly affected. Therefore, it has been adjusted downwards by R145.953 million.

- The incurrence of expenditure and commitments evolves in line with the dynamic strategy of managing the COVID-19 pandemic within the province and indeed the country.

39 STATEMENT OF CONDITIONAL GRANTS RECEIVED

	2019/20								2018/19	
	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	995,438	4,017	-	999,455	999,455	988,420	11,035	99%	944,744	940,727
Health Professions Training and Development grant	253,131	201	-	253,332	253,332	253,330	2	100%	242,392	242,191
HIV/ AIDS grant	2,397,703	1,990	-	2,399,693	2,399,693	2,398,114	1,579	100%	2,105,798	2,103,651
Health Facility Revitalisation grant	784,988	-	206,000	990,988	990,988	980,133	10,855	99%	664,570	664,570
EPWP Integrated	13,179	-	-	13,179	13,179	13,179	-	100%	2,225	1,717
EPWP incentive social cluster	2,439	-	-	2,439	2,439	2,439	-	100%	1,455	1,455
Human Papillomavirus Vaccine Grant	32,405	-	-	32,405	32,405	32,405	-	100%	33,471	33,469
Human Resources Capacitation Grant	95,408	-	-	95,408	95,408	95,408	-	100%	-	-
National Health Insurance Grant	-	-	45,333	45,333	45,333	45,333	-	100%	-	-
	4,574,691	**6,208**	**251,333**	**4,832,232**	**4,832,232**	**4,808,761**	**23,471**	**100%**	**3,994,655**	**3,987,780**

ANNEXURE 1A
STATEMENT OF CONDITIONAL GRANTS AND OTHER TRANSFERS TO MUNICIPALITIES

NAME OF MUNICIPALITY	2019/20						2018/19	
	GRANT ALLOCATION		TRANSFER		SPENT			
	DoRA and other transfers	Total Available	Actual Transfer	Funds Withheld	Amount received by Municipality	% of available funds spent by municipality	Division of Revenue Act	Actual Transfer
	R'000	R'000	R'000	R'000	R'000	%		R'000
Amathole District	-	-	-	-	-		-	1,902
Buffalo City Metro	-	-	-	-	-		-	-
Nelson Mandela Metro	-	-	-	-	-		1,200	1,189
Alfred Nzo District	-	-	-	-	-		-	-
Joe Gqabi District	-	-	-	-	-		-	-
Chris Hani District	-	-	-	-	-		-	-
OR Tambo District	-	-	-	-	-		-	-
	-	**-**	**-**	**-**	**-**	**-**	**1,200**	**3,091**

ANNEXURE 1B
STATEMENT OF TRANSFERS TO DEPARTMENT AL 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	Appro-priation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Health & Welfare SETA	-	-	-	-	12,264		11,856
	-	-	-	-	12,264		11,856

ANNEXURE 1F

STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

	2019/20						2018/19
	TRANSFER ALLOCATION				TRANSFER		
DEPARTMENT /AGENCY/ACCOUNT	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer	Available funds transferred	Appro-priation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
BLUE CRANE HOSPICE ASSOCIATIO				-	-		500
CAMDEBOO HOSPICE				-	-		590
CARE MINISTRY				-	-		500
CARING HANDS HBCC				-	-		500
EBHENEZER HOME COMM BASED CARE	320			320	320	100%	320
EMPILISWENI HIV/AIDS &ORPHANS	350			350	350	100%	350
FAITH & HOPE INTERGR AIDS PROGR	330			330	330	100%	330
GOOD SHEPHERD HOSPICE	600			600	600	100%	400
GRAHAMSTOWN HOSPICE				-	-		810
HERCHEL COMM EMPOW & UPLIFT				-	-		500
IKHWEZI WOMENS SUPPORT CENTER				-	-		-
ILITHA COMMUNITY PSYCHOLOGY SERV	320			320	320	100%	320
JABEZ AIDS HEALTH CENTER				-	-		390

ANNEXURE 1F

STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS (CONTINUED)

	2019/20						2018/19
	TRANSFER ALLOCATION				TRANSFER		
DEPARTMENT /AGENCY/ACCOUNT	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer	Available funds transferred	Appro-priation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
KEISKAMMA TRUST	320			320	-	0%	320
KHANYISANI HIV/AIDS AWARENESS	495			495	330	67%	660
KWA NOMZAMO HOME BASED COMM				-	-		250
LADY GREY COMM EMPOW & UPLIFT				-	-		500
LESEDI HOSPICE				-	-		350
MANGUZELA THANDANANI HOME BASED				-	-		300
MASABELANE EDUCATION 4 LIFE GROW				-	-		300
MASANGANE HIV/AIDS PROGRAMM				-	-		365
MASIPHILISANE HOME BASED CARE				-	-		500

ANNEXURE 1F

STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS (CONTINUED)

	2019/20						2018/19
	TRANSFER ALLOCATION				TRANSFER		
DEPARTMENT /AGENCY/ACCOUNT	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer	Available funds transferred	Appro-priation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
MATATIELE ADVICE CENTRE T/CUR				-	-		-
MFESANE INGELYFDE VERENING				-	-		500
MPUMAKAPA MULTI PURPO EDUCATION	465			465	300	65%	615
MZAMOMHLE HOME COMMUNITY BASED C	330			330	330	100%	330
NCEDULUNTU HOME BASED CARE				-	-		300
NDONGA HOME/COMMUNITY BASED CARE	525			525	350	67%	350
NEVER GIVE UP SUPP GROUP-DIMBAZA	400			400	400	100%	350
NYWARA HOME BASED CARE	330			330	330	100%	660
PORT ST JOHNS CREAT YOUNG WOM GR	300			300	300	100%	300
SAKHIMPILO HOME BASED CARE PROJ	340			340	340	100%	340
SINAKO WELLNESS & DEVELOP ORG				-	-		340
SINETHEMBA HOME BASED CARE				-	-		300

ANNEXURE 1F

STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS (CONTINUED)

	2019/20						2018/19
	TRANSFER ALLOCATION				TRANSFER		
DEPARTMENT /AGENCY/ACCOUNT	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer	Available funds transferred	Appro-priation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
SINOTHANDO HOME OF SAFETY	545			545	300	55%	600
SIYAKHANA HBC	525			525	350	67%	350
SIYAKHANYISA HIV/AIDS SUPPORT GR	510			510	340	67%	340
SIYAPHILA HBC				-	-		350
SIZANENGUQU HOME COMM BASED CARE	460			460	300	65%	320
SOPHAKAMA COMM BASED DEVELOPMENT				-	-		300
SOPHUMELELA CLINIC INCORPORATED	495			495	330	67%	660
ST BERNARDS HOSPICE	1,500			1,500	1,000	67%	1,000
ST FRANCIS HOSPICE	1,000			1,000	1,000	100%	1,000
UBUNTU CARE & DEVELOPMENT				-	-		150
UKHAMBA PROJECTS	510			510	510	100%	340

ANNEXURE 1F

STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS (CONTINUED)

	2019/20						2018/19
	TRANSFER ALLOCATION				TRANSFER		
DEPARTMENT /AGENCY/ACCOUNT	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer	Available funds transferred	Appro-priation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
VUKUZENZELE COMM DEV ORG	330			330	330	100%	330
YIZANI HOME BASED CARE				-			390
	11,300	-	-	11,300	9,060	99%	19,570

ANNEXURE 1G
STATEMENT OF TRANSFERS TO HOUSEHOLDS

	2019/20						2018/19
	TRANSFER ALLOCATION				EXPENDITURE		
HOUSEHOLDS	Adjusted appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appro-priation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Transfers							
Districts	71,185	-	-	71,185	437,253	614%	61,552
Clinical H/Comp	23,602	-	-	23,602	391,894	1660%	435,374
Other	184,970	-	-	184,970	107,151	58%	6,057
Total	**279,757**	**-**	**-**	**279,757**	**936,298**		**502,983**

ANNEXURE 1H
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2019/20 R'000	2018/19 R'000
Received in kind			
National Department of Health	Computer Equipment	-	4,732
Gibela Trade and Invest / Global Fund	Computer Equipment	676	-
TOTAL		**676**	**4,732**

ANNEXURE 11
STATEMENT OF AID ASSISTANCE RECEIVED

NAME OF DONOR	PURPOSE	2019/20				
		OPENING BALANCE	REVENUE	EXPENDI-TURE	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
HW SETA		-	-	-	-	-
IDZ		779	-	-	-	779
Tirelo Bosha		45	-	-	-	45
Methodist Church of South Africa		11	-	-	-	11
Kitchner Sifile Trust		1,110	-	1,110	-	-
TOTAL		**4,098**	**-**	**1,110**	**-**	**2,988**

ANNEXURE 3A

STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2020 - LOCAL

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
ABSA	-	145	-	-	-	145	-	-
Standard Bank	-	462	-	-	-	462	-	-
Nedbank	-	315	-	-	-	315	-	-
Nedbank LTD (NBS)	-	169	-	-	-	169	-	-
FNB (Firstrand)	-	912	-	1	-	911	-	-
FNB (Saambou Bank)	-	151	-	-	-	151	-	-
Peoples Bank (FBC FID)	-	108	-	-	-	108	-	-
GBS Mutual	-	34	-	-	-	34	-	-

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
Southnet Financial Services	-	-	-	-	-	-	-	-
Old Mutual (Nedbank)	-	460	-	-	-	460	-	-
Investec	-	57	-	-	-	57	-	-
Unique Finance	-	108	-	-	-	108	-	-
SA Home Loans P	-	5	-	-	-	5	-	-
	-	**2,926**	**-**	**1**	**-**	**2,925**	**-**	**-**

ANNEXURE 3B
STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2020

Nature of liability	Opening balance 1 April 2019	Liabilities incurred during the year	Liabilities paid/ cancelled/ reduced during the year	Liabilities recoverable (Provide details hereunder)	Closing balance 31 March 2020
	R'000	R'000	R'000	R'000	R'000
Claims against the Department					
Legal Claims	32,864,497	5,294,510	1,407,800	-	36,751,207
TOTAL	32,864,497	5,294,510	1,407,800	-	36,751,207
Other					
	-	-	-	-	-
	-	-	-	-	-
	32,864,497	**5,294,510**	**1,407,800**	**-**	**36,751,207**

ANNEXURE 4
CLAIMS RECOVERABLE

Government entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2020	31/03/2019	31/03/2020	31/03/2019	31/03/2020	31/03/2019
	R'000	R'000	R'000	R'000	R'000	R'000
Department						
Department of Public Works EC	-	158	-	-	-	158
Department of Rural Development EC	33	-	-	17	33	17
Department of Education	-	-	24	25	24	25
Department of Social Development	-	15	55	-	55	15
COGTA	-	-	67	66	67	66
Department of Health Office of the Premier	-	-	-	30	-	30
Eastern Cape Legislature	-	-	158	-	158	-
National Department of Correctional Services	-	-	40	60	40	60
National Department of Health	-	-	-	31	-	31
National Department Higher Education	-	-	37	-	37	-
National Department of Home Affairs	-	-	-	42	-	42
National Department of Defence	-	-	32	-	32	-
National Department of Labour	-	-	21	-	21	-
Department of Health KZN	249	155	-	-	249	155
Department of Health Gauteng	-	-	117	33	117	33
Department of Health WC	-	-	260	72	260	72
Department of Health FS	-	-	117	-	117	-
Department of Health NC	-	-	77	77	77	77
Total	**282**	**328**	**1,005**	**453**	**1,287**	**781**

ANNEXURE 5
INTER-GOVERNMENT PAYABLES

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2020	31/03/2019	31/03/2020	31/03/2019	31/03/2020	31/03/2019
	R'000	R'000	R'000	R'000	R'000	R'000
DEPARTMENT S						
Current						
EC: Office of the Premier	-	-	402	499	402	499
EC: Legislature	38	-	-	-	38	-
EC: Provincial Treasury	-	2	-	-	-	2
EC: Public Works	2,831	722	-	-	2,831	722
EC: Human Settlement	-	320	-	-	-	320
EC: Department of Transport	278,051	173,903	-	-	278,051	173,903
National Department of Justice	604,758	401,785	-	-	604,758	401,785
National Department of Water and Sanitation	29	-	-	-	29	-
South African Police Services	39	-	-	-	39	-
EC COGTA	-	47	-	-	-	47
EC: Department of Water and Sanitation	25	23	-	-	25	23
Health Gauteng	68	-	-	-	68	-
Health KZN	-	7	-	-	-	7
Total	**885,839**	**576,809**	**402**	**499**	**886,241**	**577,308**

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 6
INVENTORY

	Note	Medicines and medical supplies	TOTAL
		R'000	R'000
INVENTORIES FOR THE YEAR ENDED 31 MARCH 2019			
Opening balance		495,852	495,852
Add/(Less): Adjustments to prior year balances		-	-
Add: Additions/Purchases - Cash	6.4	2,771,313	2,771,313
Add: Additions - Non-cash		30,318	30,318
(Less): Disposals		(4,284)	(4,284)
(Less): Issues		(2,624,530)	(2,624,530)
Add/(Less): Received current, not paid (Paid current year, received prior year)		-	-
Closing balance		**668,669**	**668,669**

ANNEXURE 7A

Movement in Capital Work-in-Progress

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 7A

Movement in Capital Work-in-Progress (continued)
MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2019

	Opening balance R'000	Current Year Capital WIP R'000	Completed Assets R'000	Closing balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	1,566,682	889,885	(224,529)	2,232,038
Dwellings	-	-	-	-
Non-residential buildings	1,566,682	889,885	(224,529)	2,232,038
Other fixed structures	-	-	-	-
TOTAL	1,566,682	889,885	(224,529)	2,232,038

ANNEXURE 8B
INTER-ENTITY ADVANCES RECEIVED (note 16)

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2020	31/03/2019	31/03/2020	31/03/2019	31/03/2020	31/03/2019
	R'000	R'000	R'000	R'000	R'000	R'000
NATIONAL DEPARTMENT S						
Current						
Sector Education Training Authority (SETA)	-	9,679	-	-	-	9,679
National Department of Health	22,666	-	-	-	22,666	-
Total	**22,666**	**9,679**	**-**	**-**	**22,666**	**9,679**
Current	**22,666**	**-**	**-**	**-**	**22,666**	**-**
Non-current	**-**	**-**	**-**	**-**	**-**	**-**

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