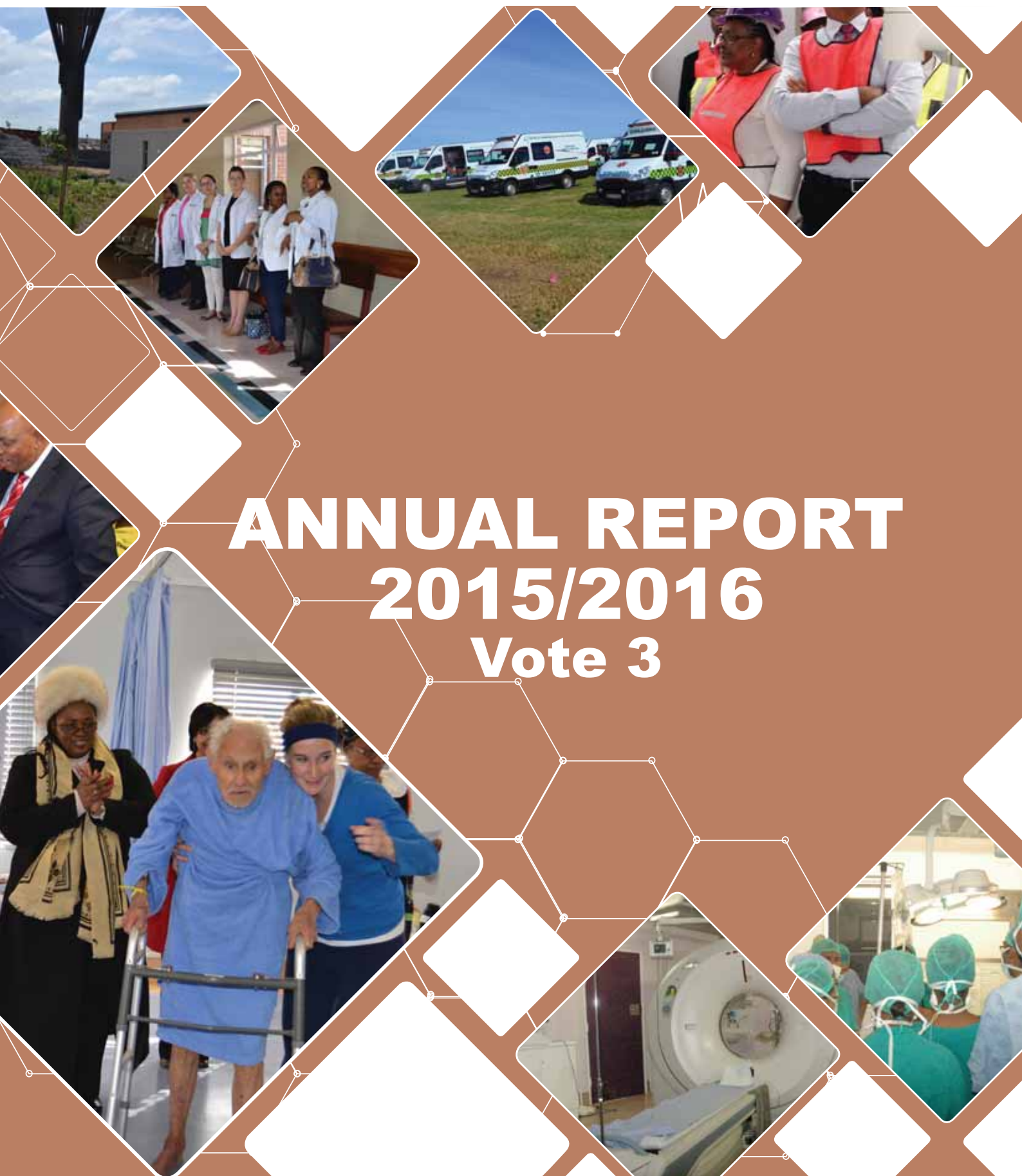


Province of the
EASTERN CAPE
HEALTH



ANNUAL REPORT 2015/2016 Vote 3

Together, moving the health system forward



SUBMISSION OF THE ANNUAL REPORT TO THE EXECUTIVE AUTHORITY

I have the honour of submitting the Annual Report of the Department of Health for the period 01 April 2015 to 31st March 2016 in compliance with Section 40 (1) (d) of the Public Financial Management Act (PFMA).

A handwritten signature in blue ink, consisting of a large loop and a trailing line, is positioned above a horizontal line.

Dr T.D. Mbengashe
Accounting Officer: Department of Health
31 August 2016

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PART A

GENERAL INFORMATION



1. DEPARTMENTAL GENERAL INFORMATION

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2. LIST OF ABBREVIATIONS / ACRONYMS

AEA	Ambulance Emergency Assistant
AGSA	Auditor General South Africa
AIDS	Acquired Immune Deficiency Syndrome
ALS	Advanced Life Support
ANC	Antenatal Care
ANZO	Alfred Nzo District
AO	Accounting Officer
AY	Annual Year
B Cur	Baccalaureus Curationis
BCM	Buffalo City Metropolitan
BAA	Basic Ambulance Assistant
BAS	Basic Accounting Services
BMI	Body Mass Index
BP	Blood pressure
BUR	Bed Utilisation Rate
C Hani	Chris Hani District
CA	Clinical Associate
CAATS	Computer-Assisted Auditing Techniques
CBO	Community-Based Organisation
CCA	Critical Care Assistant
CFO	Chief Financial Officer
CHC	Community Health Centre
CMH	Cecilia Makiwane Hospital
CMR	Child Mortality Rate
CoE	Compensation of Employees
CPD	Continuous Professional Development
CPT	Cotrimoxazole Prophylaxis Therapy
CRM	Customer Relations Monitoring
CS	Caesarean Section
CS&OP	Corporate Strategy & Organisational Performance
CTOP	Choice on Termination of Pregnancy
DCH (SA)	Diploma in Child Health (South Africa)
DDG	Deputy Director General
DHC	District Health Council

DHIS	District Health Information System
DHS	District Health Services
DNH	Dora Nginza Hospital
DM	District Municipality
DOH	Department of Health
DoT	Department of Transport
DPSA	Department of Public Service and Administration
DUT	Durban University of Technology
EC	Eastern Cape
ECDoH	Eastern Cape Department of Health
ECIPA	Eastern Cape Independent Practitioner Association
ECP	Emergency Care Practitioner
ECSECC	Eastern Cape Socio-Economic Consultative Council
ECT	Emergency Care Technician
EDH	Elizabeth Donkin Hospital
EHP	Environmental Health Practitioner
EL	East London
ECCB	Eastern Cape Chamber of Business
EMS	Emergency Medical Services
EMRS	Emergency Medical Rescue Services
EN	Enrolled Nurse
ENA	Enrolled Nursing Assistant
ENACHP	Enrolled Nursing Assistants Community Health Practitioners
ESMOE	Essential Steps in the Management of Obstetric Emergency
EU	European Union
EWP	Employee Wellness Programme
FAEC	Fleet Africa Eastern Cape
FEH	Fort England Hospital
FPD	Foundation for Professional Development
FPO	Forensic Pathology Officer
FY	Financial Year
GP	General Practitioner
HAST	HIV & AIDS, STI & TB
HB	Haemoglobin
HCBC	Home Community-Based Care

HCT	HIV Counselling & Testing
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
HR	Human Resources
HR Rems	Human Resource Record Management Systems
HR TAP	Human Resources Turnaround 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 Programs
ICASA	Independent Communications Authority of South Africa
ICRM	Ideal Clinic Realisation and Maintenance Programme
ICT	Information Communication Technology
ICU	Intensive Care Unit
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illness
IMR	Infant Mortality Rate
INP	Integrated Nutrition Programme
IPT	Isoniazid Prophylaxis Therapy
ISRDP	Integrated Sustainable Rural Development Plan
IT	Information Technology
IYA	Imbumba yamaKhosikazi Akomkulu
JICA	Japanese International Development Cooperation Agency
KSD	King Sabata Dalindyebo
KTP	Knowledge Transfer Partnership
LTDOT	Long-Term Domiciliary Oxygen Therapy
M/XDR	Multi/Extreme Drug Resistant
MAWG	Multi-Agency Working Group
MBChB	Bachelor of Medicine and Bachelor of Surgery
MDGs	Millennium Development Goals

MCWH	Maternal Child and Women's Health
MDR-TB	Multi-Drug Resistant Tuberculosis
MEC	Member of Executive Committee
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
MTEF	Medium Term Expenditure Framework
NCCEMD	National Committee on Confidential Enquiry into Maternal Deaths
NCD	Non-Communicable Diseases
NDOH	National Department of Health
NGO	Non-governmental Organisation
NHC	National Health Council
NHI	National Health Insurance
NHLS	National Health Laboratory Service
NIMART	Nurse Initiated Management of Antiretroviral Therapy
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
O&P	Orthotic & Prosthetic
OPD	Outpatient Department
OTP	Office of the Premier
OSG	Office of the Superintendent General
PAH	Provincially-Aided Hospital
PCR	Polymerase Chain Reactive
PCV	Pneumococcal Vaccine
PDE	Patient Day Equivalent
PDP	Public Driver's Permits
PE	Port Elizabeth

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
PHS	Port Health Services
PILIR	Policy 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
PPT	Planned Patient Transport
PROVHOC	Provincial Health Operations Centre
PTB	Pulmonary Tuberculosis
RPHC	Revitalisation of Primary Health Care
RSDP	Rationalised Service Delivery Platform
RTC	Regional Training Centre
RV	Rotavirus Vaccine
SA	South Africa
SAMA	South African Medical Association
SANBS	South Africa National Blood Services
SANCA	South African Cancer Association
SAPS	South African Police Service
SAQA	South African Qualifications Authority
SARS	South Africa Revenue Service
SASO	Senior Auxiliary Service Officers
SCM	Supply Chain Management
SDF	Skills Development Facilitators
SDGs	Sustainable Development Goals
SFH	Society for Family Health
SG	Superintendent General
SITA	State Information Technology Agency
SLA	Service Level Agreement

sm+	Smear Positive
SMME	Small, Medium and Micro Enterprises
SMSB	Saving Mothers Saving Babies
SOP	Standard Operating Procedure
STATS SA	Statistics South Africa
STI	Sexually Transmitted Infection
TB	Tuberculosis
THS	Traditional Health Services
UDIPA	Uitenhage Despatch Independent Practitioner Association
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UPH	Uitenhage Provincial Hospital
URP	Urban Renewal Nodes
VCT	Voluntary Counselling and Testing
VitA	Vitamin A
VPN	Virtual Private Network
WAMTEC	Willem Andries Machiel Technology
WSU	Walter Sisulu University
XDR-TB	Extremely Drug Resistant Tuberculosis

3. FOREWORD BY THE MEMBER OF THE EXECUTIVE COUNCIL

MECs Statement for Annual Report



Our service delivery mandate to the citizens of the Eastern Cape Province compels us to provide quality healthcare services to all our people, thereby providing a better life for all. In fulfilling this mandate, the Department took the 5th Democratic Administration's cue which emphasises on turning the corner; accelerating provisioning of services throughout the province and strengthening partnerships. With the support of developmental and social partners, the Department has thus managed to make a significant service delivery impact in the province, despite the current challenging economic climate in our country.

Achievements in relation to policy directives and strategic outcome

The Department continued to give focus on its three strategic goals of reducing the disease burden; improving the quality of care and implementation of universal coverage, in line with the country's key policy guidelines which include the National Development Plan (NDP), the Minister's Negotiated Service Delivery Agreement (NSDA) and the National Health Council Priorities.

Even though the Department could not achieve the set targets for the 2015 Millennium Development Goals (MDGs), we have committed to the Sustainable Development Goals (Goals) which have a scope that goes far beyond the MDGs. We have made great progress in the area of child and maternal health; TB and HIV/Aids. During the year under review, the Province did commendable work in implementing key provincial and national strategies aimed at reducing maternal and child mortality. This approach has consequently led to the strengthening of the District Clinical Specialist Teams (DCSTs) across our districts; use of the Ward Based Outreach Team (WBOT) programme to provide healthcare services at household level, intensify immunisation campaigns; capacitating and up-skilling of midwives on maternal issues and doctors on Emergency Steps on the Management of Obstetric Emergencies (ESMOE); use of Mom-connect to empower pregnant mothers with knowledge on pregnancy, delivery and post-natal care, to mention a few of our achievements.

The Department also intensified its drive to promote adherence to AIDS and TB treatment and as a result of these efforts we have over-achieved our targets for the TB treatment success rate.

On the implementation of the universal health coverage in preparation for full roll-out of the National Health Insurance (NHI) in South Africa, there is remarkable work done in the OR Tambo pilot district to date. Our deliberate focus on primary healthcare re-engineering has also yielded to positive outcomes and is greatly benefiting communities within the pilot districts. During the period under review, the Department further developed and implemented a business plan for a Provincial NHI pilot district of Alfred Nzo. Significant ground-work such as stakeholder consultation; training of personnel; strengthening of clinical teams; and improvement works within facilities was accomplished.

Conclusion

Lastly, our collective efforts to improve financial management and governance in the department have paid off. For the first time in 12 years, we attained an unqualified audit opinion from the office of the Auditor General. My sincere gratitude goes out to the Head of Department, the Chief Financial Officer and all the staff who have contributed to this huge milestone and it now our commitment to maintain and improve on this achievement going forward.

Through the continued support of the Head of Department and the rest of the dedicated departmental staff, we will surely improve our health outcomes, thereby promoting a better life for all.



Hon P.P. Dyantyi

Member of the Executive Council (MEC) for Health

31 August 2016

4. REPORT OF THE ACCOUNTING OFFICER

4.1 OVERVIEW OF THE OPERATIONS OF THE DEPARTMENT



Results and challenges for the year

In 2015/16, the Department remained committed to delivering quality health care services notwithstanding the constrained fiscal environment. The quadruple burden of disease continued to place enormous pressure on the health system, thus requiring renewed effort by the Department to reprioritise resources from non-core to critical service delivery areas.

Commendable progress was made in achieving key priorities outlined by the Premier in his State of the Province address and which were further emphasised through the Service Delivery Agreement signed between the Premier and the MEC for Health. Highlights of the provincial health system performance for the year under review are as follows:

- 358 515 clients remained on ART as against a target of 355 531 for the year;
- TB client treatment success rate was at 84% against an annual target of 82%;
- 99.4% of Grade 4 learners received HPV vaccination as part of the Integrated School Health Program as against the annual target of 85%.

The Department also strengthened its commitment to continuous quality improvement and increasing compliance with National Core Standards (NCS). For the 2015/16 financial year, all hospitals conducted self-assessments with subsequent improvement plans. The Department was commended for improving its overall scores at Holy Cross hospital, from 47% to 60% as well as Gura Clinic which got the highest score of 90%. Going forward, the Department will be seriously strengthening adherence to NCS as well as fast-tracking and strengthening the implementation of the Ideal Clinic Realisation and Maintenance programme (ICRM) in all the identified clinics in the province.

The scourge of medico legal claims continued to place enormous financial pressure on the health resources where for the year under review, a total of R259.931 million was paid towards medico legal settlements and R59.107 million paid to the State Attorney. The Department has however made good progress in mitigating this scourge going forward and interventions in this regard include the following:

- Appointment of the Health Ombudsperson with effect from 01 February 2016;
- The bid for a panel of medico legal experts is at evaluation stage and appointment is expected to be made before the end of the first quarter of 2016.
- Provision of targeted interventions at the 4 priority hospitals through a package of healthcare interventions to prevent Cerebral Palsy;

- Implementation of an Electronic Patient Records Management System; as well as promotion of early intervention strategies); and
- Undertaking a feasibility study to create regional centres or partnerships with available service providers to deal with Cerebral Palsy patients in a bid to reduce future medical costs.

Support services

The delivery of quality health services during the year under review was made possible by effective and efficient Finance and Supply Chain Management (SCM), Human Resources, Infrastructure, and Information and Communication Technology (ICT).

In this regard, the department is very proud to have achieved an unqualified audit opinion for the year under review. This huge achievement was made possible through concerted efforts of everyone in the department as well as extensive engagements with the Audit General and Provincial Treasury which focused on the elimination of Employee Benefits and Irregular Expenditure which were the 2 qualification areas in the previous year's audit.

The Department delivered its health services within 99.6% of its allocated budget, whilst also managing to avert unauthorised expenditure which was incurred in the District Health Services sub-programme in the 2014/15 financial year. This required that the Department institute strict austerity measures through establishment of Provincial and District Cost Containment Committees (PCCC and DCCC) as well as placing a moratorium on the appointment of administrative posts. Through these CCC interventions, the Department was able to reduce expenditure on advertising by R10.326 million; internal bursaries by R1.475 million; catering by R3.327 million; communication costs by R6.082 million; venues and facilities by R2,499 million, printing and stationery by R1,812 million, consultants, business and advisory services by R37.960 million; fleet services were reduced by R75.710 million; efficiencies in inventory management and utilization resulted in a decrease in medicine purchased by R145.181 million; non-core training and development reduced by R3.555 million; property payments decreased by R95.625 million; as well as R19.569 million savings on travel and accommodation.

Controls have been strengthened to reduce Irregular Expenditure through the proper management of SCM documentation and general records management; training of staff through outreach programmes and better monitoring controls. This has had the desired impact of significantly reducing irregular expenditure by 92% from R146.457 million in the prior year to R11.773 million for the year under review. The Department has further strengthened its capacity in the SCM unit with the appointment of the Chief Director with effect from December 2015.

In conjunction with the State Attorney and the Provincial Treasury (PT), the Department has reviewed its accounting treatment of claims against the state through acts or omissions in accordance with Treasury Regulation 12.2 and 12.7 and this has resulted in the downward adjustment of the prior period error of R247.276 million against Fruitless and Wasteful expenditure.

With regards to Human Resources Management, the Department has a total of 53 304 filled posts as at 31 March 2016, which is an increase of 1 432 posts from the previous year. Notwithstanding the prevailing budgetary constraints and the moratorium which was placed on non-clinical posts in the second half of 2015/16, the Department prioritized the appointment of medical professionals and essential staff to ensure uninterrupted delivery of critical services. The Department has also completed its revised organogram which is based on workload indicators from the District Health Information System and is premised on the principles of strengthening frontline services and a lean Head Office. Consultation processes with various stakeholders are underway before submission of the revised organogram to the Office of the Premier and the Minister of Public Service and Administration. The anticipated implementation date for the new organogram is 01 August 2016. The Department has also successfully filled 100% of the SMS posts as at 31 March 2016.

The revitalisation of infrastructure plays a critical role in providing quality care for patients as well as an enabling environment for staff. The following infrastructure projects reached practical and final completion during the year under review: Ibika Clinic, Jose Pearson TB Hospital, Tombo EMS Satellite Base, Frere Oncology Unit, Dora Nginza New Pharmacy, Dora Nginza- Lilitha College Building, Dora Nginza- 72 Hour Psychiatric Ward, Dora Nginza- Adult Chronic Ward. The Department has also completed Phase 1 of the Cecilia Makiwane Hospital (CMH) flagship project which was officially handed over to the Premier of the province on the 04 February 2016. Phase 2 of the commissioning process for the 530 bed will be finalized in the latter part of 2016/17 financial year.

Three core infrastructure positions were filled as part of the capacitation programme under the Health Facilities Revitalization Grant (HFRG) and this will assist in building internal capacity for infrastructure delivery in line with the department's plan of reducing overreliance on implementing agents.

The following were key ICT achievements for the Department during the year under review:

- RX Lite (stock visibility programme) was rolled out to all PHC facilities;
- Primary Health Care Information system (PHCIS) was rolled out to 138 facilities;
- 138 out of 145 PHC facilities have been setup for Health Patient Registration System (HPRS);
- 77 hospitals and 105 clinics were provided with broadband; and
- Governance structures were put in place, i.e. ICT Steering Committee and Operational Committee together with the appointment of the governance champion. This was all in compliance with the DPSA framework and ICT policies were completed and approved.

4.2 FINANCIAL PERFORMANCE

Departmental Receipts

	2015/16			2014/15		
	Estimate	Actual	(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	146 505	140 578	5 927	138,064	138, 766	-702
Interest, dividends and rent on land	0	194	-194	100	32	68
Sales of capital assets	0	0	0	0	1, 035	-1, 035
Financial transactions in assets and liabilities	10 235	6 722	3 513	10,236	42, 014	-31,778
Total	156 740	147 494	9 246	148,400	181, 847	-33,447

The Department collected R147.494 million of own revenue against the adjusted projection of R156.740 million, resulting in an under-collection of R9.246 million. This was mainly due to under-collection on patient fees as a result of the timing difference between expected claims settlement and actual payment. Payments expected in March 2016 were received in April 2016 from the Department of Justice and the Road Accident Fund (RAF). The Department is focusing on support to hospitals with RAF billings, and is working together with RAF to ensure settlement of claims.

Bad debts written off

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

Tariff policy

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

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

Patients who do not have external funding, pay a discounted fee. The discount for patients that are formally unemployed or on social grants (H0) receive free health care (100% subsidy); patients earning below R37,000 per annum (H1) receive a subsidy of approximately 90%; patients who earn between R37,000 and R72,000 (H2) - the subsidy varies according to services rendered, ranging from 35% to 90%. Self-funded patients (H3) exceeding the means test, receive on average a 25% subsidy.

The Department increased patient tariffs to the externally funded patient fees by 5.9% in the year under review.

Free Services

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

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

Programme Expenditure

APPROPRIATION PER PROGRAMME

		2015/16			2014/15		
Voted funds and Direct charges		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	666,420	666,359	61	606,406	574,709	31,697
2.	District Health Services	9,530,775	9,516,426	14,349	8,848,746	8,939,147	(90,401)
3.	Emergency Medical Services	971,920	946,270	25,650	865,786	850,947	14,839
4.	Provincial Hospitals Services	4,930,768	4,927,742	3,026	4,510,947	4,504,185	6,762
5.	Central Hospital Services	843,783	823,221	20,562	796,341	758,650	37,691
6.	Health Sciences and Training	773,921	769,372	4,549	746,639	726,252	20,387
7.	Health Care Support Services	93,354	93,129	225	108,768	92,399	16,369
8.	Health Facilities Management	1,210,858	1,199,522	11,336	1,193,660	1,101,815	91,845
Programme sub total		19,021,799	18,942,041	79,758	17,677,293	17,548,104	129,189

	2015/16			2014/15		
Voted funds and Direct charges	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						
Statutory Appropriation	1,902	1,902	-	1,750	1,750	-
TOTAL	19,023,701	18,943,943	79,758	17,679,043	17,549,854	129,189

The Department spent R18.943 billion against a final appropriation of R19.023 billion resulting in an under-expenditure of R79.758 million or 0.4%. Conditional grant expenditure amounted to R3.224 billion of a final appropriation of R3.250 billion or 99.19%. The Health Professions Training and Development Grant, the Health Facilities Revitalization Grant and the EPWP Social Incentive Grant all spent at 100%. The Department has made applications for roll overs of R20.788 million in conditional grant funds and R43.948 million in equitable share funds against this under-expenditure in the 2016/17 year.

Programme 1: Administration - Under expenditure of R61 thousand

The Programme underspent under Payment for Capital Assets (software and intangible assets).

Programme 2: District Health Services - Over expenditure of R14.349 million

The programme was burdened with material medico-legal claim settlements in the current financial year, which saw fund shifts and virements used to increase the households to a final allocation of R131 million from an adjusted budget of R36.3 million.

At year end, the programme underspent by R14.350 million due to underspending on transfers, departmental agencies and accounts where some Community Based Organisations were found not to be compliant. An application has been made for the roll-over of conditional grant funds to Provincial Treasury in respect of the HIV and Aids Conditional Grant of R2.408 million and equitable share of R4.037 million.

Programme 3: Emergency Medical Services – Under-expenditure of R25.650 million

Emergency Medical Services underspent by R25.7 million primarily in respect of operating and finance leased assets due to delays in receipt of invoices from the fleet trading entity. An equitable share roll-over of R25.650 million has accordingly been requested for this amount in the 2016/17 financial year.

Programme 4: Provincial Hospital Services - Under expenditure of R3.026 million

The programme was burdened with material medico-legal claim settlements in the current financial year, which saw funds shifts and virements used to increase the households to a final allocation of R194.3 million from an adjusted budget of R30.487 million.

The under-expenditure under the programme primarily arose in machinery and equipment which was delivered closer to the year-end and could not be paid for within the financial year. The Department has submitted applications for the roll-over of equitable share funds of R3.026 million to Provincial Treasury.

Programme 5: Central Hospital Services - Under expenditure of R20.562 million

The Programme underspent by R20.562 million overall and has submitted applications for the roll-over of the National Tertiary Services Conditional Grant funds to Provincial Treasury amounting to R18.380 million in relation to medical and allied equipment for Frere, Livingstone and Nelson Mandela Academic Hospitals, which was delivered before year-end but could not be paid for.

Programme 6: Health Sciences & Training - Under expenditure of R4.549 million

The Programme underspent by R4. 645 million, primarily within Machinery and Equipment.

Programme 7: Health Care Support Services – Under expenditure of R225 thousand

The Programme underspent by R225 thousand primarily within Machinery and Equipment.

Programme 8: Health Facilities Management – Under expenditure of R11.336 million

This Programme underspent by R11.336 million, primarily within compensation of employees and machinery & equipment. There were delays in the filling of some specialist infrastructure posts where incumbents commenced duties in April and May of 2016. There were also delays in delivery of invoices from service providers and the Department has submitted applications for the roll-over of equitable share funds to Provincial Treasury.

Virements

The Department implemented, in terms of section 43 (1) of the PFMA and Treasury Regulation 6.3.1, the use of “savings” / “underspend” to primarily defray, *inter alia*, gross medico-legal settlements obligations which arose in Programmes 2 and 4 during the course of the financial year:

Programmes	Total Fund Shifts R'000	Total Virements R'000	Total Virements / Shifting R'000	Reason for the Virement
ADMINISTRATION	-6,590	-2,803	-9,393	
Compensation of Employees	36,791	-2,803	33,988	Delays occurred in the appointment of personnel as a result of austerity strict measures enforced by the Department on non-core posts, both in terms of new and replacement posts, resulting in "under spending" in this line item. The amount was used to defray over expenditure in compensation of employees in Programme 4.
Goods and Services	-39,914	-	-39,914	Several challenges in supply chain processes resulted in the under spend in this line item. The amount was used to defray over expenditure in goods and services in Programme 2.
Interest and Rent on Land	531	-	531	
Households	1,453	-	1,453	
Machinery and Equipment	-5,451	-	-5,451	Funds were used for the purchase of medical and allied equipment in Programme 2 in support of patient care.
DISTRICT HEALTH SERVICES	41,156	-30,470	10,686	
Compensation of Employees	-39,510	-44,745	-84,255	Delays in the appointment of personnel due to strict measures enforced by the Department on non-core posts, both in terms of new and replacement posts, have resulted in under spending in this line item. The amount was used to fund the settlement of several medico legal claims during the year under review in Programme 4.
Goods and Services	-42,508	-	-42,508	Funding received from Programme 1.
Interest and Rent on Land	1,570	-	1,570	Funding received from Programme 2 households to fund interest settlement.
Households	80,445	14,275	94,720	Insufficient information provided by beneficiaries of leave gratuity funding resulted in under-spending on this line item. This amount was used to defray interest item within Programme 2.
Machinery and Equipment	41,159	-	41,159	Medical and allied equipment, including x ray machines, was purchased with funding from Programme 3.
EMERGENCY MEDICAL SERVICES	-18,316	-81,789	-100,105	
Compensation of Employees	50,901	-	50,901	
Goods and Services	-44,488	-81,789	-126,277	Funding received from Programme 8.
Interest and Rent on Land	23	-	23	
Households	-453	-	-453	Insufficient information provided by beneficiaries of leave gratuity funding resulted in under-spending on this line item. The amount was used to fund the settlement of several medico legal claims during the year under review in Programme 4.
Machinery and Equipment	-24,299	-	-24,299	Challenges with billings by the Fleet Entity led to this underspend. Funds were used for the purchase of medical and allied

Programmes	Total Fund Shifts R'000	Total Virements R'000	Total Virements / Shifting R'000	Reason for the Virement
				equipment in Programme 2.
PROVINCIAL HOSPITAL SERVICES	-3,591	143,087	139,496	
Compensation of Employees	-1,001	-	-1,001	Funding received from Programmes 1 and 7.
Goods and Services	-29,462	-	-29,462	Funding received from Programme 6.
Interest and Rent on Land	4,093	-	4,093	
Households	26,431	143,087	169,518	The settlement of several medico legal claims during the year under review was ultimately funded from funding received from Programme 3, 6, and 8.
Machinery and Equipment	-3,652	-	-3,652	
PROVINCIAL TERTIARY SERVICES	3,632	-	3,632	
Compensation Of Employees	-32	-	-32	Funding received from Programmes 1 and 7.
Goods And Services	3,326	-	3,326	Funding received from Programme 6.
Households	9	-	9	
Buildings & Other Fix Structure	969	-	969	Internal reclassification within the programme
Machinery And Equipment	-640	-	-640	Internal reclassification within the programme
HEALTH SCIENCE & TRAINING	-10,828	-2,604	-13,432	
Compensation of Employees	13,608	-2,604	11,004	Delays in the appointment of personnel due to strict measures enforced by the Department on non-core posts, both in terms of new and replacement posts, have resulted in under spending in this line item. The amount was used to defray over expenditure in compensation of employees in Programme.
Goods and Services	3,309	-	3,309	
Households	-24,372	-	-24,372	
Machinery and Equipment	-3,373	-	-3,373	
HEALTH CARE AND SUPPORT SERV	-2,296	-7,677	-9,973	
Compensation of Employees	-1	-4,051	-4,052	
Goods and Services	-2,098	-3,626	-5,724	
Households	-109	-	-109	
Machinery and Equipment	-88	-	-88	
HEALTH FACILITIES DEV&MAINT	-3,167	-17,744	-20,911	
Compensation of Employees	1,457	-	1,457	
Goods and Services	-472	-17,744	-18,216	Funding sent to Programme 3 in anticipation of settling operating lease billings from the Fleet entity.
Interest and Rent on Land	473	-	473	
Buildings & Other Fix Structure	3,106	-	3,106	
Machinery and Equipment	-7,731	-	-7,731	

Roll-overs – Conditional Grant and Equitable Share

Roll overs applied for in the 2014/15 amounting to R87.861 million were approved by Treasury during the year under review. The details in respect of these is as follows:

Programme 1: Administration – R6.563 million

From Equitable Share, an amount of R6.563 million was rolled over for SCM reforms. Of that funding, R4.569 million was used for bulk filers, shelving and inventory management, and R2.014 million for ICT network upgrade.

Programme 2: District Health Services – R13.241 million

A total of R13.241 million was rolled over from Equitable Share, and an amount of R2.829 million was for the payment of machinery and equipment. The balance of R10.382 million was from the Comprehensive HIV and AIDS Grant, of which R4.999 million was used for goods and services, R1.308 million for departmental agencies and accounts and R4.075 million for machinery and equipment.

Programme 3: Emergency Medical Services – R10.273 million

An Equitable Share rollover of R10.273 million was received and was used for machinery and equipment, which was procured for ambulances and rescue vehicles.

Programme 5: Central Hospital Services – R36.381 million

An amount of R36.381 million was rolled over from the National Tertiary Services Grant. R2.316 million was used for Buildings and other Fixed Structures, and R34.065 million for Machinery and Equipment

Programme 8: Health Facilities Management – R21.403 million

The programme received a total of R21.403 million as rolled-over funding. From Equitable Share, a roll-over of R9.600 million was received, whilst from the Health Facility Revitalisation Grant the roll-over funding received was R11.803 million. All the funding was used for Buildings and other fixed structures.

Unauthorised Expenditure

The Department did not incur any unauthorized expenditure at either the Vote or Programme Level during the 2015/16 financial year under review. Unauthorised expenditure as at 31 March 2015 amounted to R91.449 million and was cumulative from the 2014/15 financial year of R90.403 million which was approved by the Eastern Cape Provincial

Legislature with funding and the balance of R1.045 million was approved without funding, and which is to be funded from future budgets of the Department.

Irregular Expenditure

The Department has continued to focus on the reduction of the occurrence of irregular expenditure through the improvement in SCM documentation and records management, training through outreach and better monitoring controls. This has had resulted in the decrease in irregular expenditure from R146.457 million in the prior year to R11.773 million in the current year.

A policy on irregular expenditure was approved by the Executive Authority in November 2015 and General Managers, Chief Executive Officers, District Managers and Finance Directors were taken through. This was in response to the Auditor General finding that the department was unable to identify irregular expenditure resulting in the understatement in the annual financial statements. The Policy has sought to close that gap hence there has been no material errors discovered in the financial year under review.

Fruitless and Wasteful Expenditure

The Department, in conjunction with the State Attorney and the Provincial Treasury, reviewed its accounting treatment of claims against the state through acts or omissions in accordance with Treasury Regulation 12.2 and 12.7. This has resulted in a prior period error downward adjustment of R247.276 million against fruitless and wasteful expenditure.

Fruitless and wasteful expenditure amounting to R74.413 million was identified during the year under review and of this amount, R71.943 million relates to medico - legal claims and legal fees. . This has been referred to the State Attorney for final review and decision making as per TR 12.2 and 12.7 above. The balance was in respect of interest paid to various service providers as a result of late payment, damages and abuse of vehicles.

Investigations on fruitless and wasteful expenditure are routinely conducted and presented to the Financial Misconduct Committee for consideration and the appropriate action is taken against transgressing officials.

Future plans of the Department

Future plans of the Department are detailed in its 5 year strategic plan which was tabled in March 2015. The plan is premised on and aligned with the National Development Plan-Vision 2030. In the medium to long term, the Department will be looking at various ways to strengthen its infrastructure delivery and human resource planning and provisioning to achieve Vision 2030.

Public Private Partnerships

Humansdorp Hospital Co-Location

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

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

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

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

Discontinued activities / activities to be discontinued

No activities or services were discontinued during the year under review.

New or proposed activities

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

Supply Chain Management initiatives

The Department started the Supply Chain Management (SCM) Reform Project in 2012/2013 and the main purpose was to enhance and streamline SCM processes across the Department. The Department is continuously improving and these improvement plans have started to show positive results. The achievements for 2015/2016 include;

Area	Goal	Achievements 2015/2016
Inventory	To improve inventory management so as to comply with prescripts, through development of Storage infrastructure installations in sixteen (16) sites across the Province.	Sixteen (16) sites were targeted for infrastructure storage installation and of the target, ten (10) facilities have been completed in five (5) districts (Alfred Nzo, Amathole, Buffalo City, OR Tambo and Sarah Baartman).
LOGIS Implementation	Full implementation and usage of LOGIS across the Province as one of the SCM Reform project goals.	LOGIS continued to show notable progress in the following areas: • Implementation of LOGIS in 22 institutions with the inventory module • Implementation of LOGIS at 3 institutions with all modules on LOGIS (Procurement, inventory and assets) Implementation of LOGIS continued in the 2015/16 financial year to increase the number of institutions fully operational on LOGIS. The Department's efforts to increase accountability and responsibility for procurement are bearing positive outcomes and will ultimately assist in ensuring that the Department produces credible and reliable procurement information, and at the same time achieves value for money.
Provincial Contracts	Conclude Provincial (transversal) contracts for availability of services and equipment in the Department, as of the interventions to reduce Irregular Expenditure resulting from Procurement transactions.	The following contracts have been awarded in the 2015/2016 year; (1) Training of Registrars on Radiology Services and Image Reading; (2) Supply, delivery, installation, commissioning, demonstration and calibration of 128 CT Scanners; (3) Supply of medical waste containers, storage, collection, transportation treatment and disposal risk of medical waste; (4) Collection of health care risk waste/medical waste from clinics and community health centres to control points for each health district, Buffalo City and Nelson Mandela metro; (5) Acquisition of general radiographic imaging services for Department of Health facilities (Digital X-ray for District Hospitals);

Area	Goal	Achievements 2015/2016
		Procurement of five (5) x-ray machines for Siphethu, Cathcart, Maclear, Jansenville and Lady Grey Hospitals.
SCM Record Management	In support of the vision for an unqualified audit opinion, procurement of an enhanced document management system (REMS) for Supply Chain Management was made in the 2014/15 financial year. The initiative included; ICT infrastructure improvement in six (6) data centres, procurement of scanners and desktops, development of the SCM REMS modules and the enhancement on the PV REMS platforms	The system was implemented and trained in twenty two (22) institutions during 2015/16. In addition the following milestones were achieved in 2015/2016 financial year; • Approval of the file plan for documents. • Disposal authority was approved by the Provincial Archivist for the Department. • Approval of the SCM retention policy and the first disposal of SCM documents will commence in 2016/17.

Gifts and donations received in kind

The Department continued to receive gifts and donations to the value of R778 thousand as indicated in Annexure IH to the Annual Financial Statements.

Exemptions and deviations received from the National Treasury

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

Events after the reporting date

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

Acknowledgements

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

Approval and sign off

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



Dr T.D. Mbengashe

Accounting Officer: Department of Health

31 August 2016

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 2016.

Yours faithfully



Dr T. D. Mbengashe
Head of Department
Date: 31 August 2016

6. STRATEGIC OVERVIEW

6.1 VISION

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

6.2 MISSION

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

6.3 VALUES

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

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

7. LEGISLATIVE AND OTHER MANDATES

The legislative mandate of the Department is derived from the Constitution and several pieces of legislation 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 de-centralized management, principles of equity, efficiency, sound governance, internationally recognised 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 a provincial health policy. Provide transparency of provincial government in the development and implementation of health policies and practices and provide for health-user rights and obligations.
- **Nursing Act, of 2005**
Provides for the regulation of the nursing profession.

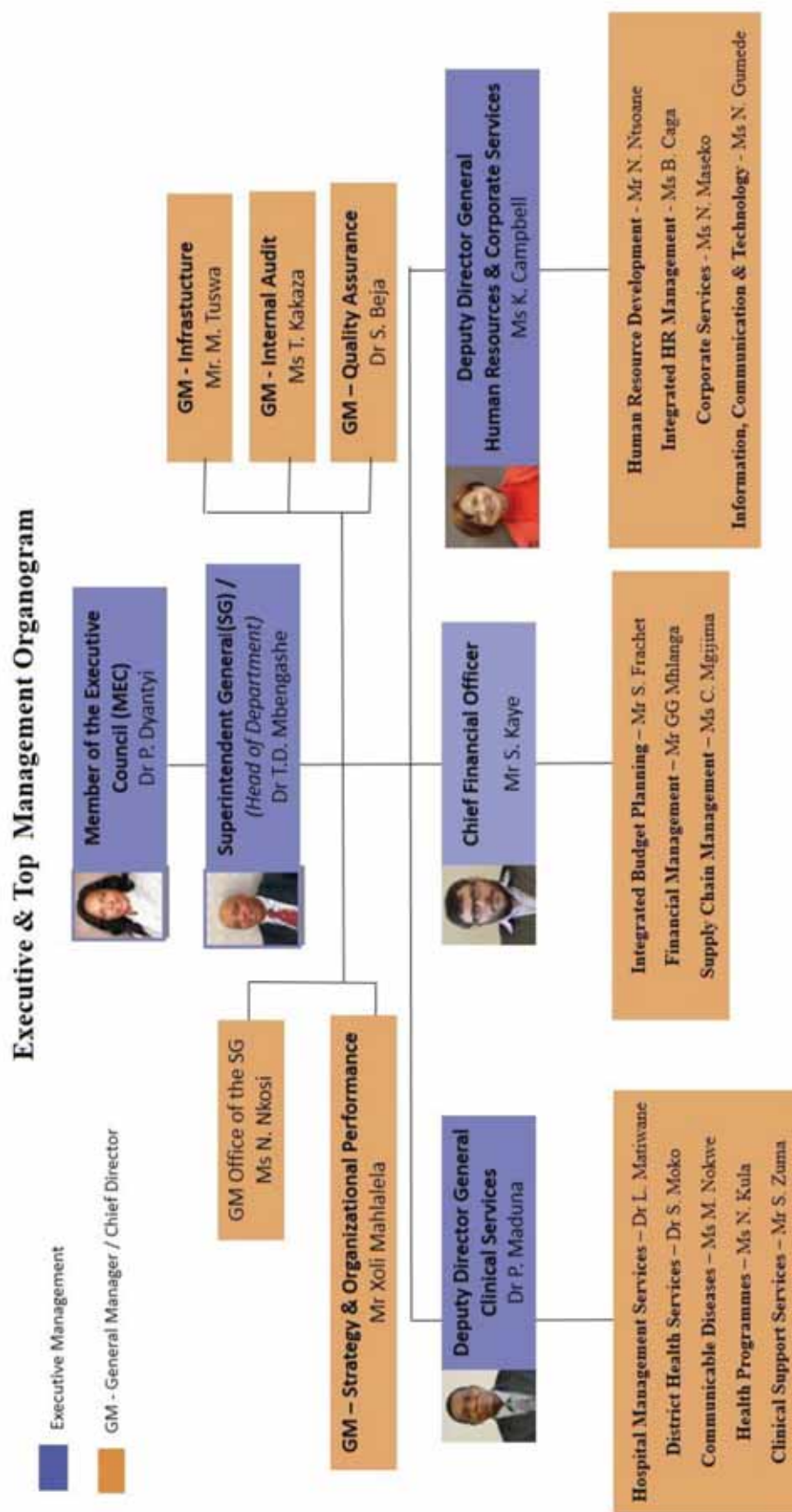
Other legislation in terms of which the Department operates includes the following:

- **Criminal Procedure Act, Act 51 of 1977, Sections 212 4(a) and 212 8(a).**

Provides for establishing the cause of non-natural deaths.

- **Child Care Act, 74 of 1983**
Provides for the protection of the rights and well-being of children.
- **Occupational Health and Safety Act, 85 of 1993**
Provides for the requirements that employers must comply with in order to create a safe working environment for employees in the workplace.
- **Compensation for Occupational Injuries and Diseases Act, 130 of 1993**
Provides for compensation for disablement caused by occupational injuries or diseases sustained or contracted by employees in the course of their employment, and for death resulting from such injuries or disease.
- **The National Roads Traffic Act, 93 of 1996**
Provides for the testing and analysis of drunk drivers.
- **Constitution of the Republic of South Africa Act, 108 of 1996]**
Pertinent sections provide for the rights of access to health care services, including reproductive health and emergency medical treatment.
- **Employment Equity Act, 55 of 1998**
Provides for the measures that must be put into operation in the workplace in order to eliminate discrimination and promote affirmative action.
- **State Information Technology Act, 88 of 1998**
Provides for the creation and administration of an institution responsible for the state's information technology System.
- **Skills Development Act, 97 of 1998**
Provides for the measures that employers are required to take to improve the levels of skills of employees in Workplaces.
- **Public Finance Management Act, 1 of 1999**
Provides for the administration of state funds by functionaries, their responsibilities and incidental matters.
- **Promotion of Access to Information Act, 2 of 2000**
Amplifies the constitutional provision pertaining to accessing information under the control of various bodies.
- **Promotion of Administrative Justice Act, 3 of 2000**
Amplifies the constitutional provisions pertaining to administrative law by codifying it.
- **Promotion of Equality and the Prevention of Unfair Discrimination Act, 4 of 2000**
Provides for the further amplification of the constitutional principles of equality and elimination of unfair discrimination.
- **The Division of Revenue Act, 7 of 2003**
Provides for the manner in which revenue generated may be disbursed.
- **Broad-based Black Economic Empowerment Act, 53 of 2003**
Provides for the promotion of black economic empowerment in the manner that the State awards contracts for services to be rendered, and incidental matters.
- **The National Health Insurance White Paper (Nov. 2015)**
Rationale of the NHI is to improve access to quality healthcare services for all South Africans based on need and to provide financial risk protection especially catastrophic health costs.

8. ORGANISATIONAL STRUCTURE



9. ENTITIES REPORTING TO THE MEC

No entities were reporting to the MEC in this financial year

PART B

PERFORMANCE INFORMATION



1. Auditor's General Report: Predetermined Objectives

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

2. OVERVIEW OF DEPARTMENTAL PERFORMANCE

2.1 Service delivery environment

POPULATION OF THE EASTERN CAPE

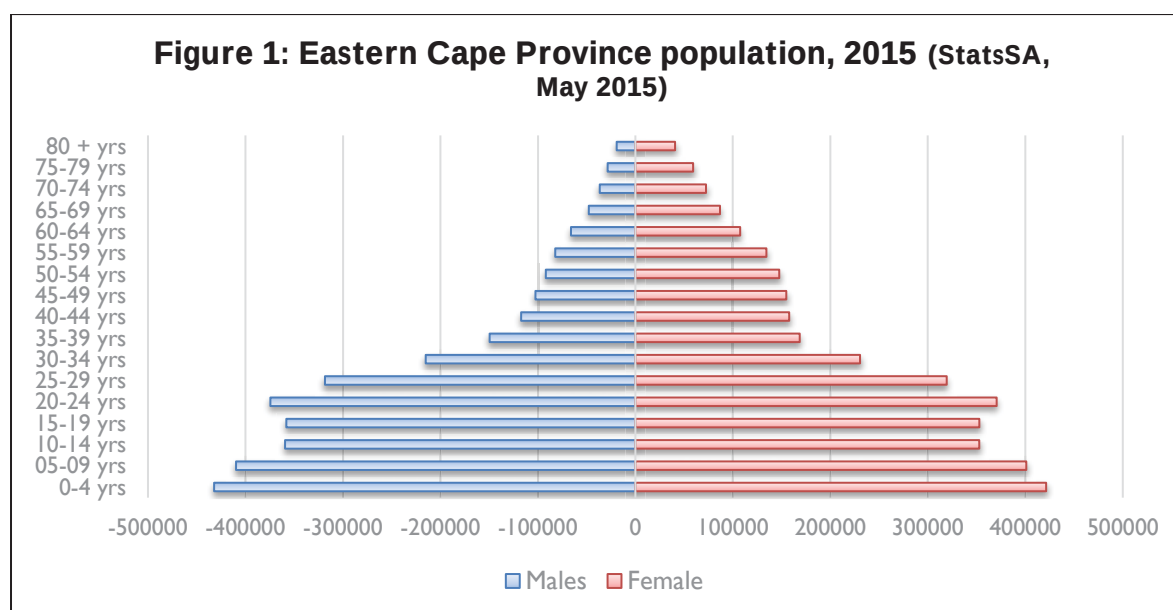
The Statistics South Africa (STATSA) 2015 mid-year population of the Eastern Cape Province was estimated at 6,880,967 with 20.8% of the population living in OR Tambo District followed by Nelson Mandela Bay Metro (17.9%). The Province is spread over an area of 168,966 km² and constitutes 13.8% of the total SA land area. The Statistics South Africa (STATSA) population estimates for 2015 (published in 2014) showed that the population of the province represents 12.6% of the South African population (Table 1). The gender distribution was 52.7% females and 47.3% males, as shown below in more detail for the 2 metropolitan districts and the health district municipalities.

Table 1: Population Distribution by District Municipality (DM), 2015 estimates

District Municipality	Total population ¹	Males	Females	% population	Size of area (km ²) ²
Alfred Nzo DM	846,573	389,186	457,387	12.3	10731.2
Amathole DM	907,311	428,631	478,680	13.2	21594.9
Buffalo City Metro	789,825	376,585	413,240	11.5	2535.9
Chris Hani DM	827,658	393,532	434,126	12.0	36143.5
Joe Gqabi DM	367,368	174,296	193,072	5.3	25662.7
Nelson Mandela Bay MM	1,229,504	592,123	637,381	17.9	1958.9
OR Tambo DM	1,432,523	667,792	764,731	20.8	12095.5
Sarah Baartman DM	480,205	236,322	243,883	7.0	58243.3
Eastern Cape	6,882,967	3,258,467	3,622,500	100	168,966.0

Sources: ¹StatsSA 2015 estimates; ²ECSECC April 2012

Population Pyramid

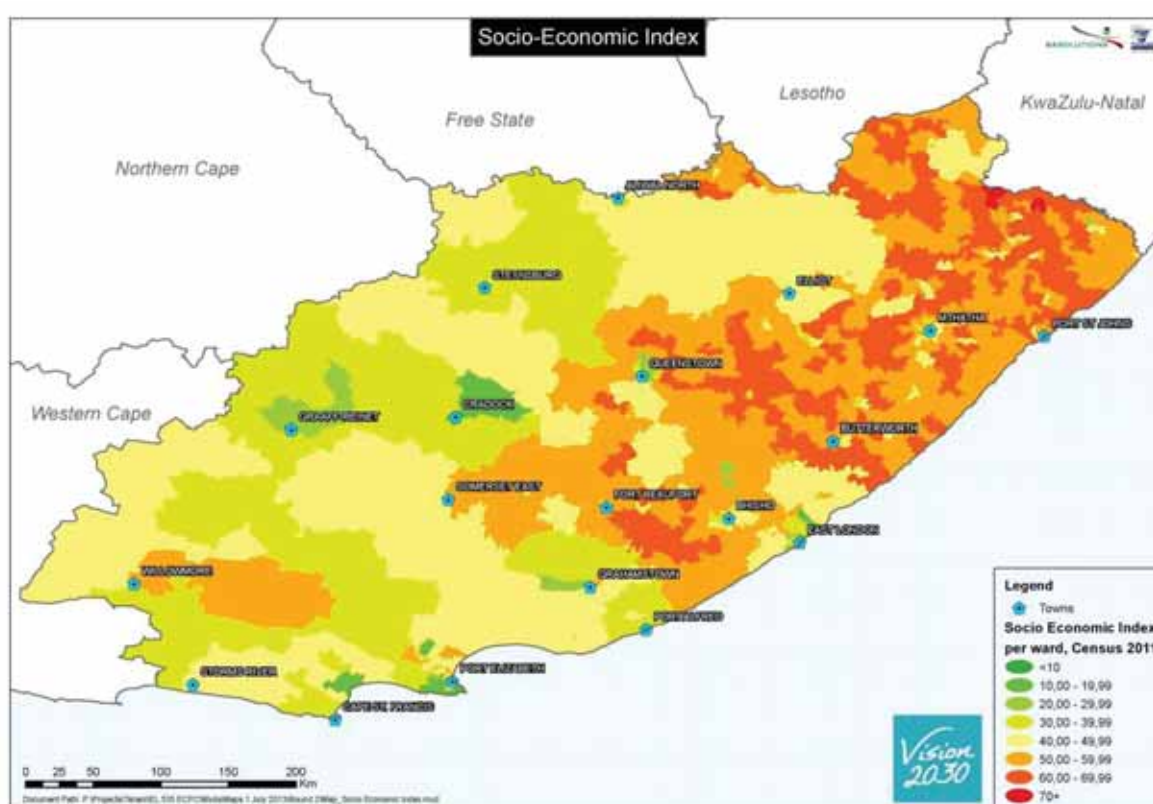


Countries are rated from stage I to stage 4 in terms of development stages; I being the least developed and 4 being the most developed. South Africa is rated as stage 2, with birth rates still high; death rates falling and a slightly increasing life expectancy. The Eastern Cape province in relation to this has a relatively young population. Two-thirds of the population is under the age of 30 years and 12.6% of the population is under-5 years. In a young population such that of our Province, the capacity of the state 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.

Economic Profile of the Province

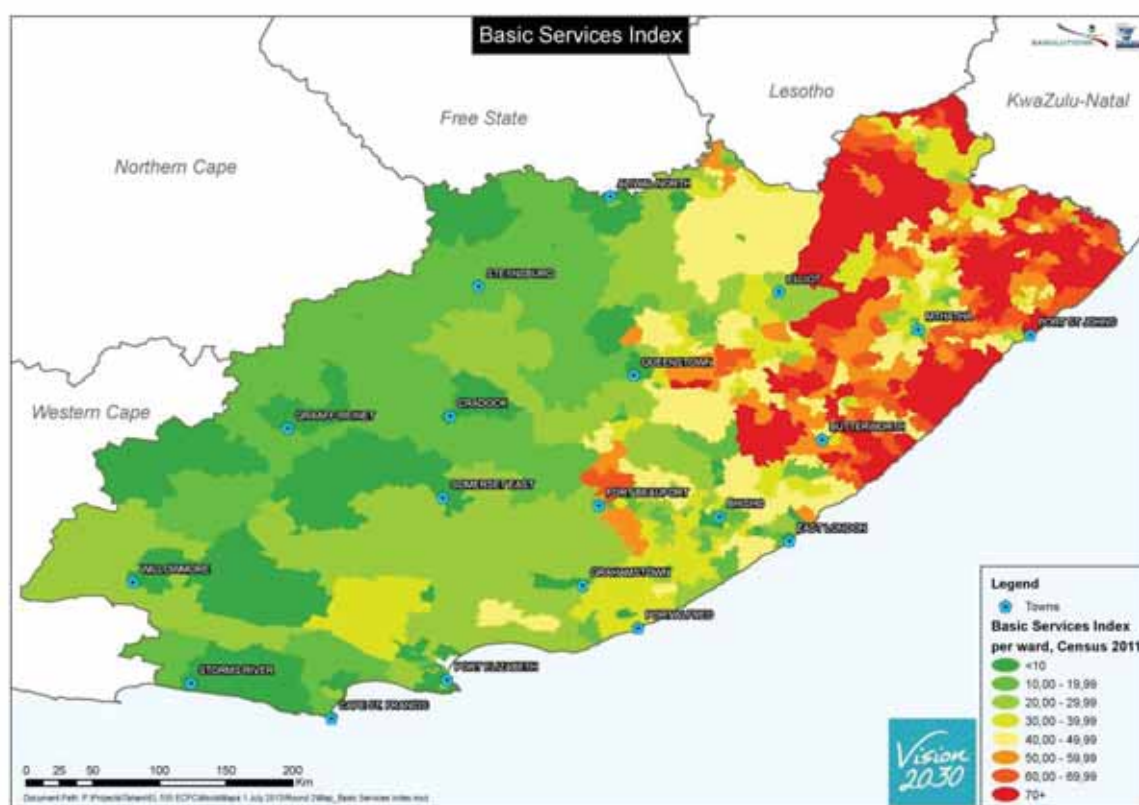
The Province remains spatially imbalanced, with deep deprivations in the rural east and north-east – the former “homelands” - present-day effects of the underdevelopment of the former-homeland regions. The first map captures the socioeconomic circumstances of the provincial regions through an index of socioeconomic underdevelopment. The index integrates Census 2011 data for education, income and unemployment, and presents weighted scores on a scale of 0 to 100. A high score indicates higher levels of deprivation – in other words, socioeconomic underdevelopment. While most of the province registers below-satisfactory levels of socioeconomic development, the map shows that the former Bantustan areas are generally much more underdeveloped than the urban regions.

Fig. 2: Socio-economic index per ward in the Eastern Cape (Census 2011)



The second map focuses on the province's basic services. It uses a basic services index to provide scores for deprivations against RDP-level access to water and sanitation, as well as the use of electricity for lighting.⁴ A high score indicates high deprivation – in other words, poor access to basic services. The basic services index reveals even greater spatial contrasts than the socioeconomic development index, indicating an urgent need to accelerate the development of social infrastructure in these parts of the province.

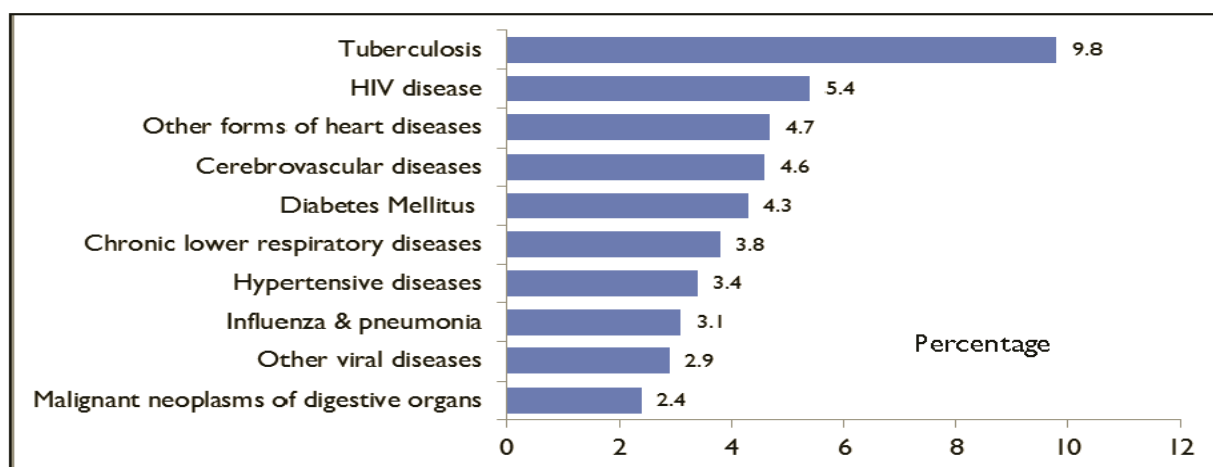
Fig. 3: Basic Services Index per ward in the Eastern Cape (Census 2011)



BURDEN OF DISEASE

The Province is characterized by a quadruple burden of diseases: communicable (incl. TB), perinatal and maternal, non-communicable and injury-related conditions. TB and HIV are the leading causes of mortality in the Province, accounting for 9.8% and 5.4% respectively, and 15.2% combined as communicable diseases. The non-communicable diseases (heart diseases, cerebrovascular diseases, diabetes mellitus, chronic lower respiratory disease, and hypertension) jointly account for 20.8% of mortality cases.

Fig. 4. The 10 leading underlying causes of mortality in the Eastern Cape, 2013 (StatsSA 2014)



In 2013, non-natural causes accounted for 10.7% of all deaths in the Province (Stats SA 2014). Assault accounted for 15.7% and transport accidents. 11.6% of all non-natural causes of death occurred in the Eastern Cape. Transport accidents are a frequent occurrence in the former homeland regions of OR Tambo and Alfred Nzo districts, where road infrastructure is still very poor. Other unclassified natural causes account for 44.9% of deaths

TUBERCULOSIS

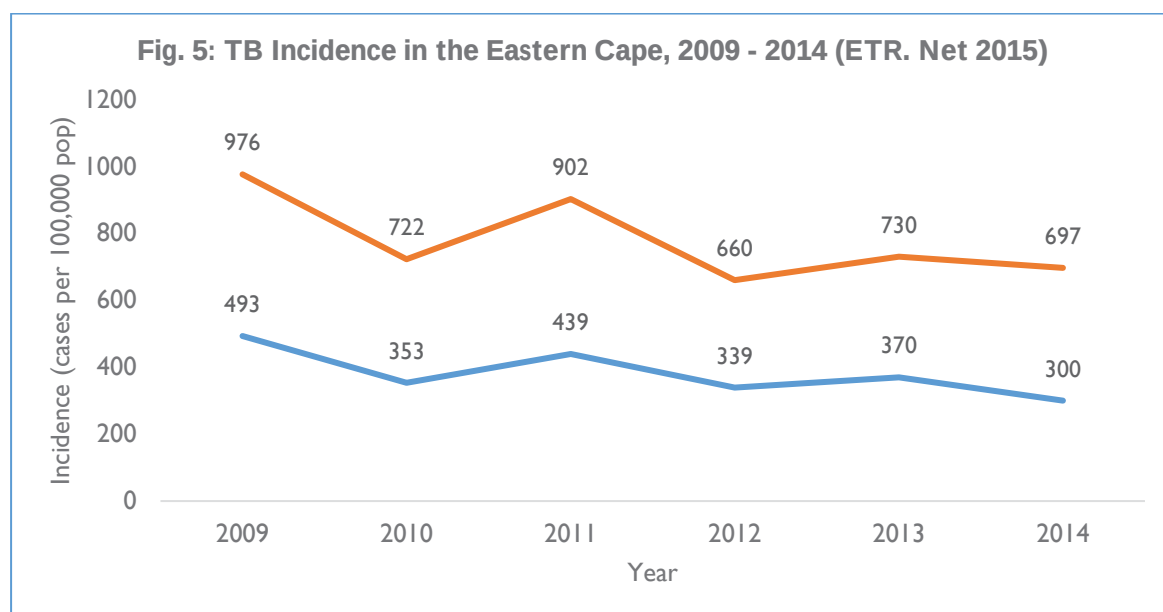
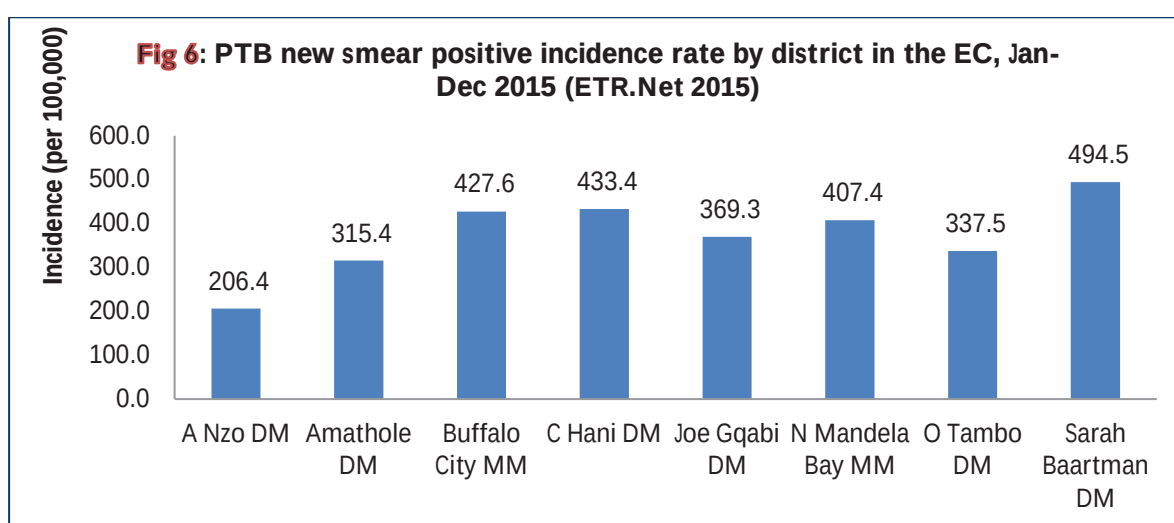


Figure 5 shows that the graphical linear illustration of the incidence of TB (all types) constantly increasing between 2002 up until 2008 when it peaked at 983 cases per 100,000. Thereafter there was generally a decline, with 697 cases per 100,000 in 2014.



The distribution by districts has shown that in 2015 Sarah Baartman district reported the highest incidence (494.5 per 100,000) and the lowest incidence (206.4 per 100,000) was reported by Alfred Nzo district.

HIV & AIDS

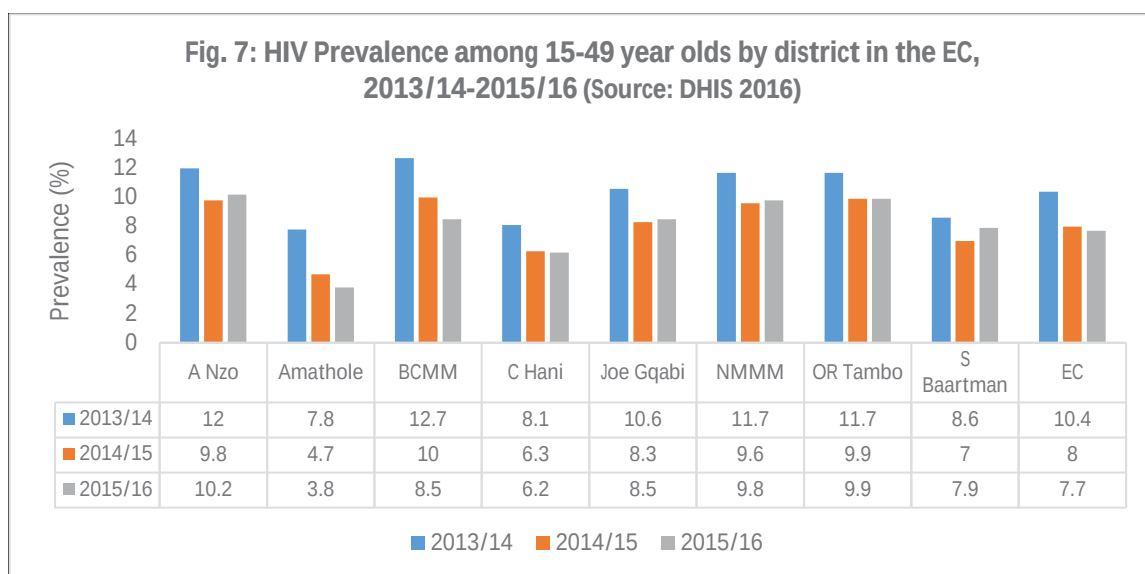


Figure 6 presents the HIV prevalence among the general population of age 15 to 49 years who tested for HIV in health facilities. The HIV prevalence has been decreasing in the Eastern Cape for the three financial years under review. In 2013/14 the HIV prevalence was 10.4% and dropped to 7.7% in 2015/16. This decrease has been reported by all the districts. Amathole had the lowest HIV prevalence for all the three years when compared with the other districts and followed by Chris Hani district.

Maternal Mortality Ratio (per 100,000 live births)

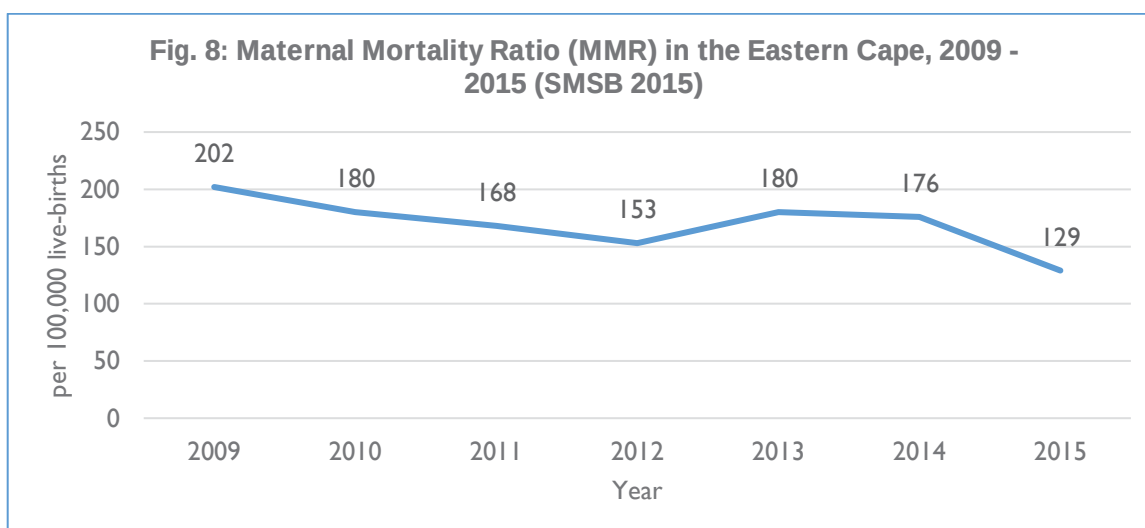
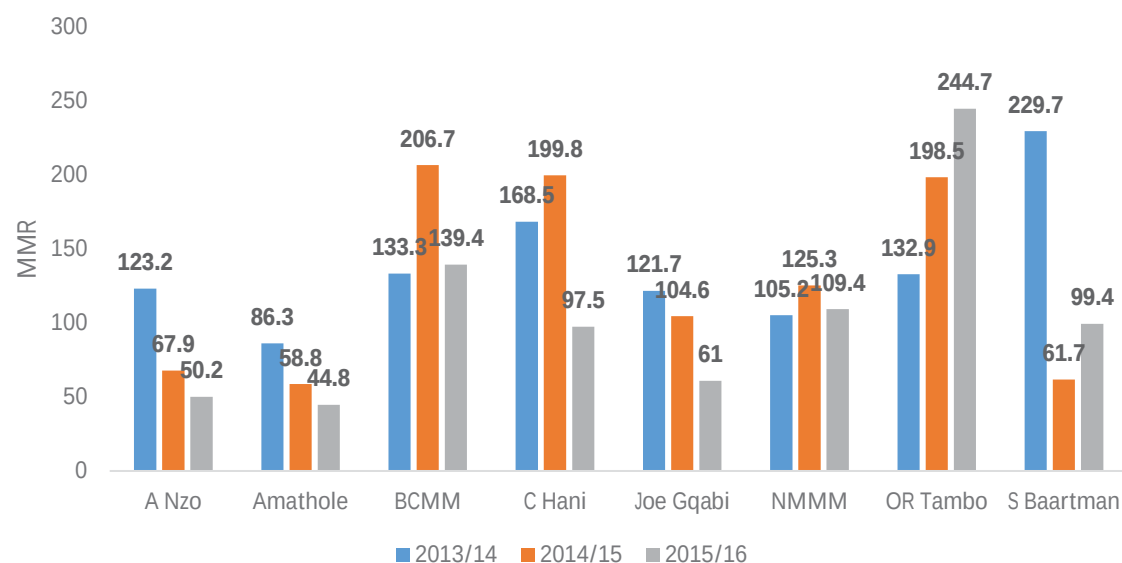
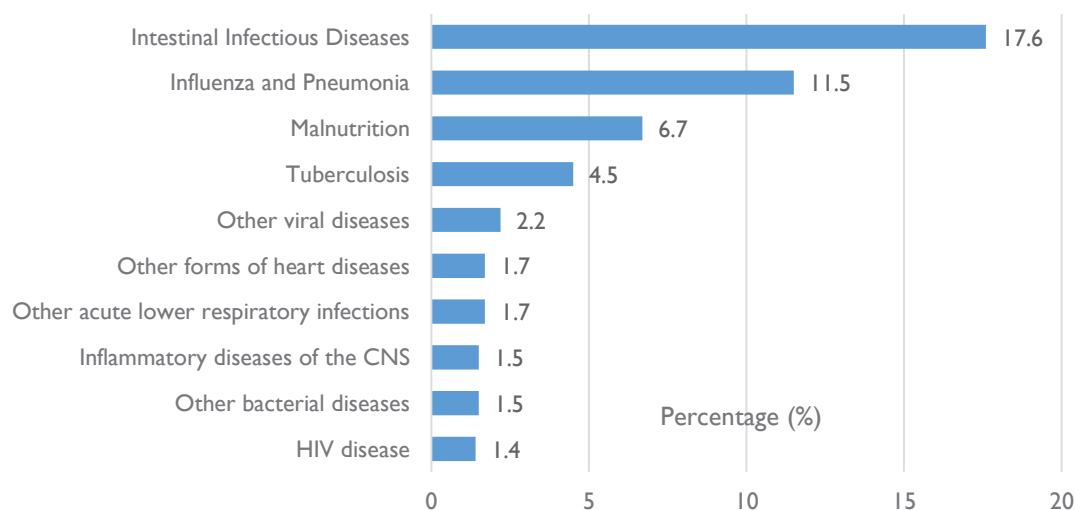


Figure 8 shows that the maternal mortality rate has been fluctuating over the years from 120 per 100,000 live births in 2001 to 129 per 100,000 live births in August 2015 in the Eastern Cape. For the period under review, the highest mortality rate was observed in 2009 (202 per 100,000 live births). In figure 9 below, OR Tambo is the only district that showed an increase in maternal mortality rate over the past three financial year. Alfred Nzo, Amathole and Joe Gqabi districts showed a decline.

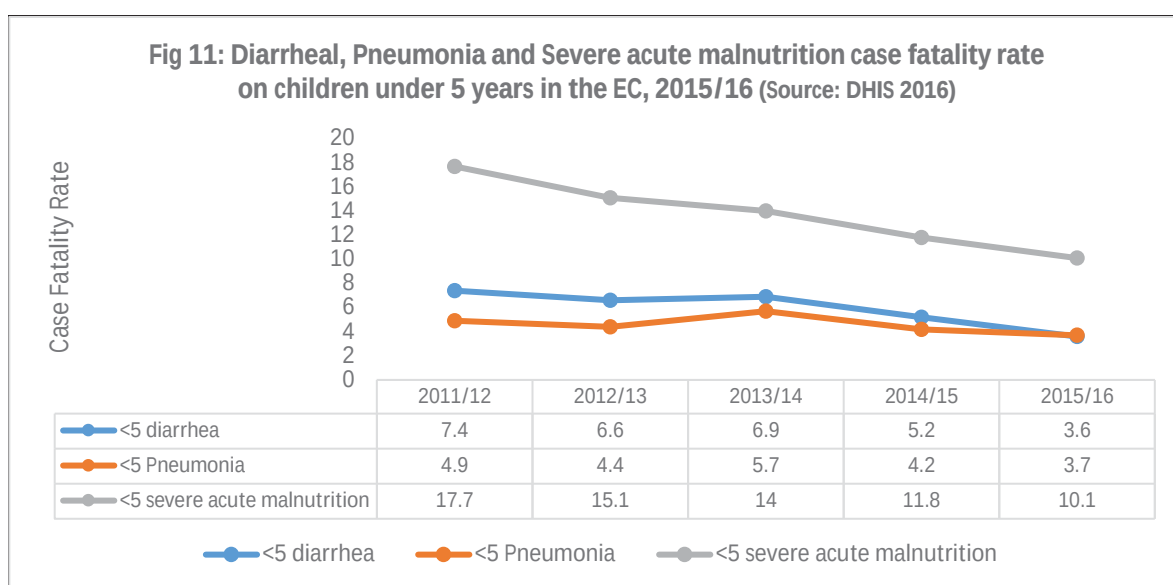
Fig 9: Maternal Mortality Ratio by district in the EC, 2013/14-2015/16

(Source: DHIS 2016)

**Under-5 mortality****Fig. 10: The underlying causes of child mortality (1-4 yrs) in South Africa, 2011 (StatsSA 2014)**

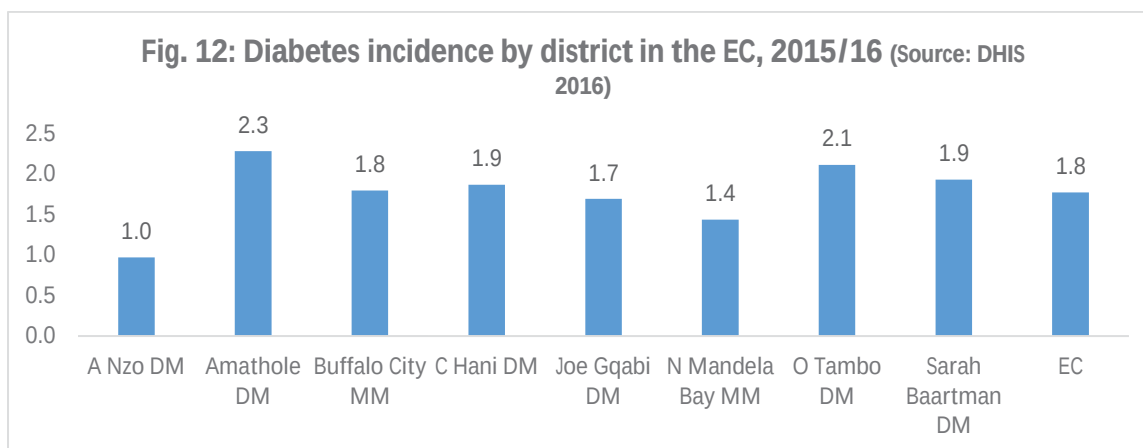
The figure above shows that the leading cause of under-5 (1-4 years) mortality in 2010 was intestinal infectious diseases which accounted for 17.6% of deaths. This was followed by influenza and pneumonia (11.5%), malnutrition (6.7 %), and Tuberculosis (4.5%). HIV is accountable for only 1.4% of deaths of under-5 years. Other unclassified natural deaths account for 44.9%

Since 2011, there has been a steady decline in infant mortality as a result of diarrhoea, pneumonia, and severe acute malnutrition in the province, confirming the positive impact of child health interventions

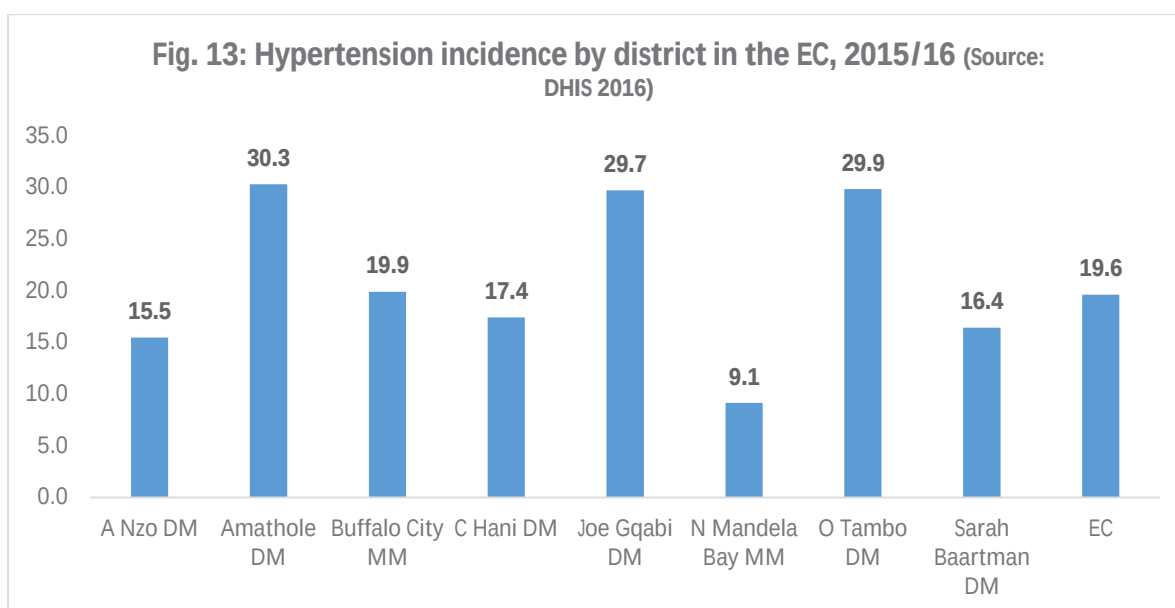


Non-Communicable Diseases

Communicable diseases like TB (11.4%) and HIV diseases (5.4%) are the leading causes of mortality. However, there are also non-communicable diseases like other forms of heart diseases (4.7%), cerebrovascular diseases (4.6%) and Diabetes Mellitus (4.3%) which are among the top ten (10) leading causes of mortality.



Diabetes incidence was reported to be highest in Amathole district with 2.3 per 1000 population and followed by OR Tambo district by 2.1 per 1000 population. The lowest Diabetes incidence (1 per 1000 population) was observed in Alfred Nzo district.



The data suggested that in 2015/16, Amathole district reported the highest hypertension incidence (30.3 per 1000 population) followed by OR Tambo and Joe Gqabi districts with 29.9 per 1000 population and 29.7 per 1000 population respectively. The lowest hypertension incidence was said to be in Nelson Mandela Metro district (9.1 per 1000).

SERVICES DELIVERED DIRECTLY TO THE PUBLIC

The Eastern Cape Department of Health (ECDOH) provides comprehensive integrated health services that are based on the Primary Health Care model driven through the District Health System. Various programs are implemented in order to meet the strategic goals of the department and some of these are outlined below;

PRIMARY HEALTH CARE REENGINEERING (RPHC)

Primary Health Care Re-engineering (RPHC) is one of the key policy developments which is aligned to the objectives of the 10 Point Plan i.e. to overhaul the health care system and to 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”. The National Development Plan (NDP) also seeks to strengthen the health system to be able to improve health outcomes. It is also embedded within the delivery of the universal health coverage, improving the provision of maternal, children and women’s health services (which is an integral part of the PHC package of services). RPHC is part of the National Health Insurance (NHI) initiative which is aimed at increasing universal health coverage. RPHC has three streams namely:

- Ward-based PHC Outreach Teams (WBOTs),
- District Clinical Specialist Teams (DCSTs), and
- The Integrated School Health Program (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 will include 2 to 6 Community Health Workers and Health Promoters. Since its inception, the program has positively contributed to the improvement of the following indicators:

- **Ante Natal Care (ANC) before 20 weeks-** our Community Health Workers (CHWs) conduct pregnancy screening at household level, provide health education and ensure that referrals are made to facilities. During the reporting period a total of 30 195 women were provided with Community Based pregnancy care services;
- **Post Natal Care visit within 6 days** – women are seen within households by community health workers within a period of 72 hours after delivery and are provided with services that ensures clinic attendance within 6 days which includes: basic assessment, health education which includes adherence counselling and referral. 20 959 women were provided with post-natal care services within households;
- **Number of people tested/screened for HIV, Diabetes and Hypertension:** Team leaders (professional nurses) provided testing through campaigns within communities during the reporting period, and this included screening for HIV, Diabetes and Hypertension. 778 Campaigns were done during this reporting period by WBOT nurses and the data was included in the clinic data to which the WBOT is attached.
- **Provision of Vitamin A** –Community Health Workers (CHWs) within communities are providing Vitamin A drops under the supervision of a professional nurse
- **Under 5 year mortality rate due to Diarrhoea, Malnutrition and Pneumonia** – through the community component of the Integrated Management of Childhood Diseases (IMCI) program) the Community Health Workers are trained to assist mothers to identify these childhood illness in their children under the age of 5 years. 473 229 children under the age of 5 years were provided with a wide range of services that prevent and manage incidences of Diarrhoea, Malnutrition and Pneumonia at community level.

Integrated School Health Program (ISHP)

The Integrated School Health Program (ISHP), as one of the three streams of Re-Engineering, is a Ministerial priority program. Through the Care and Support Teaching for Learning (CSTL) service platform of the Eastern Cape Department of Education (DoE), the Eastern Cape Department of Health (ECDOH) has provided services at schools within the province. Contained within the CSTL are nine priorities namely, 1) Nutrition, 2) Health promotion, 3) Infrastructure, water and sanitation, 4) Social welfare services, 5) Safety and protection, 6) Psychosocial support, 7) Curriculum support, 8) Co-curriculum support and 9) Material support. The ECDOH currently provides three of the nine (above-mentioned) relevant 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. The successful implementation of this program saw the ECDOH leading in the country on the percentage of learners vaccinated in 2015 with a 99.4% coverage rate for HPV 1ST Dose, and 94% for 2nd dose 2015.

A school learner dialogue on sexual health was held, with the participation of 850 learners across the province. This was followed by a summit on sexual health 350 participants attended, including teachers, learners, school governing bodies and civil society.

The National Department of Health (NDOH), through the NHI fund provided two sub-districts (Maluti and Umzimvubu) within the Alfred Nzo NHI sites with school health mobile clinics. The nurse – learner ratio has been a challenge with 79 school health nurses employed within the reporting period. In order to address this, the province has employed 140 professional nurses on two-monthly basis (August and September 2015 and Feb and March 2016) to provide the services.

The department has been instrumental in the establishment of the Healthy School Environment through the

“Health Promoting School initiative“, which has led to twelve (12) schools in the Chris Hani district being supported and accredited as Health Promotion Schools within the reporting period .

District Clinical Specialist Teams (DCSTs)

District Health Specialist Teams (DCSTs) should ideally consist of Gynaecologists, Paediatricians, Anaesthetists, Family Physicians, Advanced Midwives, Advanced Paediatric Nurses and PHC nurses. Each district should have a team consisting of the above mentioned professionals, though it is difficult to have all the specialist in one district. In the province, only Buffalo City Metro has the full compliments. 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 have provided extensive training on the following areas of Maternal and Child Health, namely Basic Ante Natal Care (BANC), Essential Steps in the Management of Obstetric Emergency (ESMOE), Helping Babies

Breath (HBB) and growth monitoring amongst others. They also conduct support visits .During onsite mentoring and support visits the following interventions or trainings were emphasized and supervised as they have impact on maternal, neonatal and child mortality.

- **Booking before 20 weeks:** Clinicians were trained on pregnancy screening tool and emphasis was put on screening all women of reproductive age. Community health Care workers were trained on the pregnancy test and during household visits they do pregnancy tests and refer to the clinics those who test positive. This initiative has not -only improved early booking but has also led to early initiation of ARVs in pregnancy women.
- **MOM Connect program:** Through onsite mentoring of clinicians on the Mom Connect there is an increase in patient education and knowledge, during pregnancy and after delivery.
- **IMCI mentoring** with emphasis on plotting the child's weight on the Road to Health Card, interpretation of the findings and interventions. Provision of CHW with Measurement of Upper Arm Circumference (MUAC) tapes has improved early identification
- **Mortality meetings:** DCST supported facilities by attending the mortality meetings and making valuable inputs; identifying gaps in knowledge and in the health system, providing training, assisting with development of quality improvement plans (QIPs) and monitoring the implementation of the plans.
- **Management guidelines:** Facilities were supported with new maternity guidelines, HIV guidelines, inpatient Severe Acute Malnutrition (SAM) management.
- **IDEAL Clinics Realisation and Maintenance program:** DCSTs are supporting the IDEAL clinics with protocols and guidelines, and trainings like basic life support.
- **Direct Obstetric deaths:** Deaths due to direct obstetric causes have reduced due to onsite mentoring on partogram, BANC, ESMOE, intrapartum care and availability of protocols and guidelines in the facilities.
- **Perinatal deaths:** HBB and ESMOE training has reduced perinatal deaths. There is improvement in PCR testing coverage due to the onsite training and incorporation of HIV in the trainings done by DCSTs.
- **Sever Acute Malnutrition:** There is reduction in case fatality rate due to malnutrition because of the Growth Monitoring Program, IMCI training and availability of guidelines and protocols in the facility. Some districts have developed community growth monitoring sites.
- **Child Health:** There is evidence of early referrals to the hospitals. Facilities are also audited in Road to Heath Cards and review the Child Health Program meetings are conducted in 45 out of 72 hospitals. The audits assist with improving the quality.

NATIONAL HEALTH INSURANCE (NHI)

On 10 December 2015, the Minister for Health released the long awaited White Paper on the NHI which outlines the country's path to universal health coverage over 14 years. NHI will be implemented in 3 phases as follows:

- **Phase 1** - The first 5 years will focus on strengthening of service delivery platform and the overall improvement of quality in the public health sector;
- **Phase 2** - The second 5 years will feature the roll out of the NHI card to all South Africans and permanent residents as well as introduction and unique identifiers; and;
- **Phase 3** - The last 4 years of the implementation will focus on ensuring that the NHI fund is fully functional.

NHI readiness is a long process as provinces must eventually transform the whole health system delivery service model. There are 9 NHI Pilot sites in the country, with one in each province. OR Tambo district is the Pilot site for the Eastern Cape Province. It was provided with a R7 million conditional grant which is dedicated to only two of the interventions namely WBOTs and the Supply Chain Management (SCM) reforms.

Other initiatives are funded from the district's Equitable Share allocation whilst GP contracting is funded by NDOH. The province has also reprioritized within its Equitable Share allocation an amount of R7 million for the second NHI pilot site in Alfred Nzo. The province is currently in the first phase of implementation (i.e. strengthening of the service delivery platform and improvement of quality in the public health sector).

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TABLE 3: OR Tambo NHI District

The table below summarises the status of WBOTs in the district as at the end of the reporting period 2015/16.

Sub-District	Munic. Wards	Total WBOTs	CHWs	OTLs	Wards with No OTL	Trained CHW	Trained OTL	OTLs Not Trained
KSD	35	17	210	17	18	98	17	0
MHLONTLO	26	06	100	06	20	93	05	01
NYANDENI	51	34	175	34	17	48	29	04
QAUKENI	31	13	153	13	18	127	13	0
TOTALS	143	70	638	70	73	366	64	05

Some Outreach Team Leaders (OTLs) are facility based and have been excluded from the above. Those trained

were trained in RPHC .The district procured kits and identity clothing for the WBOTS,

Strengthening the Supply Chain Management (SCM)

The department reported that the value stream mapping and establishment of a baseline was concluded in the previous financial year - 2014/15. In addition the department also procured a SCM & PVR Rems System which will ensure that the cost centres are able to scan and electronically file all SCM tender documentation and also do the same for the payment system. A scanner and a computer was procured and delivered to the district and the training on the actual use of the filing system has been done and the system is working. As part of this initiative, Holy Cross and St Barnabas hospitals were identified as the initial sites for the Inventory Lean Management Project.

An implementer from Provincial Treasury is currently implementing the LOGIS inventory module for automated inventory management. As the SCM Document Management system was installed, the invoices have been received for ongoing monthly payments.

Improving connectivity in the facilities

Connectivity is at the core of improving efficiency in the rendering of health care services. In this regard, 417 computers were delivered to all clinics and CHCs for the district in the previous financial year 2015/16 to cater for Health Patient Registration System (HPRS), DHIS Web and consulting rooms. Furthermore, each facility received a printer.

A total of 105 health facilities have broad band VSAT internet connectivity which has been installed by the department. The existing connectivity in facilities needs upgrading in-order for these systems to work. The following facilities were identified by NDOH to pilot the E-health strategy: Mbekweni CHC, Qunu, Qokolweni clinics in (KSD), Bodweni, and Palmerton and Qawukeni clinics. Connectivity for the six identified facilities was upgraded in the previous financial year as well as the Rollout plan of HPRS and DHIS web and training thereof.

One of the key components of E-health is the Health Patient Registration System (HPRS). This is a web-based system that produces a unique Health Patient Registration number which is auto-generated for and assigned to all registered and successfully verified beneficiaries. This number is an internal system number that is able to uniquely identify health beneficiaries on a National level, and can potentially serve as a unique identifier of all patients. The system assists personnel at health facilities with their daily entries and enables them to:

- Register a health beneficiary on the system in order to manage all available identification and geographic information of the beneficiary;
- Verify the identity of each beneficiary that visits a health facility and the plan in this regard is to link this system with the department of Home Affairs National Identification System (HANIS);
- Update the information for an existing health beneficiary that was previously registered; and;

- Record all visits to the facility.

A total of 138 out of 145 PHC facilities were setup for Health Patient Registration System (HPRS). The remaining facilities (5) do not have electricity and (2) are using Solar system which is unreliable and on/off. Towards the end of the reporting period (11/03/2016), a total of 59 914 clients in OR Tambo district were registered on the HPRS system by capturing facilities.

Patient Filing system has been installed in the six identified facilities for proper filling of patient records. These facilities are now awaiting standardized patient folders and samples were sent to facilities for comments and subsequent approval. Over and above the 6 facilities, 112 PHC facilities were visited to assess space for installation of Bulk filling cabinets and 55 facilities have space or identified room closer to the reception area for filling. 57 facilities visited do not have space at all for the installation of Bulk filling cabinets. Installation of Bulk filling cabinets commenced in March 2016 at the following six (6) facilities: - Mahlungulu, Ndibela, Mqekezweni, Ngwarha, Zidindi and Willowvale clinics. The department also provided the 40 PHC facilities with MTN Wireless Home gateway.

A total of 61 Data Capturers were employed and assumed duties on the 1st of June 2015 to cover all health facilities. 132 Data capturers have been trained on Patient Appointment System and 8 managers were also trained in this regard.

The following are some of the challenges that affect connectivity in the district:

- Most facilities do not have a dedicated person at the Reception Area (either Receptionist or Admin clerk) to register patients;
- Data bundles get finished before the end of the month and this affects the online daily capturing;
- 5 Facilities in Nyandeni and 1 at Mhlontlo do not have electricity and this will affect rollout of all ICT activities in these facilities;
- Poor MTN signal strength in other areas affecting the functioning of WEB based systems; and;
- General computer literacy challenges with health personnel in facilities.

Engaging private general practitioners (GPs):

The department has made progress in the recruitment of private GPs in the district. A total of 40 GPs were contracted for the clinics and are covering 41 of the 145 clinics in the district. KSD sub district has 19 GPs working in 23 of the 49 clinics; Mhlontlo sub district has 9 GPs working in 13 of the 27 clinics; Nyandeni has 6 GPs working in 10 of the 49 clinics; and lastly Qawukeni has 6 GPs working in 8 of the 20 clinics.

As reflected from the statistics above, most rural areas are struggling to cover the clinics and thus KSD has more GPs than the rest of the sub-districts. There is generally a challenge in finding GPs in these rural areas even in the private sector. The numbers above includes GPs who have agreed to work sessions of 8 hours a day and these work in more than one clinic. They are mostly engaged through AURUM who is engaged by

National Department of Health to assist in this regard. More efforts are still underway to recruit more doctors to cover the remaining clinics.

There is a further initiative driven by the NDOH to engage other health professionals to work in the clinics, however the SCM processes to procure these services have not yet been finalised. The department will focus on GP contracting for the 2016/17 year through collaborations with NDOH.

Improving access to chronic medication

Improving access to chronic medication is another intervention to reduce waiting times in health facilities. The most important characteristic is that it affords patients easy access to chronic medications as close to their homes as is possible. The district is piloting identification of stable patients on chronic medication and giving them scripts for a period of about six months after which they will return for consultation. The intention is to cover chronic patients in all 145 clinics, 8 district hospitals, 2 regional hospitals, 1 Central hospital and 1 Correctional Services but on a gradual and controlled rollout plan.

Over and above the ART patients, the department has also included direct delivery of medication for hypertension, diabetes mellitus, epilepsy and congestive cardiac failure; asthma and Chronic Obstructive Airways Diseases (COAD). The programme is currently active in 89 out of 145 clinics. Of the 44 targeted Ideal Clinics in the district for the 2015/16 year) 39 are rolling out the program of direct delivery of medication. By the end of the reporting period, there were 8 pick points outside the clinics and the initiative was being tested in the catchment areas of Ngangelizwe and Makhotyana clinics. There are also 2 Pharmacy pick up points in KSD, namely Clicks and Medi-Rite. The number of enrolled patients gradually increased from 11 232 by end March 2015 to 43 851 in March 2016 which means for 2015/16 financial year the enrolment of patients had increased by 20 862. Workshops were held with partner NGOs and CBOs to ascertain if they could also assist as pick up points for patients. In December 2015, the district initiated a HUB pick-up point model at Zithulele district hospital whereby WBOTs and NGO work closely with LASER pick-up point service provider to deliver parcels and trace patients at community level.

The department also continued with its rollout plan to cover the remaining 56 clinics, 11 hospitals and 1 correctional service to reach the set target of 54 992 patient registration by year end. Meetings were held in February 2016 with all the district hospital Clinical Governance Managers and Nursing Service Managers as part of the beginning to enrol patients in OPDs.

Some of the challenges with the direct delivery of medication includes:

- Patients and facility staff not fully understanding the requisite processes resulting in slow roll-out uptake respectively. The district has however conducted facility based in-service training of staff to improve the registration process and adherence to standard operating procedures of the program. To address this, the service provider (Pharmacy Direct) has employed 25 additional site agents to make 38 to

increase the pace of uploading the registered patients on the data base for dispensing and distribution of medicines.

- There are also patients that have no IDs which is the requirement for registration on the Central Chronic Medicine Dispensing and Distribution (CCMDD) program for identification when collecting their medicine parcels. The staff has been asked to document these and send them to Home Affairs. The department is thus looking at proposals to have an interim arrangement so that at least the patients are not negatively affected.
- Despite the challenges the NHI is on course and making strides in ensuring free and easy access to health care in OR Tambo district.

IDEAL CLINIC INITIATIVE

The Ideal Clinic Realization and Maintenance Programme is an initiative of the National Department of Health - an approach for effectively addressing weaknesses and ensuring sustained improvements in quality of health services delivered at public sector primary health care facilities. The National Health Council gave a directive on 24 April 2015 that all PHC facilities must be Ideal within the next three years beginning in 2015/16 financial year. Provinces submitted their three year scale-up plans that indicate in which year each facility will reach Ideal Clinic status. The focus for improvement is placed on facilities identified to reach Ideal Clinic status in each financial year. The Ideal Clinic is an important strategic initiative that is also supported by the Department of Monitoring and Evaluation in the Presidency, National, Treasury, other government departments, non-governmental organizations, development partners, and diverse stakeholders, because:

- It forms part of strengthening of Primary Health Care, which is a fundamental building block of the National Health Insurance.
- It is pivotal for strengthening Primary Health Care – which is one the key priorities reflected in Chapter 10 of the National Development Plan 2030 and the Medium Term Strategic Framework (2014-19).
- The results of implementation of the program did not yield good results throughout the country and this led the national department to take a strategic decision of re-prioritization position.

Ideal Clinics in OR Tambo

There are 44 clinics that have been targeted in the current financial year, another 44 clinics in 2016/17 and the remaining 57 clinics in 2017/18. Furthermore, NDoH organised a Peer Review session which was conducted to all Ideal Clinics from the 1 to 12 February 2016 and the number that had been identified at the beginning has been decreased i.e. from 44 to 25 clinics in OR Tambo district. In the Peer Review, OR Tambo was assessed by the KZN district; and OR Tambo assessed Ekurhuleni district in Gauteng province. The department is proud that Gura Clinic in Mhlontlo was commended by the Office of the Health Standards Compliance (OHSC) for achieving 70% in their assessment. The Clinic was accordingly acknowledged during the 2016 MEC's Health Summit and Excellence Awards ceremony.

For the 2016/17 year, the department will be prioritising addressing the following gaps from the facility self-assessment conducted:

- Infrastructure i.e. (Buildings are Small and poorly maintained,)
- Lack of Medical Equipment and Generators;
- Shortage of Staff especially nurses;
- Lack of guidelines and policies;
- Lack of inter-sectoral collaboration with stakeholders;
- Supply Chain Management operational challenges;
- Poor quality of care within the public health system;
- Overcrowding and long queues; and
- 6 Ministerial priorities of the National Core Standards not adhered to.

ALFRED NZO PILOT SITE

The ECDOH identified Alfred Nzo as a second pilot site and the following progress has been made in district:

- The NHI business plan has been approved by the Accounting Officer is in the process of being implemented; Consultations with stakeholders have been conducted with the 5 local municipalities and Hospital Boards;
- Operational Managers have been trained on Ideal Clinic and PPTICRMs appointed;
- 19 facilities out of the 20 identified Ideal Clinics have conducted self-assessments;
- Work Indicator Staffing Needs (WISN) assessment has been conducted in all facilities as well as staff analysis and patient flow;
- As part of strengthening leadership and management, Hospital Managers have been appointed for Greenville and Mt Ayliff hospitals.
- Carpentry, plumbing, painting, water supply, restoration works have been conducted at Amadiba, Grenville, Baleni, Makhwantini, Ndela, Hlamandana, Queens Mercy and Magadla clinics.

HOSPITAL SERVICES

District hospital services

There are 65 district hospitals that attend to emergency care, adult and child inpatient and outpatient care, obstetric care as well as a number of general and specialist services. In 2015/16 there were 250 914 inpatient separations and

1 232 181 patients were seen in outpatient departments at district hospitals, 445 930 were patients who were not referred from PHC services but went straight to the hospitals Update with current years data

Regional Tertiary and specialised hospital

The province provides a full package of general specialist services from 5 regional (Dora Nginza, Cecilia Makiwane, Mthatha Regional, Frontier Regional and St. Elizabeth hospitals to 2 tertiary hospitals, namely, Frere and Livingstone. The regional and tertiary hospitals also provide a platform for research and training of health workers. In 2015/16 the combined inpatient separation of the regional and tertiary was 199165. There were 158 801 outpatients contacts for regional hospitals and 1, 235 335 in the tertiary hospitals. Nelson Mandela Academic Hospital is the only central hospital that is also the teaching hospital of the Walter Sisulu University Medical School.

There are eleven (11) specialised TB hospitals in the province and 13 decentralised sites, for the Community based management of MDR-TB patients, on Ambulatory care. In the 2015/16 reporting period there were 3147 tuberculosis Inpatient separations and the province reported a total number of 1779 confirmed MDR-TB patients through the use of the GeneXpert machine.

There are 4 psychiatric hospitals and 2 regional and 2 districts hospitals that have psychiatric units. These facilities collectively attended to 31 816 inpatient separations and 169 564 patient contacts at outpatient departments.

THE SHARED CONTACT CENTRE SERVICES (Call Centre)

Purpose

The Shared Services Contact Centre provides support to departmental oversight corporate planning units, through coordination and facilitation, as well as the management, and monitoring the tracking and tracing of all frontline service operational outputs of the department in order to address all health user's complaints and queries on a 24-hour Contact Centre line, along the lines of an efficient "central one stop shop".

Achievements in 2015/16

2,1 Million calls generated

- Of the 1,202,601 first-level calls were received during the 2015/2016 financial year and 99% were resolved. . These calls were ambulance request calls which were referred by 112 emergency call centre

to the departmental contact centre number; some come from the clients who have tried the emergency medical services line without success. They are distributed across the province with the majority received from O.R Tambo district.

- 67,200 calls were received, 65,856 resolved at 98%. - Second level calls are those that cannot be resolved within 48 hours and need some online investigation. 4 categories are mentioned namely, administration (HR and Finance), hospitality or hotel services, infrastructure and staff attitude and Clinical health care (malpractices or clinical negligence).
- 16203 calls were received, 14122 resolved- Third level queries that need specialist investigation and exceeded 30 day standard of resolution. These are queries that point to clinical health care negligence, delayed payment of the suppliers and Human resources. 2081 outstanding, are calls that have a potential to litigation.
- The overall resolution for the financial year is 87%

EMS Professional Call Taking Integration with Shared Contact Centre

The Corporate Services Shared Contact Centre is embarking on an exercise to “Integrate” its Frontline Shared Contact Centre Services with all the business units of the department. The current project integration platform is focusing on professional call taking and dispatching exercise of Emergency Medical Services (EMS) request for ambulance as first phase of the project. The 40 call takers for EMS have been integrated in the main functional stream of the Shared Contact Centre for improved quality call taking, performance and monitoring. All these call takers have been trained on technical Contact Centre Operation.

External developments that impacted on the demand for services or service delivery

The Eastern Cape Province is internally uneven, with large social differences across class, race, age, gender and spatial location. The greatest spatial contrasts are between the former homeland areas and those of the former South Africa, between rural and urban areas, as well as in the form of urban differences shaped by apartheid geography. Within the Province, there has been significant migration of people from rural areas to urban and semi urban areas to seek better job opportunities. This has led to mushrooming of informal settlements in these areas resulting in a high demand for health services

Other challenges faced by the department and/or impacting on service delivery

While progress has been made in the provision of basic services, socio economic challenges still remain, with the third of the province households experiencing hunger and women continuing to occupy a subordinate position in society. The physical, structural and psycho-social violence and crime continue to erode the social

fabric of the provincial society.

The province is currently challenged with emerging issues that include gangsterism that are predominately in the western part. The eastern area is challenged with the abduction of young ladies due to forced marriages (ukuthwala) whilst the entire province experience seasonal death of young men as a result of bush-circumcisions. Teenage pregnancy is predominant, especially school kids. This is somehow associated with drug and alcohol abuse.

The incidence of NCDs, namely hypertension and diabetes, has remained high in the province. As a corrective step, the Department has enhanced service delivery through screening and initiation of patients on treatment which is captured using new registers that have been introduced. The Chronic Care Medication Direct Delivery (CCMDD) of ART and Chronic medicines closer to where the people live to improve adherence and prevent complications.

In respect of Emergency Medical Services (EMS), the Department has started a project to integrate the EMS Professional Call Taking with the Shared Contact Centre. The current integration platform is focusing on professional call taking and dispatching exercise of Emergency Medical Services (EMS) request for ambulance as first phase of the project. 40 call takers for EMS have been integrated in the main functional stream of the Shared Contact Centre for improved quality call taking, performance and monitoring. All these call takers have been trained on technical Contact Centre Operation.

The Department has seen increased demand for medicines from health facilities in particular PHC facilities. 105 (13, 5%) pharmacies are using computerized pharmacy inventory management system. Mthatha Depot have its own Director thus becoming an independent entity from PE Depot. 137 Pharmacist Assistants appointed for the District Health Services to improve medicine supply management. Contract employment eradicated within the depots. The Department is implementing Stock Visibility System (SVS) Rx Lite Electronic System to manage stock levels and minimize stock outs through close monitoring. RX Lite (stock visibility programme) was rolled out to all PHC facilities

2.2 SERVICE DELIVERY IMPROVEMENT PLAN (SDIP)

The Department of Health implemented the first year of the Service delivery improvement plan for the 2015-2018 MTEF. As part of improving the delivery of health services, the department continues to implement the key strategic priorities for quality improvement which are in line with the National Core Standards. The key strategic priorities are listed below and organizational performance progress on these is shown in Table I. These are:

- Improving the response times of the emergency medical services
- Improving the availability of medicines and drugs in all health facilities at all material times.
- Reengineering of Primary Healthcare

Service Delivery Improvement Plan Progress Report

EMS IMPROVEMENT PLAN

TABLE 4: EMS SDIP

Key service	Service beneficiary	Current situation: 2014/15	Desired situation 2015/16	Actual Achievement for the 15/16
QUANTITY				
Emergency medical services	Population served : 6,880,967 (StatsSA 2015 estimates)	Ambulance fleet is made up of 416 vehicles	Retain ambulance fleet at 416	The ambulance fleet is maintained at 419
		250 operational ambulances available	Increase the number of operational ambulances to 260	The department has achieved in increasing the number of operational ambulances to 316
		3 helicopters and 1 fixed wing aircraft	3 helicopters and 1 fixed wing aircraft	3 Helicopters maintained and specifications for fixed wing submitted to BID Management.
		100% ambulances have tracking systems	100% ambulances with tracking systems	All ambulances have been fitted with tracking devices. The control room has monitors for the tracking system installed at the call centre as to monitor and curb abuse of ambulances.
		Number of call centres utilising the computerised call taking and dispatching system	1 call centre utilising the computerised call taking and dispatching system.	Voice Over Internet Protocol (VOIP) is in place at the provincial Shared Contact Centre for trace and tracking of EMS complaints
QUALITY (Batho Pele)				

Key service	Service beneficiary	Current situation: 2014/15	Desired situation 2015/16	Actual Achievement for the 15/16
Access		47% of priority I rural calls are responded to as per standard (45 minutes)	65% of priority I rural calls are responded to as per standard (45 minutes) Check against targets	Currently 47% of priority I rural calls are responded to as per standard (45 minutes) the target is not achieved mainly due to limited staff and poor road infrastructure in the rural areas.
		40,3 % priority I urban calls responded to as per standard (15 minutes)	66 % priority I urban calls responded to as per standard (15 minutes) Check against targets	Currently 55% of priority I urban calls responded to as per standard (15 minutes) The poor performance is attributed to limited human resources
		Two toll free numbers 10177 and 112 for emergency medical services.	Two toll free numbers 10177 and 112 for emergency medical services.	10177 and 112 fully functional
		QUALITY (Batho Pele)		
Consultation		Provincial Health Council (PHC) meeting – Bi annual	Provincial Health Council (PHC) meeting – Bi annual	Bi –annual meeting for The first Provincial Health Council (PHC) meeting was successfully conducted. Minutes and action list circulated to members for implementation of decisions.
		Provincial Health Consultative Forum (PHCF) – annual	Provincial health consultative forum (PHCF) – annual	An annual PHCF meeting was successfully held on the 21 st of August 2015.
		Top management and extended top management meetings monthly and quarterly respectively	Top management and extended top management meetings monthly and quarterly respectively	Both Meetings were attended
Courtesy-		QUALITY(Batho Pele)		
		Training of 100% EMS staff on customer care principles and proper taking of calls	Training of 100% EMS staff on customer care principles and proper taking of calls	730 /2045 (37%) could be trained due to budgetary constraints, training has been reprioritized for next financial year.
Redress		QUALITY(Batho Pele)		
		Complaints management system within EMS control centre is in place.	Investigate improvement of complaints management system using voice logging system (True Logg System)	Voice Over Internet Protocol (VOIP) is in place at the provincial Shared Contact Centre for trace and tracking of EMS complaints
Human Resource		VALUE FOR MONEY		
		45 Emergency care Technologist(ECT's) trained	45 Emergency care Technologist	Currently 22 officers in training at CPUT in Cape Town.

Table 5: Pharmaceutical Services Improvement Plan

Key service	Service beneficiary	Baseline 2014/15	Desired situation 2015/16	Actual Achievement 15/16
QUANTITY				
Pharmaceutical services	Clients with prescriptions issued at facility.	90% of hospitals licensed with NDoH.	100% of hospitals licensed with NDoH.	All Tertiary, Regional and District Hospitals are licensed with NDoH
		10 % of facilities using computerized pharmacy inventory management systems	20 % of facilities using computerised pharmacy inventory management systems	105 (13, 5%) pharmacies are using computerized pharmacy inventory management system. Limited availability of computer hardware and data connectivity for PHC. Creation of 2 dedicated IT Technician posts for Pharmaceutical Service to roll out the programme
		11 % of tracer drug items out of stock	< 5% of tracer drug items out of stock	8% of Tracer drug items out of stock
QUALITY (Batho Pele)				
Access.		Maintain 3 months buffer stock at depot.	Maintain 3 months buffer stock at depot	3 months buffer stock is maintained at the depot.
		Implement integrated chronic disease management (ICDM)	Implement integrated chronic disease management (ICDM)	Integrated chronic disease management is implemented.
		Implement centralized chronic medication dispensing and delivery (CCMD)	Implement centralized chronic medication dispensing and delivery (CCMD)	The in full CCMD is in operation at OR Tambo Health District. 10 pick-up points
Courtesy		Training of staff on customer care principles.	Training of staff on customer care principles	The training was done at facility level
		Implementing the code of conduct for public servants	Implementing the code of conduct for public servants	Training on Code of Conduct has been done and document distributed.
		All staff appropriately attired with personal identification.	All staff appropriately attired with personal identification	All staff is appropriately attired with name tags for personal identification and continuously monitored
Information		Patients are informed of how long they wait in the queue.	Patients will be informed of how long they wait in the queue.	Patients are informed of how long they will wait in the queue. The process is continuously monitored through National Core Standards self-assessments.

Key service	Service beneficiary	Baseline 2014/15	Desired situation 2015/16	Actual Achievement 15/16
Redress		Annual roadshows conducted during pharmacy week – in September month	Annual roadshows to be conducted during pharmacy week – in September month	Annual pharmacy week conducted in – September
		Clients counselled on the use of medication with clear labelling and instructions.	Clients will be counselled on the use of medication with clear labelling and instructions.	Clients are counselled on the use of medication with clear labelling and instructions.
		An alternative medicine is given for an item out of stock on the script	An alternative medicine will be given for an item out of stock on the script.	An alternative medicine is given for an item out of stock on the script
		Complaints are investigated and proper disciplinary action taken on negligent officials.	All complaints will be investigated and proper disciplinary action taken on negligent officials.	All complaints are investigated corrective measures implemented against staff involved.
		Pharmacies have a clear system for the management of the adverse drug reaction.	Pharmacies will have a clear system for the management of the adverse drug reaction.	Pharmacies have a clear system for the management of the adverse drug reaction
Value for money		Contingency plans are in place to maintain cold chain for medicines and vaccines.	Contingency plans will be in place to maintain cold chain for medicines and vaccines.	Contingency plans are in place to maintain cold chain for medicines and vaccines.
		Expired drug management implemented and kept < 4% to avoid waste	Expired drug management will be implemented and kept < 4% to avoid waste	Expired drug management implemented and kept < 4% to avoid waste
HUMAN RESOURCE				
		6.2 % of pharmacists vacancies against approved facility organograms	5 % of pharmacists vacancies against approved facility organograms	Vacancy rate has been reduced to less than 5 %. This positive progress is due to placement of Community Service Pharmacists

Table 6: Re- engineering of PHC

Key service	Service beneficiary	Baseline 2014/15	Desired situation 2015/16	Actual Achievement
QUANTITY				
Re- engineering of PHC.	Population of the Eastern Cape. 6,880,967	Average waiting time at facilities is 2-5 hours	Average waiting time to be reduced to 3 hours	Data on service waiting time is still being collected, information will be available in the end of the 4 th quarter. Where is this from? Guidelines on managing and monitoring of waiting times have been developed by the

Key service	Service beneficiary	Baseline 2014/15	Desired situation 2015/16	Actual Achievement
				provincial office to improve service delivery in our facilities. What is the exact number?
		10.4% (80 out of 770) PHC facilities in the pilot of ideal clinics.	28.9% (223 out of 770) PHC facilities in the pilot of ideal clinics	All the first 80 clinics in the pilot for Ideal clinic conducted status determination, i.e. assessed and status determined. Improvement plans have been developed to close the gaps towards achieving ideal clinic status which should be above 80% performance
QUALITY(Batho Pele)				
		Patient satisfaction rate increased to 65%	Patient satisfaction rate to increase to 68%	PSS progress very slowly, few sub-districts reported to have conducted surveys and still collecting data.
Access		383(20 new) Ward based outreach teams	413 (30 new) Ward based outreach teams	Follow up strategies are being implemented to speed up survey process.
		District Clinical Specialist Team (DCST) coverage is 3	District Clinical Specialist Team (DCST) coverage is 8	26 team leaders were employed to increase the teams though not reaching the target of 30new teams. The total now is 409 teams
		General Practitioner contracting in the NHI pilot site.	General Practitioner contracting in the NHI pilot sites	All district health are covered by DCST Though the teams do not have all the specialists
		School grade 1 screening coverage 15,3 %	School grade 1 screening coverage 27%	40 GPs have been contracted for the clinics and are covering 41 of the 145 clinics in O.R. Tambo district.
		School grade 8 screening coverage 8%	School grade 8 screening coverage 10%	Target achieved. Screening coverage is at 27.3%
		Implement centralized chronic medication dispensing and delivery (CCMD)	Implement centralized chronic medication dispensing and delivery (CCMD)	Target achieved. Screening coverage for grade 8 is at 12.32%
		Extended operating hours of the 80 health facilities in the ideal clinic project	Extended operating hours of the 223 health facilities in the ideal clinic project	The CCMD is in operation at OR Tambo Health District. 10... pick up points established. Target not achieved due to shortage of staff hence reprioritization had to be done.

Key service	Service beneficiary	Baseline 2014/15	Desired situation 2015/16	Actual Achievement
				29 clinics have extended hours of operation others covering the late hours of the day others extended to cover weekends and 24hours for CHCs on the projects. The following is the district breakdown:- - Chris Hani = 10 - O.R. Tambo = 7 - Joe Gqabi = 6 - Alfred Nzo = 3 - Amathole 1, BCM = 1, NMM = 1 Triaging is done by the professional nurse and the patients attended accordingly.
Courtesy		Patients are sorted / classified and attended to according to the severity and nature of their health condition. Training of staff on customer care principles. All staff appropriately attired with personal identification.	Patients will be sorted / classified and attended to according to the severity and nature of their health condition Training of staff on customer care principles All staff appropriately attired with personal identification	Training of staff at facility level done. All staff is appropriately attired with name tags for personal identification and compliance continuously monitored Patients are informed on how long they will wait at the service units. However not all health facilities have queue marshals due to budget constraint. In the meantime help desk practitioners are used as queue marshals for the management of queues Policy is still under review.
Openness and transparency		Patients are informed of how long they wait in the queue	Patients will always be informed of how long they wait in the queue	Patients are informed on how long they will wait at the service units. However not all health facilities have queue marshals due to budget constraint. In the meantime help desk practitioners are used as queue marshals for the management of queues
Information		Updated patient referral policy/protocol available on health establishment Toll free number 0800 032364 for call centre services for citizens available	Updated patient referral policy/protocol available on health establishment Toll free number 0800 032364 for call centre services for citizens available	Policy is still under review. Toll free number 0800 032364 for call centre services for citizens available
Human resources		Vacancy rates are 41 % and 29.3 % for doctors and nurses respectively.	Vacancy rates to be reduced to 40 % and 29 % for doctors and nurses respectively.	Annual Report from HR

Table 7: Batho Pele arrangements with beneficiaries (Consultation arrangements with customers)

CURRENT/ACTUAL ARRANGEMENTS	DESIRED ARRANGEMENTS	ACTUAL ACHIEVEMENTS
Current Consultation arrangement with customers is through hospital board and clinic committees. Training of hospital boards and clinic committees is an on-going process. Consultation arrangements are legislated in the National Health Act	All health facilities are expected to have fully functional hospital boards and clinic committees.	The Hospital Board Charter has been developed in consultation with all relevant stakeholders including the hospital boards. The Charter is aimed at guiding the board members in executing their oversight function to ensure effective and efficient delivery of health services to the communities. The policy on clinic committee is undergoing review with technical support provided by partners (SPF & FPD). Write in full Consultation meetings were conducted with the clinic committees and other stakeholders at community level. 80 % (618) of PHC facilities are operating with clinic committees. Training is on-going with different partners supporting in districts. Hospital Boards - Tofu Currently non- functional committees are due to sustainability issues associated with social mobility which is going to be addressed by the revised policy.

Table 8: Service delivery information tool

CURRENT/ACTUAL INFORMATION TOOLS	DESIRED INFORMATION TOOLS	ACTUAL ACHIEVEMENTS
Information on health can be found on the Departmental website. www.ecdoh.gov.za. Radio adverts, promotions at schools, EXPOs and provision of educational material are these really in place and marketing what service exactly? EMS Media group has been formed with media houses like SABC, Daily Dispatch, and Daily Sun etc. Toll free number 0800 032 364 for call centre services for citizens available	Information on Health can be found on the Departmental website and newsletter issued on a monthly basis 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 EMS Media group will be formed with media houses like SABC, Daily Dispatch, and Daily Sun etc. Toll free number 0800 032 364 for Call Centre	Departmental website is functional and information on it, is updated. The Department utilises the print as well as radio broadcast media. During the period under review, department has utilised weekly radio slots with the following radio stations Umhlobo Wenene; Tru FM and Fort hare. Different topics on health promotion were addressed targeting the Eastern Cape Communities. Radio stations were further utilised for outside broadcast during awareness campaigns. 2 radio slots were dedicated to EMS services. Toll free number 0800 032 364 for Call Centre

Table 9: Complaints mechanism

CURRENT/ACTUAL COMPLAINTS MECHANISM	DESIRED COMPLAINTS MECHANISM	ACTUAL ACHIEVEMENTS
Complaints are received via a number of 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.	90% Resolution of complaints within 25 days.	All Complaints that were lodged at the National Level were referred back to the health facilities and 100% resolution rate was achieved. Out of those 95% were resolved within 25 days. Provincial Complaints Policy has been revised and approved by Member of the Executive Council. New Policy Document will be circulated end of the 4th Quarter The Head Office will play oversight role and quality assure the work done at the facilities in terms of complaints handling and resolution

CURRENT/ACTUAL COMPLAINTS MECHANISM	DESIRED COMPLAINTS MECHANISM	ACTUAL ACHIEVEMENTS
The National Norm is that complaints must be resolved within 25 days. In the event these are not resolved within this period they should not exceed 60 days.		

2.3 ORGANISATIONAL ENVIRONMENT

The Department at advanced stages of finalizing the organizational structure, which has its emphasis on service delivery. The department had to revise its original submission as it was outside of the available budget envelope. The revised organogram now focuses on a learner Head Office, correct classification of smaller hospitals and a correct mix of nursing staff

The Department is fully stable at Executive Management level with the Accounting Officer, the Chief Financial Officer, and Deputy Director Generals for Clinical Management Services and Human Resources & Corporate Services. 96% of SMS positions are filled across the department.

In support of the National Health Insurance (NHI) initiative, the department appointed a dedicated resource for the OR Tambo pilot site. In order to determine the appropriate staffing requirements in the OR Tambo district, the Workload Indicators of Staffing Needs (WISN) tool was used, as it is a Human Resources planning and management tool that determines staffing norms using workload indicators.

The Department is in the process of rolling the project to the other facilities in the province with special emphasis on the Primary Health Care facilities.

2.4 KEY POLICY DEVELOPMENTS AND LEGISLATIVE CHANGES

There were no new policy developments in the reporting period.

3. STRATEGIC OUTCOME ORIENTED GOALS

The Five-year (2015/16 – 2019/20) Strategic Plan of the Department of Health has three strategic goals aligned to those of the National Department of Health, and will be implemented in the year 2016/17. The strategic objectives are linked to the Medium Term Strategic Framework (MTSF) and the National Health Council Priorities.

Table 10: ECDOH STRATEGIC GOALS, OBJECTIVES AND LINKAGE WITH THE MTSF 2014 – 2019

Strategic Goal	Strategic Objective	Expected Outcomes	Achievements 2015-2016
Prevent and reduce the disease burden and promote health	- To reduce HIV infection rate by 50% by 2019; - To reduce TB death rate by 50% in 2019; - To reduce Child Mortality to less than 34 per 1000 population by 2019; - To reduce Maternal Mortality Ratio to less than 100 per 100 000 population by 2019; - To increase screening of chronic illnesses to 90,000 by 2019	- HIV infection rate reduced by 50% by 2019 - TB death rate reduced by 50% in 2019 - Child Mortality Reduced to less than 34 per 1000 population by 2019 - Maternal Mortality Ratio Reduced to less than 100 per 100 000 population by 2019 - Screening coverage of chronic illnesses increased to 90 000 by 2019	HAST 1 360 885 clients were tested for HIV against a target of 1 360 648. Access to ART has increased with a total number of 361 166 clients currently on treatment, 86 749 of the newly initiated on treatment. TB deaths have reduced From 6.2% in 2014/15 to 5.1% in 2015/16 Maternal and Child Health Maternal Mortality has reduced from 174/100 000 in 2014/15 to 145 per 100 000 in 2015/16. Inpatient neonatal mortality has not decreased though a number of initiatives are being implemented. In 2015/16 it remained at 12.8/100 against the set target of 12/100. Child health that was extended to schools, where young girls of 9 years of age are given HPV with 99.4% coverage for HPV 1st Dose, and 94% for 2nd dose 2015 Non Communicable Diseases More than 2million clients were tested for both diabetes and hypertension. The screening includes client's visits and are tested more than once as this include screening in PHC facilities, OPDs and outreach services (campaigns)

Strategic Goal	Strategic Objective	Expected Outcomes	Achievements 2015-2016
Improve Quality of Care	- To increase Patient satisfaction of care rate to more than 75% in health services by 2019; - To increase compliance with National Core Standards to 60% by 2019; - To increase of wards by Ward-Based Outreach Teams (WBOT) to 100% by 2019.	- Patient satisfaction rate increased to more than 75% in health services by 2019 - Compliance with National Core Standards increased to 60% by 2019 100% Ward Based Outreach Teams (WBOT) coverage by 2019.	Patient Satisfaction survey (PSS) progressed as facilities are reported to have conducted surveys and still collecting data. Most facilities conducted in-house PSS when the DHIS system was not yielding results. All facilities developed improvement plans based on the finding Most hospitals have conducted self-assessment against the National Core Standards. The district hospitals scored an average of 97%. Over 80% of the facilities resolved complaints with 25 days. Ward base coverage is not yet at 100% due to shortage of staff.
	To improve health management information systems	50% of health facilities connected to web-based DHIS through broadband by 2019	The web-based DHIS has not been rolled out yet as the training is still being rolled out.
	To improve human resources for health	Number of Bursaries awarded for first year medicine students	20 bursaries were awarded to medicine students in the 2015/16 financial year
	Improved health facility planning and infrastructure delivery	Health facilities refurbished to comply with the National norms and standards by 2019	Improved health facility planning and infrastructure delivery – report in program 8
Universal health coverage	- To implement the NHI in two districts by 2019; - To implement Re-engineering of PHC through functional Ward-Based Outreach Teams (WBOTs), District Clinical Specialist Teams (DCSTs) and Integrated School Health Program (ISHP) by 2019	100% WBOT coverage by 2019 100% District clinical specialist team (DCSTs) coverage for all Districts by 2019; 40% of quintile 1 & 2 schools screened by integrated school health (ISH) teams by 2019	Re-engineering of Primary Health Care and Universal Health coverage to be achieved through the implementation of National Health Insurance are covered under the section of services delivered directly to the public in this part of the report

PROGRAMME 1

HEALTH ADMINISTRATION & MANAGEMENT



PROGRAMME 1: HEALTH ADMINISTRATION & MANAGEMENT

The health administration programme comprises of two main components, namely the Executive Authority which lies with the office of the Member for Executive Council (MEC), and the management of the organisation which is primarily the function of the office of the Superintendent General.

1.1 PROGRAMME 1: MANAGEMENT

1.1.1 PROGRAMME PURPOSE

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

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

Finance Cluster

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

Corporate Services Cluster

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

Clinical Cluster

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

Achievements

This was the second year in office for the Political Head of the department. In line with the goal of enhancing good governance and accountability, the MEC continued engaging in various community and stakeholder meetings and forums to outline the department's vision and priorities for the 5th administration. During the

year under review, the MEC's office met with the hospital boards and Clinic Committees in all Districts. Also, as a way of strengthening the functioning of hospital boards, the MEC facilitated a process of appointing the new hospital boards throughout the Province and this process is nearing completion. The MEC appointed successfully 12 district hospital boards and specialized hospital boards, names of the hospitals are mentioned in the report hereunder.

On the 21 August 2015, the MEC held the Provincial Health Consultative Forum (PHCF) and in this meeting the MEC emphasized the importance of working together and supporting the strengthening of integrated programmes, and District Managers participating in the IDP forums. Again on 28 August 2015 and 10 March 2016 MEC held a Provincial Health Council discussing ways of incorporating IDPs.

The MEC met with Lilitha Nursing College on the 30th June 2015 wherein the issues of professionalism, ethical behavior, value-adding attitudes and care as well as Batho Pele principles were re-emphasized. Furthermore, the MEC as the Chairperson of Eastern Cape Aids council held 3 meetings in the last financial year 1 September 2015; 17 November 2015; and the commemoration of World Aids Day on the 1st December 2015 at Engcobo, Cwecweni Location.

On governance and compliance, the department submitted all its statutory reports to the Legislature by the legislated deadline dates and also engaged with the Portfolio Committee and other oversight Committees on these reports, with positive feedback. The MEC also participated in all key departmental events and addressed communities in attendance, thereby demonstrating effective leadership and accountability. Furthermore, the MEC attended and participated in the provincial EXCO Lekgotla in February 2016 as well as the Top Management retreat on 09 and 10 March 2016. Outreach visits were conducted to various facilities in the province including Madwaleni, Holy Cross, Nessie Knight and Cradock Hospitals, Mthatha Medical Depot, Mthatha Regional Hospital as well as Nelson Mandela Academic Hospital.

Information and Communication Technology (ICT)

- RX Lite (stock visibility programme) was rolled out to all PHC facilities;
- Primary Health Care Information system (PHCIS) was rolled out to 138 facilities;
- 138 out of 145 PHC facilities have been setup for Health Patient Registration System (HPRS);
- 77 hospitals and 120 PHC facilities were provided with broadband; and
- Governance structures were put in place, i.e. ICT Steering Committee and Operational Committee together with the appointment of the governance champion. This was all in compliance with the DPSA framework. ICT Policies were completed and approved.

Table Admin1: Provincial Strategic Objectives and Annual Targets for Administration

Strategic Objectives	Baseline 2014/15 Output	Annual Target 2015/16	Actual Achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comments on Deviations
2.1 Unqualified audit opinion achieved by 2019	Qualified Audit	Unqualified audit report	Unqualified audit report	-	
2.2 50% of health facilities connected to web-based DHIS through broadband by 2019	New Indicator	50%	64% (543/851)	14%	Facilities are gradually being connected to broadband. 543 of the 851 hospitals and PHC facilities in the province have been connected to broadband.

Table ADMIN 3: Performance against Provincial Targets from 2015/16- 2017/18 Annual Performance Plan for Management

Performance indicator	Baseline 2014/15 Output	Annual Target 2015/16	Actual Achievement 2015/16	Deviation	Comments on deviations
2.1.1 Audit opinion from Auditor General	Qualified Audit	Unqualified Audit	Unqualified Audit	-	
2.1.2 Level 4 MPAT	Level 3 MPAT	Level 4	Level 3	-Level 1	- Overall Scores have improved - From 3 Level 4s in 2014 to 8 in 2015 - From 6 level 3s to 10 in 2015 - Level 2 score decreased from 14 to 7 - Level 1 scores decreased from 10 to 3
2.2.1 Percentage of Hospitals with broadband access	New Indicator	50.6%	86.5%	36.5%	Target Achieved. Total of 77 hospitals have been connected to date in the province.
Numerator		45	77		
Denominator		89	89		
2.2.2 Percentage of fixed PHC facilities with broadband access	New Indicator	49%	60.3%	11.3%	Target Achieved. 60% of PHC facilities have been connected in the province.
Numerator		378	466		
Denominator		772	772		

STRATEGIES TO OVERCOME UNDER-PERFORMANCE AREAS

Department is monitoring the MPAT score and evidence on a quarterly basis

CHANGES TO PLANNED TARGET

There were no changes to planned targets

Linking performance with budgets

Programmes	COMBINED TOTAL						
	Total Expenditure R'000	Total Adjusted Budget R'000	Total Fund Shifts R'000	Total Virements R'000	Total Virements / Shifting R'000	Final Appropriation R'000	Final Under/Overspending R'000
EHW:ADMINISTRATION	666 359	675 813	-6 590	-2 803	-9 393	666 420	61
COMPENSATION OF EMPLOYEES	427 984	393 996	36 791	-2 803	33 988	427 984	-
GOODS AND SERVICES	221 375	261 289	-39 914	-	-39 914	221 375	-
INTEREST AND RENT ON LAND	531	-	531	-	531	531	-
HOUSEHOLDS	2 838	1 388	1 453	-	1 453	2 841	3
MACHINERY AND EQUIPMENT	12 785	18 240	-5 451	-	-5 451	12 789	4
SOFTWARE & TANGIBLE ASSETS	846	900	-	-	-	900	54
PAYMENTS FOR FINANCIAL ASSET	0	0	0	0	0	0	0

PROGRAMME 2

DISTRICT HEALTH SERVICES (DHS)



PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)**2.1 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 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 Other Community Services
- 2.6 HIV & AIDS, STI and TB (HAST) Control
- 2.7 Maternal, Child and Women's Health & Nutrition
- 2.8 Coroner Services
- 2.9 District Hospitals

2.1.3 DISTRICT MANAGEMENT, CLINICS AND COMMUNITY HEALTH CENTRES**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 requirements.
- 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 and mobile services in 26 sub-districts.
- 2.3 Community Health Centers (CHCs):** The sub-programme renders 24-hour health services, maternal health at midwifery units and the provision of trauma services, as well as the integration of community-based mental health services within the down referral system.

Strategic goal being addressed:

Strategic goal 1: Prevent and reduce the disease burden and promote health

Strategic goal 2: Improved quality of care

Strategic goal 3: Universal Health Coverage

Achievements

1. ACCESS TO PRIMARY HEALTH CARE (PHC) SERVICES

- Eighty-Five (85) mobile clinic vehicles procured and distributed to all districts in order to prevent and reduce the disease burden and promote health in line with strategic goal 1.
- Three (3) National Health Insurance (NHI) mobile clinics were procured and distributed to Alfred Nzo for the purpose of outreach services.
- Forty-Five outreach nurses were employed in Joe Gqabi for the purpose of providing PHC services within communities.

2. IDEAL CLINIC

- Five Primary health care nurses are being trained on Clinical Assessment, Treatment and Care course (PHC specialty course).
- Two hundred and forty-one (241) PHC clinics were conducted status determination for Ideal clinics
- Medical equipment procured and distributed to all ideal clinics namely: Baby scale (158), Examination couches (111), Hammer percussion (332), Resuscitation set (76), Oxygen gauges (89), and Diagnostic sets (90) and HB meters (80).
- Fifteen (15) PHC clinics achieved ideal clinic status and the following breakdown applies :

District	Sub District	Facility	Vital %	Essential %	Important %	SCORE %	Category
Amathole DM	Amahlathi SD	Ethembeni	100	93	99	96	Platinum
Amathole DM	Amahlathi SD	Wartburg	100	89	99	94	Gold
Amathole DM	Nkonkobe SD	War Mem Clinic	100	89	93	92	Gold
C Hani DM	Intsika Yethu SD	Kuyasa CHC	100	73	84	80	Silver
Joe Gqabi DM	Elundini SD	Hlankomo	100	85	96	91	Gold
Joe Gqabi DM	Elundini SD	Lower Tsitsana	100	89	97	93	Gold
Joe Gqabi DM	Elundini SD	Queen Noti	100	83	96	90	Gold
Joe Gqabi DM	Maletswai SD	Hilton	100	85	90	89	Gold
N Mandela Bay MM	N Mandela A SD	Motherwell CHC	100	83	89	87	Gold
N Mandela Bay MM	N Mandela B SD	Joe Slovo	100	79	79	81	Silver
N Mandela Bay MM	N Mandela B SD	Rosedale CHC	100	72	77	77	Silver
O Tambo DM	King Dalindyebo SD	Mthatha Gateway	100	79	90	86	Silver
O Tambo DM	Qaukeni SD	Goso Forest	100	83	93	89	Gold
Sarah Baartman DM	Camdeboo SD	Gracey	100	80	93	87	Gold
Sarah Baartman DM	Kouga SD	Twee Riviere Clinic	100	80	89	86	Gold

3. GOVERNANCE STRUCTURE

- Provincial Health Council (PHC) and the Provincial Health Advisory committee meetings (PHAC) were held successfully, minutes and action list communicated to the stakeholders.
- A draft Revised Policy on Clinic Committee and Community Health Centre Committees has been finalized and ready for circulation.

4. NATIONAL HEALTH INSURANCE (NHI)

Implementation of the NHI project in OR Tambo district resulted in the following achievements:

- Central Chronic Medicine Dispensing and Distribution (CCMDD) – 44 851 by the end of March 2016 patients are registered in the program.
- The roll out of a centralized Health Patient Recording System (HPRS) and web based DHIS is implemented as of February 2015 within 140 PHC clinics.
- Eight NHI clinics are under construction in O.R Tambo, the projected date of completion is March 2017.
- Forty-Five (45) General Practitioners (GP) were contracted to provide PHC services to 78 PHC clinics.
- A project on Automation of Supply Chain Management (SCM) processes (fifty five computers procured) and floor layout (racking and shelving) were implemented at St Barnabas and Holy Cross Hospitals.
- Fifteen (15) PHC facilities provided with additional structure to improve space, 2) KSD: 4; Mhlontlo: 3; Nyandeni: 5; Qaukeni.
- Twenty-three (23) PHC facilities are undergoing major maintenance/renovations (KSD: Seven (7); Mhlontlo: Nine (9); Nyandeni seven (7).
- Hundred and forty-five (145) PHC facilities and nine (9) district hospitals increased their security service coverage from eight to 24 hours.

Alfred Nzo district as a Provincial NHI site and the following achievements within the reporting period:

- Basic essential medical equipment was procured for 8 clinics (Mhlamandana, Ndela, Sikelo, Mhlotsheni, Ndandi, Lubaleko, Mzinyane and Lubaleko Clinics).
- Established a District Monitoring and evaluation task team that consist of the Corporative governance and traditional affairs (COGTA).
- Marketing of the NHI to municipalities to gain community entry and buy in: In Matatiele, Mzimvubu, Mbizana and Ntabankulu.
- Seven (7) General practitioners (GP) were contracted to provide PHC services to 78 PHC clinics contracted thus far.

Table DHS 2: Performance against Strategic Objectives for District Health Services

Strategic Objective	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
3.1 Two districts piloting NHI implementation by 2019	New Indicator	2	2	0	Continue with implementation of the NHI Business Plan
2.4 Patient satisfaction rate increased to more than 75% in health services by 2019	0%	65%	60%	-5%	High vacancy rate amongst critical posts that ensures clinical governance within district PHC facilities especially in Alfred Nzo district such Operational Managers and supervisors.
3.3 100% District clinical specialist team (DCSTs) coverage for all Districts by 2019	5	8	1	-7	One districts (Buffalo City Metro) have met the DCST team minimum requirement. There is a high attrition rate of specialist doctors.
1.1 PHC utilisation rate increased to 3 visits per person per year in all facilities by 2019	2.7	2.8	2.7	0.1	Strengthened prevention and promotive outreach services to communities namely: 85 PHC care mobile teams, 199 outreach professional nurses (79 Integrated school health and 120 Ward based team leaders) and other support services including health promoters and Environmental health practitioners.

Table DHS 3: Performance against Provincial Targets from 2015/16- 2017/18 Annual Performance Plan for District health Services

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
3.1.1 Number of Districts piloting NHI interventions (New Indicator)	-	2	2	0	Continue with implementation of the NHI Business Plan
3.1.2 Establish NHI Consultation (New Indicator)	-	3	0	- 3	Consultative process to communities conducted completed in O.R. Tambo, In Alfred Nzo consultation is in progress. The Forum will be launched and endorsed by Executive Mayor during the financial year 2016/17 in O.R Tambo and Alfred Nzo District.
2.3.19 Percentage of fixed PHC facilities scoring above 80% on the ideal clinic dashboard (New Indicator)	-	10.4%	6.2%	4.2%	Resource limitation resulted in negative scoring on key issues requiring budget to address, such as: essential capital equipment, human resources, emergency equipment as well as the infrastructural challenges.
Numerator		80	15		
Denominator		772	241		
2.4.1 Patient experience of Care Survey Rate (PHC facilities)	49.4%	73%	66%	-7%	High vacancy rate amongst critical posts that ensures clinical governance within districts PHC facilities especially in Alfred Nzo district such Operational Managers and supervisors
Numerator	382	564	509		
Denominator	772	772	772		
2.4.8 Patient experience of Care Rate at PHC facilities	0%	65%	60%	-5%	509 of 564 PHC facilities conducted patient satisfaction survey, the results were not analysed by the time of the reporting period. Plan: A national data analysis system has been developed for roll out in 2016/17.
Numerator	0	99 060	91 440		
Denominator	0	152 400	152 400		

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
3.2.1 OHH registration visit coverage (Annualised)	8.2%	20%	11.3%	-8.7%	The indicator is driven by Community health workers, social unrest amongst this cadre resulting from dissatisfaction about their employment conditions resulted to periodic interruption of services.
Numerator	294 447	488 991	202 500		
Denominator	3 581 565	2 444 957	1 781 501		
3.2.2 Number of ward-based outreach teams appointed		20	26	6	Target achieved due to availability of budget.
3.3.1 Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs)	5	8	1	-7	One district (Buffalo City Metro) has met the DCST team minimum requirement. There is a high attrition rate of specialist doctors.
1.1.1 PHC Utilisation rate (Annualized)	2.7	2.8	2.7	-0.1	Strengthened prevention and promotive outreaches to communities namely: 85 PHC care mobile teams, 199 outreach professional nurses (79 Integrated school health and 120 Ward based team leaders) and other support services including health promoters and Environmental health practitioners.
Numerator		18 635 836	18 207 610		
Denominator		6 655 659	6 692 804		
2.4.15 Complaints resolution rate	New indicator (not measured)	93%	81%	-12%	High vacancy rate amongst critical posts that ensures clinical governance within districts PHC facilities district such Operational Managers and supervisors
		8714	4 615		
		10 610	5 712		

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
2.4.22 Complaint resolution within 25 working days rate	96.4%	80%	97%	17%	Strengthened collaboration with community based governance structured (clinic committee)
Numerator	5 714	7 076	4 483		
Denominator	5 927	8 845	4 615		

STRATEGIES TO OVERCOME UNDER-PERFORMANCE AREAS

Ideal Clinic

- Develop costed plans that will ensure the implementation of ideal clinics is prioritised and aligned to budget allocation
- Implementation of Workforce Indicator Staffing Norms (WISN) in PHC.
- Capacity building of PHC nurses on Clinical Nursing Science, Health Assessment, and Treatment and Care skills.

Patient Satisfaction Survey (PSS)

- To develop a standardised system for the implementation of PSS in PHC facilities.

CHANGES TO PLANNED TARGET

There were no changes to planned targets

SUB-PROGRAMME: COMMUNITY BASED SERVICES

2.4.1 PURPOSE

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

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

Strategic goal (s) being addressed:

Strategic goal 1: Prevent and reduce the disease burden and promote health

Strategic goal 6: Improved quality of care

Achievements

- 10 453 clients of those screened for diabetes were put on treatment for diabetes
- 28 026 clients of those screened for hypertension were put on hypertension treatment
- All districts were orientated on Integrated Clinical Services Management model (ICSM) and implementation at facility level have started in deal clinics with the support of external partners.
- At least one professional nurse has been trained on PC 101 (what is this) as a facility trainer in all ideal clinics in order to cascade training to all nurses in the facility for holistically management of chronic clients.
- 16 Portable Tonometers (equipment) have been provided to PHC health facilities (district hospital OPDs and CHC s for ophthalmic nurses and optometrists to be used for screening of eye problems during outreach services.
- 160 Pick flow meters distributed to ideal chinks for screening and proper management of clients with Asthma
- 107 Health clinics are on CCMDD program in O.R. Tambo district and the service has been extended to include NCD chronic drugs.

Table CBS1: Performance against Strategic Objectives for Community-based Services

Strategic Objective	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
3.5 Reduction of the traditional Male circumcision mortality to less than 10 by 2019	1.1 per 1000	0.3 per 1000	1.3 per 1000	1 per 1000	Target not met. Despite the investment made into the Traditional Male Circumcision program to strengthen activities and monitoring, through the House of Traditions Leaders to create awareness, prevent injuries and deaths, 75 initiates died during the year, mainly due to dehydration, septicaemia and injuries. Collaborated interventions between different stakeholders are being continued. During the two circumcision season the department contracted private doctors for OR Tambo and Alfred Nzo Districts. 45 monitoring vehicles were hired and these were distributed according to the need. Participated and funded monitoring activities

Table CBS2: Performance against Provincial Targets from 2015/16- 2017/18 Annual Performance Plan for Community-based Services

Programme Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
3.5.1 Mortality rate among traditional male circumcision initiates (expressed per 1,000 initiates)	1.1 per 1000	0.3 per 1000	1.3 per 1000	1 per 1000	Target not met. Despite the investment made into the Traditional Male Circumcision program to strengthen activities and monitoring, through the House of Traditions Leaders to create awareness, prevent injuries and deaths, 75 initiates died during the year, mainly due to dehydration, septicaemia and injuries. Collaborated interventions between different stakeholders are being continued. During the two circumcision season the department contracted private doctors for OR Tambo and Alfred Nzo Districts. 45 monitoring vehicles were hired and these were distributed according to the need. Participated and funded monitoring activities
Numerator	64	20	75		
Denominator	55 782	66 753	59 129		

Table DPC2: Provincial Strategic Objectives and Annual Targets for Disease Prevention and Control

Strategic objectives	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
1.2 Screening coverage of chronic illnesses increased to 90 000 by 2019 (New Indicator)	New Indicator	80 000	2 876 902	2 796 902	The screening includes client's visits and are tested more than once as this include screening in PHC facilities, OPDs and outreach services (campaigns).
1.4 Mental health service platform increased to 55% of hospitals by 2019 (New Indicator)	New Indicator	25%	22%	-3%	More district are creating the mental health platform by having groups of doctors from psychiatric hospitals visiting district hospital to provide mental health care

Table DPC3: Performance against Provincial Targets from 2015/16- 2017/18 Annual Performance Plan for Disease Prevention and Control

Programme Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
1.2.1 Clients screened for hypertension - 25 years and older	New Indicator	80 000	2 876 902	2 796 902	The screening includes client's visits and are tested more than once as this include screening in PHC facilities, OPDs and outreach services (campaigns). The achievement is therefore based on all clinic visits by clients, which may be more than once.
1.2.2 Clients screened for diabetes - 5 years and older	New Indicator	80 000	2 286 342	2 206 342	
1.2.3 Clients screened for Mental disorders	New Indicator	1.12%	2.2%	1.08%	
Numerator		9 912	399 911		10% of clients seen in a PHC facility are screened for Mental disorders
Denominator		5 363 660	18 207 610		
1.4.1 Clients treated for mental disorders - new	New Indicator	1%	10%	9%	
Numerator		99	39 500		
Denominator		9912	399 911		

STRATEGIES TO OVERCOME AREAS OF UNDER PERFORMANCE

- Budget to procure chronic guidelines in 2016/17 is available

CHANGES TO PLANNED TARGET

- There were no changes to planned targets

2.5 SUB-PROGRAMME: OTHER COMMUNITY SERVICES

2.5.1 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), and implements a port health strategy to control the spread of communicable diseases through ports of entry into the province

Strategic goal (s) being addressed:

Strategic goal 1: Improved quality of care

Achievements

- Awarding of the two tenders for collection of medical waste from health facilities.
- Training of 161 medical waste personnel (Environmental Health Practitioners, Infection Control Nurses and Occupational Health Nurses, Pharmacists and Quality Assurance nurses) through the National Department of Health.
- Transfer of Environmental health personnel from DOH to Amathole district municipality and Nelson Mandela Metro Municipality.
- Joint operation on unlicensed premises selling hazardous substances in Bizana resulting in these premises ceasing operation.

Table OCS1: Provincial Strategic Objectives and Annual Targets Other Community Services

Strategic objectives	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual achievement for 2015/16	Comment on deviations
2.5 100% Compliance with the Waste Management Act by 2019	100%	85%	100%	15%	By the time the target was set, the SANS contracts was expired as a result the targets was set lower than the previous year's target.

Table OCS2: Table HST 3: Performance against Provincial Targets from 2015/16- 2017/18 Annual Performance Plan for Other Community Services

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual achievement for 2015/16	Comment on deviations
2.5.1 Percentage of health facilities complying with SANS waste disposal requirements	100%	85%	100%	15%	At the time the target was set, the SANS contracts was expired and the new contract was later awarded in December 2015. This is the reason the targets was set lower than the previous year's target.
Numerator	852	724	852		
Denominator	852	852	852		

2.6: HIV & AIDS, STI AND TB (HAST) CONTROL

2.6.1 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 goals being addressed:

Strategic goal 1: Prevent and reduce the disease burden and promote health.

Achievements

HIV and AIDS

- During the year the National department of Health (NDoH) introduced the 90-90-90 HIV and TB implementation strategy. The project requires provinces to develop facility based plans to scale up activities to test 90% of people for HIV, initiate 90% of HIV positive patients on ART as well as 90% of confirmed TB patients to be started on treatment, 90% of TB patients should be treated successfully and 90% of patients on ARV's to be Virally suppressed by 2020. In line with this project, the province facilitated development and implementation of Remedial Plans to improve 2015/16 performance towards reaching annual targets. The Chief Directorate is monitoring the implementation of the district implementation plans and reporting monthly and quarterly to the National department of health.
- The partnership between the Chief Directorate and the Eastern Cape AIDS Council and NGO's, resulted in the improved, client tested for HIV including ANC.
- Achievement in Tier.Net rollout to strengthen quality of patient management through use of data. 77% of health facilities are now on Tier 2 Phase 6 and are fully reporting as per the standard operating procedure. 879 Facilities have computers, 864 have Data Capturers appoints, 662 have got printers and 249 have UPS to support the Tier.Net system functionality.
- All Districts have been trained by NDoH and WHO to monitor Early Warning Indicators (EWI) to curb development of ARV drug resistance. As required, all districts have implemented assessments of selected facilities to identify ARV drug resistance practices.
- With the assistance of the NDoH the province develop provincial and District based Condom Distribution plans and these are to guide how the province are going to scale up condom distribution and use. There is also an overachievement in the distribution of both male and female condoms due to the increase working relationship with the universities, and Technical, Vocational, Education and Training (TVET) Colleges.

- Implementation of the planned 2016/17 District Remedial Plans to scale up performance of the priority indicators is continuing. Districts monthly reporting indicates positive achievement of selected indicators.

TB Management

- There is a decrease in the TB mortality which is attributable to the improved TB/HIV integration at facility level.
- TB has been fully integrated with the Eastern Cape AIDS Council and as a result the build-up Campaigns in preparation for the World TB day were conducted with other Sector departments.
- Twenty two radio slots (in thirteen radio stations including Umhlobo Wenene FM) have been conducted during the month of March 2016, in order to increase awareness to communities on the issues related to TB and TB/ HIV.
- Services on wheels were provided in six farms, six schools including Rhodes University and two communities and a total of 1696 community members were reached. A total of 1584 community members were screened for TB during the build-up session and 136 were found to be symptomatic for TB, they were all tested for TB and one had TB.
- Training of the sector living with HIV and AIDS in HIV&AIDS, STI's and TB programmes, was conducted in Nelson Mandela, OR Tambo, Buffalo city, Amathole and Chris Hani
- Hiring of 12 vehicles, allocated in the decentralized sites to assist with tracing of TB patients lost to follow up and conducting home visits to trace contacts and administer injections to MDR-TB patients who are still on injectable.
- District technical support visits by the Chief Directorate conducted to address program quality management resulted in improvement on T B Treatment outcomes. The TB treatment success rate has been over achieved during the year under review.
- Availability of mHealth assists in the monitoring of the outreach teams whether they have visited the homes and give medication to TB patients. mHealth has also assisted to improving linkage to treatment and care of all the confirmed MDR-TB patients in Buffalo City and Nelson Mandela Metro. This has resulted in ensuring that over 90% of MDR-TB patients are started on treatment.

MDR TB

- MDR Reviews have been conducted in the two centers of excellence, that is Jose Pearson and Fort Grey to improve MDR-TB clinical management
- Capacity building has been done for Health care workers in Nelson Mandela and Sarah Baartman as well as Joe Gqabi on EDR web, this will assist in improving reporting and recording of MDR-TB data.

Table HIV 2: Provincial Strategic Objectives and Annual Targets for HIV & AIDS, STI AND TB Control

Strategic Objective	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
1.5 HIV infection rate reduced by 50% by 2019	1 129 112	1 300 648	1 696 368	395 720	Target Achieve
1.6 TB death rate reduced by 50% in 2019	(only 15-49 year 6.2%)	5.8%	6.1%	-0.3%	The province is making progress in reducing deaths from TB

Table HIV 3: Table HST 3: Performance against Provincial Targets from 2015/16- 2017/18 Annual Performance Plan for HIV & AIDS, STI AND TB Control

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
1.5.1 Total clients remaining on ART	320 063 (78,639)	355 531	361 166	5 635	TROA includes new patients initiated, transfer-ins and excludes transfer outs, lost to follow up and deaths at the end of each month. Although the target for new patients was not achieved, as the actual done is 86 749 versus the target of 120 261, the target for TROA has been achieved. Achievement was mainly due to improved patient retention activities conducted, such as 90-90-90 initiative focusing on remedial plans to recover lost to follow up patients.
1.5.2 Client tested for HIV (incl. ANC)	1 129 112	1 300 648	1 696 368	395 720	Target over achieved. The number reported for HCT from 2015/16 includes ages from 19 months and above. No longer only reporting 15 – 49 years age bracket. Data is collected from DHIS.

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
1.5.3 Male condom distribution Rate (Annualised)	27	38	54	16	This is a DHIS calculated indicator based on number of condoms issued per male (15 years and above) per year
Numerator	52 212 948	78 455 712	111 702 502		
Denominator	2 044 924	2 064 624	2 064 623		
1.5.4 Female condom distribution Rate (Annualised)	0.7	1	1.2	0.2	Target achieved This is a DHIS calculated indicator based on number of condoms issued per female (15 years and above) per year.
Numerator	1 707 733	24 577 730	2 847 471		
Denominator	2 439 619	2 457 730	2 457 714		
1.5.5 Medical male circumcision performed - Total	51 045	49 000	10 029	38 971	The actual performance for the year is 64 863 with 10 029 Male Medical Circumcision and 51 394 Traditional Male Circumcision.
1.6.1 TB symptom 5yrs and older screened rate (Not measured)	-	70%	57%	13%	The target was not achieved due to recording and reporting on this indicator however, the indicator has been included in PHC data collection tool. For the financial year 2016/17
Numerator			9 052 493		
Denominator			15 881 567		
1.6.2 TB client treatment success rate	81.8%	82%	83.7%	1.7%	Achieved. Directorate will continue with programme reviews, monitoring and support visits to the districts
Numerator	18 327		18400		
Denominator	22 404		21990		
1.6.3 TB client lost to follow up rate	7.6%	6.8%	6.8%	0%	Target achieved Continued involvement of stakeholders will be done
Numerator	1 395		1500		
Denominator	18 362		21990		

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
1.6.4 TB death rate	6.2%	5.8%	5.2%	0.6%	Target achieved Directorate will continue providing oversight support to the districts with review of the programme
Numerator	1 138		1 140		
Denominator	18 362		21 990		
1.6.5 TB MDR confirmed treatment initiation rate	100%	90%	91.6%	1.6%	Target achieved Monitoring of linkage to care will be done through the use of linkage officers as well as the milink programme.
Numerator	2 200		2 066		
Denominator	2 200		2 255		
1.6.6 TB MDR treatment success rate ²		42%	37%	-5%	Target not met. This is affected by high death rate in the DR centres. 4% of patients are still on treatment.
Numerator			725		
Denominator			1 981		

STRATEGIES TO OVERCOME AREAS OF UNDER PERFORMANCE

- Directorate will make monthly follow up on the implementation of the circular for including TB screening 5 years and older in the DHIS spread sheet
- Support visits will be conducted to the DR sites to strengthen recording and reporting.
- Support visits will be conducted to the Districts that have high defaulter rate for instance Sarah Baartman, Nelson Mandela and Buffalo City.
- Consultative meetings will be held with Eastern Cape AIDS Council in order to strengthen social mobilization in communities that are mostly affected with high death rate, late presentation and high lost to follow up rate
- Monthly Drug Resistance programme reviews will be supported in the DR sites, to review progress and programme implementation
- There will be monthly meetings held with Jhpiego S.A who is mostly supporting linkage to care. These will be used as a platform to report on the clients that have been linked to care in the Districts.
- Province will attend district programme reviews in order to identify best practises and challenges closer to the implementation level.

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

2.7.1 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 goal (s) being addressed:

Strategic goal 1: Prevent and reduce the disease burden and promote health

Achievements

DCSTs in the province have contributed to the improvement in maternal and child health indicators. Their contribution has been described in detail in the previous section. MCWH programme has also received support from UNICEF who supported a two day review workshop in the province. The workshop covered analysis of data to identify program areas that were poorly performing and conducted a bottleneck analysis of the problem. Participant then worked on strategies to address problem areas. The plan is to support individual district to conduct their own bottleneck analysis and come up with district specific plans.

A process of developing Severe Acute Malnutrition Implementation plan has been started with the assistance of National Department and FHI360. An integrated workshop including the following departments, Education, Social Development and Social Security Agency was held where the provincial plan was discussed. Other specific achievements of the programme are outlined below.

Maternal Health: Kangaroo mother care has been resuscitated in the following district hospitals: Butterworth, Settlers, Humansdorp, Andries Vosloo, St. Elizabeth, Holly Cross, Zitulele and St. Barnabas. Training on management of sick neonates in all districts hospitals has been done and all staff working in neonatal wards are trained on help babies breathe. 16 Master Trainers were trained in all districts on Essential Steps in Management of Obstetric Emergencies assisted by Medical Research Council.

Child health: In May 2012, the world Health Assembly declared the completion of poliovirus eradication to be a “programmatic emergency for global public health” and called on the Director General of WHO to develop comprehensive polio endgame strategy. The Global Polio Eradication Initiative's Polio Eradication and Endgame Strategic Plan 2013 – 2018., approved by the Executive Board of WHO in January 2013, requires the removal of oral polio vaccines (OPVs).

The Eastern Cape Province has successfully switched from tOPV to bOPV and has achieved 100% compliance in of all facilities, leaving availability of bOPV in all facilities. Empowerment of nurses on Integrated Management of Childhood Illnesses has improved their skills in managing children resulting in reduction of pneumonia and diarrhoea case fatalities. Out of 72 hospitals, 45 hospitals are implementing Child Problem Identification Programme.

Nutrition: Vitamin A 12-59 months has improved dramatically to 63.7% being above the target of 55% this is due to CHW's that are giving Vitamin A when they visit homes and Integrated School Health Programme (ISHP) teams when they visit crèches. This also contributes to improved diarrhoea and pneumonia case fatalities as vitamin A improves the immune system. Training of community health workers on Vitamin A supplementation.

Human milk banks are now established in all 6 hospitals identified (Cecilia Makiwane, Dora Nginza, Frontier, Mthatha General, St. Elizabeth and Frere). These will be assisting in decreasing neonatal mortality by feeding infants with breast milk instead of infant formula.

47 Students undergoing experiential learning in Professional Cookery have been placed in Food Service Units in 19 hospitals and 2 Community Health Centres. 15 Community Service Dieticians have also been placed in 3 Primary Health Care facilities and 12 District Hospitals.

Family Planning: Campaign on use of contraceptives and condoms (Dual Protection) was held in September 2015 for University of Fort Hare in collaboration with Student Partnership Worldwide, UNFPA and Department of Health. 600 students were reached with information and skills on sexual reproductive health.

750 learners grade 7 -11, age 13 – 18 were reached with sexual reproductive health and HIV prevention information in Department of Education (DBE) Eastern Cape Youth Conference. Student Partnership Worldwide and Department of Health supported World Population day in Nzululwazi High School where 950 learners were reached with information on prevention on teenage pregnancy and access to Sexual Reproductive Health.

Restless Development and International Citizens Services, Safe Guard Young People peer educators and department of Health organised sexual reproductive health event in Mandileni which is an antipoverty site in Alfred Nzo reaching 561 young people: 335 female and 226 males with information to access HIV Counselling and Testing and modern contraceptive methods e.g. Implanon.

Table MCWH 2: Performance against Strategic Objectives for Maternal, Child and Women's Health and Nutrition

Strategic Objective	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
1.7 Maternal Mortality Ratio Reduced to less than 100 per 100 000 population by 2019	148.3/100 000	112/100 000	135.2/100 000	-23.2/100 000	Inadequate transportation for women during labour from home especially in OR Tambo, Alfred Nzo and Joe Gqabi is the contributory factor to maternal deaths due to late intervention. Nelson Mandela Academic and Cecilia Makiwane hospitals have high numbers of maternal deaths because they are referral hospitals for district hospitals that have inadequate capacity.
1.8 Child Mortality Reduced to less than 34 per 1000 population by 2019	41/1000	10/1000	12.8/1000	0.8/1000	High rate of stillbirths which is indicative of HIV infection rate.
3.4 40% of Quintile 1&2 school screened by Integrated School Health (ISH) Teams in 2019	New Indicator	40%	17.7%	-22.3%	Progress is being made to reach the target by 2019. More resources are being made available for the program.

Table MCWH 3: Table HST 3: Performance against Provincial Targets from 2015/16- 2017/18 Annual Performance Plan for Maternal, Child and Women's Health and Nutrition for 2015/16

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
1.7.1 Antenatal 1 st visit before 20 weeks rate	48.8%	50%	59.7%	9.7%	There is an increase in first visit before 20 weeks because every suspected woman of child bearing age is screened for pregnancy and encouraged for early bookings when visiting a PHC facility as well at ward based level.
Numerator	62 574	49 598	65 053		
Denominator	128 293	99 196	108 895		
1.7.2 Mother post-natal visit within 6 days rate	Not Measured	55%	58.2%	3.2%	Registration of Mom Connect has increased importance of postnatal visits and also outreach teams visiting communities.
Numerator		49 019	61 800		
Denominator		89 125	106 244		
1.7.3 Antenatal client initiated on ART rate	Not Measured	90%	94%	4%	Target is over achieved due to implementation of the 2015/16 District Implementation Remedial plans (DIP) by districts, Continue monitoring implementation of remedial plans by districts to scale up testing of all eligible pregnant others on first visit
Numerator		15 888	19 122		
Denominator		17 654	20 370		
1.8.1 Infant 1 st PCR test positive around 6 weeks rate	1.7%	1.5%	1.7%	0.2%	Target not met. To follow up data challenges on PRC in identified facilities.

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
					To strengthen birth PCR, and Paeds ART initiation.
Numerator	500	330	351		
Denominator	29 032	21 998	20 166		
1.8.2 Immunization coverage under 1 year (annualized)	80.9%	90%	86.1%	-3.9%	Districts like NMM, Sarah Baartman, Joe Gqabi and Alfred Nzo are still having a low coverage ranging at 79% 80.1%, 80.2% and 81.5% respectively. NMM is having a problem of 20% of their community using private providers for immunizations and the department is not getting the stats. Vaccines have been out of stock sometimes in Joe Gqabi. Alfred Nzo is having a problem of some clinics that are still not electrified. This affects immunization coverage pattern.
Numerator	113 817	123 595	118 192		
Denominator	140 689	137 328	137 328		
1.8.3 Measles 2 nd dose coverage (Annualized)	Not Measured	90%	81%	9%	Change of measles, 1 st dose from 9 months to 6 months and 2 nd dose from 18 to 12 months had a negative impact in data collection as data collection tools still have the old information.
Numerator		123 595	114 371		
Denominator		137 328	141 882		
1.8.4 DtaP-IPV-HepB-Hib 3 Measles 1 st dose drop-out rate (Not measured)	-	0.5	-117.9%	-117.4	Noted improvement due to rescheduling of Measles 1 st dose to six months up to under one year.
Numerator		687	-15 041		
Denominator		137 328	58 483		

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
1.8.5 Child under 5 years diarrhoea case fatality rate	5.2%	5.6%	3.6%	2%	Ongoing training on IMCI has improved skills of health professionals in the management of children with diarrhoea. Also coverage of Rota Virus Vaccine has improved
Numerator	351	286	256		
Denominator	6 784	5 110	7 032		
1.8.6 Child under 5 years pneumonia case fatality rate	4.2%	4%	3.7%	0.3%	Ongoing training on IMCI has improved skills of health professionals in the management of children with Pneumonia. Coverage for PCV has improved therefore the immune system of children has been strengthened.
Numerator	274	27	257		
Denominator	6 513	4 637	7 012		
1.8.7 Child under 5 years severe acute malnutrition case fatality rate	12%	10%	10.1%	0.1%	There is marked improvement in case fatality from 12% in 2014/15 to 10.1% in 2015/16 though the target of 10% has not been reached. This is due to districts like Amathole, Alfred Nzo, BCM and OR Tambo that are still having case fatality (14%, 11.9%, 11.7% and 11% respectively) The other 5 districts have improved with case fatality less than 10% with Joe Gqabi and Sarah Baartman below 5%.
Numerator	339	211	284		
Denominator	2 867	2 110	2 819		
3.4.1 School Grade R screening coverage	Not Measured	10%	13.3%	3.35%	Achieved due to "catch up campaigns done" as the nurse - learner coverage continues to be low.

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
Numerator		7 630	19 624		
Denominator		76 308	148 034		
3.4.2 School Grade 1 screening coverage (annualized)	13.4%	27.4%	20.5%	-6.9%	Not achieved although the “catch up campaigns” were done and improved the performance drastically. The high targets and low nurse – learner coverage contributed to the performance not achieved.
Numerator	26 531	40 537	40 531		
Denominator	197 378	147 944	197 344		
3.4.3 School Grade 8 screening coverage (annualized)	6.8%	10%	9.2%	0.8%	Achieved due to “catch up campaigns done” as the nurse - learner coverage continues to be low.
Numerator	9 247	10 205	12 586		
Denominator	136 239	102 051	136 216		
1.7.4 Couple year protection rate	43%	63%	53.6%	-9.4%	Since the introduction of new method of Implanol insertion, there is reduction in the number of clients for family planning. Implanol was not part of DHIS. There is a high number of removal of the device already inserted. Clients serviced by district hospitals are not counted and collected to DHIS.
Numerator	699 800	5 338 378	955 064		
Denominator	1 620 685	8 473 616	1 780 807		
1.2.4 Cervical cancer screening coverage (Annualised)	56.3%	44%	57.4%	13.4%	Onsite training and mentoring of nurses on the skill to perform the procedure by NGO's has increased the coverage especially at Amathole.
Numerator	81 869	63 677	85 017		
Denominator	1 745 162	144 721	147 556		

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
1.8.10 HPV 1 st dose coverage	88.3%	85%	99.4%	14.4%	Achieved as the program is adequately resourced.
Numerator	56 251		65 761		
Denominator	71 404		80 643		
1.8.8 Vitamin A dose 12-59 months coverage (Annualised)	53%	55%	63.5%	8.5%	The inclusion of Vitamin A supplementation in Ward Based Teams and ISHP including EPI catch up campaigns contributed to this coverage that is above the target.
Numerator	626 612	642 456	741 185		
Denominator	1 185 824	1 168 102	1 168 102		
1.7.5 Maternal mortality in facility ratio (Annualised)	148.3/100 000	111.2/100 000	135.2/100 000	-23.2/100 000	Lack of transportation for women during labour from home especially in OR Tambo, Alfred Nzo and Joe Gqabi is the contributory factor to maternal deaths as it results to late intervention. Nelson Mandela Academic and Cecilia Makiwane hospitals have high numbers of maternal deaths because they are referral hospitals for district hospitals that have inadequate capacity.
Numerator	174	100	145		
Denominator	117 336	89 920	107 214		
1.8.9 Inpatient early neonatal death rate	Not Measured	12/1000	12.8/1000	0.8/1000	HIV infection contributes to high neonatal death rate as it often results to prematurity and birth defects.(PP1P for evidence) This is related to the high PCR positive rate for children born to HIV positive mothers.
Numerator		1 079	1 370		
Denominator		89 920	107 214		

STRATEGIES TO OVERCOME AREAS OF UNDER PERFORMANCE

- Revival of family planning and use of emergency contraception, strengthen ANC before 20 weeks, cervical cancer screening, reduction of teenage pregnancy, increase access to CTOP for those who need these services.
- Districts will then develop their own plans up to the facility level that will be focusing on strengthening of the Maternal and Child Health program and scaling up the prevention and treatment of severe acute malnutrition and nutritional management of sick children in district and regional hospitals.
- Improve stock management to ensure availability of vaccines.
- Work closely with the HAST directorate to ensure that HIV positive pregnant mothers are initiated on ART early.
- Increase the nurse coverage within schools by employing 150 ISHP (Integrated School Health nurses) by year end 2016/17.
- Strengthen District Clinical Specialist Teams technical support for all child survival strategies at district and facility level.
- Strengthen collaboration with all NGO's working with child health interventions and other government departments
- Ensure implementation of National and Provincial MCWH policies related to delivery of comprehensive primary health care services in clinics, community health centre and mobile services.
- Expand capacity building on community household IMCI component in Early Childhood Development Centres, Traditional Healers to mitigate herbal intoxication, Imbumba Yamakhosikazi Akomkulu (IYA).
-

CHANGES TO PLANNED TARGET

- There were no changes to planned targets

2.8 SUB – PROGRAM: CORONER SERVICES

2.8.1 PROGRAM 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 – Program renders Forensic Pathology Services in order to establish the circumstances and causes surrounding unnatural death

Strategic goal 1: Improved quality of care

Achievements

- Campaign by Head Office staff (Specialized Services) to clean mortuaries all Regions: this was a team building session for local staff and head office staff
- Appointments:
 - o Specialist based in PE Region but will be visiting other regions.
 - o Appointment of a second permanent doctor for Woodbrook Mortuary
 - o 5 Forensic Pathology Officers (FPO) Grade I for PE Region
 - o Sessional doctor appointed for Mount Fletcher
 - o 5 FPO Grade I for PE Region, 1 FPO Grade I for East London Region
 - o Appointments of Mortuary Managers Woodbrook and Mdantsane
- Completion of network data lines in 5 Forensic Mortuaries namely Butterworth, Mdantsane, Woodbrook, Queenstown and Mthatha
- Continued consistency in doing post-mortems within 3 days

Table CS 1: Performance Provincial Strategic Objectives for Coroner Services for 2015/16

Strategic Objective	Baseline 2014/15 Output	Annual Target 2015/16	Actual Achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
1.9.1 Post mortems conducted within 72 hours increased to 90% by 2019	85%	93%	93%	0%	Achieved with additional staff

Table CS 2: Performance against Provincial Targets from 2015/16- 2017/18 Annual Performance Plan for Coroner Services for 2015/16

Performance indicator	Baseline 2014/15 Output	Annual Target 2015/16	Actual Achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
1.9.1 Percentage of post mortem performed within 72 hours	85%	93%	93%	0%	Achieved with additional staff
Numerator	2 407 9 630	2 516	10 017		
Denominator	2 832 11 839	2 701	10 811		

2.9 DISTRICT HOSPITALS

2.9.1 PURPOSE

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

Strategic goal (s) being addressed:

Strategic goal 1: Prevent and reduce the disease burden and promote health

Strategic goal 2: Improved quality of care

Achievements

- The District Hospitals Directorate procured an X-ray accessory (CR Cassette) for Midlands Hospital.
- Forty eight (48) bed mattresses procured and delivered at Maclear Hospital on the 19th November 2015.
- Twenty five (25) hospital beds with mattresses were procured and delivered at Indwe, Willowmore and Komga Hospitals.
- Two (2) delivery beds with mattresses were procured and delivered at Tyler Bequest Hospital (Matatiele).
- Five (5) new X-ray machines procured by medical equipment directorate for District Hospitals: Cathcart, Lady Grey, SAWAS, Siphetu and Maclear hospitals.
- 2nd phase of the Provincialization process has been completed for Martjie Venter and Molteno Hospitals.
- Fourteen (14) Hospital Boards were appointed by the MEC for Health. The Hospital Boards include Districts, TB and Psychiatric Hospitals namely: Canzibe, Dr Malizo Mpehle, Cloete Joubert, Tyler Bequest (MF) Margery Parks, All Saints, Cradock, Indwe, Molteno, Aliwal North, Lady Grey , Steynsburg, St Francis and Tower Hospitals
- Ten (10) Workshops were conducted aimed at supporting Districts Hospitals for compliance and to capacitate District Management Teams (DMTs) and in the process of establishing governance structures and improving reporting

Table DH 2: Provincial Strategic Objectives and Annual Targets for District Hospitals

Strategic Objective	Baseline 2014/15 output	Annual Target 2015/16	Actual achievement 2015/16	Deviation from planned actual achievement for 2015/16	Comment on deviations
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019(New Indicator)		75%	97%	22%	Appointments in key hospital management positions made it possible for execution of operational plans. District hospitals showed commitment and complied well on this indicator
2.4 Patient satisfaction rate increased to more than 75% in Health services by 2019	25.7%	70%	0%	-70%	53 of 66 District hospitals conducted patient satisfaction survey, the results were not analysed to generate a satisfaction rate due to non-availability of a data analysis system/tool. Plan: A national data analysis system has been developed for roll out.
1.10 80% of Hospitals meeting national efficiency targets by 2019	5.3 days	4.9 days	5.1 days	-0.2 days	Chronic patients (TB) stay longer at District Hospitals and shortage of doctors especially in rural hospitals result in longer stay of patients.

Table DH 3 Performance against Provincial Targets from 2015/16- 2017/18 Annual Performance Plan for District Hospitals

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
2.3.1 National Core Standards self-assessment rate (New Indicator)	-	76%	97%	21%	Appointments in key hospital management positions made it possible for execution of operational plans. District hospitals showed commitment and complied well on this indicator
Numerator		50	64		
Denominator		66	66		
2.3.7 Quality improvement after self-assessment rate(New Indicator)	-	100%	89.1%	10.9%	Hospitals have reported to be working on their quality improvement plans.
Numerator		50	57		
Denominator		50	64		
2.3.13 Percentage of Hospitals compliant with all extreme and vital measures of the national core standards(New Indicator)	-	35%	3.1%	-31.9%	Resource limitation resulted in negative scoring on key issues requiring budget to address such as: essential capital equipment, human resources, emergency equipment as well as the infrastructural challenges.
Numerator		23	2		
Denominator		66	64		
2.4.2 Patient experience of Care Survey rate(New Indicator)	-	100%	80.3%	-19.7%	High vacancy rate amongst critical posts that ensures clinical governance within districts hospitals such CEO, Clinical Manager, Quality and Nursing Managers.
Numerator		66	53		

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
Denominator		66	66		
2.4.9 Patient experience of Care rate	25.7%	70%	0%	-70%	Fifty –three (53) of 66 District hospitals conducted patient satisfaction survey, the results were not analysed to generate a satisfaction rate due to non-availability of a data analysis system/tool.
Numerator		72 707			
Denominator		103 867			
1.10.1 Average length of stay	5.3 days	4.9 days	5.1 days	-0.2 days	Chronic patients (TB) stay longer at District Hospitals
Numerator	1 318 586		1 264 514		
Denominator	250 914		248 542		
1.10.6 Inpatient bed utilisation rate	59%	65%	57.2%	-7.8%	Fourteen district hospitals were under renovation thus operating with less number of beds. Limited access to clinical services within under 50 bedded district hospitals , resulted in transfers to bigger hospitals
Numerator	1 318 586		1 264 514		
Denominator	2 234 106		2 209 313		
1.4.2 Number of District Mental Health Teams established		2	2	0	Teams established in Sarah Baartman
1.10.12 Expenditure per patient day equivalent (PDE)	R1 909	R2 166	R3 317	R1 151	The high expenditure of PDE is attributed to cost drivers like food, security, SANBS, laboratory services and rental of accommodation for health care professionals.
Numerator	3 475 258 00		5 943 461 304		

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
Denominator	1 820 409		1 789 108		
2.4.16 Complaints resolution rate	91%	95%	94%	-1%	
Numerator	2849	3052	3 314		The failure to resolve certain complaints is due to complexity of the complaint like recruitment of infrastructure.
Denominator	3135	3213	3 524		
2.4.23 Complaint resolution within 25 working days rate	98%	90%	99.6%	9.6%	Hospitals are compliant and resolve complaints within time frames
Numerator	3 644		3 301		
Denominator	3 709		2314		

STRATEGIES TO OVERCOME AREAS OF UNDER PERFORMANCE

- Fast-track recruitment of critical posts such as Cleaners, clinical managers, doctors and other health professionals.
- Alignment of costed plans for the implementation of National Core standards with the allocation budget. There should be constant monitoring of the implementation of quality improvement plans
- Review the staffing norms within District Health services at head office to ensure adequate coverage when providing districts support visits .Conduct support visits to the district hospitals to analyze root causes for high ALOS and low BUR with reference to clinical management
- Intensify capacity building amongst district managers and staff on clinical governance issues through strengthened induction programs, leadership development programs and mentorship model. Conduct Capacity-building workshops for managers in order to get buy-in for the implementation of the proposed APP Implementation Plan
- Strengthen referral systems across all levels to ensure access to appropriate levels of health services. Participate in rationalization of services.
- Roll out of the data capturing and analysis system for patient's satisfactory survey within the eight districts for guidance from programme managers to district hospitals on how to conduct patient experience of care survey.

CHANGES TO PLANNED TARGETS

- No changes to planned targets

Linking performance with budgets

Programmes	Total Expenditure R'000	Total Adjusted Budget R'000	Total Fund Shifts R'000	Total Virements R'000	Total Virements / Shifting R'000	Final Appropriation R'000	Final Under / Overspending R'000
EHW:DISTRICT HEALTH SERVICES	9 516 426	9 520 089	41 156	-30 470	10 686	9 530 775	14 349
COMPENSATION OF EMPLOYEES	6 859 019	6 944 335	-39 510	-44 745	-84 255	6 860 080	1 061
GOODS AND SERVICES	2 384 924	2 427 432	-42 508	-	-42 508	2 384 924	-
INTEREST AND RENT ON LAND	1 570	-	1 570	-	1 570	1 570	-
PROVINCIAL & LOCAL GOVERNMENTS	13 229	20 745	-	-	-	20 745	7 516
DEPARTMENTAL AGENCIES & ACCOUNTS	17 302	22 148	-	-	-	22 148	4 846
HOUSEHOLDS	130 178	36 340	80 445	14 275	94 720	131 060	882
MACHINERY AND EQUIPMENT	110 204	69 089	41 159	-	41 159	110 248	44

PROGRAMME 3

EMERGENCY MEDICAL SERVICES (EMS)



PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

3.1 PROGRAMME PURPOSE

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

Strategic goal (s) being addressed:

Strategic goal 3: Universal Health Coverage

Achievements

- o 173 EMS vehicles delivered as replacement vehicles.
- o Increased Advanced Life Support students from 34 to 65 and Intermediate Life Support from 352 to 785.
- o Tracking of all EMS vehicles in place.
- o New EMS bases established closer to communities including Greenville and Somerset East.
- o A new base building in Port St John OR Tambo.
- o Eradication of contract workforce through permanent appointment of all contract workers.
- o Amathole and Buffalo City EMS Contact Centre dedicated personnel appointed.
- o 74% of Priority I were responded within 60 minutes.

Table EMS 2: Performance against Strategic Objectives for Emergency Medical Services

Strategic Objective	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual achievement for 2015/16	Comment on deviations
3. 6 Proportion of EMS response time improved to 85% by 2019	51.5%	66%	55%	-11%	High demand for the Emergency Medical Services

Table EMS.3: Performance against Provincial Targets from 2015/16- 2017/18 Annual Performance Plan for Emergency Medical Services

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual achievement for 2015/16	Comment on deviations
6.4.3 EMS PI urban response under 15 minutes rate	51.5%	66%	55%	-11%	High demand for the Emergency Medical Services
Numerator	20 592	18 586	17 210		
Denominator	39 971	28 160	31 370		
6.4.4 EMS PI response under 40 minutes rate	50.4	66%	47.3%	-18.7%	4x4 vehicles that were ordered as mitigation of the challenge of long and poor terrain did not arrive in time
Numerator	22 457	20 910	38 951		
Denominator	44 529	31 681	82 294		
3.6.3 EMS inter-facility transfer rate	New indicator (Not measured)	30%	29.4%	-0.6%	Improved inter –facility transfer rate
Numerator		128 451	185 727		
Denominator		428 172	631 369		

STRATEGIES TO OVERCOME AREAS OF UNDER PERFORMANCE

- Establish EMS bases within rural communities to improve response times using the vacant funded posts
- Improve DHIS data management for accurate response times capturing
- Procure 141 4x4 Ambulances for the rural communities.

CHANGES TO PLANNED TARGET

- There were no changes to planned targets

Linking performance with budgets

Programmes	Total Expenditure	Total Adjusted Budget	Total Fund Shifts	Total Virements	Total Virements / Shifting	Final Appropriation	Final Under/Overspending
	R'000	R'000	R'000	R'000	R'000	R'000	R'000
EHW:EMERGENCY MEDICAL SERVICE	946 270	1 072 025	-18 316	-81 789	-100 105	971 920	25 650
COMPENSATION OF EMPLOYEES	639 431	588 530	50 901	0	50 901	639 431	0
GOODS AND SERVICES	181 662	319 591	-44 488	-81 789	-126 277	193 314	11 652
INTEREST AND RENT ON LAND	23	0	23	0	23	23	0
HOUSEHOLDS	2 321	2 776	-453	0	-453	2 323	2
MACHINERY AND EQUIPMENT	122 833	161 128	-24 299	0	-24 299	136 829	13 996

PROGRAMME 4

REGIONAL HOSPITAL SERVICES



PROGRAMME 4.1: REGIONAL HOSPITAL SERVICES

4.1.1 PROGRAMME PURPOSE

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

SUB-PROGRAMMES

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

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

Strategic goal (s) being addressed:

Strategic goal 1: Prevent and reduce the disease burden and promote health

Strategic goal 2 : Improved quality of care

Achievements

CECILIA MAKIWANE

- A functional Hospital Board Committees established and approved by MEC and inducted
- Health Professionals appointed.
- Electronic patient booking system has commenced at CMH where there is linkage between the referring hospitals and CHCs.
- Outreach conducted to district hospitals and CHC`s: O&G, Mental Health, Clinical Support, Oral Healthcare.
- New Building Inaugurated by the Premier in February 2016.
- Establishment of a specialised Stroke Management Unit supported by a team from United Kingdom (UK) improves CVA recuperation as it is multi-disciplinary constituted.
- Interns trained on leadership programme by a team from UK.
- New born registration extended to Sundays by Home Affairs.
- National Core Standards assessment improved from 47% to 65%.

DORA NGINZA

- A donation of R1.7million paediatric monitoring equipment, patient monitoring workflows system and improved patient outcome, training and change management of staff was received. This donation was

in the form of clinical transformation project where Phillips did not just donate equipment but contributed to enhance workflow.

- Outreach conducted to district hospitals and CHC`s: Burns, Family Medicine, Internal Medicine, Paeds, and Management Health Systems.
- Health professional appointed include 26 medical officers, 4 registrars for Obstetrics and Gynea (O&G), 2 dieticians, Occupational Therapist, Physicians and 1 Pediatric Surgeon.
- Appointment of 3 Associate Professors on joint establishment with WSU, thus strengthening collaborative approach to care.
- Appointment of HR, Finance and SCM staff to facilitate decomplexing and enhance provisioning of support services
- Communication strategy and other policies, SOP`s and terms of reference for management structures (committees).
- Disaster Management Plan, Policy and Events Management circulars developed.
TOR for committees (EXCO, Health Information Management and Health Technology) have been developed to support functionality

FRONTIER

- Appointment of Health Professionals including 78 Medical Officers, Operational Nursing Managers, Professional nurses, Clinical support.
- Outreach conducted to district hospitals on Clinical Support (Physiotherapy & Dietician, Occupational Therapy), Paeds- Haemophilia.
- Blood Transfusion and Laboratory Users Committee functional.
- Improved adverse events monitoring has improved.
- 2 National Core Standards assessments conducted and QIPs crafted and followed.
- Complaints Resolution within 25 days working rate above target
- Commissioning of an additional stand-by generator.
- The entire hospital is connected to standby plants.
- Accident and emergency unit, OPD and Paediatrics are on schedule.
- Mock resuscitation already done in order to correct abnormal situation of panels and pendants.

MTHATHA REGIONAL

- Hospital Board established and approved by MEC awaiting induction.
- A 23 bedded neonatal unit, Casualty and Medical wards has been completed and is now functional.
- Appointment of Health Professionals including 3 medical officers, manager Monitoring and Evaluation, 67 professional nurses and operational nurse managers.
- Outreach conducted by Family Medicine to district hospitals and CHC`s.
- Discharge interviews conducted to measure patient satisfaction with services they received.

ST ELIZABETH

- Appointment of Health Professionals including Head Clinical services, 3 medical officers, and 2 pharmacists.
- Completed construction of State of the art Health Resource Centre to be commissioned in 2015/16.
- Outreach conducted on O & G and MDR to Holy Cross Hospital.
- In - reach: From Nelson Mandela – surgery X2 and rheumatoid clinic.
- Training of doctors on short causes, HIV, ESMOE.

Table RH1: Performance against Strategic Objectives for Regional Hospital Services

Strategic Objective	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	60%	80%	100%	20%	All 5 hospitals conducted assessment, by external OHSC and Province
2.4 Patient satisfaction rate increased to more than 75% in Health services by 2019	60%	80%	0%	-80%	A new tool is developed internally to measure this. Data has not been analysed yet.
1.10 80% of Hospitals meeting national efficiency targets by 2019	5.2 days	4.6 days	5.5 days	0.9 day	The absence of Specialists: Orthopaedics and Surgery at CMH and SERH TB ward patients stay longer at MRH as required by guidelines.
1.3 NCD coverage increased to 1 300/1 000 000	146/1000 00	1 100/1 000 000	740 419/1000 000	739 319/1 000 000	Over 5 million people were screened for NCD and all those found to have either or both hypertension and diabetes were started on treatment

Table RH2: Performance against Provincial Targets from 2015/16- 2017/18 Annual Performance Plan for Regional Hospital Services

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
2.3.2 National Core Standards self-assessment rate	60%	80%	100%	20%	All 5 hospitals conducted assessment, by external OHSC and Province
Numerator	3	4	5		
Denominator	5	5	5		
2.3.11 Quality improvement after self-assessment rate	New indicator (not measured)	100%	100%	0%	All facilities have developed their QIPs

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
Numerator		5	5		
Denominator		5	5		
2.3.17 Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	0%	60%	0%	-60%	Compliance requires that facilities must achieve 100% for Extreme measures and 90% vital measures. None of our facilities achieved this in the year under review. Frontier Hospital scored 85% in extreme measures and 74% for vital measures.
Numerator	0	3	0		
Denominator	5	5	5		
2.4.3 Patient experience of Care Survey rate (New indicator)	-	80%	0%	-80%	Due to financial constraints none of our facilities could do this assessment
Numerator			0		
Denominator			5		
2.4.10 Patient experience of Care rate	60%	80%	0%	-80%	Due to financial constraints none of our facilities could do this assessment
Numerator			0		
Denominator			0		
1.9.2 Average length of stay	5.2 days	4.6 days	5.5 days	0.9 day	The absence of Specialists: Orthopaedics & Surgery at CMH and SERH TB ward patients stay longer at MRH as required by guidelines.
Numerator	533 168		532 879		
Denominator	103 318		96 601		
1.10.7 Inpatient bed utilisation rate	68.8%	75%	67%	8%	The Ophthalmology unit and Neonatal High Care at Frontier are under-utilized as the unit is currently utilised mainly for day cases and lack of demand respectively.
Numerator	533 168	725 699	532 879		

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
Denominator	774 432	967 599	797 126		
1.10.13 Expenditure per patient day equivalent (PDE)	R4,461	R2,181	R1,705	R476	The low EPDE is due to the re-alignment process of moving the Regional and Tertiary hospitals personnel which have been re-classified to their relevant programmes and sub programmes. The payment of some personnel at Regional hospitals is still effected in Tertiary hospitals
Numerator	R3, 597,840,000		R1,334,118,955		
Denominator	R806,585		783 601		
2.4.17 Complaints resolution rate New indicator (not measured)		90%	86.4%	3.6%	The majority of complaints not resolved are adverse events which take longer time to resolve
		271	260		
		301	301		
2.4.24 Complaint resolution within 25 working days rate	80%	80%	99.2%	19.2%	To continue with good practice
Numerator		122	619	9	
Denominator		153	624		

STRATEGIES TO OVERCOME AREAS OF UNDER PERFORMANCE

- Intensify recruitment of Specialists to Regional Hospitals to enhance clinical service delivery and improve patient outcomes as well as quality of life.
- Implementation of EGK (Laboratory Services) to improve cost effectiveness and efficiencies.
- Strengthen the integration of clinical outreach programs to the District Clinical Specialist Teams.

CHANGES TO PLANNED TARGET

- No changes to planned targets

4.2 SUB-PROGRAMME SPECIALISED TB HOSPITALS

4.2.1 PURPOSE

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

Strategic goal (s) being addressed:

Strategic goal 1: Prevent and reduce the disease burden and promote health

Strategic goal 2: Improved quality of care

Achievements

TB

- The TB Control and Management programme was integrated for the first time, with the Eastern Cape AIDS Council and as a result the World TB Day commemoration was facilitated in partnership with the Eastern Cape AIDS Council.
- Twenty two radio slots (in thirteen radio stations including Umhlobo Wenene FM) were conducted during the month of March and April and the emphasis was on educating communities on adherence to treatment and stigma related to TB especially MDR-TB and HIV&AIDS.
- The Chief Directorate discussed with Social Development and SASSA on issues related to food parcels for MDR-TB patients during the duration of treatment which can extend to 36 months.
- MHealth and Milink are electronic tools which were introduced to be used by the Community Health Workers contracted by Letsema to monitor adherence to treatment for patients on MDR-TB regimen.
- The rationalization of Nkqubela and Fort Grey was completed with much success and all the patients were moved smoothly to Nkqubela.
- Two Community Health Centres (CHC) (Empilweni Gompo and Duncan Village CHC) were prepared to be the satellite sites for MDR – TB management. This means staff for these facilities have been and will still be capacitated to conduct reviews for the drug resistance patients. Outreach team will move from Nkqubela TB hospital, to support these facilities on a monthly basis.
- The department initiated 654 patients on Bedaquiline and Linezolid during 2015/16 financial year against the national target of 500, these drugs have shown improvement in the clinical management of MDR-TB patients, as patients culture convert to negative from 6-8 weeks as opposed to 6 months without these two drugs.
- Provincial MDR Clinical review committee were formulated to strengthen the management of MDR clients.
- Provincial MDR-TB expert committee meetings were held quarterly to improve the clinical management of MDR-TB.

Table TBH 1: Provincial Strategic Objectives and Annual Targets for Specialised TB Hospitals

Strategic Objective	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019 (New Indicator)	New Indicator	70%	100%	30%	Target achieved All 11 TB hospitals were assessed for compliance with National Co Standards
2.4 Patient satisfaction rate increased to more than 75% in Health services by 2019	78%	70%	78%	8%	Target achieved with five hospitals achieving more than 90% (Khotsong, Marjorie Parish, Winterberg and PZ Meyer) TB directorate will continue to monitor the implementation of quality improvement plans on a quarterly basis.
1.10 80% of Hospitals meeting national efficiency targets by 2019	112 days	105 days	94 days	-11 days	Target has been achieved This is attributable to the implementation of the MDR-TB decentralisation to PHC, NGO's, Hospice and Community

Table TBH 2: Performance against Provincial Targets from 2015/16- 2017/18 Annual Performance Plan for TB Hospital Services

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
2.3.3 National Core Standards self-assessment rate (New Indicator)		100%	100%	0%	Target achieved Directorate will support the hospitals in conducting the assessments for the financial year 2016/2017
Numerator		11	11		
Denominator		11	11		
2.3.9 Quality improvement after self-assessment rate (New Indicator)		100%	100%	0%	Target achieved Monitoring conducted through support visits and review of the improvement plans that were developed.
Numerator		11	11		
Denominator		11	11		
2.3.15 Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	100%	40%	0%	-40%	Target was not achieved however 10 hospitals have performance of above 80% with the exception of Empilweni and Osmond TB hospitals. The under achievement is due to infrastructure challenges to meet the Infection Prevention and Control Practises Directorate will assist the Hospitals in improving Infection control and Management Practises
Numerator	11		0		
Denominator	11		11		
2.4.4 Patient experience of Care Survey rate. (New indicator)		100%	100%	0%	Achieved. Directorate will assist hospitals in conducting assessments again in 2016/17
Numerator			11		
Denominator			11		

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
2.4.11 Patient experience of Care rate		70%	0%	-70%	Results not available yet
Numerator		13 941			
Denominator		19 961			
1.10.3 Average length of stay	112.4 days	105 days	94.2 days	10.8 days	Target was achieved This is due to strengthened decentralization of clients to their districts. Directorate will monitor and support the decentralised sites for monitoring of clients on treatment.
Numerator	353,768		326 478		
Denominator	3,147		3 466		
1.10.8 Inpatient bed utilisation rate	64.6%	75%	60.3%	-14.7%	Target was not achieved. The fact that more clients are now being treated in the decentralised sites and that less clients need admission is a positive performance. Hospitals will now be assisted in admitting mostly the patients on the new Drug resistance drugs
Numerator	353,768	307 957	326 478		
Denominator	547,499	410 609	541 658		
1.10.14 Expenditure per patient day equivalent (PDE)	R889	R1 600	R5 737	-R4,137	Target not achieved The non-achievement of this target is mainly due to the increased costs related to the procurement of the new drugs that is Linezolid and Bedaquiline to be added on the MDR-TB regimen since June 2016, which resulted in initiating 654 patients against the national target of 500.
Numerator	R392,342,265		R1 919,021,956		
Denominator	386,727		334,502		

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
2.4.18 Complaints resolution rate		75%	93.2%	18.2%	Target achieved Though Jose Pearson TB hospital had 3 complaints that were not resolved and have been resolved during the month of April 2016. PZ Meyer has one complaint for January that was resolved in February however it was not captured on the District Health Information System (DHIS)
Numerator		12	138		
Denominator		16	148		
2.4.25 Complaints resolution within 25 working days rate	97%	85%	100%	15%	Target achieved The TB directorate will continuously support the TB hospitals on the use of the Complaints register in order to sustain the performance
Numerator	169	12	138		
Denominator	174	12	138		

STRATEGIES TO OVERCOME AREAS OF UNDER PERFORMANCE

- The TB Directorate will continue to support all the 11 TB hospitals to achieve the vital and extreme measures
- The TB hospitals will be supported on the implementation of the complaints register used for the recording of complaints.

CHANGES TO PLANNED TARGET

- No changes to planned targets

4.3 SPECIALIZED PSYCHIATRIC HOSPITAL

4.3 1 PROGRAMME PURPOSE

Rendering a specialist 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 Hospital
- Tower Psychiatric Hospital Provide long-term
- Cecilia Makiwane Hospital acute psychiatric Unit
- Holy Cross Hospital acute psychiatric Unit
- St Barnabas Hospital acute psychiatric Unit
- Mthatha Regional Hospital acute psychiatric Unit
- Dora Nginza Hospital – 72 Hour observation Unit plus
- Fort England Hospital

Strategic goals being addressed:

Strategic goal 1: Prevent and reduce the disease Burden and promote health

Strategic goal 2: Improved quality of care

Achievements

Reduction of Average Length of Stay through rehabilitation programmes

Tower Hospital

- Implementation of the rehabilitation program.
- 200 mental users are put on different rehabilitation programs. There are 13 rehabilitation programs.
: - gardening, carpentry, car wash, baking, art and craft, tuck shop, piggery, sawing, hair cutting, cleaning, knitting and crocheting and shoe repairing. The users are rotating on these programs to get skilling.
- AET project is running smooth:
- 15 Mental users are on level 4, 12 users on level 1-3, 9 mental users registered on computer classes.
- During the second quarter 80 user were put on LOA (52 short LOA and 28 on Long LOA.

Improving scores on National Core Standards thus quality of services in hospitals

Tower Hospital

- Painting of male admission ward (MTN project) in Tower Hospital.
- Appointment of the Hospital Board.
- Appointment of a Specialist Psychiatrist

Komani Hospital

- Relocation of Outpatients Department to renovated unit and Upgrading of nurse's home.
- The medium security unit in Komani Hospital has been open to reduce the shortage of beds for State Presidents Patients in the province.

Provincial

- Celebrated the Mental Health Day on the, leading to improved awareness of Mental Health issues to the communities

Table SPH 1: Strategic Objectives and Annual Targets for Psychiatric Hospital Services

Strategic Objective	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual achievement for 2015/16	Comment on deviations
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019 (New Indicator)	-	70%	100%	30%	All hospitals were tasked to ensure that NCS is to be done first quarter and this was put into performance contracts of CEOs.
2.4 Patient satisfaction rate increased to more than 75% in Health services by 2019	78%	70%	0%	-70%	Results and analysis at end financial year were not available
1.10 80% of Hospitals meeting national efficiency targets by 2019	85%	85%	91%	6%	Achieved.

Table SPH 2: Performance against Provincial Targets from 2015/16- 2017/18 Annual Performance for Psychiatric Hospital

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual achievement for 2015/16	Comment on deviations
2.3.4 National Core Standards self-assessment rate	0%	70%	100%	30%	All hospitals were tasked to ensure that NCS is to be done first quarter
2.3.10 Quality improvement after self-assessment rate New indicator (not measured)	-	65%	100%	35%	All hospitals were tasked to ensure that NCS is to be done first quarter
2.3.16 Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	0%	50%	0%	-50%	The current state of the Mental Health Hospitals does not allow for 100% in these measures. The scores are encouraging but not at 100% yet.
Numerator		2	0		
Denominator		4	4		
2.4.5 Patient experience of Care Survey rate		60%	75%	15%	Only one hospital was not able to due to changes in the assessment tool.

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
2.4.12 Patient experience of Care rate	70%	61%	0%	61%	There was inadequate budget for a private supplier. Results and analysis at the end of financial year were not available
Numerator		13 321	0		
Denominator		21 838	0		
1.10.9 Inpatient bed utilisation rate	85%	85%	91%	6%	Achieved.
Numerator	407 950	306 250	435 687		
Denominator	480 392	360 294	480 393		
1.10.15 Expenditure per patient day equivalent (PDE)	R 3 322	R1 343	R1 076	-R284	Had to reprioritise as a department and conform to austerity measures
Numerator	R957 233 117	R552,618,000	R 473 199 350		
Denominator	230 189	411 538	439 784		
2.4.19 Complaints resolution rate (New indicator)		93%	100%	7%	Achieved.
		78	68		
		84	68		
2.4.26 Complaints resolution rate within 25 working days rate	100%	90.5%	100%	9.5%	Achieved.
Numerator	93	76	68		
Denominator	93	84	68		

STRATEGIES TO OVERCOME AREAS OF UNDER PERFORMANCE

- The Directorate will continue to support the hospitals to achieve the vital and extreme measures

CHANGES TO PLANNED TARGET

- No changes to planned targets

Linking performance with budgets

Programmes	Total Expenditure R'000	Total Adjusted Budget R'000	Total Fund Shifts R'000	Total Virement s R'000	Total Virements/Shift ing R'000	Final Appropriatio n R'000	Final Under/Overs pending R'000
EHW:PROVINCIAL HOSPITAL SERVICES	4 927 742	4 791 272	-3 591	143 087	139 496	4 930 768	3 026
COMPENSATION OF EMPLOYEES	3 912 037	3 913 038	-1 001	0	-1 001	3 912 037	0
GOODS AND SERVICES	793 466	822 928	-29 462	0	-29 462	793 466	0
INTEREST AND RENT ON LAND	4 093	0	4 093	0	4 093	4 093	0
HOUSEHOLDS	194 337	24 819	26 431	143 087	169 518	194 337	0
MACHINERY AND EQUIPMENT	23 809	30 487	-3 652	0	-3 652	26 835	3 026

PROGRAMME 5

CENTRAL & TERTIARY HOSPITALS



PROGRAMME 5: CENTRAL & TERTIARY HOSPITALS

5.1 PROGRAMME PURPOSE

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

5.2 Tertiary Hospitals Services

- Livingstone Hospital
- Frere Hospital

5.3 Central Hospital

- Nelson Mandela Academic Hospital

Strategic goal (s) being addressed:

Strategic goal 1: Prevent and reduce the disease burden and promote health

Strategic goal 2: Improved quality of care

Achievements

LIVINGSTONE HOSPITAL

- Excellence awards for outstanding performance were held at Livingstone Hospital.
- Outreach programme to district hospitals in Sarah Baartman, Joe Gqabi, Nelson Mandela Metro and Chris Hani: Gastro Ontology, Anesthesia, Urology, Surgery, Infectious Diseases, and Hematology Ophthalmology.
- In reach: from Cape Town and KwaZulu Natal: Orthopaedics and Anaesthesia.
- Fun walk /run raised R380 000 with assistance from Algoa Radio station for the Oncology wards.
- Appointments of health professionals include Urologist, Cardiologist and 3 sessional Cardiologist to assist with the backlog.
- Community Services -25, Nurses – 87, Doctors – 75, Allied Health Professionals – 45, FAC – 64.
- Translated into languages in the region, English, Xhosa and Afrikaans the patient complaint/compliment form.
- New electronic beds have been purchased to assist in the safety of patients, as they can be reduced to the lowest level depending on the patient mobility.

- Introduced the Morse Risk Assessment fall scale in January via the PDD Macro teaching Programme.
- Extra theatre time implemented to reduce backlog in Orthopaedics.

FRERE HOSPITAL

- Extra theatre time implemented to reduce backlog in Orthopaedics – weekend operational slate.
- Outreach conducted to district hospitals in Buffalo City Metro, Amathole, Chris Hani & Joe Gqabi on Surgery, ENT, O & G Ophthalmology and Clinical Support,(Speech Therapy, Occupational Therapy, Social Work), Surgery.
- Critical health professionals appointed.
- Birth registrations of new born extended to Sundays with assistance and support of Home Affairs Department.
- Patient-centred Care: Improved Quality of Care with Fewer Deaths And Complications and Greater Satisfaction and increased engagement on social media
- Through the Quality Improvement (QI) initiatives Patient Satisfaction of Quality of Care Improved significantly:
 - o 47% reduction in total number of complaints received (115 from 127 and 142)
 - o 79% increase in total number of compliments received (536 for 2015/16 compared with 299 for 2013/14; 52% increase to 2014/15's 352)
 - o Reduction in waiting times:
 - Out-patient pharmacy from 4-6 hours in 2013/14 to under 6 minutes in 2015/16
 - Radiography investigations (e.g. X-rays) from 2 hours in out-patients to 30minutes at the end of 2015/16 and from 10 days for in-patients to 24hours in the same period
- Sustained reduction in case fatality.
- Increased throughput in the new, state of the art ICU's by 86% whilst at the same time decreasing the total number of deaths by 59% in both adult and paediatric ICUs.
- Sustained and further decreased Hospital Acquired Infection (HAI) Rates with:
 - o 45% reduction in overall HAI rate average of 2,72% at the end of 2015/2016 compared to 5% at the end of 2014/15
 - o 17% reduction in Paediatric ICU average HAI rate of 4,06% at the end of 2015/2016 compared to 4,9% in 2014/15
 - o Sustained Adult ICU average HAI of 7% with insignificant month to month variations
 - o Both ICUs averages are well below accepted international experience of 7-10% range
 - o 50% reduction of Hospital Acquired Pressure Ulcers (bedsores) from 38 per quarter at the end of the first quarter 2013/14 to 19 per quarter at the end of 2015/2016

- o 30% reduction in the total number of patient falls from average of 11 per quarter in 2013/2014 to 7,75 per quarter in 2015/16
- Patient-centred Care: Improved Quality of Care with Fewer Deaths And Complications and Greater Satisfaction and increased engagement on social media
- Improved Systems resulting in greater cost-effectiveness and efficiencies (e.g. 9% reduction in drug expenditure)
- Response to the burden of disease and demand for service and the preparation for NHI, additional tertiary services were strengthened (neurosurgery; maxilla-facial; oncology)
- Eliminated the backlog for wheelchairs by the end of 2015/16 through reprioritising budget allocations and
- Reduced the average waiting period from the national norm of three months to same day receipt for standard wheelchairs
- Infrastructure: Upgrading in Orthopaedics theatres, wards, maternity theatres and neonatal, Nursery; paediatric wards.

Table THS 1: Performance against Strategic Objectives for Tertiary Hospitals

Strategic Objective	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019 (New Indicator)	100%	100%	100%	0%	Target Achieved
2.4 Patient satisfaction rate increased to more than 75% in Health services by 2019 (New Indicator)	77%	80%	-0%	80%	Due to financial constraints only Livingstone Hospital could do the assessment
1.10 80% of Hospitals meeting national efficiency targets by 2019	5.3 days	5.5 days	5.8 days	0.3 day	Orthopaedic and Burns patients stay longer as a result of the current disease burden.

Table THS.2: Performance against Provincial Targets from 2015/16- 2017/18 Annual Performance Plan for Provincial Tertiary Hospital Services

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
2.3.5 National Core Standards self-assessment rate	100%	100%	100%	0%	Both hospitals conducted assessment.
Numerator	2	2	2		
Denominator	2	2	2		
2.3.11 Quality improvement after self-assessment rate.(New indicator)	-	100%	100%	0%	Both hospitals have developed their QIPs
Numerator		2	2		
Denominator		2	2		

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
2.3.17 Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	0%	100%	-0%	-100%	Compliance requires that facilities must achieve 100% for Extreme measures and 90% vital measures. None of our facilities achieved this in the year under review. Livingstone scored 87% on extreme measures and 84% on vital
Numerator	0	2	2		
Denominator	2	2	2		
2.4.6 Patient experience of Care Survey rate.(New indicator)		80%	0%	-80%	Due to financial constraints only Livingstone Hospital could do the assessment
2.4.13 Patient experience of Care rate	77%	80%			Will be done in 2016/17
1.10.4 Average length of stay	6.7 days	5.5 days	5.8 days	0.3 day	Orthopaedic and Burns patients stay longer as a result of the current disease burden.
Numerator	467 127		456 638		
Denominator	69 905		78 179		
1.10.10 Inpatient bed utilisation rate	79.3%	75%	75.6%	0.6%	The implementation of the referral protocol especially around the PE area has improved BUR
Numerator	467 127	725 699	456 638		
Denominator	589 35\	967 599	604 202		
1.10.16 Expenditure per patient day equivalent (PDE)	R2 330	R2 019	R3 412	(R1393)	The high EPDE is due to the re-alignment process of moving the Regional and tertiary Hospitals personnel which have been re-classified to their relevant programmes and sub programmes. Also there is a process Nationally to review the Expenditure per PDE for Tertiary hospitals as this does not

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
					align (even lower than that for Regional)
Numerator	R1 689 702 756		R2 472 198 238		
Denominator	725 165		724 500		
2.4.20 Complaints resolution rate (New indicator)	-	80%	97.5%	17.5%	The facilities achieved more than expected as complaints are managed locally and the best practice will be sustained
2.4.27 Complaint resolution within 25 working days rate	100%	90%	100%	10%	The facilities achieved more than expected as complaints are managed locally and the best practice will be sustained
Numerator	226	843	231		
Denominator	226	937	231		

STRATEGIES TO OVERCOME AREAS OF UNDER PERFORMANCE

Appointment of Radiologists to improve patient turn-around times.

CHANGES TO PLANNED TARGET

No changes to planned targets

PROGRAMME 5

CENTRAL -
Nelson Mandela Academic Hospital



PROGRAMME 5: CENTRAL - Nelson Mandela Academic Hospital

5.1 PROGRAMME PURPOSE

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

- Nelson Mandela Academic Hospital

5.2 Tertiary Hospitals Services

Achievements

- Establishment and approval of the first Hospital Board by the MEC followed by induction.
- Outreach programme conducted to districts hospitals of the following districts OR Tambo, Alfred Nzo and Amatole by the following Departments: O & G, Paediatrics, Mental Health, Urology Ophthalmology, General Surgery as well as Prison.
- Inreach done on Anaesthesia.
- Excellence Awards were held for outstanding performance.
- Appointments of critical health professionals.

Table CH1: Performance against Strategic Objectives for Central Hospital

Strategic Objective	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual achievement for 2015/16	Comment on deviations
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019 (New Indicator)	-	100%	100%	0%	Target Achieved
2.4 Patient satisfaction rate increased to more than 75% in Health services by 2019	70%	80%	-0%	80%	Due to financial constraints NMAH could not do the assessment
1.10 80% of Hospitals meeting national efficiency targets by 2019	5.3days	5.5 days	5.8 days	0.3 day	Orthopaedic and Burns patients stay longer as a result of the current disease burden.
1.4 Mental Health service platform increase to 55% of hospitals by 2019	40%	49%	50%	1%	Outreach programme provided mental health services to district hospitals and Community Health Centres from Nelson Mandela Academic Hospital

Table CH 2: Performance against Provincial Targets from 2015/16- 2017/18 Annual Performance Plan for Central Hospital

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
2.3.6 National Core Standards self-assessment rate	100%	100%	100%	0%	The hospital has conducted self-assessment
Numerator					
Denominator					
2.3.12 Quality improvement after self-assessment rate (New indicator)	-	100%	100%	0%	The facility has developed its QIPs
Numerator					
Denominator					
2.3.18 Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	0%	100%	0%	-100%	Compliance requires that facilities must achieve 100% for Extreme measures and 90% vital measures. The facility has not achieved this in the year under review. NMAH achieved 82% on Extreme measures and 63% on vitals.
Numerator	0		0		
Denominator					
2.4.7 Patient experience of Care Survey rate (New indicator)	-	80%	0%	-80%	Due to financial constraints the facility could not do this assessment
2.4.14 Patient experience of Care rate	70%	80%	0%	-80%	Due to financial constraints the facility could not do this assessment
1.10.5 Average length of stay	6.7 days	5.5 days	8.2 days	2.7 days	Orthopaedic and Burns patients stay longer as a result of the current disease burden.
Numerator	174 609		178 278		
Denominator	25 942		21 763		
1.10.11 Inpatient bed utilisation rate	91%	75%	89.7%	14.7%	Disease burden results in more patients being referred from lower care to tertiary hospitals

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
Numerator	174 609	725 699	178278		
Denominator	192 346	967 599	198703.4		
1.10.17 Expenditure per patient day equivalent (PDE)	R2 330	R2 019	R3 737	RI 718	The high EPDE is due to the re-alignment process of moving the Regional and tertiary Hospitals personnel which have been re-classified to their relevant programmes and sub programmes. Also there is a review of the target by NDOH
Numerator	R957 233 177		RI 116 628 534		
Denominator	230 189		298 789		
2.4.21 Complaints resolution rate New indicator (not measured)	-	80%	97.5%	17.5%	The majority of complaints were resolved only structural complaints which take longer time to resolve remained
2.4.28 Complaint resolution within 25 working days rate	90%	90%	100%	10%	The hospital achieved more than expected as complaints are managed locally and the best practice will be sustained
Numerator	788	843	479		
Denominator	788	937	479		

STRATEGIES TO OVERCOME AREAS OF UNDER PERFORMANCE

A program for Orthopaedics is underway with the assistance of KZNDOH and will:

- Diminish the backlog
- Establish a training platform for DHs

CHANGES TO PLANNED TARGET

-No changes

Linking performance with budgets

Programmes	Total Expenditure R'000	Total Adjusted Budget R'000	Total Fund Shifts R'000	Total Virements R'000	Total Virements/Shifts R'000	Final Appropriation R'000	Final Under/Overspending R'000
EHW:PROVINCIAL TERTIARY SERVICES	823 221	840 151	3 632	0	3632	843 783	20 562
COMPENSATION OF EMPLOYEES	242 355	242 387	-32	0	-32	242 355	0
GOODS AND SERVICES	479 521	476 196	3 326	0	3 326	479 522	1
HOUSEHOLDS	9	0	9	0	9	9	0
BUILDINGS & OTHER FIX STRUCT	2 461	3 285	969	0	969	4 254	1 793
MACHINERY AND EQUIPMENT	98 875	118 283	-640	0	640	117 643	18 768

PROGRAMME 6

HEALTH SCIENCES AND TRAINING



PROGRAMME 6: HEALTH SCIENCES AND TRAINING

6.1 PURPOSE

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

Strategic goal (s) being addressed:

Strategic goal 1: Prevent and reduce the disease burden and promote health

Strategic goal 2: Improved quality of care

Achievements

Nursing College:

Lilitha Nursing College has produced a total of 131 specialist nurses out of 137 in a range of post basic programmes as set out below:

- 3 in Child Nursing Science
- 12 in Orthopedic Nursing Science
- 52 in Advanced Midwifery and Neonatal Care
- 10 in Critical Care (ICU)
- 15 in Operating Theatre
- 20 in Clinical Health Assessment, Treatment and Care and
- 9 Ophthalmic Nursing Science.

Re-establishment of the Clinical Teaching Department

The college has re-established the Clinical Teaching Department to mentor and coach nursing students in the clinical teaching platforms.

Academic Development of College Personnel

This is in line with Council of Higher Education accreditation of nursing programmes with the introduction of Masters and PhD Degrees to teach basic degree and diploma academic programmes.

Governance

The College Council and Senate, together with the functional sub-committees for college good governance, facilitated the development of the Funding Model for Lilitha College of Nursing (LCoN) students through the Joint Task Team (JTT). The Atlantic Philanthropies renewed the existing nursing education grant to capacitate college personnel for the next three years, from 2014/15 to 2016/17 through a partnership with Nelson Mandela Metro University (NMMU).

Curriculum Development and integration for the New Nursing Qualifications:

During the financial year under review, LCoN managed to develop the Curriculum and integration for the New Nursing Qualifications. The curriculum for the post- basic Diploma in Trauma Nursing Science has been submitted for approval by the South African Nursing Council, in order to support hospital trauma units in both regional and tertiary health institutions. The Decentralized Programme of Advanced Midwifery and Neonatal Care (DEPAM) has also been developed and the first group of DEPAM Graduates have graduated and have been deployed back to Maternity Sections of their hospitals and CHCs as the best approach in managing Maternal and Child Health Care.

Bursaries

A total number of 1221 students were funded on bursaries to study in South African universities, out of which 293 students graduated in December 2015. During the period under review, 10 students were recruited to study medicine in Cuba. The Department was able to recruit and award relevant students to pursue health-related studies through the help of the departments of Education, Social Development and the Office of The Premier. 96% of the budget allocated to contracted students was spent in this financial year under review.

Registrars

A total of 54 registrars were appointed representing a progressive realisation of the goal to increase the number of medical specialists in the province and to retain clinical skills within the department

PMDS Compliance

During the performance cycle for 2015/16, only 81% of the Department's employees contracted, with SMS members' contracting standing at 99%. This represents a 10% drop from 2014/'15, thereby requiring doubled efforts if the prescribed 100% across the board is to be realised.

Table HST 1: Performance on Strategic Objectives for the Health Sciences and Training Programme

Strategic Objective	Baseline 2014/15 output	Annual 2015/16	Target	Actual achievement 2015/16	Deviation from planned target to actual achievement for 2015/16	Comment on deviations
2.6 Fifty (50) first year medical students receiving bursaries by 2019	40	40		20	-20	Austerity Measures

Table HST 2: Performance against Provincial Targets from 2015/16- 2017/18 Annual Performance Plan for Health Sciences and Training,

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual achievement for 2015/16	Comment on deviations
2.6.1 Number of Bursaries awarded for first year medicine students	40	40	20	-20	Austerity Measures
2.6.2 Number of Bursaries awarded for first year nursing students	950	950	894	-56	Austerity Measures

STRATEGIES TO ADDRESS CHALLENGES

- Active engagement of Nursing services Directorate to identify needy areas of the province for both basic and specialized nurses for the purposes of relevance of the education and training of nurses in the province;

CHANGES TO PLANNED TARGET

- No changes

Linking performance with budgets

Programmes	Total Expenditure R'000	Total Adjusted Budget R'000	Total Fund Shifts R'000	Total Virements R'000	Total Virements / Shifting R'000	Final Appropriation R'000	Final Under/Overspending R'000
EHW:HEALTH SCIENCE & TRAINING	769 372	787 353	-10 828	-2 604	-13 432	773 921	4 549
COMPENSATION OF EMPLOYEES	418 577	407 573	13 608	-2 604	11 004	418 577	0
GOODS AND SERVICES	131 441	128 132	3 309	0	3 309	131 441	0
INTEREST AND RENT ON LAND	0	0	0	0	0	0	0
DEPARTMENTAL AGENCIES & ACCOUNTS	18 115	18 580	0	0	0	18 580	465
INSTITUTIONS OF HIGHER EDUCATION	0	0	0	0	0	0	0
HOUSEHOLDS	193 404	217 776	-24 372	0	24 372	193 404	0
BUILDINGS & OTHER FIX STRUCT	0	0	0	0	0	0	0
MACHINERY AND EQUIPMENT	7 835	15 292	-3 373	0	-3 373	11 919	4 084
PAYMENTS FOR FINANCIAL ASSET	0	0	0	0	0	0	0

PROGRAMME 7

HEALTH CARE SUPPORT SERVICES



Programme 7: Health Care Support Services

7.1 PURPOSE

To render quality, effective and efficient Transversal Health (orthotic & prosthetic, rehabilitation, laboratory, social work services in hospitals and radiological services) and Pharmaceutical services to the communities of the Eastern Cape.

Strategic goals being addressed:

- **Strategic goal 1:** Prevent and reduce the disease burden and promote health
- **Strategic goal 2:** Improve the quality of care

Achievements

- Eradication of the backlog for the Orthoses and Hearing Aids.
- The set targets for wheelchair, hearing aids and orthoses were exceeded.
- Seven Medical Orthotics and Prosthetics students studying at WSU have been granted bursaries by the ECDOH. This will increase the number of the professionals for design and production of the prosthesis.
- Provincial Pharmaceutical Therapeutic Committee functional for medicine provisioning governance and oversight.
- All PHC health facilities active on Stock Visibility System used to monitor medicine availability.
- Mthatha Depot have its own Director thus becoming an independent entity from PE Depot.
- 137 Pharmacist Assistants appointed for the District Health Services to improve medicine supply management.
- Contract employment eradicated within the depots.

Table HCSS 1: Performance against Strategic Objectives for Health Care Support Services

Strategic Objective	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
I.1.1 95% of clients eligible for assistive devices provided with wheelchairs, hearing aids, prosthesis & orthoses by 2019		50%	123%	73%	The department managed to procure a lot of off the shelf stock of orthoses, which need some few adjustments before being fitted, as a result a lot of clients could be fitted with orthoses.
I.1.2 90% availability of essential drugs in all health facilities by 2019		85%	84%	-1%	The number of clients issued increased as most of the clients did not need a referral to the ENT specialists before the fitting of the hearing aid National medicine stock outs

Table HCSS 2: Performance against Provincial Targets from 2015/16- 2017/18 Annual Performance Plan for Health Care Support Services

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
I.1.1.1 Percentage of eligible applicants supplied with wheelchairs	72%	50%	92.5%	42.5%	More standard wheelchairs (non-specialized) were procured based on the need. These are less expensive than the highly specialized wheelchairs as a result more clients could be issued with wheel chairs. Through the outreach programmes a lot of clients were identified in the

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
					community and were issued with wheelchairs.
Numerator	6 133	4 357	8061		
Denominator	8 546	8 715	8715		
1.11.2 Percentage of eligible clients supplied with hearing aids	108%	65%	173%	108%	The number of clients issued increased as most of the clients did not need a referral to the ENT specialists before the fitting of the hearing aid.
Numerator	3 301	2 035	5405		
Denominator	3 069	3 130	3130		
1.11.3 Percentage of eligible applicants supplied with prosthesis	56%	60%	73.3%	13.3%	Additional capacity was provided for the manufacturing of prosthesis.
Numerator	6 961	7 639	9331	1692	
Denominator	12 484	12 733	12733		
1.11.4 Percentage of eligible applicants supplied with orthosis	203%	100%	168 %	68 %	We managed to procure a lot of off the shelf stock of orthoses, which need some few adjustments before being fitted, as a result a lot of clients could be fitted with orthoses.
Numerator	23 274	15 838	28028	12190	
Denominator	11 444	16 672	16672		
1.12.1 Percentage of order fulfillment of essential drugs at the depots	78%	85%	84%	-1%	National medicine stock outs
Numerator	388 128	444 108	366124	4359	
Denominator	497 600	522 480	435864	370483	
1.12.2 Tracer drug stock-out rate at the depots	11%	<5%	8%	3%	BCG, Lamivudine 150 mg and Paracetamol were intermittently out of stock due to supplier challenges
Numerator	4	<2	3	-1%	
Denominator	39	39	39		

Performance Indicator	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
1.12.3 Percentage of supplies to depots received within contract lead time	84%	85%	90%	5%	Reporting and Follow up with National Dept. of Health for defaulting suppliers
Numerator	210	170	185		
Denominator	251	200	206		

STRATEGIES TO ADDRESS CHALLENGES

CHANGES TO PLANNED TARGET

Linking performance with budgets

Programmes	Total Expenditure	Total Adjusted Budget	Total Variance	Total Fund Shifts	Total Virements	Total Virements/Shifts	Final Appropriation	Final Under/Over spending
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
EHW:HEALTH CARE AND SUPPORT SERV	93 129	103 327	0	-2 296	-7 677	-9 973	93 354	225
COMPENSATION OF EMPLOYEES	50 586	54 638	0	-1	-4 051	-4 052	50 586	0
GOODS AND SERVICES	40 078	45 802	0	-2 098	-3 626	-5 724	40 078	0
INTEREST AND RENT ON LAND	0	0	0	0	0	0	0	0
HOUSEHOLDS	91	200	0	-109	-	-109	91	0
BUILDINGS & OTHER FIX STRUCT	0	0	0	0	0	0	0	0
MACHINERY AND EQUIPMENT	2 374	2 687	0	-88	0	-88	2 599	225

PROGRAMME 8

HEALTH FACILITIES MANAGEMENT



PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

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 consists of four sub-programmes:

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

Strategic goals being addressed:

Strategic goal 2: Improve the quality of care

Achievements

Programme Purpose:

The purpose of the Health Facilities Management is to improve access to health care services through provision of new health facilities, upgrading and revitalization as well as maintenance of existing facilities including the provision of appropriate health care equipment. The programme has recently been operationally re-defined into four directorates namely:

- Health Facilities Planning - this encompasses strategic planning, budgeting, spatial planning and the design of facilities
- Health Facilities Delivery – the implementation, monitoring and evaluation during the construction phase including financial management of the programme
- Hospital Revitalization Maintenance – responsible for maintenance and upkeep of the facilities to ensure optimum operational standards.
- Health technology – responsible for the planning, acquisition and maintenance of all medical and associated equipment servicing the facilities.

Objectives

The department has taken cognizance of all the Provincial and National Health imperatives and has tried to align its infrastructure services. One of the main focus of the Department is to revitalize and strengthen the Primary Health Care (PHC) service delivery system and to implement an effective referral system. There has therefore been a shift from the construction of mega facilities to the

prioritization of smaller and more numerous satellite facilities. Renovations and repairs of PHC facilities are also receiving a priority. The focus has shifted from new facilities and is now firmly on maintaining the existing ones.

The National health Insurance (NHI) is one of the key deliverables in the health Sector 10 point plan. Ten of the most impoverished communities within the country have been selected as pilot sites for the implementation of the NHI, the OR Tambo district in the Eastern Cape is one of these sites. We have therefore focused our attention on the infrastructural challenges within this area. To this end, 30% of the total number of projects for the province are being implemented within this region.

The unit has also recognized the creation and future implementation of the Rationalized Service Delivery platform (RSDP) and has included this key document as one of the indicators within its project prioritization process.

Achievements

:

The revitalization of infrastructure plays a critical role in providing quality care for patients as well as an enabling environment for staff. The following infrastructure projects reached practical completion during the year under review: Ibika Clinic, Jose Pearson TB Hospital, Tombo EMS Satellite Base, Frere Oncology Unit, Dora Nginza New Pharmacy, Dora Nginza- Lilitha College Building, Dora Nginza- 72 Hour Psychiatric Ward, Dora Nginza- Adult Chronic Ward. The Department has also completed Phase I of the Cecilia Makiwane Hospital (CMH) flagship project which was officially handed over to the Premier of the province on the 04 February 2016. Phase 2 of the commissioning process for the 530 bed will be finalized in the latter part of 2016/17 financial year.

In partnership with DBSA and National Department of Health, 23 clinics in OR Tambo region were provided with additional consulting rooms. These rooms were fitted with diagnostic equipment sets and medical furniture.

Health Technology (HT)

Health Technology (HT) rolled out maintenance contracts for the current financial year. Priority was given to critical and life-support equipment and coverage provided under the contract for day-to-day emergency repairs and preventive maintenance throughout the province. Annual preventive maintenance was completed on priority equipment including X-Rays Units, Fetal Heart rate Monitors (CTG), Incubators, Defibrillators, Anesthesia Delivery Units, Ventilators, Air-Oxygen Blenders, Dental Suites, Electrocardiographs and many more. Furthermore, replacement medical equipment under contract has been procured in response to befitting needs that were received from health facilities

The ceding of CMH commissioning was completed and a Service Level Agreement was signed. As a result commissioning of the health facility has been progressive well under the guidance of the Department of Health.

New equipment was procured and delivered at Frontier Hospital for commissioning of the facility's new Emergency Unit and OPD. This process is on-going is scheduled to be completed in 2016/17 financial year. New equipment was procured and delivered at St Patrick's Hospital for commissioning of completed wards. As with Frontier Hospital, this process is set to be completed in 2016/17 financial year.

Furthermore, new medical furniture equipment was procured and delivered at CMH for commissioning of the new hospital. This process is expected to be completed during the 1st quarter of the 2017 year. Commissioning of five (5) new X-ray Imaging Equipment is currently underway and the equipment is delivered at Lady Grey, Maclear, Cathcart, Sipethu, and SAWAS Hospital. Cadiotocographs (CTG machines) have were procured for the hospitals that are experiencing high maternal mortality rate and were delivered in Butterworth and Dora Nginza Hospitals.

Through the Commissioning of CMH and a number of primary health care facilities in the Province, transversal term contracts are being established to cater for equipment needs. All facilities in the Province will be able to buy against these contracts. It is envisaged that these contracts will come into effect before the end of the 3rd quarter in 2016/17.

Expanded Public Works Programme:

The focus of the programme is on decent and sustainable jobs. The Projects link young professionals and are encouraged to stay in projects until they reach practical completion. The target market is young professionals and that have recently qualified from institutions of higher learning. It centers around built environment skills set and

Contractors and engineers encouraged to employ young professionals (in existing and future projects). For the financial year under review, 41 young professionals benefited in the EPWP programme for the department, 16 of these focused on clinical engineering (medical equipment maintenance).

Infrastructure HR Capacitation

To date, about 12 critical infrastructure positions funded under Health Facilities Revitalization Grant (HFRG) have been employed as per Division of Revenue Act. In terms of the infrastructure HR capacitation program for the department, critical infrastructure technical posts were advertised in November 2015. Recommendations to appoint the following candidates by first quarter of 2016/17 has

been done. Infrastructure Delivery will get 1x Quantity Surveyor, 2x Architects and 3x Engineers. Infrastructure Planning will receive 1x and technical support sub-directorate within the infrastructure unit, 1x Deputy Director Maintenance, 1x Mechanical Engineer and 1x Engineering Technician will also commence duties during Electrical Engineers, 1x Engineer, 1x Chief Architect, 1x Architect. In the Engineering the first quarter of 2016/17 financial year.

A memo to advertise additional 10 critical technical position was submitted to the office of the SG seeking approval to advertise in the first quarter of 2016/17 financial year, these are; 1x Chief Architect (Planning), 1x Architect (Planning), 1x Electrical Engineer (Planning), 1x Mechanical Engineer (Planning), 2x Engineers (Delivery), 2x Architects (Delivery), 1x Quantity Surveyor (Planning), 1x Deputy Director Maintenance.

Table HFM 1: Performance on Strategic Objectives for Health Facilities Management

Strategic Objective	Baseline 2014/15 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual achievement 2015/16	Comment on deviations
2.7 (721) Health facilities refurbished to comply with the National norms and standards by 2019	-	19 Major	8	-11	Eleven (11) facilities that were due for major refurbishment were not completed as originally planned due to inclement weather: Maintenance (minor refurbishment) work undertaken was more on plant, equipment, machinery and minor building works in various facilities in the Province.
		136 Minor	200	64	

Table: HFM 2: Performance against Provincial Targets from 2015/16- 2017/18 Annual Performance Plan for Health Facilities Management

Performance Indicator	Baseline 2013/14 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual achievement for 2015/16	Comment on deviations
2.7.1 Number of health facilities that have undergone major refurbishment	Not measured	19	8	-11	The following facilities were not completed as originally planned because of inclement weather: St Elizabeth Resource Centre, Frontier Hospital, St Patricks Hospital, Khambi Clinic, Nkwenkwana Clinic, Isikhoba Clinic, Qebe Clinic, Zabasa Clinic, Mahlubini Clinic, Vaalbank Clinic Ngcizela Clinic,

Performance Indicator	Baseline 2013/14 output	Annual Target 2015/16	Actual Annual achievement 2015/16	Deviation from planned target to actual annual achievement for 2015/16	Comment on deviations
2.7.2 Number of health facilities that have undergone minor refurbishment	Not measured	136	200	64	Maintenance work undertaken was more on plant, equipment, machinery and minor building works in various facilities in the Province.
2.7.3 Establish Service Level Agreements (SLAs) with Departments of Public Works (and any other implementing agent)	Not measured	2	1	1	CDC contract was not signed during the period under review. This will be corrected in the 2016/17 financial year.

STRATEGIES TO ADDRESS CHALLENGES

The department's current accommodation is largely unsuitable for its purposes in terms of the core standards. There are extensive infrastructure backlogs (in the new, replacement and maintenance categories) which will increase incrementally if the current funding levels are repeated.

Backlog of maintenance - based on 2.5% of present replacement cost of existing buildings amounts to over R800 million per annum, of which the current MTEF allocation is unsuitable

Linking performance with budgets

COMBINED TOTAL							
Programmes	Total Expenditure	Total Adjusted Budget	Total Fund Shifts	Total Virements	Total Virement s/Shifting	Final Appropriation	Final Under/Overspending
	R'000	R'000	R'000	R'000	R'000	R'000	R'000
EHW:HEALTH FACILITIES DEV&MAINT	1 199 522	1 231 769	-3 167	- 17 744	-20 911	1 210 858	4 990
COMPENSATION OF EMPLOYEES	10 391	13 871	1 457	0	1 457	15 328	4 937
GOODS AND SERVICES	290 528	308 797	-472	-17 744	-18 216	290 581	53
INTEREST AND RENT ON LAND	473	0	473	0	473	473	0
BUILDINGS & OTHER FIX STRUCT	879 445	882 685	3 106	0	3106	885 791	0
MACHINERY AND EQUIPMENT	18 685	26 416	- 7 731	0	-7 731	18 685	0

5. TRANSFER PAYMENTS

5.1 Transfer payments to public entities

The department does not make transfers to public entities.

5.2 Transfer payments to all organisations other than public entities

The department utilises various institutions, government entities, universities, technikons and community based organisations as vehicles to deliver services. The nature of services to be rendered and the relationship with these organisations is governed by Service Level Agreements. During the year under review, the department transferred R571.821 million to the transferees detailed in the table below, for the period 1 April 2015 to 31 March 2016. Details on these transfer payments are also given in “Grants Paid to Munics”, Annexures 1B, 1G respectively of the Annual Financial Statements section.

Funds were transferred to various universities and technikons for the provision of health sciences, training & development, to hospices for palliative care, non-profit organisations for home based care, municipalities for the devolution of environmental health, the settlement of medico legal claims against the Department and the settlement of leave gratuities (Annexure 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 THE FUNDS WERE USED	DID THE DEPT COMPLY WITH S38 (1) (J) OF THE PFMA	Amount Transferred	Amount Spent
				R'000	R'000
Berlin Advice Centre	NPO	Home Based Care	Yes	325	325
Blue Crane Hospice Assoc T/Cur	Hospices	Palliative Care	Yes	500	500
Camdeboo Hospice	Hospices	Palliative Care	Yes	590	590
Care Ministry	NPO	Home Based Care	Yes	500	500
Caring Hands	NPO	Home Based Care	Yes	500	500
Empilisweni HIV/AIDS and Orphans	NPO	Home Based Care	Yes	325	325
Faith and Hope Intergrate Aids programme	NPO	Home Based Care	Yes	325	325
Good Samaritan Home	NPO	Home Based Care	Yes	325	325
Good Shepherd Hospice	Hospices	Palliative Care	Yes	325	325
Grahamstown Hospice	NPO	Home Based Care	Yes	810	810
Gwebindlala HIV/ AIDS organisation	NPO	Home Based Care	Yes	325	325
Herschell Community Empowerment	NPO	Home Based Care	Yes	500	500

NAME OF TRANSFEREE	TYPE OF ORGANISATION	PURPOSE FOR WHICH THE FUNDS WERE USED	DID THE DEPT COMPLY WITH S38 (1) (J) OF THE PFMA	Amount Transferred	Amount Spent
HlUMANI HIV/AIDS Care Givers	NPO	Home Based Care	Yes	325	325
House of Hope Hospice	Hospices	Pallative Care	Yes	325	325
Ikamvelihle Rehab Centre	NPO	Home Based Care	Yes	325	325
Ikhwezi Womens Support Centre	NPO	Home Based Care	Yes	325	325
Ikhwezi Lomso Child and Family Welfare Society	NPO	Home Based Care	Yes	-	-
Ilitha Community Psychological Services	NPO	Home Based Care	Yes	-	-
Isipho Charity Trust	NPO	Home Based Care	Yes	300	300
Jabez AIDS Health Centre T/Cur	NPO	Home Based Care	Yes	390	390
Keiskamma Trust	NPO	Home Based Care	Yes	325	325
KwaNomzamo Home Based	NPO	Home Based Care	Yes	250	250
Lady Grey Comm Empower and Uplift	NPO	Home Based Care	Yes	500	500
Lesedi Hospice Musong	NPO	Home Based Care	Yes	350	350
Manguzela Thandanani Home Based	NPO	Home Based Care	Yes	450	450
Masabelane Education 4 Life group	NPO	Home Based Care	Yes	300	300
Masangane HIV/AIDS PRGM T/Cur	NPO	Home Based Care	Yes	365	365
Masibambisane Home Based care and Support group	NPO	Home Based Care	Yes	325	325
Masiphilisane Home Base Care	NPO	Home Based Care	Yes	500	500
Masithethe Counselling services	NPO	Home Based Care	Yes	-	-
Matatiele Advice Centre	NPO	Home Based Care	Yes	300	300
Mfesane Ingelyfede Verenig	NPO	Home Based Care	Yes	500	500
Misc T/Cur	NPO	Home Based Care	Yes	-	-
Mpuma Kapa Multi Purpose	NPO	Home Based Care	Yes	325	325
Nazareth Heaven Hospice	NPO	Home Based Care	Yes	-	-
Ncedisizwe HBC	NPO	Home Based Care	Yes	325	325
Nceduluntu Home Based Care T/Cur	NPO	Home Based Care	Yes	450	450
Never Give Up Support group	NPO	Home Based Care	Yes	325	325
Port St Johns Creative Young women group	NPO	Home Based Care	Yes	-	-
Sakhimpilo Home Based Care Project	NPO	Home Based Care	Yes	-	-
Sicelisizo Development Trust	NPO	Home Based Care	Yes	325	325
Sinako Wellness and Development Organization	NPO	Home Based Care	Yes	-	-
Sinethemba Home Based Care	NPO	Home Based Care	Yes	300	300
Sinethemba Organization	NPO	Home Based Care	Yes	-	-
Sinothando Home of Safety	NPO	Home Based Care	Yes	163	163
Siyakhanyisa HIV/AIDS Support group	NPO	Home Based Care	Yes	325	325
Sizanenguqu Home Community Based Care	NPO	Home Based Care	Yes	-	-
Sophumelela Comm Based Development	NPO	Home Based Care	Yes	-	-

NAME OF TRANSFEREE	TYPE OF ORGANISATION	PURPOSE FOR WHICH THE FUNDS WERE USED	DID THE DEPT COMPLY WITH S38 (1) (J) OF THE PFMA	Amount Transferred	Amount Spent
Sophumelela Clinic Incorporated	NPO	Home Based Care	Yes	325	325
St Bernards Hospice	Hospices	Pallative Care	Yes	1,000	1,000
St Francis Hospice	Hospices	Pallative Care	Yes	617	617
Tyhilulwazi Multipurpose Centre	NPO	Home Based Care	Yes	300	300
Ubuntu Care and Development	NPO	Home Based Care	Yes	300	300
Ukhamba Projects	NPO	Home Based Care	Yes	-	-
Umtata Womens Support Centre	NPO	Home Based Care	Yes	-	-
We Care	NPO	Home Based Care	Yes	325	325
We Care Community Outreach Programme	NPO	Home Based Care	Yes	-	-
Yizani Home Based Care	NPO	Home Based Care	Yes	390	390
HWSETA	SETA	Skills Levy	Yes	18,115	18,115
AMATHOLE DISTRICT	Local Government	Environmental Health Devolution	Yes	4,413	4,413
BUFFALO CITY METRO	Local Government	Environmental Health Devolution	Yes	434	434
NELSON MANDELA METRO	Local Government	Environmental Health Devolution	Yes	-	-
ALFRED NZO DISTRICT	Local Government	Environmental Health Devolution	Yes	632	632
JOE GQABI DISTRICT	Local Government	Environmental Health Devolution	Yes	666	666
CHRIS HANI DISTRICT	Local Government	Environmental Health Devolution	Yes	4,622	4,622
OR TAMBO DISTRICT	Local Government	Environmental Health Devolution	Yes	2,461	2,461
H/H Claims Against State	Natural Persons	Medico Legal Claims	Yes	255,561	255,561
H/H Empl S/Ben: Leave Gratuity	Natural Persons	Leave Gratuities	Yes	89,920	89,920
H/H Empl S/Ben: Pst Retirmt Benefit	Natural Persons	Qualifying Employees	Yes	739	739
H/H Empl Bursaries (Non-Employees)	Natural Persons	Bursaries to Non-Employees	Yes	176,958	176,958
H/H Empl S/Ben Injury on Duty	Natural Persons	Injury on Duty	Yes	-	-
TOTAL				571,821	571,821

R6.445 million of the amount budgeted for during the year under review was not transferred by year end and a roll over was applied for in the equitable share and conditional grant rollovers.

6. CONDITIONAL GRANTS

6.1 Conditional grants and earmarked funds paid

No conditional grants were paid by the department.

6.2 Conditional grants and earmarked funds received

The Department spent R3.224 billion (99.2%) of its adjusted conditional grant allocation of R3.250 billion and under spent by R26.361 million. R20.788 million of this has been requested be rolled over to the 2016/17 financial year.

The tables below detail the conditional grants and ear marked funds received during for the period 1 April 2015 to 31 March 2016.

National Tertiary Services Grant	
Department who transferred the grant	Health (Vote 16)
Purpose of the grant	Ensure provision of tertiary health services for all South African citizens; to compensate tertiary facilities for the additional costs associated with provision of these services
Expected outputs of the grant	In patient separations, Day patient separations, In-patient days, Out-patient first attendance, Out- patient follow-up attendance.
Actual outputs achieved	The recipients of health services have access to thirty seven – (37) out of forty six (46) possible tertiary services which are spread across the province, in 9 benefiting facilities. The Business Plan submitted to NDOH was informed by inputs from each benefiting institution. Wherein, the Eastern Cape Province entered into an agreement (SLA) with the NDoH. The Central Stream has further developed 5 additional services described as follows below • Cardiology Specialist services inclusive of pacemakers. • Strengthening of the Paediatric Surgery also bolstered by the Carte Blanche theatre. • The grant has improved waiting times of backlog implants through the appointment of an Orthopaedic Surgeon at Frere Hospital. • Increased Main Theatre Activities from 3 to 5 functional theatres. • Developed two Orthopaedic Services mainly arthroplasty and paediatric oncology • Appointed nurses wherein the nurse to patient ratio has increased from 1/3 to 1/1.5 patients The additional appointment of Medical Officers has assisted in the reduction of case fatalities. MTS Oncology MRI Unit has seen phenomenal improvements from 68 patients in 13/14 to 738 patients in 14/15 and has also been further expanded to cater for children as well.

	The Maternity project has seen the completion of the Clinical Brief and Architectural designs and is ready for Phase 2 Actual Maintenance and Renovations. Digital X-ray Rooms Equipment has been procured. The Eastern Stream hospitals acquired a Neuro-navigation system which is an image guidance equipment used in brain, spine and skull base surgery. Furthermore, the Ophthalmology department also procured equipment which was ARGON Laser and OCT equipment. By working with specialists across all disciplines the following is targeted within the hospitals it was also identified that there was an increase of hearing loss due to TB treatment so some equipment needed to be purchased to address the hearing loss. This machine will assist in the assessment and monitoring of hearing loss due to ototoxicity especially in TB/MDR and CVD patients. The Western Stream funding has allowed FEH to provide outreach to 7 district hospitals in Cacadu and Amathole districts. It has enabled us to reduce our waiting time for observations from 10 months in 2014 to 2 months in 2015 and falling. Security and safety of staff, patients and general public improved by provision of fence, CCTV and biometrics. Grant has led to recruitment that has allowed art, drama and music therapy projects. - This also includes the Procurement of Supply, Delivery, Installation, Calibration, and Demonstration of (x 8) Cardiac Monitors with accessories for Livingstone Hospital.
Amount per amended DORA (R'000)	R840.151
Amount received (R'000)	R840.151
Reasons if amount as per DORA was not received	Full amount received
Amount spent by the department (R'000)	R820.938 (97.7%)
Reasons for the funds unspent by the entity (R'000)	The Department has applied for rollovers of R18.380 million, primarily attributable to specialised medical equipment awaited
Reasons for deviations on performance	The delay in procurement of capital equipment was due to the nature of equipment procured, which required an intense due diligence exercise in the formulation of the specification as well as the move to regularise high value equipment by the National Department of Health. This in part was also affected by the delay in delivery due to the fact that the equipment is ordered abroad.
Measures taken to improve performance	- o IYM Cash flow Analysis – Monthly & Quarterly Review - o DHIS Analysis and Review – Monthly and Quarterly - o Provincial Performance Review – Monthly and Quarterly & Annually - o National Performance Reviews – Quarterly & Annually
Monitoring mechanism by the receiving department	Adherence to reporting requirements of DORA, including inter alia In Year Monitoring Reporting and monitoring processes, monthly certification of financial returns, quarterly certification of predetermined objectives, ongoing reviews with National Department Grant Managers.
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 training of health science trainees on the public service

	platform.
Expected outputs of the grant	Undergraduate Students, Registrars, Expanded specialists and teaching infrastructure in target provinces
Actual outputs achieved	Number of Registrars appointed as per the Business Plan: 54 Number of Registrars who completed training: 2 Number of Clinical Managers on extended public service platform: 16 Number of Specialists for Clinical Teaching (6) and for the Joint Staff Establishment (17) Finalisation of the MOA between ECDOH and Rhodes University, multilateral agreement with WSU, UCT, SU and WCDOH.
Amount per amended DORA (R'000)	R204.430
Amount received (R'000)	R204.430
Reasons if amount as per DORA was not received	Full amount received
Amount spent by the department (R'000)	R204.430
Reasons for the funds unspent by the entity	All funds spent
Reasons for deviations on performance	N/A
Measures taken to improve performance	N/A
Monitoring mechanism by the receiving department	Adherence to reporting requirements of DORA, including inter alia In Year Monitoring Reporting and monitoring processes, monthly certification of financial returns, quarterly certification of predetermined objectives, ongoing reviews with National Department Grant Managers(support visits by NDOH). Institutional visits by Provincial HPTD Office.
Comprehensive HIV/Aids Grant:	
Department who transferred the grant	Health (Vote 16)
Purpose of the grant	To enable the health sector to develop and effective response to HIV and AIDS including universal access to HIV Counselling and Testing(HCT); To support the implementation of the National Operational Plan for comprehensive HIV and Aids treatment care; To subsidise in-part funding for antiretroviral treatment programme.
Expected outputs of the grant	Number of individuals counselled and tested, number of MMC conducted, Number of new patients initiated on ART.
Actual outputs achieved	Strengthen health system in order to support HIV program and TB
Amount per amended DORA (R'000)	R1.587 billion
Amount received (R'000)	R1,587 billion
Reasons if amount as per DORA was not received	Full amount received
Amount spent by the department (R'000)	R1,582 billion
Reasons for the funds unspent by the entity	Delays in transferring to Community Based Organisations who were non-compliant on compliance with section 42 of the PFMA as amended. R2.408 million was requested for a roll over.
Reasons for deviations on performance	Challenges with data collection tool for TB screening
Measures taken to improve performance	TB screening has now been included in the NIDS and will collected electronically

Monitoring mechanism by the receiving department	Adherence to reporting requirements of DORA, including inter alia In Year Monitoring Reporting and monitoring processes, monthly certification of financial returns, quarterly certification of predetermined objectives, ongoing reviews with National Department Grant Managers.
Health Infrastructure 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, organizational design systems and quality assurance; to supplement expenditure on health infrastructure delivered through public-private partnerships; to enhance capacity to deliver health infrastructure.
Expected outputs of the grant	Number of Hospitals receiving funding from Hospital Revitalisation Grant.
Actual outputs achieved	Completion of 17 clinics across the province Completion of an EMS base in Tombo Renovations at Mthatha General Hospital 23 clinics provided with consulting rooms
Amount per amended DORA (R'000)	R603.876 million
Amount received (R'000)	R603.876 million
Reasons if amount as per DORA was not received	Full amount received
Amount spent by the department (R'000)	R603.874 million
Reasons for the funds unspent by the entity	All funds were spent
Reasons for deviations on performance	N/A
Measures taken to improve performance	N/A
Monitoring mechanism by the receiving department	Adherence to reporting requirements of DORA, including inter alia In Year Monitoring Reporting and monitoring processes, monthly certification of financial returns, quarterly certification of predetermined objectives, ongoing reviews with National Department Grant Managers.
Expanded Public Works Programme Integrated for Provinces:	
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 identified focus areas, in compliance with the EPWP guidelines.
Expected outputs of the grant	Number of work opportunities created.
Actual outputs achieved	32 young professionals were trained in the following trades: • Civil engineering • Building • Food services • Electrical Engineering • Clinical Engineering
Amount per amended DORA (R'000)	R2.632 million
Amount received (R'000)	R2.632 million
Reasons if amount as per DORA was not received	Full amount received
Amount spent by the department (R'000)	R2.499 million

Reasons for the funds unspent by the entity	Amount spent in full
Reasons for deviations on performance	Amount spent in full
Measures taken to improve performance	Amount spent in full
Monitoring mechanism by the receiving department	Adherence to reporting requirements of DORA, including inter alia In Year Monitoring Reporting and monitoring processes, monthly certification of financial returns, quarterly certification of predetermined objectives, ongoing reviews with National Department Grant Managers.
EPWP Incentive social Cluster Grant:	
Department who transferred the grant	Public Works (Vote 7)
Purpose of the grant	To incentivise provincial social sector departments identified in the 2013 Social sector EPWP Log-frame to increase job creation by focusing on the strengthening and expansion of social service programmes that have employment potential.
Expected outputs of the grant	Improve the quality of life of unemployed people through job creation
Actual outputs achieved	Payment of the stipend for Community Care Health Workers across the various districts in the province.
Amount per amended DORA (R'000)	R5.000 million
Amount received (R'000)	R5.000 million
Reasons if amount as per DORA was not received	Amount spent in full
Amount spent by the department (R'000)	R5.000 million
Reasons for the funds unspent by the entity	100% spent.
Reasons for deviations on performance	Amount spent in full
Measures taken to improve performance	Amount spent in full
Monitoring mechanism by the receiving department	Adherence to reporting requirements of DORA, including inter alia In Year Monitoring Reporting and monitoring processes, monthly certification of financial returns, quarterly certification of predetermined objectives, ongoing reviews with National Department Grant Managers.
National Health Insurance Grant:	
Department who transferred the grant	Health (Vote 16)
Purpose of the grant	Test innovations necessary for implementing the national Health Insurance. To undertake health system strengthen initiatives identified service delivery interventions; To strengthen the resource management of selected central hospitals. Test innovations in health services delivery and provision for implementing National Health Insurance, allowing for each district to interpret and design innovations relevant to its specific context in line with the vision for realising Universal health coverage for all; to undertake health system strengthening activities in identified focus areas; to assess the effectiveness of interventions/activities undertaken in the districts funded through this grant.
Expected outputs of the grant	Enhanced managerial autonomy, delegation of functions and accountability in districts and health facilities. Provision for a scalable model, including the required institutional arrangements, for a district health authority

	(DHA) as the contracting agency. Linkages between health service management and administration and how it relates to the functions and responsibilities of DHAs. Provision of models for contracting private providers that include innovative arrangements for harnessing private sector resources at a primary health care level. Provision for a rational referral system based on a re-engineering primary health care platform with a particular focus in rural and previously disadvantaged areas.
Actual outputs achieved	70 fully fledged WBO teams Procurement of identity clothing and working toolkits for WBO teams A scanner and computer bought for the district office for document scanning 105 PHC facilities have broadband connectivity
Amount per amended DORA (R'000)	R7.204 million
Amount received (R'000)	R7.204 million
Reasons if amount as per DORA was not received (R'000)	Full amount received
Amount spent by the department (R'000)	R5.132 million
Reasons for the funds unspent by the entity	The under spending is attributable to the delays due to reprioritisation and amendments that had to be made to the business plan
Reasons for deviations on performance	Challenges with the appointment of WBO teams which impacted on the training and provision of working tools for the planned new teams Delays with connectivity to facilities.
Measures taken to improve performance	NHI business plan is focusing on strengthening the Pilot District management team in 2016/17. This would also include the formal reporting of performance to the EMT on a regular basis, and the formation of cluster working groups to achieve the targeted objectives set.
Monitoring mechanism by the receiving department	Adherence to reporting requirements of DORA, including inter alia In Year Monitoring Reporting and monitoring processes, monthly certification of financial returns, quarterly certification of predetermined objectives, ongoing reviews with National Department Grant Managers.

8 DONOR FUNDS

8.1 Donor Funds Received

Donor Fund: PEPFAR Funded Partners

Name of donors	Presidential Emergency Plan for AIDS Relief (PEPFAR)
Full amount of the funding	Funding is provided in kind by partners, funded through CDC and USAID
Period of the commitment	5 years (2012 to 2016)
Purpose of the funding	Technical support for Health Systems Strengthening with special focus to improve TB and HIV program performance.
Expected outputs	Improved TB and HIV treatment outcomes
Actual outputs achieved	Support by partners has contributed to improved program performances to treatment outcomes.
Amount received in current period (R'000)	Funding is provided in kind by partners
Amount spent by the department (R'000)	Funding is provided in kind by partners
Reasons for the funds unspent	Funds from the partners are not directly handed over to the department but support is provided in kind.
Monitoring mechanism by the donor	CDC and USAID Activity management provide periodical supportive technical support to partners working in districts and hold regular reviews with the province to assess the effectiveness of the partners support. Reports are submitted reports to CDC and USAID.

Sabona Sonke Foundation - (formerly The Fred Hollows Foundation: South Africa)

Name of donors	Sabona Sonke Foundation (formerly The Fred Hollows Foundation)
Full amount of the funding	In kind funding
Period of the commitment	In kind funding
Purpose of the funding	To create a sustainable eye care programme that ensures rendering of a comprehensive eye care service package in the five eye care nodal points of the foundation.
Expected outputs	Comprehensive eye care services Includes high volume cataract surgery, glaucoma and refractive error Training of doctors and nurses in cataract surgery Hospital-based outreach services provided by the ophthalmologists and community-based outreach services aimed at primary health care services Optic laboratory for the cutting of lenses
Actual outputs achieved	
Amount received in current period (R'000)	Donor funding was received in kind
Amount spent by the department (R'000)	Donor funding was received in kind
Reasons for the funds unspent	Donor funding was received in kind
Monitoring mechanism by the donor	

Donald Woods Foundation

Name of donor	Donald Woods Foundation
Full amount of the funding	In 2016-17 all assistance to the DoH was in kind. The support we provide in terms of the DWF/DoH partnership agreement
Period of the commitment	2011 to date
Purpose of the funding	To support programmes of the Department of Health (especially HIV; TB; and primary healthcare) to ensure even the poorest and most vulnerable in the rural areas access quality healthcare. In terms of its SLA with the DoH, the DWF renders support to the DOH in Buffalo City (MDR-TB programme), Senqu (integrated HIV and TB programme and primary healthcare), KSD (integrated HIV and TB programme) and Mbashe (integrated HIV and TB programme; support to Re-Engineering of Primary Healthcare).
Expected outputs	As per the DWF/DoH SLA: The Purpose of the funding is to support the MDR-TB community based model in the Buffalo city Metro. To strengthen and expand comprehensive treatment and care to HIV-AIDS affected adults and children living in the Mbashe-Madwaleni region, Eastern Cape Scaling up sustainable HIV-AIDS/TB interventions in the Eastern Cape by implementing the model of Wellness, Integration, Initiation and Retention (WIIR) at decentralised sites at Zithulele in KSD. Scaling up sustainable HIV-AIDS/TB interventions in the Eastern Cape by implementing the model of Wellness, Integration, Initiation and Retention (WIIR) at decentralised sites at Senqu. Implementing sustainable MDR/XDR TB interventions in target areas of the Eastern Cape by supporting the Provincial Decentralization of MDR-TB, supporting down-referral systems of patients and improving adherence to DR-TB medication at Fort Grey.
Actual outputs achieved	Reduction in the lost to follow up of MDR-TB patients, resulting in improved drug resistant TB outcomes. The DWF and DoH jointly made considerable progress in achieving the targeted outputs. We are busy evaluating the programmes and compiling a detailed statistical report. This will form part of the report we submit to the DoH in mid-June 2016.
Amount received in current period (R'000)	In kind support.
Amount spent by the department (R'000)	In kind support.
Reasons for the funds unspent	In kind support.
Monitoring mechanism by the donor	The DWF monitors programmes on an on-going basis. We produce monthly and quarterly reports which are submitted to the DoH. We also do an annual evaluation of programmes, which forms part of our annual financial and performance reports.

9. CAPITAL INVESTMENT

9.1 Capital investment, maintenance and asset management plan

The department's investment in infrastructure is mainly to improve access to health care services through provision of new health facilities, upgrading and revitalization as well as maintenance of existing facilities including the provision of appropriate health care equipment. The programme is operationally re-defined into four directorates namely:

- **Health Facilities Planning** - this encompasses strategic planning, budgeting, spatial planning and the design of facilities
- **Health Facilities Delivery** – the implementation, monitoring and evaluation during the construction phase including financial management of the programme
- **Hospital Revitalization Maintenance** – responsible for maintenance and upkeep of the facilities to ensure optimum operational standards.
- **Health Technology** – responsible for the planning, acquisition and maintenance of all medical and associated equipment servicing the facilities.

Given that OR Tambo is one of the selected national NHI pilot district, the department continued to focus its infrastructure efforts in this area. To this end, about 30% of the total number of projects funded are implemented within this region. For the 2016/17 year, the department will also be prioritising infrastructure projects in the Alfred Nzo provincial pilot site. Infrastructure delivery in the year under review was premised on the implementation of the Rationalized Service Delivery platform (RSDP), and the Ideal Clinic concept. The detail in respect of the actual projects implemented in the year under review is presented under Part B, point 4.8 of the Annual Report.

PART C

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 management of public finances and resources.

2. RISK MANAGEMENT

Risk Management Policy and Strategy

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

The Department uses an enterprise-wide Risk Management (ERM) system 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 these can be proactively managed. The management of risk has been operationalised 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 the training of key personnel in the various districts. The training covered both Ethics and Risk Management. Training was also

conducted at Holy Cross Hospital in May 2015, Nelson Mandela Academic Hospital in July 2015 and Cecilia Makiwane Hospital in November 2015.

Risks reflected in the departmental risk register were reviewed and updated on a quarterly basis with new emerging risks. A Portfolio of evidence was then gathered by management in relation to mitigating strategies implemented to address the material risks. The adequacy of evidence gathered was evaluated by the Risk Management Committee on a quarterly basis and on-going monitoring was conducted.

Risk Management Committee (RMC)

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

The activities of RMU were also reviewed by the Provincial Treasury on a quarterly basis and positive feedback was received in this regard. Risk Management was also assessed by the Presidency through the MPAT process and obtained a score of 4 out of 4.

For the 2016/17 year, the unit will focus on more risk training for facilities that have been poorly rated by the Office of Health Standards Compliance (OHSC). Extensive training is also planned for District Risk Management Coordinators to enable them to implement Risk Management processes and activities across all districts.

3. FRAUD AND CORRUPTION

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

The Department has also adopted various channels for reporting fraud and corruption and these are detailed in the departmental Fraud Prevention Plan. Each allegation received is recorded in a sequentially numbered case register, which is used as a management tool to report on progress made on investigating these cases.

Once fraud and corruption is confirmed and after the completion of a forensic investigation, the relevant employee who participated in such act is subjected to a disciplinary hearing and where *prima facie* evidence of criminal conduct is detected, a criminal case is registered with the South African Police

Services.

The department makes use of a panel of seven highly experienced forensic investigating firms to conduct its investigations into fraud and corruption cases.

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

No.	DESCRIPTION	TOTAL
	Cases investigated during the year under review	57
	Status of cases	
	- Fraud and corruption cases confirmed	10
1.	- Fraud and corruption not confirmed	12
	- Irregularities confirmed but not fraud and corruption	2
	- Theft confirmed	1
2.	Cases still under investigation	32
	TOTAL	57

On a quarterly basis, the Fraud Management Unit 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. The unit also reported on cases during the quarterly RMC meetings. The activities of the unit were also assessed by the President's Office through the MPAT process and obtained a score of 4 out of 4.

In the 2016/17 year, the Fraud Management Unit will strengthen its efforts to ensure the speedy implementation of recommendations from all completed investigations. In the roll-out of its Fraud Management Plan, the unit will also work closely with the Risk Management and Internal Audit units to ensure effective and seamless management of Fraud Risk in the department.

4. MINIMISING CONFLICT OF INTEREST

The Department adheres to a strict code of conduct and discourages its employees from trading with the Department. A process of minimizing conflicts of interest is in place and enforced. The process involves:

- a. In collaboration with Treasury's data analytical techniques, identify potential violations of the code of conduct;
- b. Review of employees' declaration of interests; and
- c. Verifying if these entities have traded with the Department.

All disclosures are analyzed to identify direct and indirect interests. Where a conflict or potential conflict is identified, the matter is drawn to the attention of the employee by way of written communication in terms of Chapter 3 paragraph G.I of the of the Public Service Regulations.

The employee in this regard is required to disclose:

- a. The extent of his/her involvement in the entities;
- b. Whether he/she has performed any approved work outside their normal duties for the stated entities; and
- c. Whether the involvement in the entities leads to any actual conflicts of interest in relation to their official duties.

Responses to such are thoroughly analyzed to ensure no conflict has arisen or, that where such has occurred, the appropriate disciplinary steps are taken.

5. CODE OF CONDUCT

The department is committed to promote and maintain a high standard of professional ethics throughout its health establishment. This is promoted through entrenching good governance principles and promotion of an ethos of professionalism. The Code of Conduct establishes good governance and ethical conduct in the public service. It raises issues such as respect for human rights, the rule of law, accountability, transparency, personal conduct and private interests. To support this, the department has strengthened its partnership with the professional bodies operating in the health space.

The department is obligated to create an environment that is conducive for effective and efficient service delivery. That environment is geared towards enhancing the consistent application of the disciplinary code, grievance procedure and code of conduct within the department. The department has established policies and guidelines to support the activities of all service delivery units and has introduced standards for the investigation of fraud, corruption and maladministration.

The implementation of the Batho Pele principles, Patients' rights Charter, Public Service Charter and the National Health Core standards are all strategies that are employed to deepen the promotion of good governance and improved service delivery.

The established code of conduct and disciplinary standards are being reinforced through signing of the Code of Conduct on appointment of new employees, the provision of training, awareness campaigns and information sharing sessions throughout the districts and institutions. The department has declared a zero tolerance on fraud and corruption including maladministration. This commitment is evidenced through the number of disciplinary cases that are managed and finalised to the different case profiles.

The department will ensure that all policies, procedures, processes and practices are adhered to including a clause to warn management and employees about the implications of not adhering to the policies, procedures, processes and practices of the department.

6. HEALTH SAFETY AND ENVIRONMENTAL ISSUES

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

- The Occupation Health Standards (OHS) policy is undergoing review to address areas of non-conformance that were picked up during inspections at Health facilities;
- A Medical Surveillance Protocol has been developed;
- The unit partnered with Quality Health Care Assurance Services Unit to monitor implementation of the National Core Standards prioritizing the OR Tambo District as the pilot for NHI;
- The unit was involved in the Rapid Response teams /sub-teams to resolve or accelerate implementation of OHS solutions at Health facilities; and
- The unit is working with National Department of Health on the development of a comprehensive Occupational Health System aligned to PHC re-engineering and the NHI Policy framework.

The Department has a legal requirement of complying with the National Environmental Management Act (NEMA), Act no 107 of 1998. The compliance is required in various aspects of environmental management areas which include the following: hazardous substances management, water resource management, sanitation and hygiene, port health services, outbreak response and preparedness and malaria and vector control. All these aspects are covered in the environmental management plan (EMP) which is the legislated authority in compliance with the NEMA in line with the NDOH but provinces and their municipalities are the main implementers of the environmental management functions in the department.

The department has made some strides in complying with NEMA. In this regard, all the water services authorities (WSA) have water sampling points including public health facilities where water samples are collected on a monthly basis and water quality reports are reported in terms of the Port Health Services. In the year under review, Port Health Services were transferred to NDOH in terms of a function shift. The department, however continues to work with the municipalities and metro in implementing the health and hygiene strategy.

7. PORTFOLIO COMMITTEES

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

- 08 July 2015 Budget and Annual Performance Plan

- 15 July 2015 Budget and Annual Performance Plan
- 28 October 2015 Discussion of 2014/15 Annual Report
- 04 November 2015 Discussion of 2014/15 Annual Report
- 11 November 2015 Discussion of the 2015/16 Half year Oversight Report

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

8. SCOPA RESOLUTIONS

FINDINGS	RESPONSES PROVIDED TO SCOPA – 25 JAN 2016	PROGRESS ON RESPONSES AND COMMITMENTS MADE TO THE SCOPA RESPONSES SUBMITTED
The Committee found that the Department did not comply with Sections 38(1) (c) (ii) and (40) (3) (b) of the PFMA, as it did not have sufficient mechanisms in place to prevent nor identify and disclose all irregular expenditure incurred during the year under review. As a result the Auditor-General reported that the amount of R521 million disclosed in the annual financial statements was understated by R17, 9 million. The Committee is of the view that the Department has once again failed to implement its previous resolution on the matter.	The Accounting Officer has developed a plan with proactive steps to prevent irregular expenditure. A workshop was conducted by the Provincial Treasury to take employees through the relevant prescripts and regulations. Furthermore, this plan includes disciplinary steps to be taken against employees found in contravention of the prescripts. Elements of the plan are attached hereto as annexures A (Plan on prevention), B (Plan on disciplinary processes and C (Pledge in terms of irregular and F & W expenditure). The Accounting Officer also developed a Policy on irregular, fruitless and wasteful expenditure as well as unauthorised expenditure and this was approved by the MEC on 23 November 2015. The policy is in line with the latest guidelines from National Treasury and contains a non-compliance register which will provide for early detection of potential irregular expenditure. The Accounting Officer has taken action against officials who incurred unauthorised expenditure. For the period to date 167 cases have been investigated and 90 of these have been condoned.	The departmental plan to prevent Irregular Expenditure which is attached hereto as Annexure A is being implemented and has been cascaded to all levels of staff in the department. This plan deals with processes that the Accounting Officer has developed to prevent irregular, fruitless and wasteful expenditure. Furthermore, Annexure B deals with progress on disciplinary processes related to irregular, fruitless and wasteful expenditure including application of the Departmental Consequence Management Policy. For the year under review, out of 167 cases of irregular expenditure identified, 90 have been condoned, 26 cases have been found to be invalid irregular expenditure, 27 cases have been submitted to the BAC for recommendation of condonation and 12 have been condoned out 27 cases; and 22 cases are still being investigated and 7 have been finalised.
		AG has audited prior year irregular expenditure and are satisfied with the completeness assertion in relation thereto. They have however raised concerns about the validity of the amounts recorded by the department in the irregular expenditure register. Consequently, the department has reviewed all transactions in the register to determine if they are valid irregular expenditure items or not.

FINDINGS	RESPONSES PROVIDED TO SCOPA - 25 JAN 2016	PROGRESS ON RESPONSES AND COMMITMENTS MADE TO THE SCOPA RESPONSES SUBMITTED
The Department failed to comply with Section 40(1)(a) of the PFMA, as it did not adequately disclose other employee benefits due to management failure to review the disclosed employee benefit accruals, resulting in the misstatements of individual employee benefit balances not being picked up. As a consequence, other employee benefits disclosed in the financial statements were overstated by R203 million.	The Accounting Officer has taken the following measures to ensure compliance with section 40(1)(a) of the PFMA in relation to employee benefits: 1. The department met with Provincial Treasury and the Auditor General (AG) in August 2015, to develop an audit approach as well as early audit of the prior year HR accruals balance. 2. Cleansing of the Web based system for recording accruals to ensure that only validated claims are captured. This process is done through the review of individual transaction line items to check compliance and correctness against supporting documents. 3. Retention and safeguarding of supporting documentation for audit purposes. 4. District Managers and CEOs monitor processing of claims on the Web based system and applies Consequence Management in cases of non-adherence to approved processes. 5. For the 2015/16 year, the department will only disclose those accruals that are marked on the Web Base System as "Approved", "Disclosure Ready" and with "Supporting Documents Uploaded" and have been confirmed by District Managers and CEOs.	1. The AG has audited the restated 2014/15 HR Accruals List and the findings were not material and audited the not-validated claims and had a similar finding. 2. The department will not use Web based system for 2015/16 HR Accruals but will use the PCCC Processes to validate the claims as these are complying with internal control processes put in place. 3. Controls on the management of the web based systems are being implemented to ensure that only valid claim are uploaded in the current financial year. 4. Institutions have been directed to scan all HR Accrual documents for easy retrieval and to file the hard copies and are monitored on a monthly basis. 5. Support visits and verification processes to the districts and institutions will be conducted so as to double check the accuracy, validity and completeness of HR Accruals referred to in No.2 above.

FINDINGS	RESPONSES PROVIDED TO SCOPA - 25 JAN 2016	PROGRESS ON RESPONSES AND COMMITMENTS MADE TO THE SCOPA RESPONSES SUBMITTED
The Department did not comply with Section 38(1) (c) (ii) of the PFMA as fruitless and wasteful expenditure amounting to R 74, 4 million was incurred during the year under review. This was mainly as a result of payment of R71, 9 million for damages arising from medico-legal claims and interest amounting to R2.2 million.	6. The Financial Improvement Services directorate is visiting districts on a bi-monthly basis and performs independent checks to ensure that the amounts reflected on the system agree to supporting documentation. 7. The total amount of HR accruals has reduced from R 527.5 million to R168.9 million through this validation process. The validated lists have been provided to the AG for re-auditing and will be providing feedback to the department on the audit of revised figures.	
The Department did not comply with Section 38(1) (c) (ii) of the PFMA as fruitless and wasteful expenditure amounting to R 74, 4 million was incurred during the year under review. This was mainly as a result of payment of R71, 9 million for damages arising from medico-legal claims and interest amounting to R2.2 million.	1. The Accounting Officer is committed to ensuring negligent health professionals are held accountable. When adverse events are identified, clinical investigations are conducted and if medical negligence is identified, serious disciplinary processes are instituted, including putting the affected practitioners on suspension, reporting them to Health Professions Council of SA (HPCSA) as well as Nursing Council of South Africa. Where necessary, the department lays criminal charges with the SAPS in cases of gross negligence. 2. For the period under review, 86 Chapter 4 letters were issued to officials whose areas were affected by Fruitless and Wasteful expenditure. 28 responses were received and 13 of these responses were in respect of medico legal claims, which are now in the process of being evaluated by Quality Assurance. The balance of the cases has been referred to Labour	In respect of the medico legal claims paid in the current financial year to date: • The department paid 62 claims amounting to R260.265 million. These cases are currently reflected as fruitless and wasteful expenditure. • The Office of the State Attorney has been engaged to determine in terms of Treasury Regulations 12.2 whether any officials should be held liable in law. For those that are found to be liable in law, the department will institute both debt recovery measures and legal proceedings against affected officials. • When the claim cannot be assigned to an individual, then in terms of Treasury Regulation 12.7.3, the claim will be waived. • The department has met with the State Attorney and they are working on these claims. In respect of new/current events: • The department maintains a register of adverse events

FINDINGS	RESPONSES PROVIDED TO SCOPA - 25 JAN 2016	PROGRESS ON RESPONSES AND COMMITMENTS MADE TO THE SCOPA RESPONSES SUBMITTED
	Relations unit for failure by managers to respond to the chapter 4 letters.	• 11 cases have been investigated and recommendations made by the department. • 3 cases have been referred to the SA Nursing Council and HPSCA for further investigation. Other controls introduced to manage the medico legal claims include: • Appointment of the Health Ombudsperson with effect from 1 February 2016; • Opening of a new Neonatal unit at Mthatha General Hospital • Essential medical equipment has been provided for the 4 priority hospitals which has seen an decreased maternal mortality at Butterworth hospital • The procurement of a panel of medico legal experts is at bid evaluation stage Out of 86 cases, 28 have been responded to. 13 out 28 cases are with GM; Quality Assurance Services for reviewing and presenting to the next Financial Misconduct Committee in the 2016/17.
The financial statements submitted for auditing were not supported by full and proper records as required by Section 40(1) (a) of the PFMA. There were material misstatements of expenditure and disclosure that were identified during the audit. Some of these were corrected, but the uncorrected ones led to the financial statements receiving a qualified audit opinion.	The Accounting Officer is in the processes of finalising a plan to improve the quality of the department's Annual Financial Statements. An AFS review team has been formally appointed to review quarterly and annual financial statements. The Internal Audit unit is also reviewing the annual financial statements on a quarterly basis and recommends corrective actions to management. The department will also ensure implementation of recommendations from the quarterly AFS review by Provincial Treasury. A copy of the draft plan is attached hereto as Annexure D.	Misstatements that resulted in the department receiving a qualified audit opinion from the Auditor General (AG) related to employee benefits and irregular expenditure. The departmental AFS improvement plan has been signed and has been applied to the 3rd quarter Interim Financial Statements. Review notes from the review teams have been attended to and corrections made. The AFS review team has been formally appointed and letters for their formal appointment have been signed by Superintendent General.

FINDINGS	RESPONSES PROVIDED TO SCOPA - 25 JAN 2016	PROGRESS ON RESPONSES AND COMMITMENTS MADE TO THE SCOPA RESPONSES SUBMITTED
		The Annual Financial Statements plan has been received from Provincial Treasury and the department has amended its plan to coincide with the provincial AFS plan. Provincial Treasury has provided AFS training on 11 March 2016 and our officials attended it. Since the release of the Regularity Audit Report by the AG, the Audit Committee held a strategic planning session on the 15 August 2015 in an effort to look at the underlying causes of the qualification so as to ensure the situation does not recur. In attendance at the session was the Audit Committee, DDG Clinical (Acting SG), DDG HR & Corporate Services, CFO and Head IA. Subsequent to the strategic session, the Internal Audit unit adjusted their annual plan to ensure sufficient time is provided for review of irregular expenditure and employee benefits. Progress made by Internal Audit in this regard is as follows: The review of irregular expenditure commenced in October 2015. IA received training in AG methodology with particular reference to review of irregular expenditure. IA were also taken through AG workflows and working papers to ensure IA work is aligned as closely as possible to AG methodology to enhance reliance thereon. IA were supported by Provincial Treasury with the extraction of exception reports to facilitate review and follow up by management IA has concluded their reviews which included reviews of contracts management, employees doing business with government, requisitions under R 30 000.00,

FINDINGS	RESPONSES PROVIDED TO SCOPA - 25 JAN 2016	PROGRESS ON RESPONSES AND COMMITMENTS MADE TO THE SCOPA RESPONSES SUBMITTED
		requisitions from R 30 000.00 to R 100 000, procurement from R100 000 - to R 500 00 including open market and awarded tenders. The reviews were conducted at Head Office, Amathole District, Alfred Nzo District, OR Tambo, Sarah Baartman, Chris Hani, Joe Gqabi District and Livingstone Hospital. Findings have been discussed with management as and when they are made to allow sufficient time for management to effect corrections. Management is currently addressing Internal Audit findings to ensure the findings do not materialize into a finding by the AG. The reviews of employee benefits was concluded in February 2015. The review was conducted in 3 phases and comprised of visits to a number of districts and institutions. These are: Phase 1 – Web based capturing – Head Office, Amathole District, Cecilia Makiwane Hospital, Frere Hospital and Lillitha College Phase 2 – Capped leave – Head Office, Amathole District, Cecilia Makiwane Hospital, Frere Hospital, Lillitha College, OR Tambo, Mthatha Complex, Sarah Baartman and Nelson Mandela Bay district Phase 3 – December leave - Head Office, Joe Gqabi, Chris Hani, Frontier Regional Hospital; OR Tambo, Nelson Mandela Central Hospital, Sarah Baartman and Nelson Mandela Bay district The reviews encompassed:

FINDINGS	RESPONSES PROVIDED TO SCOPA - 25 JAN 2016	PROGRESS ON RESPONSES AND COMMITMENTS MADE TO THE SCOPA RESPONSES SUBMITTED
The Committee found that there were employees of the Department that had failed to disclose their business interests during the year under review. The Accounting Officer did not institute effective and appropriate disciplinary action against the officers who failed to perform their duties in the Department.	The department has made it mandatory that all employees including non-SMS members, disclose the business interests. The department has written to 21 employees with businesses that are registered on the Treasury's Centralised Supplier Data Base to advise them of the department's intention to charge them with financial misconduct. Of these, 15 officials have responded with explanations relating to the potential conflict of interest or providing the requisite approval to trade. A subsequent process will be followed to de-register these companies on the provincial database. The 6 remaining employees are being followed up for final response.	1. Auditing on a sample basis to ensure that all leave taken in December 2015 has been captured onto PERSAL 2. Testing on a sample basis to provide assurance on the accuracy of capturing from manual records to web based tool. 3. Testing on a sample basis to ensure that capped leave on PERSAL agrees with audited leave balances. Findings are discussed with management as and when they are made to allow sufficient time to effect corrections. Management is currently addressing our findings to ensure the findings do not materialize into a finding by the AG. The Head Internal Audit reports progress in this regard at the Audit Committee meetings.
The Accounting Officer did not institute effective and appropriate disciplinary action against the officers who failed to perform their duties in the Department.	The department has followed up on the identified 21 SMS officials who were found to be trading with government. 20 out of 21 SMS members responded as follows: A total of 20 out of 21 (up from 15 officials since the last report) responded and submitted proof/evidence that they have disclosed. The remaining SMS member has been referred to Labour Relations Unit to institute consequence management. The SCM unit has approached the Provincial Treasury to have these companies to be included in the list of	The department has followed up on the identified 21 SMS officials who were found to be trading with government. 20 out of 21 SMS members responded as follows: A total of 20 out of 21 (up from 15 officials since the last report) responded and submitted proof/evidence that they have disclosed. The remaining SMS member has been referred to Labour Relations Unit to institute consequence management. The SCM unit has approached the Provincial Treasury to have these companies to be included in the list of

FINDINGS	RESPONSES PROVIDED TO SCOPA - 25 JAN 2016	PROGRESS ON RESPONSES AND COMMITMENTS MADE TO THE SCOPA RESPONSES SUBMITTED
	All District Managers and CEOs have been assigned responsibility to manage conflict of interest and to ensure compliance with the applicable legislation. The Accounting Officer has taken appropriate action against staff who have failed to perform their duties in the Department as follows: 167 cases of irregular expenditure have been investigated and 102 of these have been condoned; 86 Chapter 4 letters were issued to officials whose areas were affected by Fruitless and Wasteful expenditure, of which 28 have been responded to whilst the rest have been referred to Labour Relations unit for failure by managers to respond. 21 employees with businesses that are registered on the Treasury's Centralised Supplier Data Base have been written and advised of the department's intention to charge them for financial misconduct.	companies to be de-registered on the Centralised Electronic Supplier Database. Training and awareness sessions are conducted through Risk Management and HRD units and all districts have since been trained Ethics coordinators have been identified at district levels Policies, Guidelines and applicable legislation have been shared with the employees through circulars and intranet
The Department continues to fail to ensure proper procurement and contract management. This is evidenced by the Department's contravention of the provisions of Treasury Regulations 16A.	To ensure compliance with Supply Chain Management (SCM) and relevant Treasury Regulations, the Accounting Officer has augmented capacity in the SCM unit by appointing a permanent General Manager - SCM with effect from 07 December 2015. Furthermore, the department has strengthened its contract management unit whilst the SCM Performance & Risk unit has increased its monitoring & support visits to districts & hospitals.	The department has allocated a Deputy Director (level 12) employee to be responsible for maintaining the departmental contracts register (for contracts below and above R500k). A standard template has been developed for reporting purposes in this regard. This process is meant to address integrity of information on the register, tracking of completeness, as well as centralise contracts related communication. Signed SLAs are uploaded on the Departmental intranet as and when Provincial contracts are concluded.

FINDINGS	RESPONSES PROVIDED TO SCOPA – 25 JAN 2016	PROGRESS ON RESPONSES AND COMMITMENTS MADE TO THE SCOPA RESPONSES SUBMITTED
The audited financial statements of the Department indicate that unauthorised expenditure amounting to R90, 403 000 was incurred during the year under review. The whole amount was incurred in Programme 2: District Health Services. The Accounting Officer did not comply with Section 39(1) (b) and (2) (c) of the PFMA as the unauthorised expenditure occurred despite recommendations from the Provincial Treasury to avoid excessive expenditure on non-core items and not to shift funds allocated for core service delivery items to non-core items.	Lastly, the department is also using the Provincial Cost Containment Committee (PCCC) to monitor procurement and commitments of goods and services. (a) The recommendation of the Committee is noted. The exact amount of unauthorised expenditure for the 2014/15 financial year was R90 403 338-11 and will be communicated to the Provincial Treasury for purpose of preparing the relevant Finance Bill. Furthermore, the Accounting Officer has employed stricter financial controls to prevent unauthorised expenditure and these include the following: • Revision of delegations, instituting controls on commitments and setting up of cost control measures as well as strengthening of pre-audit and post expenditure reviews through the IYM processes. • Strengthening controls to review regularity of expenditure incurred at Audit Committee level. • Provincial Treasury provided training and support on management of irregular expenditure and strengthening a system to evaluate irregular expenditure in order to avoid misstatements of financial reports. (b) The Accounting Officer has issued warning letters to the Chief Financial Officer, the Programme Manager and Sub Programme Manager for the unauthorised expenditure that occurred in Programme 2 at the end of 2014/15. This over expenditure was mainly due to the impact of medico	Districts are also engaged on a weekly bases regarding feedback on submissions. Generic resolutions are also communicated with the Finance & SCM Managers on an ongoing basis. The exact amount of the department's unauthorised expenditure was submitted to the Provincial Treasury. To prevent unauthorised expenditure going forward, the department has strengthened oversight through the Provincial Cost Containment Committee (PCCC). The Committee has been sitting every Monday since 21 September 2015 to review departmental expenditure and commitments. This has seen an improvement in the management of expenditure in the department as the department has been recording under expenditure for since November 2015. It should be noted that despite all the departmental austerity measures, non-negotiables have always been protected during this period. Furthermore, during the 2015/16 Adjusted Estimates of Provincial Revenue and Expenditure, the Department received additional funding of R527. 8 million to mitigate against the budget pressure that the department was experiencing for the first 9 months of 2015/16. The Accounting Officer, has continuously been providing guidance to departmental staff in terms of

FINDINGS	RESPONSES PROVIDED TO SCOPA – 25 JAN 2016	PROGRESS ON RESPONSES AND COMMITMENTS MADE TO THE SCOPA RESPONSES SUBMITTED
	legal claims, medical inflation and increased demand for services, all of which could not be avoided without negatively impacting on service delivery. Going forward, the department has instituted strict financial controls to monitor its spending and has also received an additional allocation from Treasury to alleviate the budget pressure that came as a result of these service delivery imperatives. (c) The department issued Circular 41 of 2015 in September 2015 as a response to the budget pressures and to mitigate against the risk of incurring unauthorised expenditure. Further to this, the department issued a section 39 notification to Provincial Treasury and MEC in September 2015. The department then set a provincial Cost Containment Committee which sits on a weekly basis to ensure compliance with over expenditure mitigation plans that were presented to the Provincial Treasury. The initiatives of the Cost Containment Committees are bearing fruit as the department recorded under expenditure for the months of November and December 2015. Lastly the department commits to provide progress on its financial improvement plans to the Treasury and the Committee on a quarterly basis.	section 39(2) of the PFMA, as amended, to prevent overspending of the department's budget. Based on the March 2016 IYM, the department will not be incurring unauthorised expenditure at year end. The Accounting Officer issued warning letters to the Chief Financial Officer, Programme Manager and Sub Programme Manager on 22 January 2016. Furthermore, the Provincial Cost Containment Committee has been reviewing and monitoring commitments and expenditure on a weekly basis so as to avoid unauthorised expenditure

9. RECOMMENDATIONS/RESOLUTIONS OF THE STANDING COMMITTEE ON PUBLIC ACCOUNTS

Report of the Auditor-General on the financial statements of Vote 3: Department of Health for the year ended 31 March 2015

(1) Findings

- (a) The Committee found that the Department did not comply with Sections 38(1) (c) (ii) and (40) (3) (b) of the PFMA, as it did not have sufficient mechanisms in place to prevent nor identify and disclose all irregular expenditure incurred during the year under review.

As a result the Auditor-General reported that the amount of R521 million disclosed in the annual financial statements was understated by R17, 9 million. The Committee is of the view that the Department has once again failed to implement its previous resolution on the matter.

- (b) The Department failed to comply with Section 40(1) (a) of the PFMA, as it did not adequately disclose other employee benefits due to management failure to review the disclosed employee benefit accruals, resulting in the misstatements of individual employee benefit balances not being picked up. As a consequence, other employee benefits disclosed in the financial statements were overstated by R203 million.
- (c) The Department did not comply with Section 38(1) (c) (ii) of the PFMA as fruitless and wasteful expenditure amounting to R74, 4 million was incurred during the year under review. This was mainly as a result of payment of R71, 9 million for damages arising from medico-legal claims and interest amounting to R2.2 million.
- (d) The financial statements submitted for auditing were not supported by full and proper records as required by Section 40(1) (a) of the PFMA. There were material misstatements of expenditure and disclosure that were identified during the audit. Some of these were corrected, but the uncorrected ones led to the financial statements receiving a qualified audit opinion.
- (e) The Committee found that there were employees of the Department that had failed to disclose their business interests during the year under review.
- (f) The Accounting Officer did not institute effective and appropriate disciplinary action against the officers who failed to perform their duties in the Department.

- (g) The Department continues to fail to ensure proper procurement and contract management. This is evidenced by the Department's contravention of the provisions of Treasury Regulations 16A.

The Committee recommends that:

- (a) The Accounting Officer must take proactive steps to prevent irregular expenditure. In addition, action must be taken against the officers responsible for the irregular expenditure. A plan must be submitted to the Committee on how the Accounting Officer will ensure that Section 38(1) (c) (ii) and (h) (iii) of the PFMA is complied with.

Furthermore, the MEC must take action against the Accounting Officer for failure to comply with Section 38(1) (c) (ii) and (h) (iii) of the PFMA, given that the previous SCOPA resolution on the same matter was not implemented.

- (b) The Accounting Officer must take corrective action to ensure that the provisions of Section 40(1) (a) of the PFMA are fully complied with.
- (c) The Accounting Officer must ensure that, after thorough investigation, disciplinary action is taken against the officials in the nursing profession and medical profession who are responsible for the medico-legal claims against the Department where there is evidence of negligence on their part.
- (d) The Accounting Officer must prepare accurate financial statements for each financial year in accordance with the generally recognised accounting practise as required in terms of Section 40 91) (b) of the PFMA.
- (e) The Accounting Officer must take appropriate action against the employees of the Department who failed to disclose their business interests during the year under review. In addition, the Executive Council's decision to prevent government employees from conducting business with the state must be enforced.
- (f) The Accounting Officer must comply fully with the provision of Section 38 (h) (i) (ii) (iii) of the PFMA in all cases where there is non- compliance with the provisions of the PFMA.
- (g) The Accounting Officer must ensure compliance with the prescripts of supply chain management and the provisions of Treasury Regulations 16A. In addition consequence management must be applied where there is failure to comply.

10. INTERNAL CONTROL UNIT

The Internal Financial Control (IFC) Directorate operates under the Finance Cluster and is responsible for the internal financial control environment within the department. The main objective is to ensure that all financial transactions are compliant with the Public Finance Management Act, Treasury Regulations, SCM Prescripts, and departmental internal controls. The role of the Directorate is that of prevention, detection and reporting fruitless & wasteful, irregular and unauthorised expenditures.

Where these expenditures are discovered, they are recorded in separate registers maintained specifically for each i.e. irregular expenditure, fruitless and wasteful expenditure and unauthorised expenditure registers, in line with the financial reporting framework issued annually by National Treasury. A report is submitted by the IFC Directorate to the Accounting Officer as required by the PFMA and Treasury regulations, who must then submit on a monthly, quarterly and annual basis, reports to oversight institutions like, SCOPA, Provincial Treasury, the Public Service Commission and the Audit Committee.

The Directorate also conducts investigations to detect any incidents of financial misconduct linked to non-adherence to financial internal controls and progress reports on the outcome of investigations are tabled with the above institutions. Internally the department has the Financial Misconduct and the Bid Adjudication Committees (FMC and BAC) who play a role of being advisory to the Accounting Officer on appropriate sanctions for financial misconduct cases and consideration of applications for condonation of irregular expenditure respectively. Both these structures receive reports from the Directorate at different times to carry out the respective responsibility delegated to them by the Accounting Officer. The Directorate constantly liaises with the Employee Relations Directorate under the Integrated Human Resource Services Chief Directorate, which also forms part of the FMC, to provide support and advice on appropriate action against any employees who are alleged to have committed acts of financial misconduct. The IFC also works in collaboration with the Supply Chain Management (SCM) and Payment Management Services to detect report and resolve irregular expenditure cases.

During the year under review the Directorate developed a Policy for Irregular, Unauthorised, Fruitless and Wasteful expenditure which was approved at the Executive Authority level of the department. The Policy was communicated department-wide and adherence to its contents monitored by this Directorate through its Pre-Audit function. Hence there has been few incidents of irregular expenditure, fruitless and wasteful expenditure and no unauthorised expenditure, detected during the year under review.

11. INTERNAL AUDIT AND AUDIT COMMITTEES

11.1 INTERNAL AUDIT

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

The function operates as an independent appraisal function to examine and evaluate the departments' procedures, systems and processes (including internal controls, disclosure procedures and information systems), to ensure that these are functioning effectively.

The Unit is a function established at Head Office level. It reports to the Audit Committee and Superintendent General. It assists Executive Management in the effective discharge of their responsibilities, by means of independent financial, internal control and operational systems reviews. Detailed reports of activities reviewed are presented to management with summaries presented to the Audit Committee during the Committees' quarterly meetings.

Internal Audit has conducted its activities in terms of an approved internal audit plan with the majority of the activities being assurance reviews. In total 15 reviews were planned and as at year end the audit plan was substantially completed. The plan was developed after a risk assessment process which was conducted with the management of the department. The scope, timing of activities and sites visited were agreed to upfront 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. Internal Audit has reported at all meetings of the Audit Committee on their performance against the approved annual operational plan.

During the year under review, the department embarked on a process to build the capacity of Internal Audit. To this end five (5) appointments were made during 2015/16. The positions filled were those of two (2) Internal Audit Managers, Two (2) Assistant Managers Internal Audit and one (1) Internal Auditor. Internal Audit is required to develop and implement a quality assurance and improvement plan. During the year, Internal Audit went through an internal quality assessment by Provincial Treasury. The review team concluded that the Internal Audit Function generally conforms to the Standards of the Institute of Internal Auditors and the related Code of Ethics. An external quality review was last conducted in 2013. The next assessment is planned for 2016

Management has accepted the recommendations made by the Internal Audit Unit and are committed to implementing them.

11.2 AUDIT COMMITTEE

Throughout the year under review, the Audit Committee operated in terms of an approved Audit Committee Charter, which was the Committee's approved terms of reference. The committee comprises of five external members, all of whom are not employed by the department.

The members of the Committee are: Mr. Trevor Harper CA (SA) (Chairperson), Mr. Temba Zakuza CA (SA) CIA, Dr. T Mjekevu, Ms. I Kriel CA (SA), Ms. Princess Mangoma

The table below discloses relevant information on the audit committee members:

Name	Qualifications	Internal or external	If internal, position in the department	Date appointed	Date Resigned	No. of Meetings attended
Mr. Trevor Harper (Chairperson)	CA (SA)	External	N/A	02 June 2015	N/A	6
Mr. Temba Zakuza CA (SA) CIA	CA (SA) CIA	External	N/A	02 June 2015	N/A	7
Dr. T Mjekevu	MBChB	External	N/A	02 June 2015	N/A	8
Ms. I Kriel	CA (SA)	External	N/A	02 June 2015	N/A	8
Ms. Princess Mangoma	B Com Hons	External	N/A	02 June 2015	N/A	8

A detailed report on the activities of the Audit Committee is included in the section dealing with the report of the Audit Committee.

12 AUDIT COMMITTEE REPORT

Introduction

We are pleased to present our report for the financial year ended 31 March 2016.

Committee members and meetings

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

The committee is composed of five members. These are Mr. Trevor Harper CA (SA) (Chairperson), Mr. Temba Zakuza CA (SA) CIA, Dr. T Mjekevu , Ms. I Kriel CA (SA) and Ms. Ms. P. Mangoma

The following is a schedule of meetings attended by the committee members to 31 March 2016:

Member	15 May 2015	23 May 2015	24 July 2015	15 August 2015	02 October 2015-5	11 December 2015	12 February 2016	11 March 2016
Mr. Trevor Harper CA (SA) (Chairperson)	✓	✓	✓	✓	✓	✓	x	x
Mr. Temba Zakuza CA (SA) CIA	✓	✓	✓	✓	x	✓	✓	✓
Dr. T Mjekevu	✓	✓	✓	✓	✓	✓	✓	✓
Ms. I Kriel CA (SA)	✓	✓	✓	✓	✓	✓	✓	✓
Ms. P. Mangoma	✓	✓	✓	✓	✓	✓	✓	✓

Key

✓ = Present
x = Apology

Audit Committee Responsibility

The Audit Committee reports that it has adopted appropriate formal terms of reference as its Audit Committee Charter in line the PFMA section 76(i) (a) read with Treasury Regulation 3.1.8. The Committee has regulated its affairs in compliance with this Charter, and has discharged its responsibilities as contained therein.

Duties and responsibilities

The Audit Committee is responsible for the review of the following:

- The effectiveness of the internal control systems;
- The effectiveness of the internal audit function;
- The risk areas of the Department's operations;
- The adequacy, reliability and accuracy of the financial information provided to management and other users of such information;
- Any accounting and auditing concerns identified as a result of internal and external audits;
- The Department's compliance with legal and regulatory provisions;
- 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;
- Responsiveness of the Internal Audit coverage plan to the outcome of risk assessment and the three year rolling plan; and
- The scope and results of the external audit function, its cost-effectiveness, as well as the independence and objectivity of the external auditors.

The Audit Committee is also responsible for:

- 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;
- Communicating any concerns it deems necessary to the Executive Authority and the Auditor General;
- Confirming/Approving the internal audit charter and internal audit plan;
- Recommending the Audit Committee Charter to the Accounting Officer for approval.
- Encouraging communication between, senior and executive management, Internal Audit department, Health Portfolio Committee and the Auditor General; and
- Reviewing the Annual Financial Statements and Performance Information prior to the annual audit for approval by the Superintendent General.

We believe that we have complied with our responsibilities.

Effectiveness of Internal Control

The committee has amongst other things, reviewed the following:

- Effectiveness of internal financial control systems;
- Effectiveness of the internal audit function;
- Risk areas of the Departments' operations covered in the scope of internal and external audits;
- Adequacy, reliability and accuracy of financial information and accounting practices provided by management for users of such information;
- Accounting and auditing concerns identified by internal and external audits;
- Compliance with legal and regulatory provisions;
- Activities of the internal audit function, including its annual work programme, cooperation with the external auditors,
- Reports of significant findings and the responses of management to specific recommendations;
- Independence and objectivity of both the internal and external auditors.

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

The various reports of the Internal Auditors did not indicate any material deficiencies or deviations in the system of internal control. We can therefore report that the system of internal control over the financial reporting period under review was satisfactory.

The leadership of the Department will however have to firm up the process to ensure the following:

- Significant effort and resources are put in place to further enhance control improvement.
- For the next year, controls are improved further both in terms of 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 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
- 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 & National Treasury as is required by the PFMA. The Audit Committee has reviewed the reports of Internal Audit and is satisfied with the systems put in place by the department in the area of budget management and timely reporting on the results thereof to the Member of Executive Council and Provincial Treasury.

The Committee commends the Department on the quality and content of reports prepared and submitted by management.

Internal Audit Function

The committees' role is to coordinate and monitor the activities of the internal audit function. The committee is able to report on the effectiveness and efficiency of the unit.

We 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 completed their 2015/16 annual internal audit plan as approved by the Audit Committee.

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

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

The Committee notes that the structure of the department has been revised. This has had the effect of reducing the number of Internal Audit positions from 43 to 16. The Committee is concerned at the reduction as it believes this will affect the audit coverage of Internal Audit. Due to the size and complexity of the department the Committee is concerned that some critical aspects might be missed and may not be reviewed by Internal Audit if they do not possess the necessary capacity and skills required to conduct the reviews.

The committee will continue to monitor measures put in place by the department to ensure sufficient audit coverage and adequate provision of skills and capacity to conduct the audit reviews.

Risk management function

The committee assists in ensuring that the Department implements effective policies and plans for risk management that will enhance their ability to achieve its strategic objectives. It ensures identified financial risks are monitored and appropriate measures are implemented to manage these risks.

The Audit Committee has monitored the activities of the Risk Management Unit through representation of the Committee by the Audit Committee Chair at Quarterly meetings of the Risk Committee. The Chairperson of the Risk Committee is a standing invitee at meetings of the Audit Committee and a member of the Audit Committee has been appointed to a permanent position in the Risk Committee.

The Committee is pleased to report that significant progress has been made by the department in institutionalising risk management and the risk management function of the department is maturing.

Evaluation of Annual Financial Statements and Performance Information

Special Audit Committee meetings were held on the 20th May 2016 and 28th May 2016 to review the draft financial statements and annual report to be presented to Provincial Treasury and Auditor General on the 31st May 2016. 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 with regards to significant adjustments that were required to the format as well as the presented figures.

The Committee has similarly reviewed the draft annual report of the department and is satisfied as to the high level compliance with prescripts as to the content and format of the report. The Committee is however unable to provide assurance as to the validity, accuracy and completeness of performance information due to inherent limitations in the monitoring and evaluation systems of the department. The Committee has urged the department to develop systems and processes around performance information to enhance the credibility of reports issued by the department.

Auditor General South Africa

The Audit Committee has met with the Auditor General to ensure there are no unresolved issues.

Conclusion

The Committee concurs with and accepts the Auditor General South Africa report on the annual financial

statements and are of the opinion that the annual financial statements should be accepted and read together with the report of the Auditor General.

The Committee will continue to monitor processes to ensure management develops and implements a plan to ensure sustainability of the unqualified audit opinion received from the Auditor General.



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JOSEPH TREVOR HARPER CA (SA)
Chairman of the Audit Committee
Eastern Cape Department of Health
01st August 2016

PART D

HUMAN RESOURCE MANAGEMENT



1. INTRODUCTION

The information provided in this part is prescribed by the Public Service Regulations (Chapter I, Part III J.3 and J.4.

2. HUMAN RESOURCES OVERVIEW

The Human Resources Cluster comprises two major components, namely Human Resources Management and Human Resources Development. These two components have distinct sub-components as provided below. The components work in tandem with one another to ensure a professional and conducive framework that will promote sound people management and development principles:

Human Resources Management focuses on the issues around information, planning around people management, and these are the sub-components:

- (i) Human Resources Administration
- (ii) Human Resources Information System
- (iii) Employee Wellness
- (iv) Employment Relations
- (v) Organizational Development and Planning

Human Resources Development focuses on the production of trained health professionals and the promotion of further education through the provision of bursaries for health-related and nursing studies. This component includes the management of individual performance through the Performance Management and Development System (PMDS) and manages the moderation of performance. The sub-components are listed below:

- (i) Lilitha Nursing Colleges
- (ii) Skills Development Plan
- (iii) Health Professionals Training Grant
- (iv) Performance Management and Development System
- (v) Regional Training Centres
- (vi) EMS College

These two components form part of an integrated whole, and the information and tables set out in Point 3 below reflect the various activities that fall within the ambit of the two components.

3. HUMAN RESOURCES OVERSIGHT STATISTICS

The statistics provided are drawn from the Department of Public Service & Administration's (DPSA) HR Management Information System called "Vulindlela".

3.1. Personnel related expenditure

The following tables summarises the final audited personnel related expenditure by programme and by salary bands. In particular, it provides an indication of the following:

- The amount spent on personnel
- The amount spent on salaries, overtime, homeowner's allowances and medical aid.

Table 3.1.1.1 Personnel expenditure by programme for the period 1 April 2015 and 31 March 2016

Programme	Total Voted Expenditure (R'000)	Compensation of Employees Expenditure (R'000)	Training Expenditure (R'000)	Professional and Special Services (R'000)	Compensation of Employees as percent of Total Expenditure	Average Compensation of Employees Cost per Employee (R'000)
Administration	666 359	431 083	0	0	64.4	11
Central hospital services	9 530 224	242 355	0	0	30.2	6
District health services	964 309	6 859 868	0	0	72.1	171
Emergency medical service	4 935 589	639 454	0	0	67.6	16
Health care and support services	842 287	50 587	0	0	54.3	1
Health facilities management	774 196	10 393	0	0	0.9	0
Health science & training	93 352	429 143	0	0	54.9	11
Medsas supplies	1 305 746	0	0	0	0	0
Provincial hospital services	121 5483	3 912 418	0	0	79	97
Z=Total as on Financial Systems (BAS)	19 021 799	12 575 302	0	0	62.1	313

Table 3.1.2 Personnel costs by salary band for the period 1 April 2015 and 31 March 2016

Salary Bands	Compensation of Employees Cost including Transfers (R'000)	Percentage of Total Personnel Cost for Department	Average Compensation Cost per Employee (R)	Total Personnel Cost for Department including Goods and Services (R'000)	Number of Employees
Lower skilled (Levels 1-2)	632 461	5	125 513	12 555 583	5039
Skilled (Levels 3-5)	2 764 852	22	176 792	12 555 583	15639
Highly skilled production (Levels 6-8)	2 957 995	23.6	285 990	12 555 583	10343
Highly skilled supervision (Levels 9-12)	4 326 816	34.5	582 344	12 555 583	7430
Senior management (Levels 13-16)	632 159	5	1 483 941	12 555 583	426
Contract (Levels 1-2)	1 945	0	114 412	12 555 583	17
Contract (Levels 3-5)	11 930	0.1	350 882	12 555 583	34
Contract (Levels 6-8)	158 945	1.3	253 501	12 555 583	627
Contract (Levels 9-12)	430 186	3.4	715 784	12 555 583	601
Contract (Levels 13-16)	116 661	0.9	1 690 739	12 555 583	69
Periodical Remuneration	14 569	0.1	255 596	12 555 583	57
Abnormal Appointment	428 708	3.4	32 922	12 555 583	13022
TOTAL	12477227	99.4	234077	12555583	53304

Table 3.1.3 Salaries, Overtime, Home Owners Allowance and Medical Aid by programme for the period 1 April 2015 and 31 March 2016

The following two tables reflect the payment of salaries, Home Owners' Allowance and Medical Aid for the financial year under review.

This has been done by both Programme and Salary Band in Tables 3.1.3 and 3.1.4 below.

Programme	Salaries (R'000)	Salaries as % of Personnel Cost	Overtime (R'000)	Overtime as % of Personnel Cost	HOA (R'000)	HOA as % of Personnel Cost	Medical Ass. (R'000)	Medical Ass. as % of Personnel Cost	Total Personnel Cost per Programme (R'000)
Prg1: administration	257389	58.7	2346	0.5	9899	2.3	10962	2.5	438523
Prg2: district health services	4729319	69	162311	2.4	242201	3.5	224747	3.3	6851690
Prg3: emergency medical services	395672	62.6	62894	10	28369	4.5	30869	4.9	631914
Prg4: provincial hospital service	2875498	69.2	288123	6.9	129318	3.1	134935	3.2	4152732
Prg6: health sciences & training	212662	50.7	29358	7	7354	1.8	6068	1.4	419230
Prg7: health care support services	36556	72.8	330	0.7	2105	4.2	1560	3.1	50215
Prg8: health facilities management	9707	86.1	9	0.1	286	2.5	4	0	11279
TOTAL	8516803	67.8	545371	4.3	419532	3.3	409145	3.3	125555583

Table 3.1.4 Salaries, Overtime, Home Owners Allowance and Medical Aid by salary band for the period 1 April 2015 and 31 March 2016

Salary bands	Salaries (R'000)	Salaries as % of Personnel Cost	Overtime (R'000)	Overtime as % of Personnel Cost	HOA (R'000)	HOA as % of Personnel Cost	Medical Ass. (R'000)	Medical Ass. as % of Personnel Cost	Total Personnel Cost per Salary Band (R'000)
Lower skilled (Levels 1-2)	433278	68.5	1530	0.2	58367	9.2	35415	5.6	632482
Skilled (Levels 3-5)	1909827	68.6	57104	2.1	175052	6.3	151075	5.4	2783601
Highly skilled production (Levels 6-8)	2105246	70.8	41463	1.4	107740	3.6	125391	4.2	2974334
Highly skilled supervision (Levels 9-12)	3112988	71.4	195758	4.5	70710	1.6	92310	2.1	4357165
Senior management (Levels 13-16)	409724	64.1	125099	19.6	6406	1	3881	0.6	638724
Contract (Levels 1-2)	1372	70.5	3	0.2	167	8.6	89	4.6	1945
Contract (Levels 3-5)	10340	86.6	7	0.1	408	3.4	272	2.3	11939
Contract (Levels 6-8)	147284	92.3	277	0.2	219	0.1	311	0.2	159583
Contract (Levels 9-12)	305478	70.9	98975	23	229	0.1	255	0.1	430727
Contract (Levels 13-16)	81199	69	25155	21.4	234	0.2	147	0.1	117642
Periodical Remuneration	0	0	0	0	0	0	0	0	14569
Abnormal Appointment	68	0	0	0	0	0	0	0	432873
TOTAL	8516804	67.8	545371	4.3	419532	3.3	409146	3.3	12555584

Employment and Vacancies

The department re-prioritized funding and embarked on a recruitment drive to fill clinical and non-clinical posts. The Annual Recruitment Plan 2015/2016 reflects the posts and how the funding was prioritized in order to fill the 1528 vacant and funded critical posts. In cases where the department did not have the funds to fill vacant posts, these posts were abolished in terms of the DPSA directive.

Table 3.2.1 Employment and vacancies by programme as at 31 March 2016

Programme	Number of Posts	Number of Posts Filled	Vacancy Rate	Number of Posts Filled Additional to the Establishment
Prg1: administration, Permanent	857	755	11.9	2
Prg2: district health services, Permanent	26429	23616	10.8	491
Prg3: emergency medical services, Permanent	3070	2607	15.1	0
Prg4: provincial hospital service, Permanent	7989	6804	15.2	24
Prg5: provincial tertiary hospital service, Permanent	5605	5605	0	0
Prg6: health sciences & training, Permanent	976	644	34	0
Prg7: health care support services, Permanent	198	179	9.6	0
Prg8: health facilities management, Permanent	16	15	6.3	0
TOTAL	45140	40225	10.9	517

Table 3.2.2 Employment and vacancies by salary band as on 31 March 2016

Salary Band	Number of Posts	Number of Posts Filled	Vacancy Rate	Number of Posts Filled Additional to the Establishment
Lower skilled (Levels 1-2), Permanent	5552	5051	9	77
Lower skilled (Levels 1-2), Temporary	7	7	0	0
Skilled (Levels 3-5), Permanent	17453	15620	10.5	141
Skilled (Levels 3-5), Temporary	10	9	10	2
Highly skilled production (Levels 6-8), Permanent	11576	10304	11	112
Highly skilled production (Levels 6-8), Temporary	32	34	-6.3	0
Highly skilled supervision (Levels 9-12), Permanent	8575	7255	15.4	61
Highly skilled supervision (Levels 9-12), Temporary	115	171	-48.7	8
Senior management (Levels 13-16), Permanent	472	423	10.4	2
Senior management (Levels 13-16), Temporary	0	3	0	0
Contract (Levels 1-2), Permanent	17	17	0	0
Contract (Levels 3-5), Permanent	34	34	0	0
Contract (Levels 6-8), Permanent	627	627	0	78
Contract (Levels 9-12), Permanent	601	601	0	34
Contract (Levels 13-16), Permanent	69	69	0	2
TOTAL	45140	40225	10.9	517

Table 3.2.3 Employment and vacancies by critical occupations as on 31 March 2016

Critical Occupations	Number of Posts	Number of Posts Filled	Vacancy Rate	Number of Posts Filled Additional to the Establishment
Administrative related, Permanent	589	542	8	6
All artisans in the building metal machinery etc., Permanent	208	178	14.4	0
Ambulance and related workers, Permanent	3016	2558	15.2	0
Architects town and traffic planners, Permanent	1	1	0	0
Artisan project and related superintendents, Permanent	14	12	14.3	1
Auxiliary and related workers, Permanent	871	775	11	7
Biochemistry pharmacol. zoology & life scie.techni, Permanent	3	1	66.7	0
Boiler and related operators, Permanent	62	49	21	0
Building and other property caretakers, Permanent	115	111	3.5	3
Bus and heavy vehicle drivers, Permanent	20	19	5	0
Cartographic surveying and related technicians, Permanent	4	4	0	0
Cashiers tellers and related clerks, Permanent	1	1	0	0
Chemists, Permanent	58	58	0	0
Cleaners in offices workshops hospitals etc., Permanent	4897	4509	7.9	108
Client inform clerks(switch receipt inform clerks), Permanent	268	239	10.8	0
Communication and information related, Permanent	62	56	9.7	0
Community development workers, Permanent	2	2	0	0
Compositors typesetters & related printing workers, Permanent	1	1	0	0
Computer programmers., Permanent	1	0	100	0
Conservation labourers, Permanent	15	15	0	0

Critical Occupations	Number of Posts	Number of Posts Filled	Vacancy Rate	Number of Posts Filled Additional to the Establishment
Dental practitioners, Permanent	163	129	20.9	7
Dental practitioners, Temporary	4	5	-25	0
Dental technicians, Permanent	3	3	0	0
Dental therapy, Permanent	12	9	25	0
Dieticians and nutritionists, Permanent	138	106	23.2	3
Diplomats, Permanent	3	3	0	0
Electrical and electronics engineering technicians, Permanent	9	6	33.3	0
Emergency services related, Permanent	34	34	0	0
Engineering sciences related, Permanent	4	4	0	0
Engineers and related professionals, Permanent	16	14	12.5	0
Environmental health, Permanent	46	26	43.5	0
Farm hands and labourers, Permanent	30	30	0	0
Finance and economics related, Permanent	189	165	12.7	0
Financial and related professionals, Permanent	91	72	20.9	1
Financial clerks and credit controllers, Permanent	347	305	12.1	0
Fire fighting and related workers, Permanent	2	2	0	0
Food services aids and waiters, Permanent	719	646	10.2	4
Food services workers, Permanent	7	7	0	0
General legal administration & rel. professionals, Permanent	1	1	0	0
Handymen, Permanent	1	1	0	0
Head of department/chief executive officer, Permanent	16	16	0	0
Health sciences related, Permanent	645	600	7	4

Critical Occupations	Number of Posts	Number of Posts Filled	Vacancy Rate	Number of Posts Filled Additional to the Establishment
Household and laundry workers, Permanent	968	886	8.5	16
Household food and laundry services related, Permanent	5	4	20	0
Housekeepers laundry and related workers, Permanent	32	29	9.4	0
Human resources & organisat development & relate prof, Permanent	79	67	15.2	0
Human resources clerks, Permanent	301	268	11	3
Human resources related, Permanent	287	259	9.8	0
Information technology related, Permanent	18	14	22.2	0
Inspectors of apprentices works and vehicles, Permanent	4	3	25	0
Language practitioners interpreters & other commun, Permanent	38	34	10.5	0
Legal related, Permanent	3	3	0	0
Librarians and related professionals, Permanent	2	2	0	0
Library mail and related clerks, Permanent	90	74	17.8	2
Light vehicle drivers, Permanent	211	202	4.3	3
Logistical support personnel, Permanent	86	73	15.1	0
Material-recording and transport clerks, Permanent	181	152	16	1
Medical practitioners, Permanent	1837	1496	18.6	26
Medical practitioners, Temporary	130	178	-36.9	7
Medical specialists, Permanent	197	142	27.9	0
Medical specialists, Temporary	12	21	-75	0
Medical technicians/technologists, Permanent	36	31	13.9	0
Messengers porters and deliverers, Permanent	778	704	9.5	8
Middle managers, Permanent	1	1	0	0

Critical Occupations	Number of Posts	Number of Posts Filled	Vacancy Rate	Number of Posts Filled Additional to the Establishment
Motor vehicle drivers, Permanent	50	44	12	6
Nursing assistants, Permanent	5827	5448	6.5	25
Occupational therapy, Permanent	169	131	22.5	6
Occupational therapy, Temporary	2	2	0	0
Optometrists and opticians, Permanent	12	7	41.7	0
Oral hygiene, Permanent	26	24	7.7	0
Other administrat & related clerks and organisers, Permanent	1624	1491	8.2	34
Other administrat & related clerks and organisers, Temporary	1	1	0	1
Other administrative policy and related officers, Permanent	475	440	7.4	4
Other information technology personnel., Permanent	79	71	10.1	0
Other machine operators, Permanent	1	1	0	0
Other occupations, Permanent	161	160	0.6	0
Pharmaceutical assistants, Permanent	20	20	0	0
Pharmacists, Permanent	807	614	23.9	25
Pharmacists, Temporary	8	8	0	2
Pharmacologists pathologists & related professional, Permanent	1	1	0	0
Physicists, Permanent	7	7	0	0
Physiotherapy, Permanent	192	139	27.6	7
Physiotherapy, Temporary	2	3	-50	0
Printing and related machine operators, Permanent	1	1	0	0
Probation workers, Permanent	1	1	0	0
Professional nurse, Permanent	11623	10331	11.1	138

Critical Occupations	Number of Posts	Number of Posts Filled	Vacancy Rate	Number of Posts Filled Additional to the Establishment
Professional nurse, Temporary	3	3	0	0
Psychologists and vocational counsellors, Permanent	80	72	10	2
Psychologists and vocational counsellors, Temporary	0	1	0	0
Quantity surveyors & related prof not class elsewhere, Permanent	1	1	0	0
Radiography, Permanent	418	357	14.6	9
Radiography, Temporary	2	2	0	0
Risk management and security services, Permanent	6	4	33.3	0
Road workers, Permanent	3	3	0	0
Safety health and quality inspectors, Permanent	23	18	21.7	0
Secretaries & other keyboard operating clerks, Permanent	1166	1038	11	3
Security guards, Permanent	33	32	3	1
Security officers, Permanent	2	2	0	0
Senior managers, Permanent	159	139	12.6	1
Shoemakers, Permanent	4	3	25	0
Social sciences related, Permanent	3	3	0	0
Social sciences supplementary workers, Permanent	4	4	0	0
Social work and related professionals, Permanent	124	120	3.2	0
Speech therapy and audiology, Permanent	75	55	26.7	4
Staff nurses and pupil nurses, Permanent	3458	3232	6.5	38
Student nurse, Permanent	246	10	95.9	0
Supplementary diagnostic radiographers, Permanent	36	33	8.3	0
Trade labourers, Permanent	219	188	14.2	1

Critical Occupations	Number of Posts	Number of Posts Filled	Vacancy Rate	Number of Posts Filled Additional to the Establishment
Trade related, Permanent	2	2	0	0
TOTAL	45140	40225	10.9	517

The 517 posts reflected as “additional to establishment” are as a result of the following reasons:

- Employees on contract, such as foreign-qualified health workers, project employees, health professionals doing their Community Service year, Medical and Allied Health Professional Interns and .
- Instances where the department did not have posts on the organogram, but there was a need identified, posts were then created as an interim measure

Filling of SMS Posts

Table 3.3.1 SMS post information as on 31 March 2016

SMS Level	Total number of SMS posts	Total number of filled SMS posts	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
16	1	1	100%	0	0%
15	4	4	100%	0	0%
14	19	16	84%	3	16%
13	104	99	95%	5	5%
Total	128	120	94%	8	6%

Table 3.3.2 SMS post information as on 30 September 2014

SMS Level	Total number of SMS posts	Total number of filled SMS posts	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
16	1	1	100%	0	0%
15	4	4	100%	0	0%
14	19	17	95%	2	5%
13	104	95	91%	9	9%
Total	128	117	91%	11	9%

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

SMS Level	Total number of SMS posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
Salary Level 15	4	4	100%	0	0%
Salary Level 14	19	16	84%	3	16%
Salary Level 13	104	99	95%	5	5%
Total	128	120	94%	8	6%

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

Reasons for vacancies not advertised within six months
All vacant posts were advertised within the six months period. In cases where suitable candidates could not be found through the advertisement and interviewing processes, these posts had to be re-advertised, and as a further alternative, the department had to resort to head-hunting.
Reasons for vacancies not filled within six months
Two posts were advertised and suitable candidates could not be found, and these were Chief Director: Strategic Management and Chief Director: Supply Chain Management was advertised. Interviews for the second advertisement of Chief Director: Strategic Management will continue but the candidate for Chief Directorate: Supply Chain Management will be head-hunted.

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

Reasons for vacancies not advertised within six months
Not applicable as all posts were advertised within the six months period.
Reasons for vacancies not filled within six months
Not applicable as there were genuine reason (lack of suitable candidate) for why the post of the GM Supply Chain Management was not filled.

Job Evaluation**Table 3.4.1 Job Evaluation by Salary band for the period 1 April 2015 and 31 March 2016**

In terms of DPSA Directive, the following posts were upgraded as a result of a transversal job evaluation from Level 4 to 5. It also needs to be noted that in terms of the Disabled Persons, no jobs were upgraded.

Salary Band	Number of Posts	Number of Jobs Evaluated	% of Posts Evaluated	Number of Posts Upgraded	% of Upgraded Posts Evaluated
Lower skilled (Levels 1-2)	5362	3604	67.2	0	0
Contract (Levels 1-2)	27	0	0	0	0
Contract (Levels 3-5)	119	0	0	0	0
Contract (Levels 6-8)	654	0	0	0	0
Contract (Levels 9-12)	665	0	0	0	0
Contract (Band A)	30	0	0	0	0
Contract (Band B)	4	0	0	0	0
Contract (Band C)	17	0	0	0	0
Contract (Band D)	2	0	0	0	0
Skilled (Levels 3-5)	16469	1538	9.3	1354	88
Highly skilled production (Levels 6-8)	10894	84	0.8	4	4.8

Salary Band	Number of Posts	Number of Jobs Evaluated	% of Posts Evaluated	Number of Posts Upgraded	% of Upgraded Posts Evaluated
Highly skilled supervision (Levels 9-12)	8558	336	3.9	241	71.7
Senior Management Service Band A	261	28	10.7	0	0
Senior Management Service Band B	34	16	47.1	0	0
Senior Management Service Band C	108	2	1.9	0	0
Senior Management Service Band D	6	1	16.7	0	0
TOTAL	43210	5609	13	1599	28.5

Table 3.4.2 Profile of employees whose positions were upgraded due their posts being upgraded for the period 1 April 2015 and 31 March 2016

Beneficiaries	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

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

OCCUPATION	Number of employees	Job evaluation level	Remuneration Level	Reasons for deviation
CEO Frere Hospital	1	14	15	Private sector
CEO Livingstone Hospital	2	14	15	Head-hunted
CEO St Elizabeth Hospital	1	13	OSD	Clinical Manager
CEO Fort England	1			
Total number of employees whose salaries exceeded the level determined by job evaluation				4
Percentage of total employed				0.01%

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.

Some of the key reasons for deviation:

In order to attract highly-skilled health professionals and managers as Chief Executive Officers for the central, tertiary and specialized hospitals into the department, the decision was taken, to recruit and then match the salaries of these individuals, as per the following:

- In cases of where the successful candidate came from the private sector; and
- In cases where the successful candidate was already in the employ of the department and working as a Medical Officer or Medical Specialist and earning an Occupation Specific Dispensation package: as SMS posts have their own salary bands the OSD package was matched to the SMS remuneration

Table 3.4.4 Profile of employees who have salary levels higher than those determined by job evaluation by occupation for the period 1 April 2015 and 31 March 2016

Beneficiaries	African	Asian	Coloured	White	Total
Female	0	0	1	0	1
Male	1	0	0	2	3
Total	0	0	0	0	0
Employees with a Disability	0	0	0	0	0

Employment Changes**Table 3.5.1 Annual turnover rates by salary band for the period 1 April 2015 and 31 March 2016**

Salary Band	Employment at Beginning of Period (April 2015)	Appointments	Terminations	Turnover Rate
Lower skilled (Levels 1-2), Permanent	5133	284	145	2.8
Lower skilled (Levels 1-2), Temporary	9	0	3	33.3
Skilled (Levels 3-5), Permanent	14667	2180	723	4.9
Skilled (Levels 3-5), Temporary	10	0	6	60
Highly skilled production (Levels 6-8), Permanent	10010	247	716	7.2
Highly skilled production (Levels 6-8), Temporary	41	2	9	22
Highly skilled supervision (Levels 9-12), Permanent	7560	141	671	8.9
Highly skilled supervision (Levels 9-12), Temporary	178	10	55	30.9
Senior Management Service Band A, Permanent	254	9	19	7.5
Senior Management Service Band A, Temporary	3	0	0	0
Senior Management Service Band B, Permanent	32	5	6	18.8
Senior Management Service Band C, Permanent	98	1	6	6.1
Senior Management Service Band D, Permanent	5	0	1	20
Contract (Levels 1-2), Permanent	24	0	1	4.2
Contract (Levels 3-5), Permanent	107	0	36	33.6

Salary Band	Employment at Beginning of Period (April 2015)	Appointments	Terminations	Turnover Rate
Contract (Levels 6-8), Permanent	657	537	203	30.9
Contract (Levels 9-12), Permanent	666	276	237	35.6
Contract (Band A), Permanent	32	8	5	15.6
Contract (Band B), Permanent	4	0	0	0
Contract (Band C), Permanent	18	1	1	5.6
Contract (Band D), Permanent	2	0	1	50
TOTAL	39510	3701	2844	7.2

Table 3.5.2 Annual turnover rates by critical occupation for the period 1 April 2015 and 31 March 2016

Occupation	Employment at Beginning of Period (April 2015)	Appointments	Terminations	Turnover Rate
Administrative related	554	16	2.9	323
All artisans in the building metal machinery etc.	193	1	0.5	105
Ambulance and related workers	1862	81	4.4	1066
Architects town and traffic planners	1	0	0	0
Artisan project and related superintendents	13	0	0	9
Auxiliary and related workers	887	6	0.7	489
Biochemistry pharmacol. zoology & life scie.techni	1	0	0	1
Boiler and related operators	46	0	0	29
Building and other property caretakers	110	0	0	33
Bus and heavy vehicle drivers	12	2	16.7	6
Cartographic surveying and related technicians	4	0	0	3
Chemists	59	0	0	37
Cleaners in offices workshops hospitals etc.	4713	2	0	2677

Occupation	Employment at Beginning of Period (April 2015)	Appointments	Terminations	Turnover Rate
Client inform clerks (switch receipt inform clerks)	251	0	0	140
Communication and information related	60	1	1.7	35
Community development workers	2	0	0	2
Compositors typesetters & related printing workers	1	0	0	0
Computer programmers.	1	0	0	0
Conservation labourers	17	0	0	8
Dental practitioners	134	0	0	41
Dental technicians	3	0	0	2
Dental therapy	10	0	0	4
Dieticians and nutritionists	122	0	0	51
Diplomats	1	1	100	1
Electrical and electronics engineering technicians	7	0	0	3
Emergency services related	37	1	2.7	23
Engineering sciences related	4	0	0	3
Engineers and related professionals	16	0	0	3
Environmental health	42	0	0	18
Farm hands and labourers	33	0	0	7
Finance and economics related	157	7	4.5	85
Financial and related professionals	81	3	3.7	50
Financial clerks and credit controllers	304	4	1.3	200
Fire fighting and related workers	3	1	33.3	0
Food services aids and waiters	672	1	0.1	395
Food services workers	8	0	0	5

Occupation	Employment at Beginning of Period (April 2015)	Appointments	Terminations	Turnover Rate
General legal administration & rel. professionals	1	0	0	1
Handymen	1	0	0	1
Head of department/chief executive officer	11	0	0	2
Health sciences related	650	15	2.3	308
Household and laundry workers	874	11	1.3	536
Household food and laundry services related	7	0	0	5
Housekeepers laundry and related workers	27	4	14.8	17
Human resources & organisat developm & relate prof	68	3	4.4	33
Human resources clerks	271	3	1.1	163
Human resources related	266	6	2.3	167
Information technology related	14	0	0	9
Inspectors of apprentices works and vehicles	3	0	0	0
Language practitioners interpreters & other commun	35	0	0	16
Legal related	2	0	0	1
Librarians and related professionals	2	0	0	2
Library mail and related clerks	70	0	0	42
Light vehicle drivers	201	5	2.5	118
Logistical support personnel	66	2	3	46
Material-recording and transport clerks	159	2	1.3	91
Medical practitioners	1689	13	0.8	254
Medical specialists	171	2	1.2	37
Medical technicians/technologists	33	0	0	14
Messengers porters and deliverers	701	0	0	434

Occupation	Employment at Beginning of Period (April 2015)	Appointments	Terminations	Turnover Rate
Middle managers	1	0	0	0
Motor vehicle drivers	44	0	0	26
Nursing assistants	5542	0	0	2003
Occupational therapy	136	1	0.7	33
Optometrists and opticians	11	0	0	1
Oral hygiene	21	0	0	15
Other administrat & related clerks and organisers	1475	12	0.8	888
Other administrative policy and related officers	460	2	0.4	292
Other information technology personnel.	71	1	1.4	53
Other machine operators	1	0	0	0
Other occupations	190	0	0	95
Pharmaceutical assistants	22	0	0	16
Pharmacists	542	17	3.1	155
Pharmacologists pathologists & related professional	2	0	0	1
Physicists	7	0	0	3
Physiotherapy	161	0	0	48
Printing and related machine operators	1	0	0	1
Probation workers	1	0	0	1
Professional nurse	10291	304	3	4130
Psychologists and vocational counsellors	71	0	0	31
Quantity surveyors & rela prof not class elsewhere	1	0	0	0
Radiography	356	3	0.8	167
Risk management and security services	2	1	50	2

Occupation	Employment at Beginning of Period (April 2015)	Appointments	Terminations	Turnover Rate
Road workers	3	0	0	3
Safety health and quality inspectors	22	0	0	14
Secretaries & other keyboard operating clerks	363	4	1.1	240
Security guards	36	0	0	18
Security officers	2	0	0	0
Senior managers	133	1	0.8	65
Shoemakers	3	0	0	2
Social sciences related	4	0	0	1
Social sciences supplementary workers	4	0	0	4
Social work and related professionals	117	1	0.9	41
Speech therapy and audiology	64	0	0	16
Staff nurses and pupil nurses	3298	42	1.3	1041
Student nurse	78	0	0	0
Supplementary diagnostic radiographers	36	0	0	24
Trade labourers	193	0	0	107
Trade related	2	0	0	1
TOTAL	39510	582	1.5	17689

The largest turnover was amongst the nurse category, due to the fears around perceived changes in the Government Employees Pension Fund (GEPF) causing mass resignations in this cadre.

Table 3.5.3 Reasons why staff left the department for the period 1 April 2015 and 31 March 2016

Termination Type	Number	Percentage of Total Resignations	Percentage of Total Employment
Death, Permanent	235	8.2	0.6
Resignation, Permanent	1321	46	3.3
Expiry of contract, Permanent	509	17.9	1.1
Transfers, Permanent	15	0.5	0
Discharged due to ill health, Permanent	22	0.8	0.1
Dismissal-misconduct, Permanent	61	2.1	0.2
Retirement, Permanent	680	23.9	1.7
Other, Permanent	1	0	0
TOTAL	2844	100	7.2

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

Occupation	Employment at Beginning of Period (April 2015)	Promotions to another Salary Level	Salary Level Promotions as a % of Employment	Progressions to another Notch within Salary Level	Notch progressions as a % of Employment
Administrative related	554	16	2.9	323	58.3
All artisans in the building metal machinery etc.	193	1	0.5	105	54.4
Ambulance and related workers	1862	81	4.4	1066	57.3
Architects town and traffic planners	1	0	0	0	0
Artisan project and related superintendents	13	0	0	9	69.2
Auxiliary and related workers	887	6	0.7	489	55.1
Biochemistry pharmacol. zoology & life scie.techni	1	0	0	1	100

Occupation	Employment at Beginning of Period (April 2015)	Promotions to another Salary Level	Salary Level Promotions as a % of Employment	Progressions to another Notch within Salary Level	Notch progressions as a % of Employment
Boiler and related operators	46	0	0	29	63
Building and other property caretakers	110	0	0	33	30
Bus and heavy vehicle drivers	12	2	16.7	6	50
Cartographic surveying and related technicians	4	0	0	3	75
Chemists	59	0	0	37	62.7
Cleaners in offices workshops hospitals etc.	4713	2	0	2677	56.8
Client inform clerks (switch receipt inform clerks)	251	0	0	140	55.8
Communication and information related	60	1	1.7	35	58.3
Community development workers	2	0	0	2	100
Compositors typesetters & related printing workers	1	0	0	0	0
Computer programmers.	1	0	0	0	0
Conservation labourers	17	0	0	8	47.1
Dental practitioners	134	0	0	41	30.6
Dental technicians	3	0	0	2	66.7
Dental therapy	10	0	0	4	40
Dieticians and nutritionists	122	0	0	51	41.8
Diplomats	1	1	100	1	100
Electrical and electronics engineering technicians	7	0	0	3	42.9
Emergency services related	37	1	2.7	23	62.2
Engineering sciences related	4	0	0	3	75
Engineers and related professionals	16	0	0	3	18.8
Environmental health	42	0	0	18	42.9

Occupation	Employment at Beginning of Period (April 2015)	Promotions to another Salary Level	Salary Level Promotions as a % of Employment	Progressions to another Notch within Salary Level	Notch progressions as a % of Employment
Farm hands and labourers	33	0	0	7	21.2
Finance and economics related	157	7	4.5	85	54.1
Financial and related professionals	81	3	3.7	50	61.7
Financial clerks and credit controllers	304	4	1.3	200	65.8
Fire fighting and related workers	3	1	33.3	0	0
Food services aids and waiters	672	1	0.1	395	58.8
Food services workers	8	0	0	5	62.5
General legal administration & rel. professionals	1	0	0	1	100
Handymen	1	0	0	1	100
Head of department/chief executive officer	11	0	0	2	18.2
Health sciences related	650	15	2.3	308	47.4
Household and laundry workers	874	11	1.3	536	61.3
Household food and laundry services related	7	0	0	5	71.4
Housekeepers laundry and related workers	27	4	14.8	17	63
Human resources & organisat developm & relate prof	68	3	4.4	33	48.5
Human resources clerks	271	3	1.1	163	60.1
Human resources related	266	6	2.3	167	62.8
Information technology related	14	0	0	9	64.3
Inspectors of apprentices works and vehicles	3	0	0	0	0
Language practitioners interpreters & other commun	35	0	0	16	45.7
Legal related	2	0	0	1	50
Librarians and related professionals	2	0	0	2	100

Occupation	Employment at Beginning of Period (April 2015)	Promotions to another Salary Level	Salary Level Promotions as a % of Employment	Progressions to another Notch within Salary Level	Notch progressions as a % of Employment
Library mail and related clerks	70	0	0	42	60
Light vehicle drivers	201	5	2.5	118	58.7
Logistical support personnel	66	2	3	46	69.7
Material-recording and transport clerks	159	2	1.3	91	57.2
Medical practitioners	1689	13	0.8	254	15
Medical specialists	171	2	1.2	37	21.6
Medical technicians/technologists	33	0	0	14	42.4
Messengers porters and deliverers	701	0	0	434	61.9
Middle managers	1	0	0	0	0
Motor vehicle drivers	44	0	0	26	59.1
Nursing assistants	5542	0	0	2003	36.1
Occupational therapy	136	1	0.7	33	24.3
Optometrists and opticians	11	0	0	1	9.1
Oral hygiene	21	0	0	15	71.4
Other administrat & related clerks and organisers	1475	12	0.8	888	60.2
Other administrative policy and related officers	460	2	0.4	292	63.5
Other information technology personnel.	71	1	1.4	53	74.6
Other machine operators	1	0	0	0	0
Other occupations	190	0	0	95	50
Pharmaceutical assistants	22	0	0	16	72.7
Pharmacists	542	17	3.1	155	28.6
Pharmacologists pathologists & related professionals	2	0	0	1	50

Occupation	Employment at Beginning of Period (April 2015)	Promotions to another Salary Level	Salary Level Promotions as a % of Employment	Progressions to another Notch within Salary Level	Notch progressions as a % of Employment
Physicists	7	0	0	3	42.9
Physiotherapy	161	0	0	48	29.8
Printing and related machine operators	1	0	0	1	100
Probation workers	1	0	0	1	100
Professional nurse	10291	304	3	4130	40.1
Psychologists and vocational counsellors	71	0	0	31	43.7
Quantity surveyors & related prof not class elsewhere	1	0	0	0	0
Radiography	356	3	0.8	167	46.9
Risk management and security services	2	1	50	2	100
Road workers	3	0	0	3	100
Safety health and quality inspectors	22	0	0	14	63.6
Secretaries & other keyboard operating clerks	363	4	1.1	240	66.1
Security guards	36	0	0	18	50
Security officers	2	0	0	0	0
Senior managers	133	1	0.8	65	48.9
Shoemakers	3	0	0	2	66.7
Social sciences related	4	0	0	1	25
Social sciences supplementary workers	4	0	0	4	100
Social work and related professionals	117	1	0.9	41	35
Speech therapy and audiology	64	0	0	16	25
Staff nurses and pupil nurses	3298	42	1.3	1041	31.6
Student nurse	78	0	0	0	0

Occupation	Employment at Beginning of Period (April 2015)	Promotions to another Salary Level	Salary Level Promotions as a % of Employment	Progressions to another Notch within Salary Level	Notch progressions as a % of Employment
Supplementary diagnostic radiographers	36	0	0	24	66.7
Trade labourers	193	0	0	107	55.4
Trade related	2	0	0	1	50
TOTAL	39510	582	1.5	17689	44.8

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

Salary Band	Employment at Beginning of Period (April 2015)	Promotions to another Salary Level	Salary Level Promotions as a % of Employment	Progressions to another Notch within Salary Level	Notch progressions as a % of Employment
Lower skilled (Levels 1-2), Permanent	5133	0	0	2584	50.3
Lower skilled (Levels 1-2), Temporary	9	0	0	0	0
Skilled (Levels 3-5), Permanent	14667	92	0.6	6716	45.8
Skilled (Levels 3-5), Temporary	10	0	0	0	0
Highly skilled production (Levels 6-8), Permanent	10010	247	2.5	4320	43.2
Highly skilled production (Levels 6-8), Temporary	41	0	0	1	2.4
Highly skilled supervision (Levels 9-12), Permanent	7560	228	3	3772	49.9
Highly skilled supervision (Levels 9-12), Temporary	178	0	0	8	4.5
Senior management (Levels 13-16), Permanent	389	15	3.9	196	50.4
Senior management (Levels 13-16), Temporary	3	0	0	2	66.7
Contract (Levels 1-2), Permanent	24	0	0	3	12.5
Contract (Levels 3-5), Permanent	107	0	0	18	16.8
Contract (Levels 6-8), Permanent	657	0	0	4	0.6

Contract (Levels 9-12), Permanent	666	0	0	36	5.4
Contract (Levels 13-16), Permanent	56	0	0	29	51.8
TOTAL	39510	582	1.5	17689	44.8

Employment Equity

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

Occupational Categories	Male African	Male, Coloured	Male Indian	Male, Total Blacks	Male, White	Female African	Female Coloured	Female Indian	Female Total Blacks	Female White	Total
Legislators, senior officials and managers, Permanent	56	2	1	59	3	82	6	2	90	8	160
Professionals, Permanent	1012	131	111	1254	329	1868	213	73	2154	420	4157
Professionals, Temporary	81	2	6	89	53	50	2	2	54	20	216
Technicians and associate professionals, Permanent	1722	157	1	1880	64	9160	1308	23	10491	562	12997
Technicians and associate professionals, Temporary	0	0	0	0	0	0	1	0	1	6	7
Clerks, Permanent	878	69	1	948	22	2377	161	3	2541	57	3568
Clerks, Temporary	0	0	0	0	0	0	0	0	0	1	1
Service and sales workers, Permanent	2664	280	6	2950	76	7513	626	4	8143	183	11352
Craft and related trades workers, Permanent	131	20	1	152	31	16	0	0	16	0	199
Plant and machine operators and assemblers, Permanent	276	22	0	298	6	10	3	0	13	0	317
Elementary occupations, Permanent	2360	162	1	2523	42	4350	291	0	4641	45	7251
TOTAL	9180	845	128	10153	626	25426	2611	107	28144	1302	40225

The department is making every effort to improve the attraction and retention of Persons with Disabilities through a concerted effort of post identification and Seminars, as well as ensuring that all advertisements state the wording that Persons with Disabilities are encouraged to apply.

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

Occupational Bands	Male African	Male Coloured	Male Indian	Male Total Blacks	Male White	Female African	Female Coloured	Female Indian	Female Total Blacks	Female White	Total
Top Management, Permanent	28	2	13	43	28	12	1	1	14	15	100
Senior Management, Permanent	114	9	22	145	42	97	7	9	113	23	323
Senior Management, Temporary	1	0	0	1	2	0	0	0	0	0	3
Professionally qualified and experienced specialists and mid-management, Permanent	986	130	46	1162	168	4884	599	53	5536	389	7255
Professionally qualified and experienced specialists and mid-management, Temporary	68	2	5	75	40	43	1	1	45	11	171
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	1760	261	10	2031	115	6591	1069	13	7673	485	10304
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	8	0	1	9	7	7	2	1	10	8	34
Semi-skilled and discretionary decision making, Permanent	4155	300	1	4456	68	10254	689	7	10950	146	15620
Semi-skilled and discretionary decision making, Temporary	3	0	0	3	2	0	0	0	0	4	9
Unskilled and defined decision making, Permanent	1748	99	1	1848	12	3023	162	0	3185	6	5051
Unskilled and defined decision making, Temporary	1	0	0	1	2	0	0	0	0	4	7
Contract (Top Management), Permanent	9	0	5	14	6	1	0	1	2	1	23
Contract (Senior Management), Permanent	24	2	3	29	9	2	0	3	5	3	46
Contract (Professionally qualified), Permanent	125	25	20	170	117	149	29	12	190	124	601
Contract (Skilled technical), Permanent	136	15	1	152	8	327	51	6	384	83	627

Occupational Bands	Male African	Male Coloured	Male Indian	Male Total Blacks	Male White	Female African	Female Coloured	Female Indian	Female Total Blacks	Female White	Total
Contract (Semi-skilled), Permanent	9	0	0	9	0	24	1	0	25	0	34
Contract (Unskilled), Permanent	5	0	0	5	0	12	0	0	12	0	17
TOTAL	9180	845	128	10153	626	25426	2611	107	28144	1302	40225

Table 3.6.3 Recruitment for the period 1 April 2015 to 31 March 2016

Occupational Bands	Male African	Male Coloured	Male Indian	Male Total Blacks	Male White	Female African	Female Coloured	Female Indian	Female Total Blacks	Female White	Total
Top Management, Permanent	0	0	0	0	0	1	0	0	1	0	1
Senior Management, Permanent	6	0	0	6	0	6	1	0	7	1	14
Professionally qualified and experienced specialists and mid-management, Permanent	33	1	2	36	4	77	10	1	88	13	141
Professionally qualified and experienced specialists and mid-management, Temporary	5	0	1	6	3	0	0	0	0	1	10
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	47	2	0	49	0	145	38	0	183	15	247
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	1	0	0	1	0	1	0	0	1	0	2
Semi-skilled and discretionary decision making, Permanent	736	58	1	795	6	1286	85	1	1372	7	2180
Unskilled and defined decision making, Permanent	106	3	0	109	1	170	4	0	174	0	284
Contract (Top Management), Permanent	1	0	0	1	0	0	0	0	0	0	1
Contract (Senior Management), Permanent	2	0	0	2	4	1	0	0	1	1	8
Contract (Professionally qualified), Permanent	52	9	10	71	49	77	11	7	95	61	276
Contract (Skilled technical), Permanent	115	15	1	131	7	267	46	4	317	82	537
TOTAL	1104	88	15	1207	74	2031	195	13	2239	181	3701
Employees with disabilities	1	0	0	1	1	7	1	0	8	0	10

Table 3.6.4 Promotions for the period 1 April 2015 to 31 March 2016

Occupational Bands	Male African	Male Coloured	Male Indian	Male Total Blacks	Male White	Female African	Female Coloured	Female Indian	Female Total Blacks	Female White	Total
Top Management, Permanent	5	0	8	13	12	5	1	1	7	4	36
Senior Management, Permanent	51	9	13	73	32	45	4	5	54	16	175
Senior Management, Temporary	0	0	0	0	0	0	0	0	0	2	2
Professionally qualified and experienced specialists and mid-management, Permanent	407	64	12	483	63	2848	377	22	3247	207	4000
Professionally qualified and experienced specialists and mid-management, Temporary	2	0	0	2	0	3	1	0	4	2	8
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	770	135	6	911	48	2847	501	6	3354	254	4567
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	0	0	0	0	0	0	0	0	0	1	1
Semi-skilled and discretionary decision making, Permanent	2051	152	0	2203	40	4183	300	3	4486	79	6808
Unskilled and defined decision making, Permanent	856	57	0	913	5	1563	100	0	1663	3	2584
Contract (Top Management), Permanent	0	0	1	1	1	1	0	0	1	0	3
Contract (Senior Management), Permanent	11	0	1	12	7	0	0	3	3	4	26
Contract (Professionally qualified), Permanent	13	0	2	15	0	18	1	0	19	2	36
Contract (Skilled technical), Permanent	2	0	0	2	0	2	0	0	2	0	4
Contract (Semi-skilled), Permanent	8	0	0	8	0	10	0	0	10	0	18
Contract (Unskilled), Permanent	0	0	0	0	0	3	0	0	3	0	3
TOTAL	4176	417	43	4636	208	11528	1285	40	12853	574	18271
Employees with disabilities	21	4	0	25	6	21	4	0	25	8	64

Table 3.6.5 Terminations for the period 1 April 2015 to 31 March 2016

Occupational Bands	Male African	Male Coloured	Male Indian	Male Total Blacks	Male White	Female African	Female Coloured	Female Indian	Female Total Blacks	Female White	Total
Top Management, Permanent	4	0	0	4	3	0	0	0	0	0	7
Senior Management, Permanent	6	1	1	8	3	6	1	2	9	5	25
Senior Management, Temporary	83	9	1	93	16	460	55	9	524	38	671
Professionally qualified and experienced specialists and mid-management, Permanent	25	0	1	26	11	15	0	1	16	2	55
Professionally qualified and experienced specialists and mid-management, Temporary	142	16	0	158	11	407	79	4	490	57	716
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	2	0	1	3	3	1	0	0	1	2	9
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	225	20	2	247	8	412	47	0	459	9	723
Semi-skilled and discretionary decision making, Permanent	2	0	0	2	3	0	0	0	0	1	6
Semi-skilled and discretionary decision making, Temporary	62	4	0	66	0	78	1	0	79	0	145
Unskilled and defined decision making, Permanent	1	0	0	1	1	0	0	0	0	1	3
Unskilled and defined decision making, Temporary	1	0	0	1	0	0	0	0	0	1	2
Contract (Top Management), Permanent	1	0	0	1	3	0	0	0	0	1	5
Contract (Senior Management), Permanent	58	13	10	81	45	43	15	9	67	44	237
Contract (Professionally qualified), Permanent	24	3	3	30	8	73	19	4	96	69	203
Contract (Skilled technical), Permanent	10	2	0	12	0	24	0	0	24	0	36
Contract (Semi-skilled), Permanent	1	0	0	1	0	0	0	0	0	0	1

Occupational Bands	Male African	Male Coloured	Male Indian	Male Total Blacks	Male White	Female African	Female Coloured	Female Indian	Female Total Blacks	Female White	Total
TOTAL	647	68	19	734	115	1519	217	29	1765	230	2844
Employees with disabilities	3	0	0	3	2	6	1	0	7	1	13

The large number of terminations were made up of the mass resignation of the nursing category due to the perceived changes in the GEPP scheme, in order to access their pension fund benefits. The majority of these nurses immediately applied for posts after resignation.

Table 3.6.6 Disciplinary action for the period 1 April 2015 to 31 March 2016

Race and Gender Breakdown of Misconduct			
Race and Gender Category	Number	Percentage of Total	Total
Black Male	57	57%	100
Black Female	34	34%	100
Coloured Male	2	2%	100
Coloured Female	3	3%	100
Indian Male	1	1%	100
Indian Female	0	0%	100
White Male	1	1%	100
White Female	2	2%	100
TOTAL	100	100%	100

Table 3.6.7 Skills development for the period 1 April 2015 to 31 March 2016

Occupational Categories	Gender	Employment	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	0	0	821	0	821
	Male	0	0	310	0	310
Professionals	Female	0	82	9991	0	10073
	Male	0	73	3314	0	3387
Technicians and associate professionals	Female	0	0	3260	362	3622
	Male	0	0	1052	165	1217
Clerks	Female	0	0	1710	0	1710
	Male	0	0	633	0	633
Service and sales workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Plant and machine operators and assemblers	Female	0	0	5	0	5
	Male	0	0	83	0	83
Elementary occupations	Female	0	0	6055	0	6055
	Male	0	0	3066	0	3066
Gender sub totals	Female	0	82	21842	362	22286
	Male	0	73	8458	165	8696
Total		0	155	30300	527	30982

Signing of Performance Agreements by SMS Members

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

Table 3.7.1 Signing of Performance Agreements by SMS members as on 31 May 2014

SMS Level	Total number of funded SMS posts	Total number of SMS members	Total number of signed performance agreements	Signed performance agreements as % of total number of SMS members
Director-General/ Head of Department		1	1	100%
Salary Level 16		0	0	100%
Salary Level 15		4	4	100%
Salary Level 14		18	18	100%
Salary Level 13		94	94	100%
Total		117	100	100%

Table 3.7.2 Reasons for not having concluded Performance agreements for all SMS members as on 31 March 2016

Reasons
No SMS members have not signed performance agreements by

Table 3.7.3 Disciplinary steps taken against SMS members for not having concluded Performance agreements as on 31 March 2016

Reasons
Not applicable. No SMS members had not signed performance agreements by 31 March 2016

Performance Rewards**Table 3.8.1 Performance Rewards by race, gender and disability for the period 1 April 2015 to 31 March 2016**

No payments were made as performance rewards in 2014/15 due to achievement of overall departmental set targets.

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

Not applicable in line with reasons in table 3.8.1 above.

Table 3.8.3 Performance Rewards by critical occupation for the period 1 April 2015 to 31 March 2016

Not applicable in line with reasons in table 3.8.1 above.

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

Not applicable in line with reasons in table 3.8.1 above.

Foreign Workers

The tables below summarise the employment of foreign nationals in the department in terms of salary band and major occupation.

Table 3.9.1 Foreign workers by salary band for the period 1 April 2015 and 31 March 2016

Salary Band	Employment at Beginning Period	Percentage of Total	Employment at End of Period	Percentage of Total	Change in Employment	Percentage of Total
Lower skilled (Levels 1-2)	2	0.6	2	0.6	0	0
Skilled (Levels 3-5)	5	1.4	5	1.6	0	0
Highly skilled production (Levels 6-8)	12	3.4	12	3.8	0	0
Highly skilled supervision (Levels 9-12)	76	21.8	71	22.3	-5	17.2
Senior management (Levels 13-16)	57	16.4	69	21.6	12	-41.4
Contract (Levels 6-8)	7	2	8	2.5	1	-3.4
Contract (Levels 9-12)	148	42.5	108	33.9	-40	137.9
Contract (Levels 13-16)	33	9.5	39	12.2	6	-20.7
Periodical Remuneration	2	0.6	1	0.3	-1	3.4
Abnormal Appointment	6	1.7	4	1.3	-2	6.9
TOTAL	348	100	319	100	-29	100

Table 3.9.2 Foreign workers by major occupation for the period 1 April 2015 and 31 March 2016

Major Occupation	Employment at Beginning Period	Percentage of Total	Employment at End of Period	Percentage of Total	Change in Employment	Percentage of Total
Administrative office workers	3	0.9	3	0.9	0	0
Elementary occupations	1	0.3	2	0.6	1	3.8
Information technology personnel	1	0.3	1	0.3	0	0
Professionals and managers	316	97.2	342	97.4	26	100
Service workers	1	0.3	1	0.3	0	0
Social natural technical and medical sciences+supp	2	0.6	1	0.3	-1	-3.8
Technicians and associated professionals	1	0.3	1	0.3	0	0
TOTAL	325	100	351	100	26	100

The Public Service Commission identified the need for careful monitoring of sick leave within the public service. The following tables provide an indication of the use of sick leave and disability leave. In both cases, the estimated cost of the leave is also provided.

Table 3.10.1 Sick leave for the period 1 January 2014 to 31 December 2014

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 skilled (Levels 1-2)	21 335.5	86.8	2 989	11.1	7	9 182
Skilled (Levels 3-5)	70 226	87	10 064	37.4	7	43 251
Highly skilled production (Levels 6-8)	58 340	83.9	7 879	29.3	7	60 384
Highly skilled supervision (Levels 9-12)	38 009	84.9	5 376	20	7	73 102
Senior management (Levels 13-16)	1 163	82.9	184	0.7	6	4 284
Contract (Levels 1-2)	29	93.1	8	0	4	18
Contract (Levels 3-5)	1 135	72.6	204	0.8	6	1 001
Contract (Levels 6-8)	932	70.6	209	0.8	4	1 823
Contract (Levels 9-12)	149	81.9	20	0.1	7	625
Contract (Levels 13-16)	19 1318.5	85.4	26 933	100	7	193 670
TOTAL	213 355.5	86.8	29 899	11.1	7	9 182

DPSA has appointed two service providers to provide services for the management and assessment of temporary and permanent disability leave, namely Metropolitan Life and The SOMA Initiative.

Table 3.10.2 Disability leave (temporary and permanent) for the period 1 January 2014 to 31 December 2014

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)	3561	100	158	12.2	23	1 583
Skilled (Levels 3-5)	12967	99.9	428	33.2	30	8 130
Highly skilled production (Levels 6-8)	13417	99.3	409	31.7	33	14 040
Highly skilled supervision (Levels 9-12)	10013	100	285	22.1	35	18 183
Senior management (Levels 13-16)	148	100	8	0.6	19	520
Contract (Levels 6-8)	6	100	2	0.2	3	5
Contract (Levels 9-12)	8	100	1	0.1	8	26
Contract (Levels 13-16)	40120	99.7	1291	100	31	42487
Not Available	3561	100	158	12.2	23	1 583
TOTAL	12967	99.9	428	33.2	30	8 130

Table 3.10.3 Annual Leave for the period 1 January 2014 to 31 December 2014

Salary Band	Total Days Taken	Average days per Employee	Number of Employees who took leave
Lower skilled (Levels 1-2)	98082.76	20	4794
Skilled (Levels 3-5)	304383.74	21	14759
Highly skilled production (Levels 6-8)	237949.01	22	10592
Highly skilled supervision (Levels 9-12)	187217.62	24	7741
Senior management (Levels 13-16)	9829.52	23	435
Contract (Levels 1-2)	3	3	1
Contract (Levels 3-5)	111	19	6
Contract (Levels 6-8)	493	19	26
Contract (Levels 9-12)	4245.84	16	261
Contract (Levels 13-16)	8634.48	15	583
TOTAL	1276	20	63

Table 3.10.4 Capped leave for the period 1 January 2014 to 31 December 2014

Salary Band	Total days of capped leave taken	Average number of days taken per employee	Average capped leave per employee as at 31 December 2014	Number of Employees who took Capped leave	Total number of capped leave available at 31 December 2014	Number of Employees as at 31 December 2014
Lower skilled (Levels 1-2)	86	6	62	14	26204	420
Skilled (Levels 3-5)	727	5	63	144	185048	2941
Highly skilled production (Levels 6-8)	923	6	84	166	225730	2688
Highly skilled supervision (Levels 9-12)	1619	6	92	250	315344	3436
Senior management (Levels 13-16)	26	4	59	6	6903	117
Contract (Levels 1-2)	6	6	86	1	1293	15
Contract (Levels 6-8)	5	5	95	1	1237	13
Contract (Levels 9-12)	46	12	159	4	2070	13
Contract (Levels 13-16)	53	9	37	6	552	15
TOTAL	3491	6	79	592	764381	9658

Table 3.10.5 Leave payouts for the period 1 April 2015 and 31 March 2016

Reason	Total Amount (R'000)	Number of Employees	Average Payment per Employee (R)
Capped leave payouts on termination of service for 2015/16	7 371	343	21490
Current leave payout on termination of service for 2015/16	332	92	3609
TOTAL	7703	435	17708

HIV/AIDS & Health Promotion Programmes

Table 3.11.1 Steps taken to reduce the risk of occupational exposure

Units/categories of employees identified to be at high risk of contracting HIV & related diseases (if any)	Key steps taken to reduce the risk
All Clinical, Clinical Support, Emergency Medical Services, Forensics, Maintenance, Laundry Staff Refuse Collectors and General Assistants at medical service delivery points are at high risk of exposure to HIV, TB and other communicable diseases through direct contact with infected patients, body parts and body fluids.	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.
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: • Staff training on infection control and standard / universal precautions • Warning signage • Reporting and investigation of occupational exposures • Education on sharps disposal. • Monitoring proper use of Personal Protective Clothing and equipment

Table 3.11.2 Details of Health Promotion and HIV/AIDS Programmes (tick the applicable boxes and provide the required information)

Question		Yes	No	Details, if yes
1.	Has the department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? If so, provide her/his name and position.	Yes		Miss T Govender: Senior Manager: Employee Wellness
2.	Does the department have a dedicated unit or have you designated specific staff members to promote health and well-being of your employees? If so, indicate the number of employees who are involved in this task and the annual budget that is available for this purpose.	Yes		The EW Unit has 28 designated personnel: 14 at Districts and Hospital Complexes and 14 at Head Office (including COID unit). The annual operational budget for this programme amounted to R 221 309 and R412 000 for the Employee Satisfaction Survey Project. Services have been delivered within this limited budget and with support from other programmes such as Clinical Services; HRD and external partners
3.	Has the department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/services of the programme.	Yes		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: • Case Management and counselling, • 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 • Management Training and Advice, • EW Programme Promotion, • Monitoring and Evaluation
4.	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.		No	The department has not yet established the Provincial OHS Committee but has focused on building and strengthening OHS Structures at Health Facility Level.
5.	Has the department reviewed 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
6.	Has the department introduced measures to protect HIV-positive employees or those perceived to be HIV-positive from discrimination? If so, list the key elements of these measures.	Yes		The Department has implemented Case management and counselling services and addresses stigma and discrimination through all Prevention, Education

Question	Yes	No	Details, if yes
7. Does the department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have achieved.	Yes		Programmes and training programmes. The Department has participated in the ECPA Stigma and Discrimination Survey. The EWP has enlisted the assistance of GEMS and participates in the transversal HCT campaign. 58 HCT sessions were held and 1028 employees tested for HIV. 28 employees tested HIV positive and were referred to GEMS HIV Management Programme and offered services by Occupational Health Services and the Employee Assistance Programme.
8. Has the department developed measures/indicators to monitor & evaluate the impact of your health promotion programme? If so, list these measures/indicators.	Yes		The current measure is Health Risk Assessments (voluntary screening and testing) which is conducted at events with GEMS and at facility level through Staff Health services so that employees can monitor their own health status. A consolidated provincial report on the results of these assessments has been done this year with the support of GEMS.

Labour Relations

The following collective agreements which came into effect in the 2013/14 financial year were applicable during the 2014/15 financial year:

Table 3.12.1 Collective agreements for the period 1 April 2015 and 31 March 2016

Subject Matter	Date
PHDSBC Resolution I of 2014: Agreement on Recognition of improved qualifications	01/01/2014
PHDSBC Resolution I of 2013: Agreement on Danger Allowance for Identified Emergency Medical Service (EMS) Categories	01/04/2013

Table 3.12.2 Misconduct and disciplinary hearings finalised for the period 1 April 2015 and 31 March 2016

Outcome of Disciplinary Cases			
Type of Outcome	Number	Percentage of Total	Total
Correctional Counselling	2	2%	93
Verbal Warning	7	8%	93
Written Warning	22	24%	93
Final Written Warning	33	35%	93

Suspension without Pay	16	17%	93
Fine	0	0%	93
Demotion	0	0%	93
Dismissal	9	10%	93
Not guilty	2	2%	93
Case Withdrawn	2	2%	93
TOTAL	93	100%	93

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

Type of misconduct	Number	Percentage of Total	Total
Contravenes An Act, Regulation Or Legal Obligation	5	4%	139
Mismanages The Finances Of The State	1	1%	139
Possesses Or Uses Property Of The State Or Another Person	0	0%	139
Damages And Or Causes Loss Of State Property	13	9%	139
Endangers Lives By Disregarding Safety Rules Or Regulations	5	4%	139
Prejudices The Administration Or Discipline Of The State	2	1%	139
Misuses Position To Promote Or Prejudice A Political Party	1	1%	139
Steals, Bribes Or Commits Fraud	14	10%	139
Accepts Compensation From Another Person For Doing Duties	0	0%	139
Fails To Carry Out Lawful Order Or Routine Instruction	8	6%	139
Absent From Work Without Reason Or Permission	47	34%	139
Sexual Harassment	0	0%	139
Discriminates Against Others	0	0%	139
Performs Poorly For Reasons Other Than Incapacity	9	6%	139
Remunerative Work Outside The Dept. Without Approval	1	1%	139

Type of misconduct	Number	Percentage of Total	Total
Sleeps On Duty Without Approval	0	0%	139
Under Influence Of Habit-Forming/Stupefying Drug	3	2%	139
Conducts Self In Improper / Unacceptable Manner	5	4%	139
Contravenes Any Code Of Conduct For The State	1	1%	139
Assaults / Attempts Or Threatens To Assault A Person	4	3%	139
Incites Others To Unprocedural / Unlawful Conduct	0	0%	139
Disrespect / Abusive Or Insolent Behaviour	10	7%	139
Intimidates Or Victimises Others	10	7%	139
Money Lending Scheme In Time / On Premises Of State	0	0%	139
Possess Firearm / Dangerous Weapon On State Premises	0	0%	139
Refuses To Obey Security Regulations	0	0%	139
False Statement / Evidence In Execution Duty	0	0%	139
Falsifies Records Or Any Documents	0	0%	139
Participates In Unlawful Industrial Action	0	0%	139
Commits Common Law / Statutory Offence On Premises	0	0%	139
TOTAL	139	100%	139

Table 3.12.4 Grievances logged for the period 1 April 2015 and 31 March 2016

Number of grievances addressed	Number	Percentage of Total	Total
Not resolved	54	100%	54
Resolved	0	0%	54
TOTAL	54	100%	54

Table 3.12.5 Disputes logged with Councils for the period 1 April 2015 and 31 March 2016

Number of disputes addressed	Number	% of total	Total
Upheld	12	92%	77
Dismissed	1	8%	77
TOTAL	13	100%	77

Table 3.12.6 Strike actions for the period 1 April 2015 and 31 March 2016

Strike Actions	
Total number of person working days lost	-
Total cost(R'000) of working days lost	0
Amount (R'000) recovered as a result of no work no pay	0

Table 3.12.7 Precautionary suspensions for the period 1 April 2015 and 31 March 2016

Precautionary Suspensions	
Number of people suspended	9
Number of people whose suspension exceeded 30 days	6
Average number of days suspended	139
Cost (R'000) of suspensions	R 250,324.16

Skills development

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

Table 3.13.1 Training needs identified

Occupational Categories	Gender	Employment	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	0	0	821	0	821
	Male	0	0	310	0	310
Professionals	Female	0	82	991	0	10073
	Male	0	73	3314	0	3387
Technicians and associate professionals	Female	0	0	3260	362	3622
	Male	0	0	1052	165	1217
Clerks	Female	0	0	1710	0	1710
	Male	0	0	633	0	633
Service and sales workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Plant and machine operators and assemblers	Female	0	0	5	0	5
	Male	0	0	83	0	83
Elementary occupations	Female	0	0	6055	0	6055
	Male	0	0	3066	0	3066
Gender sub totals	Female	0	82	21842	362	22286
	Male	0	73	8458	165	8696
Total		0	155	30300	527	30982

Table 3.13.2 Training provided

Occupational Categories	Gender	Employment	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	123	0	82	41	123
	Male	60	0	39	21	60
Professionals	Female	5997	82	5478	519	6079
	Male	2671	73	2539	132	2744
Technicians and associate professionals	Female	612	0	356	362	718
	Male	218	0	152	165	317
Clerks	Female	784	0	762	256	1018
	Male	243	0	236	66	302
Service and sales workers	Female	890	0	890	22	912
	Male	235	0	235	7	242
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	1	0	1	0	1
Craft and related trades workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Plant and machine operators and assemblers	Female	2	0	2	0	2
	Male	9	0	9	0	9
Elementary occupations	Female	120	0	120	0	120
	Male	115	0	115	0	115
Gender sub totals	Female	8528	82	7690	1200	8972
	Male	3552	73	3326	391	3790
Total		12080	155	11016	1591	12762

Injury on duty

The following tables provide basic information on injuries of employees that occurred during their working hours on duty.

Table 3.14.1 Injury on duty for the period 1 April 2015 and 31 March 2016

Nature of injury on duty	Number	% of total
Required basic medical attention only	82	45.8
Temporary Total Disablement	95	53.1
Permanent Disablement	0	0
Fatal	2	1.1
Total	179	100%

TABLE 3.15 - Report on consultant appointments using appropriated funds

Project Title	Total number of consultants that worked on the project	Duration: Work days	Contract value in Rand R'000
Impela Alliances Consulting CC – Appointment of a technical expert to assist with the establishment of a technical policy unit	1	12 months	R478.617
KPMG, Integrated Forensic Accounting Services, Open Water Advanced Risk Solutions, Ernest & Young Advisory, Coopers, Deloitte & Touche and Sizwe Ntsaluba Gobodo – Appointment of a panel of Forensic Investigators to provide Forensic Investigation capacity to support internal Audit and Risk Assurance Management Services Price Waterhouse Coopers		36 months	R5 100
Health Partners Southern Africa (Pty) Ltd – Strategic Human Resource Management & Planning tool for the ECDoH		24 months	R4 876

PART E

ANNUAL FINANCIAL STATEMENTS FOR EASTERN CAPE DEPARTMENT OF HEALTH

For the year ended 31 March 2016



Orange 2	1,05	1,05
Orange 4	1,05	1,05
Orange 6	1,05	1,05
Orange 8	1,05	1,05
Orange 10	1,05	1,05
Orange 12	1,05	1,05
Orange 14	1,05	1,05
Orange 16	1,05	1,05
Orange 18	1,05	1,05
Orange 20	1,05	1,05
Orange 22	1,05	1,05
Orange 24	1,05	1,05
Orange 26	1,05	1,05
Orange 28	1,05	1,05
Orange 30	1,05	1,05
Orange 32	1,05	1,05
Orange 34	1,05	1,05
Orange 36	1,05	1,05
Orange 38	1,05	1,05
Orange 40	1,05	1,05
Orange 42	1,05	1,05
Orange 44	1,05	1,05
Orange 46	1,05	1,05
Orange 48	1,05	1,05
Orange 50	1,05	1,05
Orange 52	1,05	1,05
Orange 54	1,05	1,05
Orange 56	1,05	1,05
Orange 58	1,05	1,05
Orange 60	1,05	1,05
Orange 62	1,05	1,05
Orange 64	1,05	1,05
Orange 66	1,05	1,05
Orange 68	1,05	1,05
Orange 70	1,05	1,05
Orange 72	1,05	1,05
Orange 74	1,05	1,05
Orange 76	1,05	1,05
Orange 78	1,05	1,05
Orange 80	1,05	1,05
Orange 82	1,05	1,05
Orange 84	1,05	1,05
Orange 86	1,05	1,05
Orange 88	1,05	1,05
Orange 90	1,05	1,05
Orange 92	1,05	1,05
Orange 94	1,05	1,05
Orange 96	1,05	1,05
Orange 98	1,05	1,05
Orange 100	1,05	1,05
Orange 102	1,05	1,05
Orange 104	1,05	1,05
Orange 106	1,05	1,05
Orange 108	1,05	1,05
Orange 110	1,05	1,05
Orange 112	1,05	1,05
Orange 114	1,05	1,05
Orange 116	1,05	1,05
Orange 118	1,05	1,05
Orange 120	1,05	1,05
Orange 122	1,05	1,05
Orange 124	1,05	1,05
Orange 126	1,05	1,05
Orange 128	1,05	1,05
Orange 130	1,05	1,05
Orange 132	1,05	1,05
Orange 134	1,05	1,05
Orange 136	1,05	1,05
Orange 138	1,05	1,05
Orange 140	1,05	1,05
Orange 142	1,05	1,05
Orange 144	1,05	1,05
Orange 146	1,05	1,05
Orange 148	1,05	1,05
Orange 150	1,05	1,05
Orange 152	1,05	1,05
Orange 154	1,05	1,05
Orange 156	1,05	1,05
Orange 158	1,05	1,05
Orange 160	1,05	1,05
Orange 162	1,05	1,05
Orange 164	1,05	1,05
Orange 166	1,05	1,05
Orange 168	1,05	1,05
Orange 170	1,05	1,05
Orange 172	1,05	1,05
Orange 174	1,05	1,05
Orange 176	1,05	1,05
Orange 178	1,05	1,05
Orange 180	1,05	1,05
Orange 182	1,05	1,05
Orange 184	1,05	1,05
Orange 186	1,05	1,05
Orange 188	1,05	1,05
Orange 190	1,05	1,05
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*EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3*

*ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016*



Province of the
EASTERN CAPE
HEALTH

ANNUAL FINANCIAL STATEMENTS FOR EASTERN CAPE DEPARTMENT OF HEALTH

For the year ended
31 March 2016

**EASTERN CAPE DEPARTMENT OF HEALTH
(PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH)
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**REPORT OF THE AUDITOR-GENERAL
for the year ended 31 March 2016**

**REPORT OF THE AUDITOR-GENERAL TO THE EASTERN CAPE
PROVINCIAL LEGISLATURE ON VOTE NO.3: DEPARTMENT OF
HEALTH**

REPORT ON THE FINANCIAL STATEMENTS

Introduction

1. I have audited the financial statements of the Eastern Cape Department of Health set out on pages 277 to 539 which comprise the appropriate statement, the statement of financial position as at 31 March 2016, the statement of financial performance, statement of changes in net assets, and cash flow statement for the year then ended, as well as the notes. Comprising a summary of significant accounting policies and other explanatory information

Accounting officer's responsibility for the financial statements

2. The accounting officer is responsible for the preparation and fair presentation of these financial statements in accordance with the Modified Cash Standard (MCS) prescribed by the National Treasury and the requirements of the Public Finance Management Act of South Africa (Act No. 1 of 1999) (PFMA) and the Division of Revenue Act of South Africa (Act No. 10 of 2014) (DoRa), and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor-general's responsibility

3. My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with the International Standards

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on Auditing. Those standards require that I comply with ethical requirements, and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement

4. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluation the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements
5. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion

Opinion

6. In my opinion the financial statements present fairly, in all material respects, the financial position of the Eastern Cape Department of Health as at 31 March 2016 and its financial performance and cash flows for the year then ended, in accordance with the MCS and the requirements of the PFMA and DoRA

Emphasis of matters

7. I draw attention to the matters below. My opinion is not modified in respect of these matters Restatement of corresponding figures
6. As disclosed in note 32 to the financial statements, the corresponding figures have been restated as a result of errors corrected during the year ended 31 March 2016 that existed in the financial statement at, and for the year ended, 31 March 20115

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Irregular expenditure

9. Irregular expenditure of R212,4 million that has accumulated over a number of years and has not been recovered, written off or condoned was disclosed in note 26 to the financial statements. Irregular expenditure of 11,5 million incurred during the year under review was included in the amount disclosed.

Fruitless and wasteful expenditure

10. Disclosed in note 27 to the financial statements is fruitless and wasteful expenditure of R34,7 million not yet condoned. Fruitless and wasteful expenditure of R2,2 million was incurred during the year under review as a result of damages and interest payments

Additional matter

11. I draw attention to the matter below. My opinion is not modified in respect of this matter Unaudited supplementary information
12. The supplementary information set out on pages 540 to 554 does not form part of the financial statements and is presented as additional information. I have not audited these schedules and, accordingly, I do not express an opinion thereon

Report on other legal and regulatory requirements

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

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Predetermined objectives

14. I performed procedures to obtain evidence about the usefulness and reliability of the reported performance information for the following selected programmes presented in the annual performance report of the department for the year ended 31 March 2016:
- Programme 2: District health services, on pages 77 to 113
 - Programme 5: Tertiary and central hospitals, on pages 135 to 147
15. I evaluated the reported performance information against the overall criteria of usefulness and reliability
16. I evaluated the usefulness of the reported performance information to determine whether it was presented in accordance with the National Treasury's annual reporting principles and whether the reported performance was consistent with the planned programmes. I further performed tests to determine whether indicators and targets were well defined, verifiable, specific, measurable, time bound and relevant, as required by the National Treasury's Framework for managing programme performance information (FMPPi)
17. I assessed the reliability of the reported performance information to determine whether it was valid, accurate and complete
18. I did not raise material findings on the usefulness of the reported information relating to the selected programmes
19. The material finding on the reliability of the selected programmes is as follows:
Reliability of reported performance information

Programme 2- district health services and programme 5 tertiary and central hospitals

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

Additional matters

21. I draw attention to the following matters:

Achievement of planned targets

22. Refer to the annual performance report on pages xx to xx for information on the achievement of the planned targets for the year. This information should be considered in the context of the material finding on the reliability of the reported performance information in reported in paragraph 19 of this report

Adjustment of material misstatements

23. 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 and programme 5- tertiary and central hospitals. As management subsequently corrected the misstatements, I did not raise any material findings on the usefulness of the reported performance information.

Compliance with legislation

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

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Annual financial statements and annual reports

25. The financial statements submitted for auditing were not prepared in accordance with the prescribed financial reporting framework and/or supported by full and proper records, as required by section 40 (1) and (b) of the PFMA. Material misstatements on disclose items identified by the auditors in the submitted financial statement were subsequently corrected and the supporting records were provided subsequently, resulting in the financial statements receiving an unqualified audit opinion.

Expenditure management

26. Effective steps were not taken to prevent irregular expenditure and fruitless and wasteful expenditure, as required by selection 38 (1)(c)(ii) of the PFMA and treasury regulation 9.1.1

Procurement and contract management

27. 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, as required by treasury regulation 16A8.4
28. Persons in the service of the department whose close family member, partners or associates had a private or business interest in contracts awarded by the department failed to disclose such interest, as required by treasury regulation 16A8.4

Consequence management

29. Investigations were not conducted into all allegations of financial misconduct committed by officials, as required by treasury regulations 4.1.1.

Internal control

30. I considered internal control relevant to my audit of the financial statements, annual performance

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report and compliance with legislation. The matters reported below are limited to the significant internal control deficiencies that resulted in the findings on the annual performance report and the findings on compliance with legislation included in this report

Leadership

31. Stable leadership within the department has contributed to improvements on the financial management. However the effectiveness of leadership around performance management still requires focus in order to achieve reliable reporting. The roles and responsibilities for collecting, coordinating and compiling performance information had been communicated to all relevant staff; however, there was no effective accountability at all levels to ensure that these processes had been performed.
32. The appropriate level of management did not regularly monitor compliance with internal policies and procedures as well as legislation in order to identify any non-adherence. As a result, the necessary corrective action to ensure that non-compliance is avoided was not implemented
33. The department adopted a formal action plan to address the previous year's audit findings on financial management. This action plan indicated that progress had been made on the monitoring of internal control deficiencies. The significant reduction in the year under review's audit findings and the improvement in the audit outcome confirm that the intervention has yielded the expected results. However there is a slow response in investigating cases of financial misconduct. Senior management from the monitoring and evaluation unit, responsible for the performance reporting of the department, did not create a specific and achievable action plan to improve the reporting on predetermined objectives. This resulted in repeat findings in the year under review.

Financial and performance management

34. Weaknesses in the design and Implementation of the national health information systems resulted in poor and inaccurate quarterly and annual reporting achievements against targets. Management at institutional and head office levels did not adequately review and analyse reported performance values against supporting and explanatory evidence. This resulted in unverifiable reporting in the annual performance report

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35. While management information is prepared on a monthly basis, the processes and record revision that are necessary to complete the year-end financial statements should also be included in the preparation of these reports. This will improve their credibility and ensure that all records, registers and reconciliations are kept up to date throughout the year. The department still had a challenge with a shortage of staff and the officials at the districts did not have adequate knowledge and skills to understand the performance management requirements. This was evidenced by incomplete files that were submitted for auditing
36. Although there was an improvement on the financial management, the internal controls were not fully functional, this was evidence by material misstatement identified on disclosures during the audit process that were subsequently corrected which resulted in the department receiving unqualified opinion. These factors cast doubt on the sustainability of the improved outcome.
37. The department did not always adequately monitor compliance with all applicable legislation. Noncompliance with legislation could have been prevented had compliance been adequately reviewed and monitored. However, the number of non-compliance matters identified in the year under review was less than that of the previous year, which indicates the department's seriousness on achieving clean administration.

Governance

38. The internal audit unit continued to be more effective and assisted to add value in the projects related to the audit improvement plan. The audit committee performed its oversight and governance responsibilities in respect of the department, through meeting on a regular basis and interacting with both the executive and administrative functional heads of the department. However, lack of management response to oversight review of financial reporting, non-compliance with legislation and reporting on predetermined objectives resulted in repeat findings in these areas, which were identified during the audit. The significant findings were addressed through the audit process resulting in an improved audit outcome, but these areas remain critical for the audit committee to focus on to ensure a sustainable audit opinion.

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**REPORT OF THE AUDITOR-GENERAL
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Other reports

39. I draw attention to the following engagement that could potentially have an impact on the department's financial, performance and compliance related matters, My opinion is not modified in respect of these engagements that are other in progress or have been completed.

Performance audits

40. A performance audit on the management of pharmaceuticals was conducted at the national and provincial departments of health. The objective was to determine whether patients received prescribed pharmaceuticals in time. The performance audit focused on the following:

- Policy and planning for pharmaceuticals
- Procurement of pharmaceuticals
- Storage and safeguarding of pharmaceuticals stock
- Distribution of pharmaceuticals to patients

The outcome of this performance audit will be included in a transversal report to be tabled in Parliament.

AUDITOR-GENERAL

East London 30 July 2016



PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme	Appropriation per programme							2014/15	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000		R'000	R'000
1 ADMINISTRATION	675 813	(6 590)	(2 803)	666 420	666 359	61	100.0%	606 406	574 709
2 DISTRICT HEALTH SERVICES	9 520 089	41 156	(30 470)	9 530 775	9 516 426	14 349	99.8%	8 848 746	8 939 147
3 EMERGENCY MEDICAL SERVICES	1 072 025	(18 316)	(81 789)	971 920	946 270	25 650	97.4%	865 786	850 947
4 PROVINCIAL HOSPITALS SERVICES	4 791 272	(3 591)	143 087	4 930 768	4 927 742	3 026	99.9%	4 510 947	4 504 185
5 CENTRAL HOSPITAL SERVICES	840 151	3 632	-	843 783	823 221	20 562	97.6%	796 341	758 650
6 HEALTH SCIENCES AND TRAINING	787 353	(10 828)	(2 604)	773 921	769 372	4 549	99.4%	746 639	726 252
7 HEALTH CARE SUPPORT SERVICES	103 327	(2 296)	(7 677)	93 354	93 129	225	99.8%	108 768	92 399
8 HEALTH FACILITIES MANAGEMENT	1 231 769	(3 167)	(17 744)	1 210 858	1 199 522	11 336	99.1%	1 193 660	1 101 815
Programme sub total	19 021 799	-	-	19 021 799	18 942 041	79 758	99.6%	17 677 293	17 548 104
Statutory Appropriation	1 902	-	-	1 902	1 902	-	100.0%	1 750	1 750
TOTAL	19 023 701	-	-	19 023 701	18 943 943	79 758	99.6%	17 679 043	17 549 854

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Appropriation per programme									
Programme	2015/16			Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	2014/15	
	Adjusted Appropriation	Shifting of Funds	Virement					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:									
				-				33 447	
				9 829				2 436	
				19 033 530				17 714 926	
Actual amounts per Statement of Financial Performance (Total Revenue)									
Add:					13 833				
Actual amounts per Statement of Financial Performance Expenditure									
					18 957 776				17 549 854

**PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

	Appropriation per economic classification							2014/15	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000		R'000	R'000
Current payments	17 350 437	(83 404)	(157 362)	17 109 671	17 091 967	17 704	99.9%	16 086 515	16 173 844
Compensation of employees	12 560 270	62 213	(54 203)	12 568 280	12 562 282	5 998	100.0%	11 583 810	11 576 335
Salaries and wages	12 559 509	(1 352 782)	(59 653)	11 147 074	11 141 151	5 923	99.9%	10 240 024	10 237 020
Social contributions	761	1 414 995	5 450	1 421 206	1 421 131	75	100.0%	1 343 786	1 339 315
Goods and services	4 790 167	(152 307)	(103 159)	4 534 701	4 522 995	11 706	99.7%	4 500 457	4 595 261
Administrative fees	1 482	1 831	-	3 313	3 270	43	98.7%	7 862	7 714
Advertising	6 246	(3 664)	(2)	2 580	2 113	467	81.9%	13 571	12 198
Minor assets	54 312	(27 378)	(795)	26 139	24 481	1 658	93.7%	44 790	41 832
Audit costs:	25 897	(8 917)	-	16 980	16 980	-	100.0%	16 996	16 262
External									
Bursaries:	13 613	(7 118)	-	6 495	6 495	-	100.0%	7 951	7 951
Employees	39	1 579	-	1 618	1 570	48	97.0%	5 258	4 911
Catering:									
Departmental activities									
Communication (G&S)	98 293	(430)	1	97 864	97 769	95	99.9%	106 920	103 849
Computer services	63 115	6 665	-	69 780	69 709	71	99.9%	47 673	40 666
Consultants:	92 926	(13 645)	-	79 281	79 281	-	100.0%	120 500	117 240
Business and advisory services	-	-	-	-	-	-	0.0%	22	-
Infrastructure and planning services	-	-	-	-	-	-	0.0%	-	-
Laboratory services	428 083	145 374	(431)	573 026	572 936	90	100.0%	436 166	439 283
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	44 838	14 269	-	59 107	59 107	-	100.0%	19 888	19 888
Contractors	37 980	17 503	-	55 483	54 739	744	98.7%	45 928	36 276

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

	Appropriation per economic classification							2014/15	
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Agency and support / outsourced services	445 691	109 530	(6 151)	549 070	549 070	-	100.0%	443 810	454 360
Entertainment	60	103	-	163	163	-	100.0%	124	119
Fleet services (including government motor transport)	300 848	(84 530)	(51 924)	164 394	164 088	306	99.8%	232 403	239 894
Housing	-	-	-	-	-	-	0.0%	-	-
Inventory: Clothing material and accessories	-	801	-	801	801	-	100.0%	666	666
Inventory: Farming supplies	-	2	-	2	2	-	100.0%	-	-
Inventory: Food and food supplies	154 856	(30 371)	(6 110)	118 375	118 285	90	99.9%	125 900	122 756
Inventory: Fuel, oil and gas	65 247	13 775	(21 009)	58 013	56 260	1 753	97.0%	55 556	55 486
Inventory: Learner and teacher support material	-	458	-	458	458	-	100.0%	427	427
Inventory: Materials and supplies	10 122	(2 903)	-	7 219	7 219	-	100.0%	11 380	11 111
Inventory: Medical supplies	646 747	(84 089)	(3 598)	559 060	557 292	1 768	99.7%	543 565	537 673
Inventory: Medicine Medsas inventory interface	1 296 214	(222 448)	-	1 073 766	1 073 766	-	100.0%	1 079 152	1 218 920
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-
Consumable supplies	145 921	(16 303)	(8 893)	120 725	119 197	1 528	98.7%	123 003	120 799
Consumable: Stationery, printing and office supplies	44 986	(9 065)	-	35 921	35 666	255	99.3%	43 410	37 517

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Operating leases	80 076	20 957	(10 701)	90 332	90 332	0	100.0%	87 919	80 699
Property payments	608 367	(38 688)	5 275	574 954	573 539	1 415	99.8%	665 857	663 751
Transport provided:	405	1 075	-	1 480	1 480	-	100.0%	1 105	1 003
Departmental activity									
Travel and subsistence	48 843	61 074	1 079	110 996	110 996	-	100.0%	130 554	130 993
Training and development	27 751	(11 151)	-	16 600	15 596	1 004	94.0%	19 725	18 510
Operating payments	45 823	12 945	100	58 868	58 498	370	99.4%	57 256	47 763
Venues and facilities	1 385	322	-	1 707	1 707	-	100.0%	4 610	4 234
Rental and hiring	-	130	-	130	130	-	100.0%	510	510
Interest and rent on land	-	6 690	-	6 690	6 690	-	100.0%	2 248	2 248
Interest (Incl. interest on unitary payments (PPP))	-	6 690	-	6 690	6 690	-	100.0%	2 248	2 248
Rent on land	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Appropriation per economic classification									
2015/16							2014/15		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	344 772	83 404	157 362	585 538	571 824	13 714	97.7%	382 549	355 268
Provinces and municipalities	20 745	-	-	20 745	13 229	7 516	63.8%	16 895	9 122
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	20 745	-	-	20 745	13 229	7 516	63.8%	16 895	9 122
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	20 745	-	-	20 745	13 229	7 516	63.8%	16 895	9 122
Departmental agencies and accounts	40 728	-	-	40 728	35 417	5 311	87.0%	33 667	15 542
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	40 728	-	-	40 728	35 417	5 311	87.0%	33 667	15 542
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	283 299	83 404	157 362	524 065	523 178	887	99.8%	331 987	330 604
Social benefits	171 427	(104 021)	23 803	91 209	90 659	550	99.4%	94 710	93 542
Other transfers to households	111 872	187 425	133 559	432 856	432 519	337	99.9%	237 277	237 062
Payments for capital assets	1 328 492	-	-	1 328 492	1 280 152	48 340	96.4%	1 209 979	1 020 742
Buildings and other fixed structures	885 970	4 075	-	890 045	881 906	8 139	99.1%	725 645	672 696
Buildings	122 501	(103 880)	-	18 621	13 551	5 070	72.8%	725 645	672 696
Other fixed structures	763 469	107 955	-	871 424	868 355	3 069	99.6%	-	-
Machinery and equipment	441 622	(4 075)	-	437 547	397 400	40 147	90.8%	483 586	348 046
Transport equipment	208 471	(34 137)	-	174 334	158 769	15 565	91.1%	196 630	173 867
Other machinery and equipment	233 151	30 062	-	263 213	238 631	24 582	90.7%	286 956	174 179
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	900	-	-	900	846	54	94.0%	748	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	19 023 701	-	-	19 023 701	18 943 943	79 758	99.6%	17 679 043	17 549 854

APPROPRIATION STATEMENT
for the year ended 31 March 2016

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PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 1 Administration									
Appropriation per economic classification									
2015/16									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Current payments	655 285	(2 592)	(2 803)	649 890	649 890	0	100.0%	569 171	553 246
Compensation of employees	393 996	36 791	(2 803)	427 984	427 984	-	100.0%	355 783	354 659
Salaries and wages	393 996	(7 914)	(2 803)	383 279	383 279	-	100.0%	317 538	317 138
Social contributions	-	44 705	-	44 705	44 705	-	100.0%	38 245	37 521
Goods and services	261 289	(39 914)	-	221 375	221 375	0	100.0%	212 977	198 176
Administrative fees	324	559	-	883	883	-	100.0%	895	747
Advertising	1 227	(1 010)	-	217	217	-	100.0%	8 488	8 488
Minor assets	3 411	(2 362)	-	1 049	1 049	-	100.0%	1 687	1 687
Audit costs: External	25 897	(8 917)	-	16 980	16 980	-	100.0%	16 996	16 262
Bursaries: Employees	-	11	-	11	11	-	100.0%	42	42
Catering: Departmental activities	39	171	-	210	210	-	100.0%	712	648
Communication (G&S)	42 547	(14 623)	-	27 924	27 924	-	100.0%	30 990	30 990
Computer services	44 861	17 342	-	62 203	62 203	-	100.0%	35 587	30 934
Consultants: Business and advisory services	28 605	(11 777)	-	16 828	16 828	-	100.0%	29 282	29 282
Infrastructure and planning services	-	-	-	-	-	-	0.0%	-	-
Laboratory services	1 000	(1 000)	-	-	-	-	0.0%	-	-
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	44 803	14 304	-	59 107	59 107	-	100.0%	19 561	19 561
Contractors	1 299	1 607	-	2 906	2 906	-	100.0%	969	969

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 1 Administration	Appropriation per economic classification									
	2015/16					2014/15				
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000	
Agency and support / outsourced services	14 089	(12 328)	-	1 761	1 761	-	100.0%	1 883	1 221	
Entertainment	-	69	-	69	69	-	100.0%	107	102	
Fleet services (including government motor transport)	13 378	(9 973)	-	3 405	3 405	-	100.0%	4 831	3 927	
Housing	-	-	-	-	-	-	0.0%	-	-	
Inventory: Clothing material and accessories	-	-	-	-	-	-	0.0%	-	-	
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	-	-	
Inventory: Food and food supplies	-	44	-	44	44	-	100.0%	143	143	
Inventory: Fuel, oil and gas	-	-	-	-	-	-	0.0%	-	-	
Inventory: Learner and teacher support material	-	17	-	17	17	-	100.0%	-	-	
Inventory: Materials and supplies	-	254	-	254	254	-	100.0%	266	266	
Inventory: Medical supplies	-	-	-	-	-	-	0.0%	807	-	
Inventory: Medicine	-	(2)	-	(2)	(2)	-	100.0%	14 187	14 187	
Medsas inventory interface	-	-	-	-	-	-	0.0%	-	-	
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-	
Consumable supplies	2 595	(965)	-	1 630	1 630	-	100.0%	1 747	1 145	
Consumable: Stationery, printing and office supplies	6 962	(2 877)	-	4 085	4 085	-	100.0%	3 646	3 646	

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 1 Administration									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Operating leases	9 152	(4 211)	-	4 941	4 941	0	100.0%	15 986	9 986
Property payments	5 000	(4 659)	-	341	341	-	100.0%	132	132
Transport provided:	-	-	-	-	-	-	0.0%	69	-
Departmental activity	3 480	10 456	-	13 936	13 936	-	100.0%	21 213	21 132
Travel and subsistence	1 165	(1 157)	-	8	8	-	100.0%	593	521
Training and development	11 374	(9 233)	-	2 141	2 141	-	100.0%	1 618	1 618
Operating payments	81	346	-	427	427	-	100.0%	540	540
Venues and facilities	-	-	-	-	-	-	0.0%	-	-
Rental and hiring	-	531	-	531	531	-	100.0%	411	411
Interest and rent on land	-	-	-	-	-	-	-	-	-
Interest (Incl. interest on unitary payments (PPP))	-	531	-	531	531	-	100.0%	411	411
Rent on land	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 1 Administration									
Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	1 388	1 453	-	2 841	2 838	3	99.9%	2 748	2 713
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0.0%	-	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	0.0%	-	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 1 Administration									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	1 388	1 453	-	2 841	2 838	3	99.9%	2 748	2 713
Social benefits	1 388	1 395	-	2 783	2 780	3	99.9%	2 594	2 559
Other transfers to households	-	58	-	58	58	-	100.0%	154	154
Payments for capital assets	19 140	(5 451)	-	13 689	13 631	58	99.6%	34 487	18 750
Buildings and other fixed structures	-	-	-	-	-	-	0.0%	-	-
Buildings	-	-	-	-	-	-	0.0%	-	-
Other fixed structures	-	-	-	-	-	-	0.0%	-	-
Machinery and equipment	18 240	(5 451)	-	12 789	12 785	4	100.0%	33 739	18 750
Transport equipment	5 317	982	-	6 299	6 299	-	100.0%	4 287	3 423
Other machinery and equipment	12 923	(6 433)	-	6 490	6 486	4	99.9%	29 452	15 327
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	900	-	-	900	846	54	94.0%	748	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	675 813	(6 590)	(2 803)	666 420	666 359	61	100.0%	606 406	574 709

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Sub programme 1.1 Office of the MEC									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Current payments	5 910	(1 602)	-	4 308	4 308	-	100.0%	4 875	4 129
Compensation of employees	3 394	(593)	-	2 801	2 801	-	100.0%	3 141	2 545
Salaries and wages	3 394	(1 078)	-	2 316	2 316	-	100.0%	2 497	2 097
Social contributions	-	485	-	485	485	-	100.0%	644	448
Goods and services	2 516	(1 009)	-	1 507	1 507	-	100.0%	1 734	1 584
Administrative fees	-	-	-	-	-	-	0.0%	-	-
Advertising	254	(254)	-	-	-	-	0.0%	-	-
Minor assets	368	(364)	-	4	4	-	100.0%	16	16
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries: Employees	-	-	-	-	-	-	0.0%	-	-
Catering:	39	(25)	-	14	14	-	100.0%	101	37
Departmental activities	-	-	-	-	-	-	-	-	-
Communication (G&S)	355	(355)	-	-	-	-	0.0%	-	-
Computer services	(200)	200	-	-	-	-	0.0%	-	-
Consultants:	-	-	-	-	-	-	0.0%	-	-
Business and advisory services	-	-	-	-	-	-	0.0%	-	-
Infrastructure and planning services	-	-	-	-	-	-	0.0%	-	-
Laboratory services	-	-	-	-	-	-	0.0%	-	-
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	92	(92)	-	-	-	-	0.0%	-	-
Contractors	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Sub programme 1.1 Office of the MEC									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Agency and support / outsourced services	-	-	-	-	-	-	0.0%	-	-
Entertainment	-	56	-	56	56	-	100.0%	49	44
Fleet services	-	8	-	8	8	-	100.0%	10	10
(including government motor transport)									
Housing	-	-	-	-	-	-	0.0%	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	0.0%	-	-
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Fuel, oil and gas	-	-	-	-	-	-	0.0%	-	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	0.0%	-	-
Inventory: Materials and supplies	-	-	-	-	-	-	0.0%	1	1
Inventory: Medical supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Medicine	-	-	-	-	-	-	0.0%	-	-
Medsas inventory interface	-	-	-	-	-	-	0.0%	-	-
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-
Consumable supplies	237	(237)	-	-	-	-	0.0%	35	35
Stationery, printing and office supplies	332	(270)	-	62	62	-	100.0%	67	67

APPROPRIATION STATEMENT
for the year ended 31 March 2016

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PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Sub programme 1.1 Office of the MEC									
Appropriation per economic classification									
2015/16							2014/15		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	-	-	-	-	-	-	0.0%	-	-
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0.0%	-	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	0.0%	-	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Sub programme 1.1 Office of the MEC									
Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	-	-	-	-	-	-	0.0%	-	-
Social benefits	-	-	-	-	-	-	0.0%	-	-
Other transfers to households	-	-	-	-	-	-	0.0%	-	-
Payments for capital assets	1 811	(1 074)	-	737	737	-	100.0%	216	63
Buildings and other fixed structures	-	-	-	-	-	-	0.0%	-	-
Buildings	-	-	-	-	-	-	0.0%	-	-
Other fixed structures	-	-	-	-	-	-	0.0%	-	-
Machinery and equipment	1 811	(1 074)	-	737	737	-	100.0%	216	63
Transport equipment	1 026	(313)	-	713	713	-	100.0%	216	63
Other machinery and equipment	785	(761)	-	24	24	-	100.0%	-	-
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	7 721	(2 676)	-	5 045	5 045	-	100.0%	5 091	4 192

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Sub programme 1.2 Management									
Appropriation per economic classification									
2015/16									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Current payments	649 375	(990)	(2 803)	645 582	645 582	0	100.0%	564 296	549 117
Compensation of employees	390 602	37 384	(2 803)	425 183	425 183	-	100.0%	352 642	352 114
Salaries and wages	390 602	(6 836)	(2 803)	380 963	380 963	-	100.0%	315 041	315 041
Social contributions	-	44 220	-	44 220	44 220	-	100.0%	37 601	37 073
Goods and services	258 773	(38 905)	-	219 868	219 868	0	100.0%	211 243	196 592
Administrative fees	324	559	-	883	883	-	100.0%	895	747
Advertising	973	(756)	-	217	217	-	100.0%	8 488	8 488
Minor assets	3 043	(1 998)	-	1 045	1 045	-	100.0%	1 671	1 671
Audit costs: External	25 897	(8 917)	-	16 980	16 980	-	100.0%	16 996	16 262
Bursaries: Employees	-	11	-	11	11	-	100.0%	42	42
Catering: Departmental activities	-	196	-	196	196	-	100.0%	611	611
Communication (G&S)	42 192	(14 268)	-	27 924	27 924	-	100.0%	30 990	30 990
Computer services	45 061	17 142	-	62 203	62 203	-	100.0%	35 587	30 934
Consultants: Business and advisory services	28 605	(11 777)	-	16 828	16 828	-	100.0%	29 282	29 282
Infrastructure and planning services	-	-	-	-	-	-	0.0%	-	-
Laboratory services	1 000	(1 000)	-	-	-	-	0.0%	-	-
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	44 711	14 396	-	59 107	59 107	-	100.0%	19 561	19 561
Contractors	1 299	1 607	-	2 906	2 906	-	100.0%	969	969

APPROPRIATION STATEMENT
for the year ended 31 March 2016

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PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Sub programme 1.2 Management									
Appropriation per economic classification									
2015/16									
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000		R'000	R'000
Operating leases	9 110	(4 169)	-	4 941	4 941	0	100.0%	15 986	9 986
Property payments	5 000	(4 659)	-	341	341	-	100.0%	132	132
Transport provided:	-	-	-	-	-	-	0.0%	69	-
Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	2 743	9 860	-	12 603	12 603	-	100.0%	19 814	19 814
Training and development	1 165	(1 157)	-	8	8	-	100.0%	593	521
Operating payments	11 195	(9 068)	-	2 127	2 127	-	100.0%	1 617	1 617
Venues and facilities	-	411	-	411	411	-	100.0%	485	485
Rental and hiring	-	-	-	-	-	-	0.0%	-	-
Interest and rent on land	-	531	-	531	531	-	100.0%	411	411
Interest (Incl. interest on unitary payments (PPP))	-	531	-	531	531	-	100.0%	411	411
Rent on land	-	-	-	-	-	-	0.0%	-	-

**PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

Sub programme 1.2 Management									
Appropriation per economic classification									
2015/16									
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000		R'000	R'000
Transfers and subsidies	1 388	1 453	-	2 841	2 838	3	99.9%	2 748	2 713
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0.0%	-	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	0.0%	-	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Sub programme 1.2 Management									
Appropriation per economic classification									
2015/16									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	1 388	1 453	-	2 841	2 838	3	99.9%	2 748	2 713
Social benefits	1 388	1 395	-	2 783	2 780	3	99.9%	2 594	2 559
Other transfers to households	-	58	-	58	58	-	100.0%	154	154
Payments for capital assets	17 329	(4 377)	-	12 952	12 894	58	99.6%	34 271	18 687
Buildings and other fixed structures	-	-	-	-	-	-	0.0%	-	-
Buildings	-	-	-	-	-	-	0.0%	-	-
Other fixed structures	-	-	-	-	-	-	0.0%	-	-
Machinery and equipment	16 429	(4 377)	-	12 052	12 048	4	100.0%	33 523	18 687
Transport equipment	4 291	1 295	-	5 586	5 586	-	100.0%	4 071	3 360
Other machinery and equipment	12 138	(5 672)	-	6 466	6 462	4	99.9%	29 452	15 327
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	900	-	-	900	846	54	94.0%	748	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	668 092	(3 914)	(2 803)	661 375	661 314	61	100.0%	601 315	570 517

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2 District Health Services									
Sub programme	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000		R'000	R'000
1 DISTRICT MANAGEMENT	638 420	90 860	7	729 287	729 615	(328)	100.0%	631 112	631 035
2 COMMUNITY HEALTH CLINICS	1 847 453	28 611	(1 890)	1 874 174	1 874 174	-	100.0%	1 726 535	1 866 101
3 COMMUNITY HEALTH CENTRES	912 758	(7 758)	-	905 000	904 933	67	100.0%	856 412	855 330
4 COMMUNITY BASED SERVICES	472 168	(55 784)	-	416 384	408 868	7 516	98.2%	406 648	400 684
5 OTHER COMMUNITY SERVICES	102 298	(33 069)	(29 616)	39 613	39 613	-	100.0%	96 784	94 296
6 HIV/AIDS	1 587 447	2 153	897	1 590 497	1 583 403	7 094	99.6%	1 460 844	1 431 330
7 NUTRITION	45 048	(10 441)	(6 110)	28 497	28 497	-	100.0%	49 780	46 592
8 CORONER SERVICES	87 670	(3 752)	(3 135)	80 783	80 783	-	100.0%	80 450	75 809
9 DISTRICT HOSPITALS	3 826 827	30 336	9 377	3 866 540	3 866 540	-	100.0%	3 540 181	3 537 970
Programme sub total	9 520 089	41 156	(30 470)	9 530 775	9 516 426	14 349	99.8%	8 848 746	8 939 147

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Programme 2 District Health Services									
Current payments	9 371 767	(80 448)	(44 745)	9 246 574	9 245 513	1 061	100.0%	8 626 096	8 768 735
Compensation of employees	6 944 335	(39 510)	(44 745)	6 860 080	6 859 019	1 061	100.0%	6 425 295	6 423 558
Salaries and wages	6 944 335	(828 489)	(50 195)	6 065 651	6 064 590	1 061	100.0%	5 663 640	5 662 814
Social contributions	-	788 979	5 450	794 429	794 429	-	100.0%	761 655	760 744
Goods and services	2 427 432	(42 508)	-	2 384 924	2 384 924	-	100.0%	2 200 155	2 334 531
Administrative fees	186	172	-	358	358	-	100.0%	1 621	1 621
Advertising	394	1 145	-	1 539	1 539	-	100.0%	3 334	2 885
Minor assets	25 657	(12 615)	-	13 042	13 042	-	100.0%	19 112	16 176
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries: Employees	-	65	-	65	65	-	100.0%	160	160
Catering: Departmental activities	-	784	-	784	784	-	100.0%	2 409	2 409
Communication (G&S)	29 726	10 744	-	40 470	40 470	-	100.0%	43 612	43 002
Computer services	5 092	(3 420)	-	1 672	1 672	-	100.0%	1 722	1 603
Consultants: Business and advisory services	51 759	4 627	-	56 386	56 386	-	100.0%	29 779	29 681
Infrastructure and planning services	-	-	-	-	-	-	0.0%	-	-
Laboratory services	242 316	166 257	-	408 573	408 573	-	100.0%	333 145	330 361
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	-	-	-	-	-	-	0.0%	219	219
Contractors	9 053	(5 570)	-	3 483	3 483	-	100.0%	4 565	4 471

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2 District Health Services									
Appropriation per economic classification									
		2015/16						2014/15	
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Agency and support / outsourced services	180 586	101 831	(6 151)	276 266	277 409	(1 143)	100.4%	194 459	208 811
Entertainment	-	-	-	-	-	-	0.0%	-	-
Fleet services (including government motor transport)	54 321	(17 454)	(3 135)	33 732	33 732	-	100.0%	57 754	66 182
Housing	-	-	-	-	-	-	0.0%	-	-
Inventory: Clothing material and accessories	-	32	-	32	32	-	100.0%	230	230
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Food and food supplies	76 479	(15 135)	(6 110)	55 234	55 234	-	100.0%	63 824	60 680
Inventory: Fuel, oil and gas	13 647	(886)	-	12 761	12 761	-	100.0%	13 489	13 475
Inventory: Learner and teacher support material	-	-	-	-	-	-	0.0%	-	-
Inventory: Materials and supplies	6 205	(4 002)	-	2 203	2 203	-	100.0%	2 164	1 895
Inventory: Medical supplies	363 491	(164 676)	-	198 815	197 672	1 143	99.4%	174 041	169 353
Inventory: Medicine	1 039 960	(97 252)	-	942 708	942 708	-	100.0%	894 853	1 031 153
Medas inventory interface	-	-	-	-	-	-	0.0%	-	-
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-
Consumable supplies	74 037	(9 606)	(8 702)	55 729	55 729	-	100.0%	56 976	55 374
Consumable: Stationery, printing and office supplies	18 181	(245)	-	17 936	17 936	-	100.0%	19 869	14 010

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2 District Health Services									
Appropriation per economic classification									
2015/16									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Operating leases	11 875	14 608	-	26 483	26 483	-	100.0%	25 628	25 042
Property payments	172 805	(53 777)	23 201	142 229	142 229	-	100.0%	159 528	159 168
Transport provided:	-	994	-	994	994	-	100.0%	718	685
Departmental activity									
Travel and subsistence	22 803	30 039	897	53 739	53 739	-	100.0%	54 750	54 750
Training and development	1 331	(809)	-	522	522	-	100.0%	899	387
Operating payments	26 224	11 910	-	38 134	38 134	-	100.0%	38 285	37 738
Venues and facilities	1 304	(341)	-	963	963	-	100.0%	2 797	2 797
Rental and hiring	-	72	-	72	72	-	100.0%	213	213
Interest and rent on land	-	1 570	-	1 570	1 570	-	100.0%	646	646
Interest (Incl. interest on unitary payments (PPP))	-	1 570	-	1 570	1 570	-	100.0%	646	646
Rent on land	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

	Appropriation per economic classification							2014/15	
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	79 233	80 445	14 275	173 953	160 709	13 244	92.4%	142 115	125 500
Provinces and municipalities	20 745	-	-	20 745	13 229	7 516	63.8%	16 895	9 122
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	20 745	-	-	20 745	13 229	7 516	63.8%	16 895	9 122
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	20 745	-	-	20 745	13 229	7 516	63.8%	16 895	9 122
Departmental agencies and accounts	22 148	-	-	22 148	17 302	4 846	78.1%	24 386	15 542
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	22 148	-	-	22 148	17 302	4 846	78.1%	24 386	15 542
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2 District Health Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	36 340	80 445	14 275	131 060	130 178	882	99.3%	100 834	100 836
Social benefits	36 340	8 147	-	44 487	43 942	545	98.8%	57 337	57 342
Other transfers to households	-	72 298	14 275	86 573	86 236	337	99.6%	43 497	43 494
Payments for capital assets	69 089	41 159	-	110 248	110 204	44	100.0%	80 535	54 912
Buildings and other fixed structures	-	-	-	-	-	-	0.0%	-	-
Buildings	-	-	-	-	-	-	0.0%	-	-
Other fixed structures	-	-	-	-	-	-	0.0%	-	-
Machinery and equipment	69 089	41 159	-	110 248	110 204	44	100.0%	80 535	54 912
Transport equipment	53 756	(9 411)	-	44 345	44 345	-	100.0%	57 095	44 592
Other machinery and equipment	15 333	50 570	-	65 903	65 859	44	99.9%	23 440	10 320
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	9 520 089	41 156	(30 470)	9 530 775	9 516 426	14 349	99.8%	8 848 746	8 939 147

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.1 District Management									
Appropriation per economic classification									
2015/16									
	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	596 886	84 255	7	681 148	682 291	(1 143)	100.2%	565 165	579 581
Compensation of employees	483 853	57 583	7	541 443	541 443	-	100.0%	440 745	440 744
Salaries and wages	483 853	(7 463)	-	476 390	476 390	-	100.0%	385 789	385 788
Social contributions	-	65 046	7	65 053	65 053	-	100.0%	54 956	54 956
Goods and services	113 033	26 672	-	139 705	140 848	(1 143)	100.8%	124 343	138 760
Administrative fees	114	4	-	118	118	-	100.0%	395	395
Advertising	105	(44)	-	61	61	-	100.0%	69	69
Minor assets	3 912	201	-	4 113	4 113	-	100.0%	1 985	1 985
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries: Employees	-	7	-	7	7	-	100.0%	44	44
Catering: Departmental activities	-	8	-	8	8	-	100.0%	39	39
Communication (G&S)	11 295	(1 429)	-	9 866	9 866	-	100.0%	11 138	11 138
Computer services	2 620	(2 568)	-	52	52	-	100.0%	306	306
Consultants: Business and advisory services	1 553	981	-	2 534	2 534	-	100.0%	18	18
Infrastructure and planning services	-	-	-	-	-	-	0.0%	-	-
Laboratory services	-	3 335	-	3 335	3 335	-	100.0%	500	500
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	-	-	-	-	-	-	0.0%	2	2
Contractors	2 097	(1 899)	-	198	198	-	100.0%	792	792

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.1 District Management									
Appropriation per economic classification									
2015/16									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Agency and support / outsourced services	146	64 325	-	64 471	65 614	(1 143)	101.8%	40 261	54 678
Entertainment	-	-	-	-	-	-	0.0%	-	-
Fleet services (including government motor transport)	34 129	(18 754)	-	15 375	15 375	-	100.0%	28 843	28 843
Housing	-	-	-	-	-	-	0.0%	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	0.0%	14	14
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Food and food supplies	-	61	-	61	61	-	100.0%	128	128
Inventory: Fuel, oil and gas	-	164	-	164	164	-	100.0%	56	56
Inventory: Learner and teacher support material	-	-	-	-	-	-	0.0%	-	-
Inventory: Materials and supplies	-	132	-	132	132	-	100.0%	306	306
Inventory: Medical supplies	-	306	-	306	306	-	100.0%	86	86
Inventory: Medicine	-	(924)	-	(924)	(924)	-	100.0%	-	-
Medsas inventory interface	-	-	-	-	-	-	0.0%	-	-
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-
Consumable supplies	3 553	(1 611)	-	1 942	1 942	-	100.0%	2 638	2 638
Consumable: Stationery, printing and office supplies	1 546	1 400	-	2 946	2 946	-	100.0%	1 812	1 812

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.1 District Management									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Operating leases	4 616	175	-	4 791	4 791	-	100.0%	5 681	5 681
Property payments	45 609	(28 002)	-	17 607	17 607	-	100.0%	17 123	17 123
Transport provided: Departmental activity	-	8	-	8	8	-	100.0%	28	28
Travel and subsistence	1 738	8 516	-	10 254	10 254	-	100.0%	9 736	9 736
Training and development	-	-	-	-	-	-	0.0%	26	26
Operating payments	-	2 208	-	2 208	2 208	-	100.0%	2 292	2 292
Venues and facilities	-	70	-	70	70	-	100.0%	25	25
Rental and hiring	-	2	-	2	2	-	100.0%	-	-
Interest and rent on land	-	-	-	-	-	-	0.0%	77	77
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	0.0%	77	77
Rent on land	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.1 District Management									
Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	18 340	4 252	-	22 592	21 777	815	96.4%	27 538	27 527
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0.0%	-	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	0.0%	-	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.1 District Management									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	18 340	4 252	-	22 592	21 777	815	96.4%	27 538	27 527
Social benefits	18 340	3 915	-	22 255	21 777	478	97.9%	27 018	27 010
Other transfers to households	-	337	-	337	-	337	0.0%	520	517
Payments for capital assets	23 194	2 353	-	25 547	25 547	-	100.0%	38 409	23 927
Buildings and other fixed structures	-	-	-	-	-	-	0.0%	-	-
Buildings	-	-	-	-	-	-	0.0%	-	-
Other fixed structures	-	-	-	-	-	-	0.0%	-	-
Machinery and equipment	23 194	2 353	-	25 547	25 547	-	100.0%	38 409	23 927
Transport equipment	30 253	(7 995)	-	22 258	22 258	-	100.0%	28 703	21 513
Other machinery and equipment	(7 059)	10 348	-	3 289	3 289	-	100.0%	9 706	2 414
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	638 420	90 860	7	729 287	729 615	(328)	100.0%	631 112	631 035

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.2 Community Health Clinics Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Current payments	1 847 453	25 908	(1 890)	1 871 471	1 871 471	-	100.0%	1 716 191	1 857 253
Compensation of employees	1 366 155	(14 844)	(1 890)	1 349 421	1 349 421	-	100.0%	1 284 356	1 284 400
Salaries and wages	1 366 155	(184 959)	(1 890)	1 179 306	1 179 306	-	100.0%	1 118 114	1 118 114
Social contributions	-	170 115	-	170 115	170 115	-	100.0%	166 242	166 286
Goods and services	481 298	40 752	-	522 050	522 050	-	100.0%	431 835	572 853
Administrative fees	63	(63)	-	-	-	-	0.0%	-	-
Advertising	73	(13)	-	60	60	-	100.0%	83	83
Minor assets	511	1 690	-	2 201	2 201	-	100.0%	4 017	4 017
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries: Employees	-	-	-	-	-	-	0.0%	27	27
Catering: Departmental	-	-	-	-	-	-	0.0%	22	22
activities	-	-	-	-	-	-	-	-	-
Communication (G&S)	3 115	3 465	-	6 580	6 580	-	100.0%	5 984	5 984
Computer services	-	-	-	-	-	-	0.0%	-	-
Consultants: Business and advisory services	-	-	-	-	-	-	0.0%	67	67
Infrastructure and planning services	-	-	-	-	-	-	0.0%	-	-
Laboratory services	16 141	23 669	-	39 810	39 810	-	100.0%	16 117	16 117
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	-	-	-	-	-	-	0.0%	-	-
Contractors	-	231	-	231	231	-	100.0%	481	481

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.2 Community Health Clinics Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Agency and support / outsourced services	30 374	67 767	-	98 141	98 141	-	100.0%	35 207	35 207
Entertainment	-	-	-	-	-	-	0.0%	-	-
Fleet services (including government motor transport)	2 500	(2 222)	-	278	278	-	100.0%	211	211
Housing	-	-	-	-	-	-	0.0%	-	-
Inventory: Clothing material and accessories	-	31	-	31	31	-	100.0%	38	38
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Food and food supplies	518	(147)	-	371	371	-	100.0%	356	356
Inventory: Fuel, oil and gas	1 576	168	-	1 744	1 744	-	100.0%	1 700	1 700
Inventory: Learner and teacher support material	-	-	-	-	-	-	0.0%	-	-
Inventory: Materials and supplies	-	239	-	239	239	-	100.0%	332	332
Inventory: Medical supplies	90 709	(56 376)	-	34 333	34 333	-	100.0%	35 108	35 108
Inventory: Medicine	296 378	(5 102)	-	291 276	291 276	-	100.0%	265 480	406 498
Medsas inventory interface	-	-	-	-	-	-	0.0%	-	-
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-
Consumable supplies	10 088	3 631	-	13 719	13 719	-	100.0%	13 332	13 332
Consumable: Stationery, printing and office supplies	3 355	(1 295)	-	2 060	2 060	-	100.0%	3 557	3 557

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.2 Community Health Clinics Services									
Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Operating leases	551	1 574	-	2 125	2 125	-	100.0%	2 430	2 430
Property payments	23 543	3 193	-	26 736	26 736	-	100.0%	44 802	44 802
Transport provided:	-	-	-	-	-	-	0.0%	26	26
Departmental activity	-	-	-	-	-	-	0.0%	-	-
Travel and subsistence	1 803	(404)	-	1 399	1 399	-	100.0%	2 272	2 272
Training and development	-	-	-	-	-	-	0.0%	2	2
Operating payments	-	716	-	716	716	-	100.0%	130	130
Venues and facilities	-	-	-	-	-	-	0.0%	46	46
Rental and hiring	-	-	-	-	-	-	0.0%	8	8
Interest and rent on land	-	-	-	-	-	-	0.0%	-	-
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	0.0%	-	-
Rent on land	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.2 Community Health Clinics Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	-	2 480	-	2 480	2 480	-	100.0%	8 848	8848
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0.0%	-	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	0.0%	-	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.2 Community Health Clinics Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	-	2 480	-	2 480	2 480	-	100.0%	8 848	8 848
Social benefits	-	2 372	-	2 372	2 372	-	100.0%	8 848	8 848
Other transfers to households	-	108	-	108	108	-	100.0%	-	-
Payments for capital assets	-	223	-	223	223	-	100.0%	1 496	-
Buildings and other fixed structures	-	-	-	-	-	-	0.0%	-	-
Buildings	-	-	-	-	-	-	0.0%	-	-
Other fixed structures	-	-	-	-	-	-	0.0%	-	-
Machinery and equipment	-	223	-	223	223	-	100.0%	1 496	-
Transport equipment	-	-	-	-	-	-	0.0%	597	-
Other machinery and equipment	-	223	-	223	223	-	100.0%	899	-
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	1 847 453	28 611	(1 890)	1 874 174	1 874 174	-	100.0%	1 726 535	1 866 101

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.3 Community Health Centres									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Current payments	909 762	(7 878)	-	901 884	901 884	-	100.0%	851 716	851 716
Compensation of employees	738 013	40 526	-	778 539	778 539	-	100.0%	706 367	706 367
Salaries and wages	738 013	(54 613)	-	683 400	683 400	-	100.0%	616 471	616 471
Social contributions	-	95 139	-	95 139	95 139	-	100.0%	89 896	89 896
Goods and services	171 749	(48 404)	-	123 345	123 345	-	100.0%	145 349	145 349
Administrative fees	-	1	-	1	1	-	100.0%	17	17
Advertising	-	-	-	-	-	-	0.0%	-	-
Minor assets	5 377	(3 968)	-	1 409	1 409	-	100.0%	1 313	1 313
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries: Employees	-	-	-	-	-	-	0.0%	-	-
Catering: Departmental activities	-	64	-	64	64	-	100.0%	24	24
Communication (G&S)	5 698	(2 517)	-	3 181	3 181	-	100.0%	2 970	2 970
Computer services	-	-	-	-	-	-	0.0%	-	-
Consultants: Business and advisory services	-	-	-	-	-	-	0.0%	61	61
Infrastructure and planning services	-	-	-	-	-	-	0.0%	-	-
Laboratory services	13 079	(1 639)	-	11 440	11 440	-	100.0%	11 221	11 221
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	-	-	-	-	-	-	0.0%	-	-
Contractors	959	(705)	-	254	254	-	100.0%	246	246

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.3 Community Health Centres									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Agency and support / outsourced services	10 597	4 710	-	15 307	15 307	-	100.0%	23 055	23 055
Entertainment	-	-	-	-	-	-	0.0%	-	-
Fleet services (including government motor transport)	4 500	(3 010)	-	1 490	1 490	-	100.0%	3 272	3 272
Housing	-	-	-	-	-	-	0.0%	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	0.0%	34	34
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Food and food supplies	959	(603)	-	356	356	-	100.0%	280	280
Inventory: Fuel, oil and gas	1 466	(497)	-	969	969	-	100.0%	314	314
Inventory: Learner and teacher support material	-	-	-	-	-	-	0.0%	-	-
Inventory: Materials and supplies	2 017	(1 702)	-	315	315	-	100.0%	130	130
Inventory: Medical supplies	10 630	2 680	-	13 310	13 310	-	100.0%	12 174	12 174
Inventory: Medicine	77 501	(26 071)	-	51 430	51 430	-	100.0%	76 437	76 437
Medsas inventory interface	-	-	-	-	-	-	0.0%	-	-
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-
Consumable supplies	5 342	555	-	5 897	5 897	-	100.0%	5 060	5 060
Consumable: Stationery, printing and office supplies	2 731	(1 584)	-	1 147	1 147	-	100.0%	356	356

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.3 Community Health Centres									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Operating leases	1 355	(202)	-	1 153	1 153	-	100.0%	130	130
Property payments	25 822	(11 790)	-	14 032	14 032	-	100.0%	7 352	7 352
Transport provided:	-	2	-	2	2	-	100.0%	-	-
Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	2 337	(1 004)	-	1 333	1 333	-	100.0%	835	835
Training and development	-	-	-	-	-	-	0.0%	-	-
Operating payments	1 379	(1 128)	-	251	251	-	100.0%	29	29
Venues and facilities	-	4	-	4	4	-	100.0%	39	39
Rental and hiring	-	-	-	-	-	-	0.0%	-	-
Interest and rent on land	-	-	-	-	-	-	0.0%	-	-
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	0.0%	-	-
Rent on land	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.3 Community Health Centres									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	-	1 256	-	1 256	1 189	67	94.7%	1 490	1 490
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0.0%	-	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	0.0%	-	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.3 Community Health Centres									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	-	1 256	-	1 256	1 189	67	94.7%	1 490	1 490
Social benefits	-	1 256	-	1 256	1 189	67	94.7%	1 490	1 490
Other transfers to households	-	-	-	-	-	-	0.0%	-	-
Payments for capital assets	2 996	(1 136)	-	1 860	1 860	-	100.0%	3 206	2 124
Buildings and other fixed structures	-	-	-	-	-	-	0.0%	-	-
Buildings	-	-	-	-	-	-	0.0%	-	-
Other fixed structures	-	-	-	-	-	-	0.0%	-	-
Machinery and equipment	2 996	(1 136)	-	1 860	1 860	-	100.0%	3 206	2 124
Transport equipment	2 974	(1 156)	-	1 818	1 818	-	100.0%	2 685	2 124
Other machinery and equipment	22	20	-	42	42	-	100.0%	521	-
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	912 758	(7 758)	-	905 000	904 933	67	100.0%	856 412	855 330

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.4 Community Based Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Current payments	444 985	(54 158)	-	390 827	390 827	-	100.0%	386 343	385 714
Compensation of employees	355 242	(14 632)	-	340 610	340 610	-	100.0%	319 265	319 265
Salaries and wages	355 242	(54 683)	-	300 559	300 559	-	100.0%	279 348	279 348
Social contributions	-	40 051	-	40 051	40 051	-	100.0%	39 917	39 917
Goods and services	89 743	(39 526)	-	50 217	50 217	-	100.0%	67 078	66 449
Administrative fees	-	64	-	64	64	-	100.0%	19	19
Advertising	57	(57)	-	-	-	-	0.0%	36	-
Minor assets	7 728	(6 815)	-	913	913	-	100.0%	1 147	1 097
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries: Employees	-	-	-	-	-	-	0.0%	-	-
Catering: Departmental	-	18	-	18	18	-	100.0%	319	319
activities	-	-	-	-	-	-	-	-	-
Communication (G&S)	2 515	(1 510)	-	1 005	1 005	-	100.0%	334	334
Computer services	145	(145)	-	-	-	-	0.0%	119	-
Consultants: Business and	-	-	-	-	-	-	0.0%	-	-
advisory services	-	-	-	-	-	-	0.0%	-	-
Infrastructure and planning	-	-	-	-	-	-	0.0%	-	-
services	-	-	-	-	-	-	-	-	-
Laboratory services	297	(248)	-	49	49	-	100.0%	4 657	4 657
Scientific and technological	-	-	-	-	-	-	0.0%	-	-
services	-	-	-	-	-	-	0.0%	-	-
Legal services	-	-	-	-	-	-	0.0%	-	-
Contractors	792	(792)	-	-	-	-	0.0%	6	6

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.4 Community Based Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Agency and support / outsourced services	17 948	13 500	-	31 448	31 448	-	100.0%	30 275	30 275
Entertainment	-	-	-	-	-	-	0.0%	-	-
Fleet services (including government motor transport)	3 601	(734)	-	2 867	2 867	-	100.0%	6 429	6 429
Housing	-	-	-	-	-	-	0.0%	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	0.0%	11	11
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Food and food supplies	821	(671)	-	150	150	-	100.0%	285	285
Inventory: Fuel, oil and gas	552	(242)	-	310	310	-	100.0%	549	549
Inventory: Learner and teacher support material	-	-	-	-	-	-	0.0%	-	-
Inventory: Materials and supplies	97	(62)	-	35	35	-	100.0%	76	76
Inventory: Medical supplies	-	1 088	-	1 088	1 088	-	100.0%	1 771	1 659
Inventory: Medicine	43 537	(38 802)	-	4 735	4 735	-	100.0%	7 325	7 135
Medsas inventory interface	-	-	-	-	-	-	0.0%	-	-
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-
Consumable supplies	901	493	-	1 394	1 394	-	100.0%	1 829	1 829
Consumable: Stationery, printing and office supplies	684	590	-	1 274	1 274	-	100.0%	378	290

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.4 Community Based Services									
Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Operating leases	801	(737)	-	64	64	-	100.0%	166	166
Property payments	5 578	(5 244)	-	334	334	-	100.0%	1 398	1 364
Transport provided: Departmental activity	-	-	-	-	-	-	0.0%	-	-
Travel and subsistence	2 697	1 049	-	3 746	3 746	-	100.0%	8 657	8 657
Training and development	-	-	-	-	-	-	0.0%	122	122
Operating payments	992	(400)	-	592	592	-	100.0%	568	568
Venues and facilities	-	131	-	131	131	-	100.0%	602	602
Rental and hiring	-	-	-	-	-	-	0.0%	-	-
Interest and rent on land	-	-	-	-	-	-	0.0%	-	-
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	0.0%	-	-
Rent on land	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.4 Community Based Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	20 745	216	-	20 961	13 445	7 516	64.1%	17 916	10 143
Provinces and municipalities	20 745	-	-	20 745	13 229	7 516	63.8%	16 895	9 122
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	20 745	-	-	20 745	13 229	7 516	63.8%	16 895	9 122
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	20 745	-	-	20 745	13 229	7 516	63.8%	16 895	9 122
Departmental agencies and accounts	-	-	-	-	-	-	0.0%	-	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	0.0%	-	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.4 Community Based Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	-	216	-	216	216	-	100.0%	1 021	1 021
Social benefits	-	216	-	216	216	-	100.0%	812	812
Other transfers to households	-	-	-	-	-	-	0.0%	209	209
Payments for capital assets	6 438	(1 842)	-	4 596	4 596	-	100.0%	2 389	4 827
Buildings and other fixed structures	-	-	-	-	-	-	0.0%	-	-
Buildings	-	-	-	-	-	-	0.0%	-	-
Other fixed structures	-	-	-	-	-	-	0.0%	-	-
Machinery and equipment	6 438	(1 842)	-	4 596	4 596	-	100.0%	2 389	4 827
Transport equipment	3 731	793	-	4 524	4 524	-	100.0%	2 341	4 827
Other machinery and equipment	2 707	(2 635)	-	72	72	-	100.0%	48	-
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	472 168	(55 784)	-	416 384	408 868	7 516	98.2%	406 648	400 684

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.5 Other Community Health Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
2015/16									2014/15
Current payments	102 298	(33 226)	(29 616)	39 456	39 456	-	100.0%	95 456	94 296
Compensation of employees	90 152	(23 963)	(29 616)	36 573	36 573	-	100.0%	90 700	90 470
Salaries and wages	90 152	(24 018)	(29 616)	36 518	36 518	-	100.0%	90 370	90 370
Social contributions	-	55	-	55	55	-	100.0%	330	100
Goods and services	12 146	(9 263)	-	2 883	2 883	-	100.0%	4 756	3 826
Administrative fees	-	13	-	13	13	-	100.0%	23	23
Advertising	-	-	-	-	-	-	0.0%	-	-
Minor assets	1 629	(1 484)	-	145	145	-	100.0%	17	17
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries: Employees	-	-	-	-	-	-	0.0%	-	-
Catering: Departmental	-	-	-	-	-	-	0.0%	-	-
activities	-	-	-	-	-	-	0.0%	83	83
Communication (G&S)	374	(374)	-	-	-	-	0.0%	-	-
Computer services	866	(866)	-	-	-	-	0.0%	-	-
Consultants: Business and advisory services	-	-	-	-	-	-	0.0%	-	-
Infrastructure and planning services	-	-	-	-	-	-	0.0%	-	-
Laboratory services	-	-	-	-	-	-	0.0%	-	-
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	-	-	-	-	-	-	0.0%	-	-
Contractors	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.5 Other Community Health Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Agency and support / outsourced services	2 705	(870)	-	1 835	1 835	-	100.0%	2 812	2 812
Entertainment	-	-	-	-	-	-	0.0%	-	-
Fleet services (including government motor transport)	-	-	-	-	-	-	0.0%	14	14
Housing	-	-	-	-	-	-	0.0%	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	0.0%	-	-
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	0.0%	12	12
Inventory: Fuel, oil and gas	-	-	-	-	-	-	0.0%	-	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	0.0%	-	-
Inventory: Materials and supplies	-	-	-	-	-	-	0.0%	5	5
Inventory: Medical supplies	3 340	(3 173)	-	167	167	-	100.0%	135	135
Inventory: Medicine	-	-	-	-	-	-	0.0%	-	-
Medsas inventory interface	-	-	-	-	-	-	0.0%	-	-
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-
Consumable supplies	177	(113)	-	64	64	-	100.0%	21	14
Consumable: Stationery, printing and office supplies	1 672	(1 594)	-	78	78	-	100.0%	101	56

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.5 Other Community Health Services									
Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Operating leases	175	(175)	-	-	-	-	0.0%	98	-
Property payments	-	258	-	258	258	-	100.0%	29	29
Transport provided:	-	-	-	-	-	-	0.0%	33	-
Departmental activity									
Travel and subsistence	427	(104)	-	323	323	-	100.0%	626	626
Training and development	209	(209)	-	-	-	-	0.0%	200	-
Operating payments	572	(572)	-	-	-	-	0.0%	547	-
Venues and facilities	-	-	-	-	-	-	0.0%	-	-
Rental and hiring	-	-	-	-	-	-	0.0%	-	-
Interest and rent on land	-	-	-	-	-	-	0.0%	-	-
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	0.0%	-	-
Rent on land	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.5 Other Community Health Services									
Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	-	-	-	-	-	-	0.0%	-	-
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0.0%	-	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	0.0%	-	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.5 Other Community Health Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	-	-	-	-	-	-	0.0%	-	-
Social benefits	-	-	-	-	-	-	0.0%	-	-
Other transfers to households	-	-	-	-	-	-	0.0%	-	-
Payments for capital assets	-	157	-	157	157	-	100.0%	1 328	-
Buildings and other fixed structures	-	-	-	-	-	-	0.0%	-	-
Buildings	-	-	-	-	-	-	0.0%	-	-
Other fixed structures	-	-	-	-	-	-	0.0%	-	-
Machinery and equipment	-	157	-	157	157	-	100.0%	1 328	-
Transport equipment	-	-	-	-	-	-	0.0%	1 328	-
Other machinery and equipment	-	157	-	157	157	-	100.0%	-	-
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	102 298	(33 069)	(29 616)	39 613	39 613	-	100.0%	96 784	94 296

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.6 HIV/Aids									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Current payments	1 552 042	1 750	897	1 554 689	1 552 485	2 204	99.9%	1 428 873	1 412 377
Compensation of employees	611 263	(40 776)	-	570 487	569 426	1 061	99.8%	555 735	555 735
Salaries and wages	611 263	(91 094)	-	520 169	519 108	1 061	99.8%	509 692	509 692
Social contributions	-	50 318	-	50 318	50 318	-	100.0%	46 043	46 043
Goods and services	940 779	42 526	897	984 202	983 059	1 143	99.9%	873 056	856 560
Administrative fees	-	16	-	16	16	-	100.0%	29	29
Advertising	-	1 406	-	1 406	1 406	-	100.0%	2 684	2 684
Minor assets	-	931	-	931	931	-	100.0%	1 223	1 187
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries: Employees	-	-	-	-	-	-	0.0%	18	18
Catering: Departmental activities	-	483	-	483	483	-	100.0%	1 662	1 662
Communication (G&S)	-	104	-	104	104	-	100.0%	175	175
Computer services	-	121	-	121	121	-	100.0%	-	-
Consultants: Business and advisory services	206	(206)	-	-	-	-	0.0%	98	-
Infrastructure and planning services	-	-	-	-	-	-	0.0%	-	-
Laboratory services	143 938	135 801	-	279 739	279 739	-	100.0%	293 714	293 714
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	-	-	-	-	-	-	0.0%	217	217
Contractors	-	94	-	94	94	-	100.0%	187	187

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.6 HIV/Aids									
Appropriation per economic classification									
		2015/16				2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Agency and support / outsourced services	59 826	(37 387)	-	22 439	22 439	-	100.0%	16 034	16 034
Entertainment	-	-	-	-	-	-	0.0%	-	-
Fleet services (including government motor transport)	4 887	(4 887)	-	-	-	-	0.0%	-	-
Housing	-	-	-	-	-	-	0.0%	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	0.0%	-	-
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Food and food supplies	10 000	(9 683)	-	317	317	-	100.0%	3 528	384
Inventory: Fuel, oil and gas	-	-	-	-	-	-	0.0%	63	63
Inventory: Learner and teacher support material	-	-	-	-	-	-	0.0%	-	-
Inventory: Materials and supplies	-	23	-	23	23	-	100.0%	44	44
Inventory: Medical supplies	171 031	(111 371)	-	59 660	58 517	1 143	98.1%	26 953	24 736
Inventory: Medicine	511 940	28 588	-	540 528	540 528	-	100.0%	452 160	447 632
Medas inventory interface	-	-	-	-	-	-	0.0%	-	-
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-
Consumable supplies	5 576	(2 434)	-	3 142	3 142	-	100.0%	5 051	3 814
Consumable: Stationery, printing and office supplies	3 077	1 548	-	4 625	4 625	-	100.0%	6 836	1 614

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.6 HIV/Aids									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Operating leases	-	10 568	-	10 568	10 568	-	100.0%	7 783	7 769
Property payments	-	25	-	25	25	-	100.0%	759	759
Transport provided:	-	415	-	415	415	-	100.0%	-	-
Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	6 000	19 757	897	26 654	26 654	-	100.0%	19 367	19 367
Training and development	-	-	-	-	-	-	0.0%	-	-
Operating payments	23 031	9 337	-	32 368	32 368	-	100.0%	32 562	32 562
Venues and facilities	1 267	(778)	-	489	489	-	100.0%	1 704	1 704
Rental and hiring	-	55	-	55	55	-	100.0%	205	205
Interest and rent on land	-	-	-	-	-	-	0.0%	82	82
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	0.0%	82	82
Rent on land	-	-	-	-	-	-	0.0%	-	-

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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.6 HIV/Aids									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	22 148	257	-	22 405	17 559	4 846	78.4%	24 386	15 542
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	22 148	-	-	22 148	17 302	4 846	78.1%	24 386	15 542
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	22 148	-	-	22 148	17 302	4 846	78.1%	24 386	15 542
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.6 HIW/Aids									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	-	257	-	257	257	-	100.0%	-	-
Social benefits	-	257	-	257	257	-	100.0%	-	-
Other transfers to households	-	-	-	-	-	-	0.0%	-	-
Payments for capital assets	13 257	146	-	13 403	13 359	44	99.7%	7 585	3 411
Buildings and other fixed structures	-	-	-	-	-	-	0.0%	-	-
Buildings	-	-	-	-	-	-	0.0%	-	-
Other fixed structures	-	-	-	-	-	-	0.0%	-	-
Machinery and equipment	13 257	146	-	13 403	13 359	44	99.7%	7 585	3 411
Transport equipment	-	-	-	-	-	-	0.0%	-	-
Other machinery and equipment	13 257	146	-	13 403	13 359	44	99.7%	7 585	3 411
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	1 587 447	2 153	897	1 590 497	1 583 403	7 094	99.6%	1 460 844	1 431 330

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.7 Nutrition									
Appropriation per economic classification									
		2015/16				2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Current payments	45 048	(12 483)	(6 110)	26 455	26 455	-	100.0%	48 239	45 453
Compensation of employees	-	-	-	-	-	-	0.0%	-	-
Salaries and wages	-	-	-	-	-	-	0.0%	-	-
Social contributions	-	-	-	-	-	-	0.0%	-	-
Goods and services	45 048	(12 483)	(6 110)	26 455	26 455	-	100.0%	48 239	45 453
Administrative fees	-	-	-	-	-	-	0.0%	8	8
Advertising	98	(98)	-	-	-	-	0.0%	75	21
Minor assets	1 823	(1 683)	-	140	140	-	100.0%	2 246	597
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries: Employees	-	-	-	-	-	-	0.0%	-	-
Catering: Departmental activities	-	206	-	206	206	-	100.0%	251	251
Communication (G&S)	419	(419)	-	-	-	-	0.0%	401	182
Computer services	-	-	-	-	-	-	0.0%	-	-
Consultants: Business and advisory services	-	-	-	-	-	-	0.0%	-	-
Infrastructure and planning services	-	-	-	-	-	-	0.0%	-	-
Laboratory services	-	-	-	-	-	-	0.0%	-	-
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	-	-	-	-	-	-	0.0%	-	-
Contractors	532	(532)	-	-	-	-	0.0%	127	33

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.7 Nutrition									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Agency and support / outsourced services	2 729	(1 979)	-	750	750	-	100.0%	-	-
Entertainment	-	-	-	-	-	-	0.0%	-	-
Fleet services (including government motor transport)	-	-	-	-	-	-	0.0%	2	2
Housing	-	-	-	-	-	-	0.0%	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	0.0%	-	-
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Food and food supplies	30 048	(6 554)	(6 110)	17 384	17 384	-	100.0%	32 284	32 284
Inventory: Fuel, oil and gas	15	(15)	-	-	-	-	0.0%	14	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	0.0%	-	-
Inventory: Materials and supplies	318	254	-	572	572	-	100.0%	304	35
Inventory: Medical supplies	-	96	-	96	96	-	100.0%	43	43
Inventory: Medicine	-	-	-	-	-	-	0.0%	-	-
Medsas inventory interface	-	-	-	-	-	-	0.0%	-	-
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-
Consumable supplies	3 125	(2 753)	-	372	372	-	100.0%	1 418	1 418
Consumable: Stationery, printing and office supplies	2 254	(1 564)	-	690	690	-	100.0%	932	757

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.7 Nutrition									
Appropriation per economic classification									
2015/16									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Operating leases	97	(97)	-	-	-	-	0.0%	90	90
Property payments	203	(203)	-	-	-	-	0.0%	308	308
Transport provided:	-	-	-	-	-	-	0.0%	-	-
Departmental activity									
Travel and subsistence	2 755	2 625	-	5 380	5 380	-	100.0%	8 288	8 288
Training and development	386	(163)	-	223	223	-	100.0%	369	57
Operating payments	246	277	-	523	523	-	100.0%	698	698
Venues and facilities	-	119	-	119	119	-	100.0%	381	381
Rental and hiring	-	-	-	-	-	-	0.0%	-	-
Interest and rent on land	-	-	-	-	-	-	0.0%	-	-
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	0.0%	-	-
Rent on land	-	-	-	-	-	-	0.0%	-	-

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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.7 Nutrition									
Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	-	-	-	-	-	-	0.0%	-	-
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0.0%	-	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	0.0%	-	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.7 Nutrition									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	-	-	-	-	-	-	0.0%	-	-
Social benefits	-	-	-	-	-	-	0.0%	-	-
Other transfers to households	-	-	-	-	-	-	0.0%	-	-
Payments for capital assets	-	2 042	-	2 042	2 042	-	100.0%	1 541	1 139
Buildings and other fixed structures	-	-	-	-	-	-	0.0%	-	-
Buildings	-	-	-	-	-	-	0.0%	-	-
Other fixed structures	-	-	-	-	-	-	0.0%	-	-
Machinery and equipment	-	2 042	-	2 042	2 042	-	100.0%	1 541	1 139
Transport equipment	-	-	-	-	-	-	0.0%	216	-
Other machinery and equipment	-	2 042	-	2 042	2 042	-	100.0%	1 325	1 139
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	45 048	(10 441)	(6 110)	28 497	28 497	-	100.0%	49 780	46 592

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.8 Coroner Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Current payments	81 047	(1 393)	(3 135)	76 519	76 519	-	100.0%	75 342	70 701
Compensation of employees	63 356	1 671	-	65 027	65 027	-	100.0%	58 917	58 224
Salaries and wages	63 356	(5 983)	-	57 373	57 373	-	100.0%	51 224	51 224
Social contributions	-	7 654	-	7 654	7 654	-	100.0%	7 693	7 000
Goods and services	17 691	(3 064)	(3 135)	11 492	11 492	-	100.0%	16 425	12 477
Administrative fees	-	-	-	-	-	-	0.0%	-	-
Advertising	-	-	-	-	-	-	0.0%	365	6
Minor assets	1 337	(935)	-	402	402	-	100.0%	1 277	477
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries: Employees	-	-	-	-	-	-	0.0%	-	-
Catering: Departmental	-	5	-	5	5	-	100.0%	-	-
activities	-	-	-	-	-	-	-	-	-
Communication (G&S)	1 660	(903)	-	757	757	-	100.0%	1 076	685
Computer services	-	102	-	102	102	-	100.0%	-	-
Consultants: Business and advisory services	-	-	-	-	-	-	0.0%	-	-
Infrastructure and planning services	-	-	-	-	-	-	0.0%	-	-
Laboratory services	150	(67)	-	83	83	-	100.0%	26	22
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	-	-	-	-	-	-	0.0%	-	-
Contractors	-	181	-	181	181	-	100.0%	360	360

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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.8 Coroner Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Agency and support / outsourced services	2 015	(480)	-	1 535	1 535	-	100.0%	1 420	1 355
Entertainment	-	-	-	-	-	-	0.0%	-	-
Fleet services (including government motor transport)	1 729	4 432	(3 135)	3 026	3 026	-	100.0%	3 710	3 710
Housing	-	-	-	-	-	-	0.0%	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	0.0%	-	-
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Food and food supplies	-	7	-	7	7	-	100.0%	-	-
Inventory: Fuel, oil and gas	-	125	-	125	125	-	100.0%	185	185
Inventory: Learner and teacher support material	-	-	-	-	-	-	0.0%	-	-
Inventory: Materials and supplies	-	86	-	86	86	-	100.0%	73	73
Inventory: Medical supplies	2 898	(1 546)	-	1 352	1 352	-	100.0%	2 348	1 506
Inventory: Medicine	-	-	-	-	-	-	0.0%	-	-
Medsas inventory interface	-	-	-	-	-	-	0.0%	-	-
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-
Consumable supplies	2 170	(633)	-	1 537	1 537	-	100.0%	1 967	1 609
Consumable: Stationery, printing and office supplies	823	(460)	-	363	363	-	100.0%	677	348

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.8 Coroner Services									
Appropriation per economic classification									
	2015/16							2014/15	
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Operating leases	1 097	(484)	-	613	613	-	100.0%	1 002	528
Property payments	2 616	(2 044)	-	572	572	-	100.0%	1 031	705
Transport provided:	-	-	-	-	-	-	0.0%	-	-
Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	1 192	(780)	-	412	412	-	100.0%	703	703
Training and development	-	237	-	237	237	-	100.0%	110	110
Operating payments	4	93	-	97	97	-	100.0%	95	95
Venues and facilities	-	-	-	-	-	-	0.0%	-	-
Rental and hiring	-	-	-	-	-	-	0.0%	-	-
Interest and rent on land	-	-	-	-	-	-	0.0%	-	-
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	0.0%	-	-
Rent on land	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.8 Coroner Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	-	-	-	-	-	-	0.0%	88	88
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0.0%	-	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	0.0%	-	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.8 Coroner Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	-	-	-	-	-	-	0.0%	88	88
Social benefits	-	-	-	-	-	-	0.0%	88	88
Other transfers to households	-	-	-	-	-	-	0.0%	-	-
Payments for capital assets	6 623	(2 359)	-	4 264	4 264	-	100.0%	5 020	5 020
Buildings and other fixed structures	-	-	-	-	-	-	0.0%	-	-
Buildings	-	-	-	-	-	-	0.0%	-	-
Other fixed structures	-	-	-	-	-	-	0.0%	-	-
Machinery and equipment	6 623	(2 359)	-	4 264	4 264	-	100.0%	5 020	5 020
Transport equipment	5 217	(1 478)	-	3 739	3 739	-	100.0%	3 038	3 038
Other machinery and equipment	1 406	(881)	-	525	525	-	100.0%	1 982	1 982
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	87 670	(3 752)	(3 135)	80 783	80 783	-	100.0%	80 450	75 809

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.9 District Hospital Services									
Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Current payments	3 792 246	(83 223)	(4 898)	3 704 125	3 704 125	-	100.0%	3 458 771	3 461 644
Compensation of employees	3 236 301	(45 075)	(13 246)	3 177 980	3 177 980	-	100.0%	2 969 210	2 968 353
Salaries and wages	3 236 301	(405 676)	(18 689)	2 811 936	2 811 936	-	100.0%	2 612 632	2 611 807
Social contributions	-	360 601	5 443	366 044	366 044	-	100.0%	356 578	356 546
Goods and services	555 945	(39 718)	8 348	524 575	524 575	-	100.0%	489 074	492 804
Administrative fees	9	137	-	146	146	-	100.0%	1 130	1 130
Advertising	61	(49)	-	12	12	-	100.0%	22	22
Minor assets	3 340	(552)	-	2 788	2 788	-	100.0%	5 887	5 486
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries: Employees	-	58	-	58	58	-	100.0%	71	71
Catering: Departmental	-	-	-	-	-	-	0.0%	9	9
activities	-	-	-	-	-	-	-	-	-
Communication (G&S)	4 650	14 327	-	18 977	18 977	-	100.0%	21 534	21 534
Computer services	1 461	(64)	-	1 397	1 397	-	100.0%	1 297	1 297
Consultants: Business and	50 000	3 852	-	53 852	53 852	-	100.0%	29 535	29 535
advisory services	-	-	-	-	-	-	0.0%	-	-
Infrastructure and planning	-	-	-	-	-	-	-	-	-
services	-	-	-	-	-	-	-	-	-
Laboratory services	68 711	5 406	-	74 117	74 117	-	100.0%	6 910	4 130
Scientific and technological	-	-	-	-	-	-	0.0%	-	-
services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	0.0%	-	-
Contractors	4 673	(2 148)	-	2 525	2 525	-	100.0%	2 366	2 366

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.9 District Hospital Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Agency and support / outsourced services	54 246	(7 755)	(6 151)	40 340	40 340	-	100.0%	45 395	45 395
Entertainment	-	-	-	-	-	-	0.0%	-	-
Fleet services (including government motor transport)	2 975	7 721	-	10 696	10 696	-	100.0%	15 273	23 701
Housing	-	-	-	-	-	-	0.0%	-	-
Inventory: Clothing material and accessories	-	1	-	1	1	-	100.0%	133	133
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Food and food supplies	34 133	2 455	-	36 588	36 588	-	100.0%	26 951	26 951
Inventory: Fuel, oil and gas	10 038	(589)	-	9 449	9 449	-	100.0%	10 608	10 608
Inventory: Learner and teacher support material	-	-	-	-	-	-	0.0%	-	-
Inventory: Materials and supplies	3 773	(2 972)	-	801	801	-	100.0%	894	894
Inventory: Medical supplies	84 883	3 620	-	88 503	88 503	-	100.0%	95 423	93 906
Inventory: Medicine	110 604	(54 941)	-	55 663	55 663	-	100.0%	93 451	93 451
Medsas inventory interface	-	-	-	-	-	-	0.0%	-	-
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-
Consumable supplies	43 105	(6 741)	-	27 662	27 662	-	100.0%	25 660	25 660
Consumable: Stationery, printing and office supplies	2 039	2 714	(8 702)	4 753	4 753	-	100.0%	5 220	5 220

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.9 District Hospital Services									
Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Operating leases	3 183	3 986	-	7 169	7 169	-	100.0%	8 248	8 248
Property payments	69 434	(9 970)	23 201	82 665	82 665	-	100.0%	86 726	86 726
Transport provided: Departmental activity	-	569	-	569	569	-	100.0%	631	631
Travel and subsistence	3 854	384	-	4 238	4 238	-	100.0%	4 266	4 266
Training and development	736	(674)	-	62	62	-	100.0%	70	70
Operating payments	-	1 379	-	1 379	1 379	-	100.0%	1 364	1 364
Venues and facilities	37	113	-	150	150	-	100.0%	-	-
Rental and hiring	-	15	-	15	15	-	100.0%	-	-
Interest and rent on land	-	1 570	-	1 570	1 570	-	100.0%	487	487
Interest (Incl. interest on unitary payments (PPP))	-	1 570	-	1 570	1 570	-	100.0%	487	487
Rent on land	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.9 District Hospital Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	18 000	71 984	14 275	104 259	104 259	-	100.0%	61 849	61 862
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0.0%	-	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	0.0%	-	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 2.9 District Hospital Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	18 000	71 984	14 275	104 259	104 259	-	100.0%	61 849	61 862
Social benefits	18 000	131	-	18 131	18 131	-	100.0%	19 081	19 094
Other transfers to households	-	71 853	14 275	86 128	86 128	-	100.0%	42 768	42 768
Payments for capital assets	16 581	41 575	-	58 156	58 156	-	100.0%	19 561	14 464
Buildings and other fixed structures	-	-	-	-	-	-	0.0%	-	-
Buildings	-	-	-	-	-	-	0.0%	-	-
Other fixed structures	-	-	-	-	-	-	0.0%	-	-
Machinery and equipment	16 581	41 575	-	58 156	58 156	-	100.0%	19 561	14 464
Transport equipment	11 581	425	-	12 006	12 006	-	100.0%	18 187	13 090
Other machinery and equipment	5 000	41 150	-	46 150	46 150	-	100.0%	1 374	1 374
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	3 826 827	30 336	9 377	3 866 540	3 866 540	-	100.0%	3 540 181	3 537 970

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 3 Emergency Medical Services							2014/15		
2015/16							Final Appropriation	Expenditure as % of final appropriation	Actual Expenditure
Sub programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	R'000		R'000
1 Emergency Transport	968 810	4 754	(67 565)	905 999	880 349	25 650		97.2%	816 345
2 Planned Patient Transport	103 215	(23 070)	(14 224)	65 921	65 921	-		100.0%	34 602
Programme sub total	1 072 025	(18 316)	(81 789)	971 920	946 270	25 650		97.4%	850 947

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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 3 Emergency Medical Services									
	Appropriation per economic classification						2014/15		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000		R'000	R'000
Current payments	908 121	6 436	(81 789)	832 768	821 116	11 652	98.6%	714 807	714 900
Compensation of employees	588 530	50 901	-	639 431	639 431	-	100.0%	506 480	506 480
Salaries and wages	588 530	(35 907)	-	552 623	552 623	-	100.0%	439 321	439 321
Social contributions	-	86 808	-	86 808	86 808	-	100.0%	67 159	67 159
Goods and services	319 591	(44 488)	(81 789)	193 314	181 662	11 652	94.0%	208 420	208 420
Administrative fees	-	-	-	-	-	-	0.0%	210	210
Advertising	878	(411)	-	467	-	467	0.0%	-	-
Minor assets	886	2 063	(668)	2 281	623	1 658	27.3%	3 063	3 063
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries: Employees	-	15	-	15	15	-	100.0%	28	28
Catering: Departmental activities	-	226	-	226	178	48	78.8%	459	459
Communication (G&S)	8 165	(719)	-	7 446	7 351	95	98.7%	6 660	6 753
Computer services	-	78	-	78	7	71	9.0%	13	13
Consultants: Business and advisory services	-	-	-	-	-	-	0.0%	-	-
Infrastructure and planning services	-	-	-	-	-	-	0.0%	-	-
Laboratory services	-	712	(622)	90	-	90	0.0%	-	-
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	-	-	-	-	-	-	0.0%	-	-
Contractors	2 677	(1 818)	-	859	484	375	56.3%	108 543	108 543

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 3 Emergency Medical Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Agency and support / outsourced services	1 460	2 280	-	3 740	2 954	786	79.0%	2 454	2 454
Entertainment	-	-	-	-	-	-	0.0%	-	-
Fleet services (including government motor transport)	210 465	(44 358)	(48 789)	117 318	117 318	-	100.0%	156 025	156 025
Housing	-	-	-	-	-	-	0.0%	-	-
Inventory: Clothing material and accessories	-	624	-	624	624	-	100.0%	-	-
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Food and food supplies	-	33	-	33	33	-	100.0%	26	26
Inventory: Fuel, oil and gas	23 726	(323)	(21 009)	2 394	660	1 734	27.6%	343	343
Inventory: Learner and teacher support material	-	-	-	-	-	-	0.0%	-	-
Inventory: Materials and supplies	-	567	-	567	567	-	100.0%	2 895	2 895
Inventory: Medical supplies	10 456	(5 518)	-	4 938	4 386	552	88.8%	3 375	3 375
Inventory: Medicine	-	531	-	531	531	-	100.0%	879	879
Medsas inventory interface	-	-	-	-	-	-	0.0%	-	-
Inventory: Other	-	-	-	-	-	-	0.0%	-	-

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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 3 Emergency Medical Services									
Appropriation per economic classification									
2015/16					2014/15				
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
supplies	4 055	3 273	-	7 328	5 800	1 528	79.1%	4 729	4 729
Consumable supplies	1 159	454	-	1 613	1 358	255	84.2%	1 857	1 857
Consumable: Stationery, printing and office supplies									

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Programme 3 Emergency Medical Services									
Appropriation per economic classification									
		2015/16						2014/15	
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Operating leases	49 381	(18 120)	(10 701)	20 560	20 560	-	100.0%	11 353	11 353
Property payments	5 000	5 606	-	10 606	9 191	1 415	86.7%	4 943	4 943
Transport	183	(120)	-	63	63	-	100.0%	-	-
provided:									
Departmental activity									
Travel and subsistence	1 100	9 134	-	10 234	8 001	2 233	78.2%	7 660	7 660
Training and development	-	100	-	100	4	96	4.0%	-	-
Operating payments	-	1 151	-	1 151	902	249	78.4%	326	326
Venues and facilities	-	41	-	41	41	-	100.0%	141	141
Rental and hiring	-	11	-	11	11	-	100.0%	237	237
Interest and rent on land	-	23	-	23	23	-	100.0%	-	-
Interest (Incl. interest on unitary payments (PPP))	-	23	-	23	23	-	100.0%	-	-
Rent on land	-	-	-	-	-	-	0.0%	-	-

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VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 3 Emergency Medical Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
2015/16									2014/15
Transfers and subsidies	2 776	(453)	-	2 323	2 321	2	99.9%	2 548	2 538
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0.0%	-	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	0.0%	-	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 3 Emergency Medical Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	2 776	(453)	-	2 323	2 321	2	99.9%	2 548	2 538
Social benefits	2 776	(457)	-	2 319	2 317	2	99.9%	2 475	2 465
Other transfers to households	-	4	-	4	4	-	100.0%	73	73
Payments for capital assets	161 128	(24 299)	-	136 829	122 833	13 996	89.8%	148 431	133 509
Buildings and other fixed structures	-	-	-	-	-	-	0.0%	-	-
Buildings	-	-	-	-	-	-	0.0%	-	-
Other fixed structures	-	-	-	-	-	-	0.0%	-	-
Machinery and equipment	161 128	(24 299)	-	136 829	122 833	13 996	89.8%	148 431	133 509
Transport equipment	128 595	(18 435)	-	110 160	96 164	13 996	87.3%	120 096	114 071
Other machinery and equipment	32 533	(5 864)	-	26 669	26 669	-	100.0%	28 335	19 438
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 3 Emergency Medical Services									
Appropriation per economic classification									
2015/16					2014/15				
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	1 072 025	(18 316)	(81 789)	971 920	946 270	25 650	97.4%	865 786	850 947

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 3.1 Emergency Transport									
Appropriation per economic classification									
2015/16									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Current payments	812 275	23 961	(67 565)	768 671	757 019	11 652	98.5%	690 980	691 073
Compensation of employees	540 934	64 926	(51)	605 809	605 809	-	100.0%	497 673	497 673
Salaries and wages	540 934	(23 480)	(51)	517 403	517 403	-	100.0%	434 019	434 019
Social contributions	-	88 406	-	88 406	88 406	-	100.0%	63 654	63 654
Goods and services	271 341	(40 988)	(67 514)	162 839	151 187	11 652	92.8%	193 307	193 400
Administrative fees	-	-	-	-	-	-	0.0%	210	210
Advertising	878	(411)	-	467	-	467	0.0%	-	-
Minor assets	886	2 063	(668)	2 281	623	1 658	27.3%	3 063	3 063
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries: Employees	-	15	-	15	15	-	100.0%	28	28
Catering: Departmental activities	-	226	-	226	178	48	78.8%	459	459
Communication (G&S)	8 165	(719)	-	7 446	7 351	95	98.7%	6 660	6 753
Computer services	-	78	-	78	7	71	9.0%	13	13
Consultants: Business and advisory services	-	-	-	-	-	-	0.0%	-	-
Infrastructure and planning services	-	-	-	-	-	-	0.0%	-	-
Laboratory services	-	90	-	90	-	90	0.0%	-	-
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	-	-	-	-	-	-	0.0%	-	-
Contractors	2 677	(1 818)	-	859	484	375	56.3%	108	108
								543	543

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 3.1 Emergency Transport									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Agency and support / outsourced services	1 460	2 280	-	3 740	2 954	786	79.0%	2 454	2 454
Entertainment	-	-	-	-	-	-	0.0%	-	-
Fleet services (including government motor transport)	198 465	(43 220)	(45 837)	109 408	109 408	-	100.0%	141 801	141 801
Housing	-	-	-	-	-	-	0.0%	-	-
Inventory: Clothing material and accessories	-	624	-	624	624	-	100.0%	-	-
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Food and food supplies	-	33	-	33	33	-	100.0%	26	26
Inventory: Fuel, oil and gas	23 726	(323)	(21 009)	2 394	660	1 734	27.6%	343	343
Inventory: Learner and teacher support material	-	-	-	-	-	-	0.0%	-	-
Inventory: Materials and supplies	-	567	-	567	567	-	100.0%	2 895	2 895
Inventory: Medical supplies	10 456	(5 518)	-	4 938	4 386	552	88.8%	3 375	3 375
Inventory: Medicine	-	531	-	531	531	-	100.0%	879	879
Medsas inventory interface	-	-	-	-	-	-	0.0%	-	-
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-
Consumable supplies	4 055	3 273	-	7 328	5 800	1 528	79.1%	4 729	4 729
Consumable: Stationery, printing and office supplies	1 159	454	-	1 613	1 358	255	84.2%	1 857	1 857

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 3.1 Emergency Transport									
Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Operating leases	13 314	(9 675)	-	3 639	3 639	-	100.0%	10 688	10 688
Property payments	5 000	190	-	5 190	3 775	1 415	72.7%	4 943	4 943
Transport provided: Departmental activity	-	-	-	-	-	-	0.0%	-	-
Travel and subsistence	1 100	9 027	-	10 127	7 894	2 233	78.0%	7 515	7 515
Training and development	-	100	-	100	4	96	4.0%	-	-
Operating payments	-	1 093	-	1 093	844	249	77.2%	340	340
Venues and facilities	-	41	-	41	41	-	100.0%	141	141
Rental and hiring	-	11	-	11	11	-	100.0%	237	237
Interest and rent on land	-	23	-	23	23	-	100.0%	-	-
Interest (Incl. interest on unitary payments (PPP))	-	23	-	23	23	-	100.0%	-	-
Rent on land	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 3.1 Emergency Transport									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	2 776	(453)	-	2 323	2 321	2	99.9%	2 495	2 485
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0.0%	-	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	0.0%	-	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 3.1 Emergency Transport									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	2 776	(453)	-	2 323	2 321	2	99.9%	2 495	2 485
Social benefits	2 776	(457)	-	2 319	2 317	2	99.9%	2 422	2 412
Other transfers to households	-	4	-	4	4	-	100.0%	73	73
Payments for capital assets	153 759	(18 754)	-	135 005	121 009	13 996	89.6%	133 055	122 787
Buildings and other fixed structures	-	-	-	-	-	-	0.0%	-	-
Buildings	-	-	-	-	-	-	0.0%	-	-
Other fixed structures	-	-	-	-	-	-	0.0%	-	-
Machinery and equipment	153 759	(18 754)	-	135 005	121 009	13 996	89.6%	133 055	122 787
Transport equipment	122 486	(14 150)	-	108 336	94 340	13 996	87.1%	104 725	103 349
Other machinery and equipment	31 273	(4 604)	-	26 669	26 669	-	100.0%	28 330	19 438
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	968 810	4 754	(67 565)	905 999	880 349	25 650	97.2%	826 530	816 345

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 3.2 Planned Patient Transport									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Current payments	95 846	(17 525)	(14 224)	64 097	64 097	-	100.0%	23 827	23 827
Compensation of employees	47 596	(14 025)	51	33 622	33 622	-	100.0%	8 807	8 807
Salaries and wages	47 596	(12 427)	51	35 220	35 220	-	100.0%	5 302	5 302
Social contributions	-	(1 598)	-	(1 598)	(1 598)	-	100.0%	3 505	3 505
Goods and services	48 250	(3 500)	(14 275)	30 475	30 475	-	100.0%	15 020	15 020
Administrative fees	-	-	-	-	-	-	0.0%	-	-
Advertising	-	-	-	-	-	-	0.0%	-	-
Minor assets	-	-	-	-	-	-	0.0%	-	-
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries: Employees	-	-	-	-	-	-	0.0%	-	-
Catering: Departmental	-	-	-	-	-	-	0.0%	-	-
activities	-	-	-	-	-	-	0.0%	-	-
Communication (G&S)	-	-	-	-	-	-	0.0%	-	-
Computer services	-	-	-	-	-	-	0.0%	-	-
Consultants: Business and advisory services	-	-	-	-	-	-	0.0%	-	-
Infrastructure and planning services	-	-	-	-	-	-	0.0%	-	-
Laboratory services	-	622	(622)	-	-	-	0.0%	-	-
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	-	-	-	-	-	-	0.0%	-	-
Contractors	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 3.2 Planned Patient Transport									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Agency and support / outsourced services	-	-	-	-	-	-	0.0%	-	-
Entertainment	-	-	-	-	-	-	0.0%	-	-
Fleet services (including government motor transport)	12 000	(1 138)	(2 952)	7 910	7 910	-	100.0%	14 224	14 224
Housing	-	-	-	-	-	-	0.0%	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	0.0%	-	-
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Fuel, oil and gas	-	-	-	-	-	-	0.0%	-	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	0.0%	-	-
Inventory: Materials and supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Medical supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Medicine	-	-	-	-	-	-	0.0%	-	-
Medsas inventory interface	-	-	-	-	-	-	0.0%	-	-
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-
Consumable supplies	-	-	-	-	-	-	0.0%	-	-
Consumable: Stationery, printing and office supplies	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 3.2 Planned Patient Transport									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Operating leases	36 067	(8 445)	(10 701)	16 921	16 921	-	100.0%	665	665
Property payments	-	5 416	-	5 416	5 416	-	100.0%	-	-
Transport provided: Departmental activity	183	(120)	-	63	63	-	100.0%	-	-
Travel and subsistence	-	107	-	107	107	-	100.0%	145	145
Training and development	-	-	-	-	-	-	0.0%	-	-
Operating payments	-	58	-	58	58	-	100.0%	(14)	(14)
Venues and facilities	-	-	-	-	-	-	0.0%	-	-
Rental and hiring	-	-	-	-	-	-	0.0%	-	-
Interest and rent on land	-	-	-	-	-	-	0.0%	-	-
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	0.0%	-	-
Rent on land	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 3.2 Planned Patient Transport									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	-	-	-	-	-	-	0.0%	53	53
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0.0%	-	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	0.0%	-	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 3.2 Planned Patient Transport									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	-	-	-	-	-	-	0.0%	-	-
Social benefits	-	-	-	-	-	-	0.0%	-	-
Other transfers to households	-	-	-	-	-	-	0.0%	-	-
Payments for capital assets	7 369	(5 545)	-	1 824	1 824	-	100.0%	15 376	10 722
Buildings and other fixed structures	-	-	-	-	-	-	0.0%	-	-
Buildings	-	-	-	-	-	-	0.0%	-	-
Other fixed structures	-	-	-	-	-	-	0.0%	-	-
Machinery and equipment	7 369	(5 545)	-	1 824	1 824	-	100.0%	15 376	10 722
Transport equipment	6 109	(4 285)	-	1 824	1 824	-	100.0%	15 371	10 722
Other machinery and equipment	1 260	(1 260)	-	-	-	-	0.0%	5	-
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	103 215	(23 070)	(14 224)	65 921	65 921	-	100.0%	39 256	34 602

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 4 Provincial Hospital Services									
2015/16					2014/15				
Sub programme	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
1 Provincial (General) Hospitals	3 810 890	50 987	143 345	4 005 222	4 002 196	3 026	99.9%	3 594 412	3 597 840
2 TB-Hospitals	388 292	(31 081)	(258)	356 953	356 953	-	100.0%	360 867	353 727
3 Psychiatric (Mental) Hospitals	592 090	(23 497)	-	568 593	568 593	-	100.0%	555 668	552 618
Programme sub total	4 791 272	(3 591)	143 087	4 930 768	4 927 742	3 026	99.9%	4 510 947	4 504 185

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 4 Provincial Hospital Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Current payments	4 735 966	(26 370)	-	4 709 596	4 709 596	-	100.0%	4 421 003	4 424 410
Compensation of employees	3 913 038	(1 001)	-	3 912 037	3 912 037	-	100.0%	3 602 588	3 602 527
Salaries and wages	3 913 038	(445 110)	-	3 467 928	3 467 928	-	100.0%	3 182 753	3 182 729
Social contributions	-	444 109	-	444 109	444 109	-	100.0%	419 835	419 798
Goods and services	822 928	(29 462)	-	793 466	793 466	-	100.0%	817 565	821 033
Administrative fees	205	(130)	-	75	75	-	100.0%	30	30
Advertising	1 083	(916)	-	167	167	-	100.0%	617	617
Minor assets	10 054	(5 490)	-	4 564	4 564	-	100.0%	10 513	10 513
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries:	-	13	-	13	13	-	100.0%	95	95
Employees	-	-	-	-	-	-	100.0%	205	205
Catering:	-	102	-	102	102	-	100.0%	-	-
Departmental activities	-	-	-	-	-	-	100.0%	-	-
Communication (G&S)	14 351	5 541	-	19 892	19 892	-	100.0%	23 589	21 203
Computer services	3 996	(2 343)	-	1 653	1 653	-	100.0%	1 671	1 671
Consultants:	-	33	-	33	33	-	100.0%	621	621
Business and advisory services	-	-	-	-	-	-	0.0%	-	-
Infrastructure and planning services	-	-	-	-	-	-	100.0%	-	-
Laboratory services	60 946	33 136	191	94 273	94 273	-	100.0%	30 302	34 463
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	35	(35)	-	-	-	-	0.0%	-	-
Contractors	12 425	(5 050)	-	7 375	7 375	-	100.0%	13 805	13 805

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 4 Provincial Hospital Services									
Appropriation per economic classification									
				2015/16				2014/15	
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Agency and support / outsourced services	196 057	(28 086)	-	167 971	167 971	-	100.0%	175 380	173 605
Entertainment	60	(60)	-	-	-	-	0.0%	-	-
Fleet services	20 463	(12 427)	-	8 036	8 036	-	100.0%	11 019	11 019
(including government motor transport)	-	-	-	-	-	-	0.0%	-	-
Housing	-	64	-	64	64	-	100.0%	434	434
Inventory: Clothing material and accessories	-	-	-	-	-	-	0.0%	-	-
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Food and food supplies	70 541	(17 033)	-	53 508	53 508	-	100.0%	53 051	53 051
Inventory: Fuel, oil and gas	17 315	13 174	-	30 489	30 489	-	100.0%	37 872	37 872
Inventory: Learner and teacher support material	-	-	-	-	-	-	0.0%	-	-
Inventory: Materials and supplies	2 413	534	-	2 947	2 947	-	100.0%	3 750	3 750
Inventory: Medical supplies	118 563	29 561	-	148 124	148 124	-	100.0%	125 415	125 415
Inventory: Medicine	141 918	(89 753)	-	52 165	52 165	-	100.0%	92 604	96 072
Medas inventory interface	-	-	-	-	-	-	0.0%	-	-
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-
Consumable supplies	43 865	(3 092)	(191)	40 582	40 582	-	100.0%	45 554	45 554
Consumable: Stationery, printing and office supplies	9 196	(1 444)	-	7 752	7 752	-	100.0%	11 673	11 673

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 4 Provincial Hospital Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	2015/16			2014/15			
			Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Operating leases	5 475	15 772	-	21 247	21 247	-	100.0%	30 559	30 559
Property payments	79 588	42 856	-	122 444	122 444	-	100.0%	136 509	136 509
Transport provided:	222	187	-	409	409	-	100.0%	318	318
Departmental activity									
Travel and subsistence	3 449	3 308	-	6 757	6 757	-	100.0%	8 476	8 476
Training and development	6 351	(6 194)	-	157	157	-	100.0%	743	743
Operating payments	4 357	(1 731)	-	2 626	2 626	-	100.0%	2 663	2 663
Venues and facilities	-	-	-	-	-	-	0.0%	37	37
Rental and hiring	-	41	-	41	41	-	100.0%	60	60
Interest and rent on land	-	4 093	-	4 093	4 093	-	100.0%	850	850
Interest (Incl. interest on unitary payments (PPP))	-	4 093	-	4 093	4 093	-	100.0%	850	850
Rent on land	-	-	-	-	-	-	0.0%	-	-

**PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

Programme 4 Provincial Hospital Services									
Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	24 819	26 431	143 087	194 337	194 337	-	100.0%	58 519	58 519
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0.0%	-	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	0.0%	-	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 4 Provincial Hospital Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	24 819	26 431	143 087	194 337	194 337	-	100.0%	58 519	58 519
Social benefits	1 046	225	23 803	25 074	25 074	-	100.0%	27 473	27 473
Other transfers to households	23 773	26 206	119 284	169 263	169 263	-	100.0%	31 046	31 046
Payments for capital assets	30 487	(3 652)	-	26 835	23 809	3 026	88.7%	31 425	21 256
Buildings and other fixed structures	-	-	-	-	-	-	0.0%	-	-
Buildings	-	-	-	-	-	-	0.0%	-	-
Other fixed structures	-	-	-	-	-	-	0.0%	-	-
Machinery and equipment	30 487	(3 652)	-	26 835	23 809	3 026	88.7%	31 425	21 256
Transport equipment	13 345	(4 762)	-	8 583	8 583	-	100.0%	9 698	9 269
Other machinery and equipment	17 142	1 110	-	18 252	15 226	3 026	83.4%	21 727	11 987
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	4 791 272	(3 591)	143 087	4 930 768	4 927 742	3 026	99.9%	4 510 947	4 504 185

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 4.1 Provincial (General) Hospitals									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Current payments	3 766 249	24 781	258	3 791 288	3 791 288	-	100.0%	3 528 097	3 535 689
Compensation of employees	3 211 737	12 947	-	3 224 684	3 224 684	-	100.0%	2 953 376	2 953 339
Salaries and wages	3 211 737	(338 564)	-	2 873 173	2 873 173	-	100.0%	2 623 066	2 623 066
Social contributions	-	351 511	-	351 511	351 511	-	100.0%	330 310	330 273
Goods and services	554 512	7 741	258	562 511	562 511	-	100.0%	573 871	581 500
Administrative fees	89	(44)	-	45	45	-	100.0%	13	13
Advertising	90	52	-	142	142	-	100.0%	587	587
Minor assets	6 472	(5 203)	-	1 269	1 269	-	100.0%	3 739	3 739
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries: Employees	-	4	-	4	4	-	100.0%	49	49
Catering: Departmental	-	25	-	25	25	-	100.0%	185	185
activities	-	-	-	-	-	-	-	-	-
Communication (G&S)	8 276	6 857	-	15 133	15 133	-	100.0%	16 193	16 193
Computer services	3 648	(1 997)	-	1 651	1 651	-	100.0%	1 613	1 613
Consultants: Business and	-	-	-	-	-	-	0.0%	589	589
advisory services	-	-	-	-	-	-	-	-	-
Infrastructure and planning	-	-	-	-	-	-	0.0%	-	-
services	-	-	-	-	-	-	-	-	-
Laboratory services	59 604	30 916	191	90 711	90 711	-	100.0%	31 944	36 105
Scientific and technological	-	-	-	-	-	-	0.0%	-	-
services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	0.0%	-	-
Contractors	5 721	637	-	6 358	6 358	-	100.0%	12 421	12 421

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 4.1 Provincial (General) Hospitals									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Agency and support / outsourced services	57 604	(5 826)	-	51 778	51 778	-	100.0%	60 414	60 414
Entertainment	-	-	-	-	-	-	0.0%	-	-
Fleet services (including government motor transport)	17 803	(12 416)	-	5 387	5 387	-	100.0%	5 153	5 153
Housing	-	-	-	-	-	-	0.0%	-	-
Inventory: Clothing material and accessories	-	(6)	-	(6)	(6)	-	100.0%	164	164
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Food and food supplies	30 155	(533)	-	29 622	29 622	-	100.0%	30 495	30 495
Inventory: Fuel, oil and gas	14 861	14 967	-	29 828	29 828	-	100.0%	36 907	36 907
Inventory: Learner and teacher support material	-	-	-	-	-	-	0.0%	-	-
Inventory: Materials and supplies	-	2 165	-	2 165	2 165	-	100.0%	2 850	2 850
Inventory: Medical supplies	111 733	30 418	-	142 151	142 151	-	100.0%	117 380	117 380
Inventory: Medicine	135 614	(101 428)	-	34 186	34 186	-	100.0%	71 633	75 101
Medsas inventory interface	-	-	-	-	-	-	0.0%	-	-
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-
Consumable supplies	28 743	(2 056)	67	26 754	26 754	-	100.0%	32 165	32 165
Consumable: Stationery, printing and office supplies	5 953	510	-	6 463	6 463	-	100.0%	9 377	9 377

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 4.1 Provincial (General) Hospitals									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Operating leases	3 681	14 858	-	18 539	18 539	-	100.0%	28 023	28 023
Property payments	55 172	40 726	-	95 898	95 898	-	100.0%	106 337	106 337
Transport provided: Departmental activity	101	129	-	230	230	-	100.0%	214	214
Travel and subsistence	55	2 650	-	2 705	2 705	-	100.0%	3 815	3 815
Training and development	6 000	(5 969)	-	31	31	-	100.0%	264	264
Operating payments	3 137	(1 719)	-	1 418	1 418	-	100.0%	1 279	1 279
Venues and facilities	-	-	-	-	-	-	0.0%	8	8
Rental and hiring	-	24	-	24	24	-	100.0%	60	60
Interest and rent on land	-	4 093	-	4 093	4 093	-	100.0%	850	850
Interest (Incl. interest on unitary payments (PPP))	-	4 093	-	4 093	4 093	-	100.0%	850	850
Rent on land	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 4.1 Provincial (General) Hospitals									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	23 773	26 206	143 087	193 066	193 066	-	100.0%	51 336	51 336
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0.0%	-	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	0.0%	-	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
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Programme 4.1 Provincial (General) Hospitals									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	23 773	26 206	143 087	193 066	193 066	-	100.0%	51 336	51 336
Social benefits	-	-	23 803	23 803	23 803	-	100.0%	22 698	22 698
Other transfers to households	23 773	26 206	119 284	169 263	169 263	-	100.0%	28 638	28 638
Payments for capital assets	20 868	-	-	20 868	17 842	3 026	85.5%	14 979	10 815
Buildings and other fixed structures	-	-	-	-	-	-	0.0%	-	-
Buildings	-	-	-	-	-	-	0.0%	-	-
Other fixed structures	-	-	-	-	-	-	0.0%	-	-
Machinery and equipment	20 868	-	-	20 868	17 842	-	85.5%	14 979	10 815
Transport equipment	6 546	(2 157)	-	4 389	4 389	3 026	100.0%	4 424	4 361
Other machinery and equipment	14 322	2 157	-	16 479	13 453	3 026	81.6%	10 555	6 454
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	3 810 890	50 987	143 345	4 005 222	4 002 196	3 026	99.9%	3 594 412	3 597 840

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 4.2 TB-Hospitals									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Current payments	380 651	(28 232)	(258)	352 161	352 161	-	100.0%	345 950	344 088
Compensation of employees	271 438	(4 913)	-	266 525	266 525	-	100.0%	251 902	251 815
Salaries and wages	271 438	(43 441)	-	227 997	227 997	-	100.0%	214 504	214 480
Social contributions	-	38 528	-	38 528	38 528	-	100.0%	37 398	37 335
Goods and services	109 213	(23 319)	(258)	85 636	85 636	-	100.0%	94 048	92 273
Administrative fees	-	30	-	30	30	-	100.0%	11	11
Advertising	882	(857)	-	25	25	-	100.0%	30	30
Minor assets	1 579	(340)	-	1 239	1 239	-	100.0%	1 629	1 629
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries: Employees	-	-	-	-	-	-	0.0%	21	21
Catering: Departmental	-	17	-	17	17	-	100.0%	-	-
activities	-	-	-	-	-	-	-	-	-
Communication (G&S)	3 554	(718)	-	2 836	2 836	-	100.0%	3 004	3 004
Computer services	113	(111)	-	2	2	-	100.0%	58	58
Consultants: Business and advisory services	-	18	-	18	18	-	100.0%	13	13
Infrastructure and planning services	-	-	-	-	-	-	0.0%	-	-
Laboratory services	507	2 471	-	2 978	2 978	-	100.0%	(2 231)	(2 231)
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	35	(35)	-	-	-	-	0.0%	-	-
Contractors	3 449	(3 369)	-	80	80	-	100.0%	131	131

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 4.2 TB-Hospitals									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Agency and support / outsourced services	38 084	(18 950)	-	19 134	19 134	-	100.0%	21 865	20 090
Entertainment	60	(60)	-	-	-	-	0.0%	-	-
Fleet services (including government motor transport)	2 064	(293)	-	1 771	1 771	-	100.0%	3 632	3 632
Housing	-	-	-	-	-	-	0.0%	-	-
Inventory: Clothing material and accessories	-	70	-	70	70	-	100.0%	163	163
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Food and food supplies	25 348	(14 992)	-	10 356	10 356	-	100.0%	11 132	11 132
Inventory: Fuel, oil and gas	1 216	(761)	-	455	455	-	100.0%	651	651
Inventory: Learner and teacher support material	-	-	-	-	-	-	0.0%	-	-
Inventory: Materials and supplies	2 413	(1 951)	-	462	462	-	100.0%	403	403
Inventory: Medical supplies	1 593	2 731	-	4 324	4 324	-	100.0%	5 631	5 631
Inventory: Medicine	1 304	13 355	-	14 659	14 659	-	100.0%	16 629	16 629
Medsas inventory interface	-	-	-	-	-	-	0.0%	-	-
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-
Consumable supplies	8 398	(3 767)	(258)	4 373	4 373	-	100.0%	5 461	5 461
Consumable: Stationery, printing and office supplies	2 037	(1 368)	-	669	669	-	100.0%	1 450	1 450

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 4.2 TB-Hospitals									
Appropriation per economic classification									
2015/16									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Operating leases	1 117	1 186	-	2 303	2 303	-	100.0%	1 402	1 402
Property payments	12 226	2 828	-	15 054	15 054	-	100.0%	17 449	17 449
Transport provided: Departmental activity	121	53	-	174	174	-	100.0%	104	104
Travel and subsistence	1 542	2 124	-	3 666	3 666	-	100.0%	4 159	4 159
Training and development	351	(225)	-	126	126	-	100.0%	479	479
Operating payments	1 220	(405)	-	815	815	-	100.0%	743	743
Venues and facilities	-	-	-	-	-	-	0.0%	29	29
Rental and hiring	-	-	-	-	-	-	0.0%	-	-
Interest and rent on land	-	-	-	-	-	-	0.0%	-	-
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	0.0%	-	-
Rent on land	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 4.2 TB-Hospitals									
Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	1 046	183	-	1 229	1 229	-	100.0%	4 973	4 973
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0.0%	-	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	0.0%	-	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 4.2 TB-Hospitals									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	1 046	183	-	1 229	1 229	-	100.0%	4 973	4 973
Social benefits	1 046	183	-	1 229	1 229	-	100.0%	2 565	2 565
Other transfers to households	-	-	-	-	-	-	0.0%	2 408	2 408
Payments for capital assets	6 595	(3 032)	-	3 563	3 563	-	100.0%	9 944	4 666
Buildings and other fixed structures	-	-	-	-	-	-	0.0%	-	-
Buildings	-	-	-	-	-	-	0.0%	-	-
Other fixed structures	-	-	-	-	-	-	0.0%	-	-
Machinery and equipment	6 595	(3 032)	-	3 563	3 563	-	100.0%	9 944	4 666
Transport equipment	4 161	(1 726)	-	2 435	2 435	-	100.0%	2 772	2 772
Other machinery and equipment	2 434	(1 306)	-	1 128	1 128	-	100.0%	7 172	1 894
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	388 292	(31 081)	(258)	356 953	356 953	-	100.0%	360 867	353 727

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 4.3 Psychiatric (Mental) Hospitals									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
2015/16									2014/15
Current payments	589 066	(22 919)	-	566 147	566 147	-	100.0%	546 956	544 633
Compensation of employees	429 863	(9 035)	-	420 828	420 828	-	100.0%	397 310	397 373
Salaries and wages	429 863	(63 105)	-	366 758	366 758	-	100.0%	345 183	345 183
Social contributions	-	54 070	-	54 070	54 070	-	100.0%	52 127	52 190
Goods and services	159 203	(13 884)	-	145 319	145 319	-	100.0%	149 646	147 260
Administrative fees	116	(116)	-	-	-	-	0.0%	6	6
Advertising	111	(111)	-	-	-	-	0.0%	-	-
Minor assets	2 003	53	-	2 056	2 056	-	100.0%	5 145	5 145
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries: Employees	-	9	-	9	9	-	100.0%	25	25
Catering: Departmental activities	-	60	-	60	60	-	100.0%	20	20
Communication (G&S)	2 521	(598)	-	1 923	1 923	-	100.0%	4 392	2 006
Computer services	235	(235)	-	-	-	-	0.0%	-	-
Consultants: Business and advisory services	-	15	-	15	15	-	100.0%	19	19
Infrastructure and planning services	-	-	-	-	-	-	0.0%	-	-
Laboratory services	835	(251)	-	584	584	-	100.0%	589	589
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	-	-	-	-	-	-	0.0%	-	-
Contractors	3 255	(2 318)	-	937	937	-	100.0%	1 253	1 253

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 4.3 Psychiatric (Mental) Hospitals									
Appropriation per economic classification									
2015/16									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Agency and support / outsourced services	100 369	(3 310)	-	97 059	97 059	-	100.0%	93 101	93 101
Entertainment	-	-	-	-	-	-	0.0%	-	-
Fleet services (including government motor transport)	596	282	-	878	878	-	100.0%	2 234	2 234
Housing	-	-	-	-	-	-	0.0%	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	0.0%	107	107
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Food and food supplies	15 038	(1 508)	-	13 530	13 530	-	100.0%	11 424	11 424
Inventory: Fuel, oil and gas	1 238	(1 032)	-	206	206	-	100.0%	314	314
Inventory: Learner and teacher support material	-	-	-	-	-	-	0.0%	-	-
Inventory: Materials and supplies	-	320	-	320	320	-	100.0%	497	497
Inventory: Medical supplies	5 237	(3 588)	-	1 649	1 649	-	100.0%	2 404	2 404
Inventory: Medicine	5 000	(1 680)	-	3 320	3 320	-	100.0%	4 342	4 342
Medsas inventory interface	-	-	-	-	-	-	0.0%	-	-
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-
Consumable supplies	6 724	2 731	-	9 455	9 455	-	100.0%	7 928	7 928
Consumable: Stationery, printing and office supplies	1 206	(586)	-	620	620	-	100.0%	846	846

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 4.3 Psychiatric (Mental) Hospitals									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Operating leases	677	(272)	-	405	405	-	100.0%	1 134	1 134
Property payments	12 190	(698)	-	11 492	11 492	-	100.0%	12 723	12 723
Transport provided: Departmental activity	-	5	-	5	5	-	100.0%	-	-
Travel and subsistence	1 852	(1 466)	-	386	386	-	100.0%	502	502
Training and development	-	-	-	-	-	-	0.0%	-	-
Operating payments	-	393	-	393	393	-	100.0%	641	641
Venues and facilities	-	-	-	-	-	-	0.0%	-	-
Rental and hiring	-	17	-	17	17	-	100.0%	-	-
Interest and rent on land	-	-	-	-	-	-	0.0%	-	-
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	0.0%	-	-
Rent on land	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 4.3 Psychiatric (Mental) Hospitals									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	42	42	-	42	42	-	100.0%	2 210	2 210
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0.0%	-	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	0.0%	-	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 4.3 Psychiatric (Mental) Hospitals									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	-	42	-	42	42	-	100.0%	2 210	2 210
Social benefits	-	42	-	42	42	-	100.0%	2 210	2 210
Other transfers to households	-	-	-	-	-	-	0.0%	-	-
Payments for capital assets	3 024	(620)	-	2 404	2 404	-	100.0%	6 502	5 775
Buildings and other fixed structures	-	-	-	-	-	-	0.0%	-	-
Buildings	-	-	-	-	-	-	0.0%	-	-
Other fixed structures	-	-	-	-	-	-	0.0%	-	-
Machinery and equipment	3 024	(620)	-	2 404	2 404	-	100.0%	6 502	5 775
Transport equipment	2 638	(879)	-	1 759	1 759	-	100.0%	2 502	2 136
Other machinery and equipment	386	259	-	645	645	-	100.0%	4 000	3 639
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	592 090	(23 497)	-	568 593	568 593	-	100.0%	555 668	552 618

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 5 Central Hospital Services									
2015/16					2014/15				
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000		R'000	R'000
Sub programme									
1 Provincial Tertiary Services	840 151	3 632	-	843 783	823 221	20 562	97.6%	796 341	758 650
Programme sub total	840 151	3 632	-	843 783	823 221	20 562	97.6%	796 341	758 650

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 5 Central Hospital Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	2015/16			2014/15			
			Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Current payments	718 583	3 294	-	721 877	721 876	1	100.0%	678 821	680 561
Compensation of employees	242 387	(32)	-	242 355	242 355	-	100.0%	226 935	226 935
Salaries and wages	242 387	(16 820)	-	225 567	225 567	-	100.0%	208 356	208 356
Social contributions	-	16 788	-	16 788	16 788	-	100.0%	18 579	18 579
Goods and services	476 196	3 326	-	479 522	479 521	1	100.0%	451 857	453 597
Administrative fees	-	302	-	302	302	-	100.0%	3 429	3 429
Advertising	647	(647)	-	-	-	-	0.0%	42	42
Minor assets	6 543	(4 695)	-	1 848	1 848	0	100.0%	2 976	2 976
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries:	-	-	-	-	-	-	0.0%	-	-
Employees	-	-	-	-	-	-	-	-	-
Catering:	-	53	-	53	53	-	100.0%	313	313
Departmental activities	-	-	-	-	-	-	-	-	-
Communication (G&S)	1 684	(1 684)	-	0	-	0	0.0%	21	21
Computer services	471	(471)	-	-	-	-	0.0%	1 035	1 035
Consultants:	-	79	-	79	79	-	100.0%	-	-
Business and advisory services	-	-	-	-	-	-	0.0%	-	-
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	122 619	(52 551)	-	70 068	70 068	-	100.0%	72 719	74 459
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	-	-	-	-	-	-	0.0%	-	-
Contractors	3 257	12 473	-	15 730	15 730	-	100.0%	9 459	9 459

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 5 Central Hospital Services									
Appropriation per economic classification									
				2015/16				2014/15	
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Agency and support / outsourced services	4 121	29 561	-	33 682	33 682	-	100.0%	20 654	20 654
Entertainment	-	-	-	-	-	-	0.0%	-	-
Fleet services	-	-	-	-	-	-	0.0%	-	-
(including government motor transport)	-	-	-	-	-	-	0.0%	-	-
Housing	-	-	-	-	-	-	0.0%	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	0.0%	2	2
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Food and food supplies	7 746	1 720	-	9 466	9 466	-	100.0%	8 856	8 856
Inventory: Fuel, oil and gas	10 467	1 818	-	12 285	12 285	-	100.0%	3 793	3 793
Inventory: Learner and teacher support material	-	-	-	-	-	-	0.0%	-	-
Inventory: Materials and supplies	758	6	-	764	764	-	100.0%	1 760	1 760
Inventory: Medical supplies	139 333	45 626	-	184 959	184 959	-	100.0%	202 657	202 657
Inventory: Medicine	114 336	(36 008)	-	78 328	78 328	-	100.0%	76 428	76 428
Medsas inventory interface	-	-	-	-	-	-	0.0%	-	-
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-
Consumable supplies	13 631	(2 562)	-	11 069	11 069	-	100.0%	9 750	9 750
Consumable: Stationery, printing and office supplies	3 645	(1 893)	-	1 752	1 752	-	100.0%	3 456	3 456

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
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Programme 5 Central Hospital Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Operating leases	548	13 165	-	13 713	13 713	-	100.0%	922	922
Property payments	40 923	2 962	-	43 885	43 885	-	100.0%	31 613	31 613
Transport provided:	-	14	-	14	14	-	100.0%	-	-
Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	5 466	(4 049)	-	1 417	1 417	-	100.0%	1 645	1 645
Training and development	-	-	-	-	-	-	0.0%	33	33
Operating payments	-	107	-	107	107	-	100.0%	246	246
Venues and facilities	-	-	-	-	-	-	0.0%	48	48
Rental and hiring	-	-	-	-	-	-	0.0%	-	-
Interest and rent on land	-	-	-	-	-	-	0.0%	29	29
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	0.0%	29	29
Rent on land	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 5 Central Hospital Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	2015/16			2014/15			
			Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	-	9	-	9	9	-	100.0%	2 212	874
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0.0%	-	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	0.0%	-	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 5 Central Hospital Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	-	9	-	9	9	-	100.0%	2 212	874
Social benefits	-	9	-	9	9	-	100.0%	1 900	774
Other transfers to households	-	-	-	-	-	-	0.0%	312	100
Payments for capital assets	121 568	329	-	121 897	101 336	20 561	83.1%	115 308	77 215
Buildings and other fixed structures	3 285	969	-	4 254	2 461	1 793	57.9%	6 000	3 180
Buildings	-	969	-	969	137	832	14.1%	6 000	3 180
Other fixed structures	3 285	-	-	3 285	2 324	961	70.7%	-	-
Machinery and equipment	118 283	(640)	-	117 643	98 875	18 768	84.0%	109 308	74 035
Transport equipment	2 972	(2 752)	-	220	220	-	100.0%	2 841	518
Other machinery and equipment	115 311	2 112	-	117 423	98 655	18 768	84.0%	106 467	73 517
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	840 151	3 632	-	843 783	823 221	20 562	97.6%	796 341	768 650

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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 5.1 Provincial Tertiary Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Current payments	718 583	3 294	-	721 877	721 876	1	100.0%	678 821	680 561
Compensation of employees	242 387	(32)	-	242 355	242 355	-	100.0%	226 935	226 935
Salaries and wages	242 387	(16 820)	-	225 567	225 567	-	100.0%	208 356	208 356
Social contributions	-	16 788	-	16 788	16 788	-	100.0%	18 579	18 579
Goods and services	476 196	3 326	-	479 522	479 521	1	100.0%	451 857	453 597
Administrative fees	-	302	-	302	302	-	100.0%	3 429	3 429
Advertising	647	(647)	-	-	-	-	0.0%	42	42
Minor assets	6 543	(4 695)	-	1 848	1 848	0	100.0%	2 976	2 976
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries: Employees	-	-	-	-	-	-	0.0%	-	-
Catering: Departmental activities	-	53	-	53	53	-	100.0%	313	313
Communication (G&S)	1 684	(1 684)	-	0	-	0	0.0%	21	21
Computer services	471	(471)	-	-	-	-	0.0%	1 035	1 035
Consultants: Business and advisory services	-	79	-	79	79	-	100.0%	-	-
Infrastructure and planning services	-	-	-	-	-	-	0.0%	-	-
Laboratory services	122 619	(52 551)	-	70 068	70 068	-	100.0%	72 719	74 459
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	-	-	-	-	-	-	0.0%	-	-
Contractors	3 257	12 473	-	15 730	15 730	-	100.0%	9 459	9 459

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 5.1 Provincial Tertiary Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Agency and support / outsourced services	4 121	29 561	-	33 682	33 682	-	100.0%	20 654	20 654
Entertainment	-	-	-	-	-	-	0.0%	-	-
Fleet services (including government motor transport)	-	-	-	-	-	-	0.0%	-	-
Housing	-	-	-	-	-	-	0.0%	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	0.0%	-	-
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	2	2
Inventory: Food and food supplies	7 746	-	-	-	-	-	0.0%	-	-
Inventory: Fuel, oil and gas	10 467	1 720	-	9 466	9 466	-	100.0%	8 856	8 856
Inventory: Learner and teacher support material	-	1 818	-	12 285	12 285	-	100.0%	3 793	3 793
Inventory: Materials and supplies	758	-	-	-	-	-	0.0%	-	-
Inventory: Medical supplies	139 333	6	-	764	764	-	100.0%	1 760	1 760
Inventory: Medicine	114 336	45 626	-	184 959	184 959	-	100.0%	202 657	202 657
Medsas inventory interface	-	(36 008)	-	78 328	78 328	-	100.0%	76 428	76 428
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-
Consumable supplies	13 631	(2 562)	-	11 069	11 069	-	0.0%	-	-
Consumable: Stationery, printing and office supplies	3 645	(1 893)	-	1 752	1 752	-	100.0%	9 750	9 750
							100.0%	3 456	3 456

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 5.1 Provincial Tertiary Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Operating leases	548	13 165	-	13 713	13 713	-	100.0%	922	922
Property payments	40 923	2 962	-	43 885	43 885	-	100.0%	31 613	31 613
Transport provided: Departmental activity	-	14	-	14	14	-	100.0%	-	-
Travel and subsistence	5 466	(4 049)	-	1 417	1 417	-	100.0%	1 645	1 645
Training and development	-	-	-	-	-	-	0.0%	33	33
Operating payments	-	107	-	107	107	-	100.0%	246	246
Venues and facilities	-	-	-	-	-	-	0.0%	48	48
Rental and hiring	-	-	-	-	-	-	0.0%	-	-
Interest and rent on land	-	-	-	-	-	-	0.0%	29	29
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	0.0%	29	29
Rent on land	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 5.1 Provincial Tertiary Services									
Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	-	9	-	9	9	-	100.0%	2 212	874
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0.0%	-	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	0.0%	-	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 5.1 Provincial Tertiary Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	-	9	-	9	9	-	100.0%	2 212	874
Social benefits	-	9	-	9	9	-	100.0%	1 900	774
Other transfers to households	-	-	-	-	-	-	0.0%	312	100
Payments for capital assets	121 568	329	-	121 897	101 336	20 561	83.1%	115 308	77 215
Buildings and other fixed structures	3 285	969	-	4 254	2 461	1 793	57.9%	6 000	3 180
Buildings	-	969	-	969	137	832	14.1%	6 000	3 180
Other fixed structures	3 285	-	-	3 285	2 324	961	70.7%	-	-
Machinery and equipment	118 283	(640)	-	117 643	98 875	18 768	84.0%	109 308	74 035
Transport equipment	2 972	(2 752)	-	220	220	-	100.0%	2 841	518
Other machinery and equipment	115 311	2 112	-	117 423	98 655	18 768	84.0%	106 467	73 517
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	840 151	3 632	-	843 783	823 221	20 562	97.6%	796 341	758 650

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 6 Health Science and Training									
2015/16					2014/15				
Sub programme	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
1 Nursing Training Colleges	262 824	12 506	(2 604)	272 726	290 679	(17 953)	106.6%	282 574	277 510
2 Ems College	17 265	(2 765)	-	14 500	13 574	926	93.6%	14 503	9 910
3 Bursaries	228 878	(29 966)	-	198 912	198 856	56	100.0%	173 346	170 799
4 Training Other	278 386	9 397	-	287 783	266 263	21 520	92.5%	276 216	268 033
Programme sub total	787 353	(10 828)	(2 604)	773 921	769 372	4 549	99.4%	746 639	726 252

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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 6 Health Science and Training									
	Appropriation per economic classification						2014/15		
	2015/16						Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000			
Current payments	535 705	16 917	(2 604)	550 018	550 018	-	100.0%	552 390	551 940
Compensation of employees	407 573	13 608	(2 604)	418 577	418 577	-	100.0%	413 931	413 547
Salaries and wages	407 573	(14 266)	(2 604)	390 703	390 703	-	100.0%	381 406	382 907
Social contributions	-	27 874	-	27 874	27 874	-	100.0%	32 525	30 640
Goods and services	128 132	3 309	-	131 441	131 441	-	100.0%	138 458	138 392
Administrative fees	642	474	-	1 116	1 116	-	100.0%	1 640	1 640
Advertising	-	75	-	75	75	-	100.0%	59	59
Minor assets	3 097	(1 462)	-	1 635	1 635	-	100.0%	2 054	2 042
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries: Employees	13 613	(7 242)	-	6 371	6 371	-	100.0%	7 626	7 626
Catering: Departmental activities	-	243	-	243	243	-	100.0%	914	872
Communication (G&S)	1 089	329	-	1 418	1 418	-	100.0%	1 069	1 046
Computer services	3 219	(3 219)	-	-	-	-	0.0%	-	-
Consultants: Business and advisory services	12 562	(11 698)	-	864	864	-	100.0%	456	456
Infrastructure and planning services	-	-	-	-	-	-	0.0%	-	-
Laboratory services	1 202	(1 202)	-	-	-	-	0.0%	-	-
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	-	-	-	-	-	-	0.0%	-	-
Contractors	889	(530)	-	359	-	359	0.0%	1 123	1 106

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 6 Health Science and Training									
Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Agency and support / outsourced services	44 855	16 453	-	61 308	60 951	357	99.4%	44 156	44 137
Entertainment	-	94	-	94	94	-	100.0%	17	17
Fleet services (including government motor transport)	1 435	324	-	1 759	1 453	306	82.6%	2 495	2 495
Housing	-	-	-	-	-	-	0.0%	-	-
Inventory: Clothing material and accessories	-	81	-	81	81	-	100.0%	-	-
Inventory: Farming supplies	-	2	-	2	2	-	100.0%	-	-
Inventory: Food and food supplies	90	-	-	90	-	90	0.0%	-	-
Inventory: Fuel, oil and gas	37	(18)	-	19	-	19	0.0%	24	-
Inventory: Learner and teacher support material	-	441	-	441	441	-	100.0%	427	427
Inventory: Materials and supplies	-	391	-	391	391	-	100.0%	336	336
Inventory: Medical supplies	324	8 104	-	8 428	8 355	73	99.1%	12 192	12 192
Inventory: Medicine	-	34	-	34	34	-	100.0%	2	2
Meddas inventory interface	-	-	-	-	-	-	0.0%	-	-
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-
Consumable supplies	3 499	(1 466)	-	2 033	2 033	-	100.0%	1 937	1 937
Consumable: Stationery, printing and office supplies	5 032	(3 177)	-	1 855	1 855	-	100.0%	2 124	2 124

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 6 Health Science and Training									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Operating leases	912	1 807	-	2 719	2 719	-	100.0%	2 669	2 663
Property payments	7 482	(5 506)	-	1 976	1 976	-	100.0%	4 240	4 043
Transport provided:	-	-	-	-	-	-	0.0%	-	-
Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	8 433	13 285	-	21 718	23 951	(2 233)	110.3%	33 924	35 212
Training and development	18 904	(3 743)	-	15 161	14 253	908	94.0%	16 948	16 317
Operating payments	816	153	-	969	848	121	87.5%	1 121	972
Venues and facilities	-	276	-	276	276	-	100.0%	905	671
Rental and hiring	-	6	-	6	6	-	100.0%	-	-
Interest and rent on land	-	-	-	-	-	-	0.0%	1	1
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	0.0%	1	1
Rent on land	-	-	-	-	-	-	0.0%	-	-

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APPROPRIATION STATEMENT
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Programme 6 Health Science and Training									
Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	236 356	(24 372)	-	211 984	211 519	465	99.8%	174 399	165 118
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	18 580	-	-	18 580	18 115	465	97.5%	9 281	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	18 580	-	-	18 580	18 115	465	97.5%	9 281	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 6 Health Science and Training									
Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	217 776	(24 372)	-	193 404	193 404	-	100.0%	165 118	165 118
Social benefits	129 827	(113 381)	-	16 446	16 446	-	100.0%	2 931	2 931
Other transfers to households	87 949	89 009	-	176 958	176 958	-	100.0%	162 187	162 187
Payments for capital assets	15 292	(3 373)	-	11 919	7 835	4 084	65.7%	19 850	9 194
Buildings and other fixed structures	-	-	-	-	-	-	0.0%	-	-
Buildings	-	-	-	-	-	-	0.0%	-	-
Other fixed structures	-	-	-	-	-	-	0.0%	-	-
Machinery and equipment	15 292	(3 373)	-	11 919	7 835	4 084	65.7%	19 850	9 194
Transport equipment	3 999	241	-	4 240	2 808	1 432	66.2%	2 240	1 640
Other machinery and equipment	11 293	(3 614)	-	7 679	5 027	2 652	65.5%	17 610	7 554
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	787 353	(10 828)	(2 604)	773 921	769 372	4 549	99.4%	746 639	726 252

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 6.1 Nursing Training Colleges									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Current payments	251 459	15 031	(2 604)	263 886	285 867	(21 981)	108.3%	273 938	271 769
Compensation of employees	227 988	13 608	(2 604)	238 992	263 380	(24 388)	110.2%	248 539	246 611
Salaries and wages	227 988	(6 420)	(2 604)	218 964	243 352	(24 388)	111.1%	225 349	225 306
Social contributions	-	20 028	-	20 028	20 028	-	100.0%	23 190	21 305
Goods and services	23 471	1 423	-	24 894	22 487	2 407	90.3%	25 399	25 158
Administrative fees	36	117	-	153	153	-	100.0%	77	77
Advertising	-	-	-	-	-	-	0.0%	1	1
Minor assets	1 311	(664)	-	647	647	-	100.0%	554	542
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries: Employees	3 000	759	-	3 759	3 759	-	100.0%	5 187	5 187
Catering: Departmental activities	-	-	-	-	-	-	0.0%	42	-
Communication (G&S)	471	947	-	1 418	1 418	-	100.0%	1 046	1 046
Computer services	940	(940)	-	-	-	-	0.0%	-	-
Consultants: Business and advisory services	-	864	-	864	864	-	100.0%	432	432
Infrastructure and planning services	-	-	-	-	-	-	0.0%	-	-
Laboratory services	-	-	-	-	-	-	0.0%	-	-
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	-	-	-	-	-	-	0.0%	-	-
Contractors	540	(181)	-	359	-	359	0.0%	268	251

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 6.1 Nursing Training Colleges									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Agency and support / outsourced services	4 932	(864)	-	4 068	3 711	357	91.2%	1 925	1 921
Entertainment	-	94	-	94	94	-	100.0%	-	-
Fleet services (including government motor transport)	1 435	324	-	1 759	1 453	306	82.6%	2 495	2 495
Housing	-	-	-	-	-	-	0.0%	-	-
Inventory: Clothing material and accessories	-	51	-	51	51	-	100.0%	-	-
Inventory: Farming supplies	-	2	-	2	2	-	100.0%	-	-
Inventory: Food and food supplies	90	-	-	90	-	90	0.0%	-	-
Inventory: Fuel, oil and gas	19	-	-	19	-	19	0.0%	16	-
Inventory: Learner and teacher support material	-	441	-	441	441	-	100.0%	360	360
Inventory: Materials and supplies	-	278	-	278	278	-	100.0%	92	92
Inventory: Medical supplies	324	-	-	324	251	73	77.5%	321	321
Inventory: Medicine	-	-	-	-	-	-	0.0%	2	2
Medsas inventory interface	-	-	-	-	-	-	0.0%	-	-
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-
Consumable supplies	-	1 558	-	1 558	1 558	-	100.0%	1 173	1 173
Consumable: Stationery, printing and office supplies	799	20	-	819	819	-	100.0%	937	937

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 6.1 Nursing Training Colleges									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Operating leases	398	1 032	-	1 430	1 430	-	100.0%	1 274	1 274
Property payments	6 979	(5 048)	-	1 931	1 931	-	100.0%	3 798	3 798
Transport provided: Departmental activity	-	-	-	-	-	-	0.0%	-	-
Travel and subsistence	823	2 381	-	3 204	3 030	174	94.6%	4 958	4 958
Training and development	914	(6)	-	908	-	908	0.0%	-	-
Operating payments	460	252	-	712	591	121	83.0%	440	291
Venues and facilities	-	-	-	-	-	-	0.0%	1	-
Rental and hiring	-	6	-	6	6	-	100.0%	-	-
Interest and rent on land	-	-	-	-	-	-	0.0%	-	-
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	0.0%	-	-
Rent on land	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 6.1 Nursing Training Colleges									
Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	3 000	(1 905)	-	1 095	1 095	-	100.0%	2 931	2 931
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0.0%	-	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	0.0%	-	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 6.1 Nursing Training Colleges									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	3 000	(1 905)	-	1 095	1 095	-	100.0%	2 931	2 931
Social benefits	3 000	(1 905)	-	1 095	1 095	-	100.0%	2 931	2 931
Other transfers to households	-	-	-	-	-	-	0.0%	-	-
Payments for capital assets	8 365	(620)	-	7 745	3 717	4 028	48.0%	5 705	2 810
Buildings and other fixed structures	-	-	-	-	-	-	0.0%	-	-
Buildings	-	-	-	-	-	-	0.0%	-	-
Other fixed structures	-	-	-	-	-	-	0.0%	-	-
Machinery and equipment	8 365	(620)	-	7 745	3 717	4 028	48.0%	5 705	2 810
Transport equipment	3 235	(235)	-	3 000	1 568	1 432	52.3%	1 941	1 640
Other machinery and equipment	5 130	(385)	-	4 745	2 149	2 596	45.3%	3 764	1 170
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	262 824	12 506	(2 604)	272 726	290 679	(17 953)	106.6%	282 574	277 510

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 6.2 Ems College									
Appropriation per economic classification									
2015/16									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Current payments	12 499	-	-	12 499	11 573	926	92.6%	8 434	7 838
Compensation of employees	7 184	-	-	7 184	6 748	436	93.9%	4 845	4 845
Salaries and wages	7 184	(793)	-	6 391	5 955	436	93.2%	4 230	4 230
Social contributions	-	793	-	793	793	-	100.0%	615	615
Goods and services	5 315	-	-	5 315	4 825	490	90.8%	3 589	2 993
Administrative fees	-	4	-	4	4	-	100.0%	30	30
Advertising	-	-	-	-	-	-	0.0%	-	-
Minor assets	44	148	-	192	192	-	100.0%	189	189
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries: Employees	-	573	-	573	573	-	100.0%	-	-
Catering: Departmental activities	-	8	-	8	8	-	100.0%	-	-
Communication (G&S)	25	(25)	-	-	-	-	0.0%	23	-
Computer services	-	-	-	-	-	-	0.0%	-	-
Consultants: Business and advisory services	-	-	-	-	-	-	0.0%	-	-
Infrastructure and planning services	-	-	-	-	-	-	0.0%	-	-
Laboratory services	-	-	-	-	-	-	0.0%	-	-
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	-	-	-	-	-	-	0.0%	-	-
Contractors	-	-	-	-	-	-	0.0%	312	312

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 6.2 Ems College										
Appropriation per economic classification										
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000	
Agency and support / outsourced services	47	(47)	-	-	-	-	0.0%	15	-	-
Entertainment	-	-	-	-	-	-	0.0%	-	-	-
Fleet services (including government motor transport)	-	-	-	-	-	-	0.0%	-	-	-
Housing	-	-	-	-	-	-	0.0%	-	-	-
Inventory: Clothing material and accessories	-	30	-	30	30	-	100.0%	-	-	-
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	-	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	0.0%	-	-	-
Inventory: Fuel, oil and gas	18	(18)	-	-	-	-	0.0%	8	-	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	0.0%	-	-	-
Inventory: Materials and supplies	-	58	-	58	58	-	100.0%	238	238	-
Inventory: Medical supplies	-	726	-	726	726	-	100.0%	164	164	-
Inventory: Medicine	-	-	-	-	-	-	0.0%	-	-	-
Medsas inventory interface	-	-	-	-	-	-	0.0%	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-	-
Consumable supplies	94	(4)	-	90	90	-	100.0%	167	167	-
Consumable: Stationery, printing and office supplies	32	(32)	-	-	-	-	0.0%	48	48	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 6.2 Ems College									
Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Operating leases	72	(26)	-	46	46	-	100.0%	43	37
Property payments	141	(111)	-	30	30	-	100.0%	135	-
Transport provided:	-	-	-	-	-	-	0.0%	-	-
Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	240	2 674	-	2 914	2 424	490	83.2%	1 362	1 362
Training and development	4 555	(3 995)	-	560	560	-	100.0%	522	113
Operating payments	47	37	-	84	84	-	100.0%	333	333
Venues and facilities	-	-	-	-	-	-	0.0%	-	-
Rental and hiring	-	-	-	-	-	-	0.0%	-	-
Interest and rent on land	-	-	-	-	-	-	0.0%	-	-
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	0.0%	-	-
Rent on land	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 6.2 Ems College									
Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	-	-	-	-	-	-	0.0%	-	-
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0.0%	-	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	0.0%	-	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 6.2 Ems College									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	-	-	-	-	-	-	0.0%	-	-
Social benefits	-	-	-	-	-	-	0.0%	-	-
Other transfers to households	-	-	-	-	-	-	0.0%	-	-
Payments for capital assets	4 766	(2 765)	-	2 001	2 001	-	100.0%	6 069	2 072
Buildings and other fixed structures	-	-	-	-	-	-	0.0%	-	-
Buildings	-	-	-	-	-	-	0.0%	-	-
Other fixed structures	-	-	-	-	-	-	0.0%	-	-
Machinery and equipment	4 766	(2 765)	-	2 001	2 001	-	100.0%	6 069	2 072
Transport equipment	391	849	-	1 240	1 240	-	100.0%	69	-
Other machinery and equipment	4 375	(3 614)	-	761	761	-	100.0%	6 000	2 072
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	17 265	(2 765)	-	14 500	13 574	926	93.6%	14 503	9 910

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 6.3 Bursaries									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Current payments	14 102	(7 499)	-	6 603	6 603	-	100.0%	15 013	14 496
Compensation of employees	-	-	-	-	-	-	0.0%	-	-
Salaries and wages	-	-	-	-	-	-	0.0%	-	-
Social contributions	-	-	-	-	-	-	0.0%	-	-
Goods and services	14 102	(7 499)	-	6 603	6 603	-	100.0%	15 012	14 495
Administrative fees	-	-	-	-	-	-	0.0%	-	-
Advertising	-	-	-	-	-	-	0.0%	-	-
Minor assets	-	56	-	56	56	-	100.0%	-	-
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries: Employees	7 371	(5 791)	-	1 580	1 580	-	100.0%	2 390	2 390
Catering: Departmental activities	-	18	-	18	18	-	100.0%	59	59
Communication (G&S)	-	-	-	-	-	-	0.0%	-	-
Computer services	-	-	-	-	-	-	0.0%	-	-
Consultants: Business and advisory services	-	-	-	-	-	-	0.0%	-	-
Infrastructure and planning services	-	-	-	-	-	-	0.0%	-	-
Laboratory services	-	-	-	-	-	-	0.0%	-	-
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	-	-	-	-	-	-	0.0%	-	-
Contractors	-	-	-	-	-	-	0.0%	70	70

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 6.3 Bursaries										
Appropriation per economic classification										
		2015/16							2014/15	
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000	
Agency and support / outsourced services	-	-	-	-	-	-	0.0%	-	-	-
Entertainment	-	-	-	-	-	-	0.0%	-	-	-
Fleet services (including government motor transport)	-	-	-	-	-	-	0.0%	-	-	-
Housing	-	-	-	-	-	-	0.0%	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	0.0%	-	-	-
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	-	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	0.0%	-	-	-
Inventory: Fuel, oil and gas	-	-	-	-	-	-	0.0%	-	-	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	0.0%	67	67	67
Inventory: Materials and supplies	-	-	-	-	-	-	0.0%	-	-	-
Inventory: Medical supplies	-	-	-	-	-	-	0.0%	-	-	-
Inventory: Medicine	-	-	-	-	-	-	0.0%	-	-	-
Medsas inventory interface	-	-	-	-	-	-	0.0%	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-	-
Consumable supplies	-	95	-	95	95	-	100.0%	107	107	107
Consumable: Stationery, printing and office supplies	437	(326)	-	111	111	-	100.0%	168	168	168

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 6.3 Bursaries										
Appropriation per economic classification										
	2015/16						2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000	
Operating leases	-	-	-	-	-	-	0.0%	-	-	-
Property payments	-	-	-	-	-	-	0.0%	62	-	-
Transport provided:	-	-	-	-	-	-	0.0%	-	-	-
Departmental activity	-	-	-	-	-	-	-	-	-	-
Travel and subsistence	6 294	(1 551)	-	4 743	4 743	-	100.0%	11 634	11 634	-
Training and development	-	-	-	-	-	-	0.0%	222	-	-
Operating payments	-	-	-	-	-	-	0.0%	-	-	-
Venues and facilities	-	-	-	-	-	-	0.0%	233	-	-
Rental and hiring	-	-	-	-	-	-	0.0%	-	-	-
Interest and rent on land	-	-	-	-	-	-	0.0%	1	1	1
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	0.0%	1	1	1
Rent on land	-	-	-	-	-	-	0.0%	-	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 6.3 Bursaries									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	214 776	(22 467)	-	192 309	192 309	-	100.0%	156 303	156 303
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0.0%	-	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	0.0%	-	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 6.3 Bursaries									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	214 776	(22 467)	-	192 309	192 309	-	100.0%	156 303	156 303
Social benefits	126 827	(111 476)	-	15 351	15 351	-	100.0%	-	-
Other transfers to households	87 949	89 009	-	176 958	176 958	-	100.0%	156 303	156 303
Payments for capital assets	-	-	-	-	(56)	56	0.0%	2 030	-
Buildings and other fixed structures	-	-	-	-	-	-	0.0%	-	-
Buildings	-	-	-	-	-	-	0.0%	-	-
Other fixed structures	-	-	-	-	-	-	0.0%	-	-
Machinery and equipment	-	-	-	-	(56)	56	0.0%	2 030	-
Transport equipment	-	-	-	-	-	-	0.0%	230	-
Other machinery and equipment	-	-	-	-	(56)	56	0.0%	1 800	-
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	228 878	(29 966)	-	198 912	198 856	56	100.0%	173 346	170 799

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 6.4 Training Other									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Current payments	257 645	9 385	-	267 030	245 975	21 055	92.1%	255 005	257 837
Compensation of employees	172 401	-	-	172 401	148 449	23 952	86.1%	160 547	162 091
Salaries and wages	172 401	(7 053)	-	165 348	141 396	23 952	85.5%	151 827	153 371
Social contributions	-	7 053	-	7 053	7 053	-	100.0%	8 720	8 720
Goods and services	85 244	9 385	-	94 629	97 526	(2 897)	103.1%	94 458	95 746
Administrative fees	606	353	-	959	959	-	100.0%	1 533	1 533
Advertising	-	75	-	75	75	-	100.0%	58	58
Minor assets	1 742	(1 002)	-	740	740	-	100.0%	1 311	1 311
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries: Employees	3 242	(2 783)	-	459	459	-	100.0%	49	49
Catering: Departmental activities	-	217	-	217	217	-	100.0%	813	813
Communication (G&S)	593	(593)	-	-	-	-	0.0%	-	-
Computer services	2 279	(2 279)	-	-	-	-	0.0%	-	-
Consultants: Business and advisory services	12 562	(12 562)	-	-	-	-	0.0%	24	24
Infrastructure and planning services	-	-	-	-	-	-	0.0%	-	-
Laboratory services	1 202	(1 202)	-	-	-	-	0.0%	-	-
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	-	-	-	-	-	-	0.0%	-	-
Contractors	349	(349)	-	-	-	-	0.0%	473	473

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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 6.4 Training Other									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Agency and support / outsourced services	39 876	17 364	-	57 240	57 240	-	100.0%	42 216	42 216
Entertainment	-	-	-	-	-	-	0.0%	17	17
Fleet services (including government motor transport)	-	-	-	-	-	-	0.0%	-	-
Housing	-	-	-	-	-	-	0.0%	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	0.0%	-	-
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Fuel, oil and gas	-	-	-	-	-	-	0.0%	-	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	0.0%	-	-
Inventory: Materials and supplies	-	55	-	55	55	-	100.0%	6	6
Inventory: Medical supplies	-	7 378	-	7 378	7 378	-	100.0%	11 707	11 707
Inventory: Medicine	-	34	-	34	34	-	100.0%	-	-
Medsas inventory interface	-	-	-	-	-	-	0.0%	-	-
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-
Consumable supplies	3 405	(3 115)	-	290	290	-	100.0%	490	490
Consumable: Stationery, printing and office supplies	3 764	(2 839)	-	925	925	-	100.0%	971	971

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 6.4 Training Other									
Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Operating leases	442	801	-	1 243	1 243	-	100.0%	1 352	1 352
Property payments	362	(347)	-	15	15	-	100.0%	245	245
Transport provided: Departmental activity	-	-	-	-	-	-	0.0%	-	-
Travel and subsistence	1 076	9 781	-	10 857	13 754	(2 897)	126.7%	15 970	17 258
Training and development	13 435	258	-	13 693	13 693	-	100.0%	16 204	16 204
Operating payments	309	(136)	-	173	173	-	100.0%	348	348
Venues and facilities	-	276	-	276	276	-	100.0%	671	671
Rental and hiring	-	-	-	-	-	-	0.0%	-	-
Interest and rent on land	-	-	-	-	-	-	0.0%	-	-
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	0.0%	-	-
Rent on land	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 6.4 Training Other									
Appropriation per economic classification									
2015/16									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	18 580	-	-	18 580	18 115	465	97.5%	15 165	5 884
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	18 580	-	-	18 580	18 115	465	97.5%	9 281	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	18 580	-	-	18 580	18 115	465	97.5%	9 281	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

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APPROPRIATION STATEMENT
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Programme 6.4 Training Other									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	-	-	-	-	-	-	0.0%	5 884	5 884
Social benefits	-	-	-	-	-	-	0.0%	-	-
Other transfers to households	-	-	-	-	-	-	0.0%	5 884	5 884
Payments for capital assets	2 161	12	-	2 173	2 173	-	100.0%	6 046	4 312
Buildings and other fixed structures	-	-	-	-	-	-	0.0%	-	-
Buildings	-	-	-	-	-	-	0.0%	-	-
Other fixed structures	-	-	-	-	-	-	0.0%	-	-
Machinery and equipment	2 161	12	-	2 173	2 173	-	100.0%	6 046	4 312
Transport equipment	373	(373)	-	-	-	-	0.0%	-	-
Other machinery and equipment	1 788	385	-	2 173	2 173	-	100.0%	6 046	4 312
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	278 386	9 397	-	287 783	266 263	21 520	92.5%	276 216	268 033

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Programme 7 Health Care Support Services									
2015/16					2014/15				
Sub programme	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
1 Orthotic/Prosthetic Services	41 100	(3 510)	(3 727)	33 863	33 744	119	99.6%	43 168	42 480
2 Medicine Trading Account	62 227	1 214	(3 950)	59 491	59 385	106	99.8%	65 600	49 919
Programme sub total	103 327	(2 296)	(7 677)	93 354	93 129	225	99.8%	108 768	92 399

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Programme 7 Health Care Support Services									
Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Current payments	100 440	(2 099)	(7 677)	90 664	90 664	-	100.0%	98 771	82 421
Compensation of employees	54 638	(1)	(4 051)	50 586	50 586	-	100.0%	41 405	40 703
Salaries and wages	54 638	(5 578)	(4 051)	45 009	45 009	-	100.0%	36 010	36 010
Social contributions	-	5 577	-	5 577	5 577	-	100.0%	5 395	4 693
Goods and services	45 802	(2 098)	(3 626)	40 078	40 078	-	100.0%	57 366	41 718
Administrative fees	82	454	-	536	536	-	100.0%	22	22
Advertising	1 227	(1 223)	(2)	2	2	-	100.0%	939	40
Minor assets	1 838	(1 298)	(127)	413	413	-	100.0%	740	730
Audit costs:	-	-	-	-	-	-	0.0%	-	-
External	-	-	-	-	-	-	100.0%	-	-
Bursaries:	-	20	-	20	20	-	100.0%	-	-
Employees	-	-	-	-	-	-	0.0%	5	5
Catering:	-	-	-	-	-	-	100.0%	979	834
Departmental activities	731	(18)	1	714	714	-	100.0%	4 235	2 000
Communication (G&S)	5 476	(4 086)	-	1 390	1 390	-	100.0%	-	-
Computer services	-	329	-	329	329	-	100.0%	-	-
Consultants:	-	-	-	-	-	-	0.0%	-	-
Business and advisory services	-	-	-	-	-	-	0.0%	-	-
Infrastructure and planning services	-	-	-	-	-	-	0.0%	-	-
Laboratory services	-	-	-	-	-	-	0.0%	-	-
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	-	-	-	-	-	-	0.0%	-	-
Contractors	473	(364)	-	109	109	-	100.0%	1 076	732

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Programme 7 Health Care Support Services									
Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Agency and support / outsourced services	4 523	(2 669)	-	1 854	1 854	-	100.0%	2 827	1 491
Entertainment	-	-	-	-	-	-	0.0%	-	-
Fleet services (including government motor transport)	786	(642)	-	144	144	-	100.0%	279	246
Housing	-	-	-	-	-	-	0.0%	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	0.0%	-	-
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Fuel, oil and gas	55	10	-	65	65	-	100.0%	35	3
Inventory: Learner and teacher support material	-	-	-	-	-	-	0.0%	-	-
Inventory: Materials and supplies	746	(708)	-	38	38	-	100.0%	22	22
Inventory: Medical supplies	14 580	1 766	(3 598)	12 748	12 748	-	100.0%	24 740	24 343
Inventory: Medicine	-	2	-	2	2	-	100.0%	199	199
Medsas inventory interface	-	-	-	-	-	-	0.0%	-	-
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-
Consumable supplies	3 212	(1 282)	-	1 930	1 930	-	100.0%	2 158	2 158
Consumable: Stationery, printing and office supplies	757	115	-	872	872	-	100.0%	694	694

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APPROPRIATION STATEMENT
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Programme 7 Health Care Support Services									
Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Operating leases	1 632	(963)	-	669	669	-	100.0%	635	174
Property payments	4 049	(1 403)	-	2 646	2 646	-	100.0%	3 595	2 813
Transport provided:	-	-	-	-	-	-	0.0%	-	-
Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	2 583	(1 047)	-	1 536	1 536	-	100.0%	1 180	1 003
Training and development	-	652	-	652	652	-	100.0%	280	280
Operating payments	3 052	10 257	100	13 409	13 409	-	100.0%	12 726	3 929
Venues and facilities	-	-	-	-	-	-	0.0%	-	-
Rental and hiring	-	-	-	-	-	-	0.0%	-	-
Interest and rent on land	-	-	-	-	-	-	0.0%	-	-
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	0.0%	-	-
Rent on land	-	-	-	-	-	-	0.0%	-	-

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Programme 7 Health Care Support Services									
Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	200	(109)	-	91	91	-	100.0%	8	8
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0.0%	-	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	0.0%	-	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

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Programme 7 Health Care Support Services									
Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	200	(109)	-	91	91	-	100.0%	8	8
Social benefits	50	41	-	91	91	-	100.0%	-	-
Other transfers to households	150	(150)	-	-	-	-	0.0%	8	8
Payments for capital assets	2 687	(88)	-	2 599	2 374	225	91.3%	9 989	9 970
Buildings and other fixed structures	-	-	-	-	-	-	0.0%	-	-
Buildings	-	-	-	-	-	-	0.0%	-	-
Other fixed structures	-	-	-	-	-	-	0.0%	-	-
Machinery and equipment	2 687	(88)	-	2 599	2 374	225	91.3%	9 989	9 970
Transport equipment	487	-	-	487	350	137	71.9%	373	354
Other machinery and equipment	2 200	(88)	-	2 112	2 024	88	95.8%	9 616	9 616
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	103 327	(2 296)	(7 677)	93 354	93 129	225	99.8%	108 768	92 399

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 7.1 Orthotic/Prosthetic Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Current payments	39 481	(2 850)	(3 727)	32 904	32 904	-	100.0%	42 997	42 328
Compensation of employees	18 680	(417)	(1)	18 262	18 262	-	100.0%	16 306	16 044
Salaries and wages	18 680	(2 744)	(1)	15 935	15 935	-	100.0%	13 837	13 837
Social contributions	-	2 327	-	2 327	2 327	-	100.0%	2 469	2 207
Goods and services	20 801	(2 433)	(3 726)	14 642	14 642	-	100.0%	26 691	26 284
Administrative fees	82	454	-	536	536	-	100.0%	22	22
Advertising	268	(266)	(2)	-	-	-	0.0%	38	38
Minor assets	1 108	(785)	(127)	196	196	-	100.0%	26	16
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries: Employees	-	2	-	2	2	-	100.0%	-	-
Catering: Departmental activities	-	-	-	-	-	-	0.0%	-	-
Communication (G&S)	-	260	1	261	261	-	100.0%	285	285
Computer services	-	-	-	-	-	-	0.0%	-	-
Consultants: Business and advisory services	-	-	-	-	-	-	0.0%	-	-
Infrastructure and planning services	-	-	-	-	-	-	0.0%	-	-
Laboratory services	-	-	-	-	-	-	0.0%	-	-
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	-	-	-	-	-	-	0.0%	-	-
Contractors	-	106	-	106	106	-	100.0%	668	668

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 7.1 Orthotic/Prosthetic Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Agency and support / outsourced services	300	(300)	-	-	-	-	0.0%	-	-
Entertainment	-	-	-	-	-	-	0.0%	-	-
Fleet services (including government motor transport)	513	(437)	-	76	76	-	100.0%	90	90
Housing	-	-	-	-	-	-	0.0%	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	0.0%	-	-
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Fuel, oil and gas	-	8	-	8	8	-	100.0%	3	3
Inventory: Learner and teacher support material	-	-	-	-	-	-	0.0%	-	-
Inventory: Materials and supplies	746	(719)	-	27	27	-	100.0%	12	12
Inventory: Medical supplies	14 580	1 763	(3 598)	12 745	12 745	-	100.0%	24 740	24 343
Inventory: Medicine	-	2	-	2	2	-	100.0%	134	134
Medsas inventory interface	-	-	-	-	-	-	0.0%	-	-
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-
Consumable supplies	480	(267)	-	213	213	-	100.0%	159	159
Consumable: Stationery, printing and office supplies	174	(112)	-	62	62	-	100.0%	69	69

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 7.1 Orthotic/Prosthetic Services									
Appropriation per economic classification									
2015/16									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Operating leases	858	(805)	-	53	53	-	100.0%	34	34
Property payments	338	(164)	-	174	174	-	100.0%	109	109
Transport provided: Departmental activity	-	-	-	-	-	-	0.0%	-	-
Travel and subsistence	1 354	(1 177)	-	177	177	-	100.0%	265	265
Training and development	-	-	-	-	-	-	0.0%	20	20
Operating payments	-	4	-	4	4	-	100.0%	17	17
Venues and facilities	-	-	-	-	-	-	0.0%	-	-
Rental and hiring	-	-	-	-	-	-	0.0%	-	-
Interest and rent on land	-	-	-	-	-	-	0.0%	-	-
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	0.0%	-	-
Rent on land	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 7.1 Orthotic/Prosthetic Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	200	(109)	-	91	91	-	100.0%	-	-
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0.0%	-	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	0.0%	-	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 7.1 Orthotic/Prosthetic Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	200	(109)	-	91	91	-	100.0%	-	-
Social benefits	50	41	-	91	91	-	100.0%	-	-
Other transfers to households	150	(150)	-	-	-	-	0.0%	-	-
Payments for capital assets	1 419	(551)	-	868	749	119	86.3%	171	152
Buildings and other fixed structures	-	-	-	-	-	-	0.0%	-	-
Buildings	-	-	-	-	-	-	0.0%	-	-
Other fixed structures	-	-	-	-	-	-	0.0%	-	-
Machinery and equipment	1 419	(551)	-	868	749	119	86.3%	171	152
Transport equipment	219	-	-	219	155	64	70.8%	171	152
Other machinery and equipment	1 200	(551)	-	649	594	55	91.5%	-	-
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	41 100	(3 510)	(3 727)	33 863	33 744	119	99.6%	43 168	42 480

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 7.2 Medicine Trading Account									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Current payments	60 959	751	(3 950)	57 760	57 760	-	100.0%	55 774	40 093
Compensation of employees	35 958	416	(4 050)	32 324	32 324	-	100.0%	25 099	24 659
Salaries and wages	35 958	(2 834)	(4 050)	29 074	29 074	-	100.0%	22 173	22 173
Social contributions	-	3 250	-	3 250	3 250	-	100.0%	2 926	2 486
Goods and services	25 001	335	100	25 436	25 436	-	100.0%	30 675	15 434
Administrative fees	-	-	-	-	-	-	0.0%	-	-
Advertising	959	(957)	-	2	2	-	100.0%	901	2
Minor assets	730	(513)	-	217	217	-	100.0%	714	714
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries: Employees	-	18	-	18	18	-	100.0%	-	-
Catering: Departmental	-	-	-	-	-	-	0.0%	5	5
activities	731	(278)	-	453	453	-	100.0%	694	549
Communication (G&S)	5 476	(4 086)	-	1 390	1 390	-	100.0%	4 235	2 000
Computer services	-	329	-	329	329	-	100.0%	-	-
Consultants: Business and advisory services	-	-	-	-	-	-	0.0%	-	-
Infrastructure and planning services	-	-	-	-	-	-	0.0%	-	-
Laboratory services	-	-	-	-	-	-	0.0%	-	-
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	-	-	-	-	-	-	0.0%	-	-
Contractors	473	(470)	-	3	3	-	100.0%	408	64

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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 7.2 Medicine Trading Account									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Agency and support / outsourced services	4 223	(2 369)	-	1 854	1 854	-	100.0%	2 827	1 491
Entertainment	-	-	-	-	-	-	0.0%	-	-
Fleet services (including government motor transport)	273	(205)	-	68	68	-	100.0%	189	156
Housing	-	-	-	-	-	-	0.0%	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	0.0%	-	-
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Fuel, oil and gas	55	2	-	57	57	-	100.0%	32	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	0.0%	-	-
Inventory: Materials and supplies	-	11	-	11	11	-	100.0%	10	10
Inventory: Medical supplies	-	3	-	3	3	-	100.0%	-	-
Inventory: Medicine	-	-	-	-	-	-	0.0%	65	65
Medsas inventory interface	-	-	-	-	-	-	0.0%	-	-
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-
Consumable supplies	2 732	(1 015)	-	1 717	1 717	-	100.0%	1 999	1 999
Consumable: Stationery, printing and office supplies	583	227	-	810	810	-	100.0%	625	625

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 7.2 Medicine Trading Account									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Operating leases	774	(158)	-	616	616	-	100.0%	601	140
Property payments	3 711	(1 239)	-	2 472	2 472	-	100.0%	3 486	2 704
Transport provided:	-	-	-	-	-	-	0.0%	-	-
Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	1 229	130	-	1 359	1 359	-	100.0%	915	738
Training and development	-	652	-	652	652	-	100.0%	260	260
Operating payments	3 052	10 253	100	13 405	13 405	-	100.0%	12 709	3 912
Venues and facilities	-	-	-	-	-	-	0.0%	-	-
Rental and hiring	-	-	-	-	-	-	0.0%	-	-
Interest and rent on land	-	-	-	-	-	-	0.0%	-	-
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	0.0%	-	-
Rent on land	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 7.2 Medicine Trading Account									
Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	-	-	-	-	-	-	0.0%	8	8
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0.0%	-	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	0.0%	-	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 7.2 Medicine Trading Account									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	-	-	-	-	-	-	0.0%	8	8
Social benefits	-	-	-	-	-	-	0.0%	-	-
Other transfers to households	-	-	-	-	-	-	0.0%	8	8
Payments for capital assets	1 268	463	-	1 731	1 625	106	93.9%	9 818	9 818
Buildings and other fixed structures	-	-	-	-	-	-	0.0%	-	-
Buildings	-	-	-	-	-	-	0.0%	-	-
Other fixed structures	-	-	-	-	-	-	0.0%	-	-
Machinery and equipment	1 268	463	-	1 731	1 625	106	93.9%	9 818	9 818
Transport equipment	268	-	-	268	195	73	72.8%	202	202
Other machinery and equipment	1 000	463	-	1 463	1 430	33	97.7%	9 616	9 616
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	62 227	1 214	(3 950)	59 491	59 385	106	99.8%	65 600	49 919

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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8 Health Facilities Management									
Sub programme	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000		R'000	R'000
1 Community Health Services	478 784	(54 966)	(17 926)	405 892	404 918	974	99.8%	409 249	397 120
2 Emergency Medical Rescue Services	-	7	-	7	7	-	100.0%	15	15
3 District Hospital Services	306 821	4 747	-	311 568	310 025	1 543	99.5%	194 887	149 633
4 Provincial Hospital Services	412 584	41 511	-	454 095	449 514	4 581	99.0%	528 103	507 015
5 Other Facilities	33 580	5 534	182	39 296	35 058	4 238	89.2%	61 406	48 032
Programme sub total	1 231 769	(3 167)	(17 744)	1 210 858	1 199 522	11 336	99.1%	1 193 660	1 101 815

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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8 Health Facilities Management									
	Appropriation per economic classification						2014/15		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000		R'000	R'000
Current payments	322 668	1 458	(17 744)	306 382	301 392	4 990	98.4%	423 706	405 881
Compensation of employees	13 871	1 457	-	15 328	10 391	4 937	67.8%	9 643	6 176
Salaries and wages	13 871	1 302	-	15 173	10 311	4 862	68.0%	9 250	5 995
Social contributions	-	155	-	155	80	75	51.6%	393	181
Goods and services	308 797	(472)	(17 744)	290 581	290 528	53	100.0%	413 752	399 394
Administrative fees	43	-	-	43	-	43	0.0%	15	15
Advertising	790	(677)	-	113	113	-	100.0%	92	67
Minor assets	2 826	(1 519)	-	1 307	1 307	-	100.0%	4 645	4 645
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries: Employees	-	-	-	-	-	-	0.0%	-	-
Catering: Departmental activities	-	-	-	-	-	-	0.0%	241	-
Communication (G&S)	-	-	-	-	-	-	0.0%	-	-
Computer services	-	2 784	-	2 784	2 784	-	100.0%	3 410	3 410
Consultants: Business and advisory services	-	4 762	-	4 762	4 762	-	100.0%	60 362	57 200
Infrastructure and planning services	-	-	-	-	-	-	0.0%	22	-
Laboratory services	-	22	-	22	22	-	100.0%	-	-
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	-	-	-	-	-	-	0.0%	-	-
Contractors	7 907	16 755	-	24 662	24 652	10	100.0%	14 388	5 191

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8 Health Facilities Management									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Agency and support / outsourced services	-	2 488	-	2 488	2 488	-	100.0%	1 997	1 987
Entertainment	-	-	-	-	-	-	0.0%	-	-
Fleet services	-	-	-	-	-	-	0.0%	-	-
(including government motor transport)	-	-	-	-	-	-	0.0%	-	-
Housing	-	-	-	-	-	-	0.0%	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	0.0%	-	-
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Fuel, oil and gas	-	-	-	-	-	-	0.0%	-	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	0.0%	-	-
Inventory: Materials and supplies	-	55	-	55	55	-	100.0%	187	187
Inventory: Medical supplies	-	1 048	-	1 048	1 048	-	100.0%	338	338
Inventory: Medicine	-	-	-	-	-	-	0.0%	-	-
Medsas inventory interface	-	-	-	-	-	-	0.0%	-	-
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-
Consumable supplies	1 027	(603)	-	424	424	-	100.0%	152	152
Stationery, printing and office supplies	54	2	-	56	56	-	100.0%	91	57

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8 Health Facilities Management									
Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Operating leases	1 101	(1 101)	-	-	-	-	0.0%	167	-
Property payments	293 520	(24 767)	(17 926)	250 827	250 827	-	100.0%	325 297	324 530
Transport provided: Departmental	-	-	-	-	-	-	0.0%	-	-
activity									
Travel and subsistence	1 529	(52)	182	1 659	1 659	-	100.0%	1 706	1 115
Training and development	-	-	-	-	-	-	0.0%	229	229
Operating payments	-	331	-	331	331	-	100.0%	271	271
Venues and facilities	-	-	-	-	-	-	0.0%	142	-
Rental and hiring	-	-	-	-	-	-	0.0%	-	-
Interest and rent on land	-	473	-	473	473	-	100.0%	311	311
Interest (Incl. interest on unitary payments (PPP))	-	473	-	473	473	-	100.0%	311	311
Rent on land	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8 Health Facilities Management									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	2015/16			2014/15			
			Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	-	-	-	-	-	-	0.0%	-	(2)
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0.0%	-	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	0.0%	-	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8 Health Facilities Management									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	-	-	-	-	-	-	0.0%	-	(2)
Social benefits	-	-	-	-	-	-	0.0%	-	(2)
Other transfers to households	-	-	-	-	-	-	0.0%	-	-
Payments for capital assets	909 101	(4 625)	-	904 476	898 130	6 346	99.3%	769 954	695 936
Buildings and other fixed structures	882 685	3 106	-	885 791	879 445	6 346	99.3%	719 645	669 516
Buildings	122 501	(104 849)	-	17 652	13 414	4 238	76.0%	719 645	669 516
Other fixed structures	760 184	107 955	-	868 139	866 031	2 108	99.8%	-	-
Machinery and equipment	26 416	(7 731)	-	18 685	18 685	-	100.0%	50 309	26 420
Transport equipment	-	-	-	-	-	-	0.0%	-	-
Other machinery and equipment	26 416	(7 731)	-	18 685	18 685	-	100.0%	50 309	26 420
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8 Health Facilities Management									
Appropriation per economic classification									
2015/16									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	1 231 769	(3 167)	(17 744)	1 210 858	1 199 522	11 336	99.1%	1 193 660	1 101 815

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8.1 Community Health Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Current payments	265 601	(10 593)	(17 926)	237 082	237 029	53	100.0%	315 385	315 385
Compensation of employees	-	-	-	-	-	-	0.0%	1	1
Salaries and wages	-	-	-	-	-	-	0.0%	-	-
Social contributions	-	-	-	-	-	-	0.0%	1	1
Goods and services	265 601	(10 593)	(17 926)	237 082	237 029	53	100.0%	315 199	315 199
Administrative fees	43	-	-	43	-	43	0.0%	-	-
Advertising	-	-	-	-	-	-	0.0%	-	-
Minor assets	-	371	-	371	371	-	100.0%	267	267
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries: Employees	-	-	-	-	-	-	0.0%	-	-
Catering: Departmental	-	-	-	-	-	-	0.0%	-	-
activities	-	-	-	-	-	-	0.0%	-	-
Communication (G&S)	-	-	-	-	-	-	0.0%	-	-
Computer services	-	-	-	-	-	-	0.0%	-	-
Consultants: Business and	-	-	-	-	-	-	0.0%	-	-
advisory services	-	-	-	-	-	-	0.0%	-	-
Infrastructure and planning	-	-	-	-	-	-	0.0%	-	-
services	-	-	-	-	-	-	0.0%	-	-
Laboratory services	-	-	-	-	-	-	0.0%	-	-
Scientific and technological	-	-	-	-	-	-	0.0%	-	-
services	-	-	-	-	-	-	0.0%	-	-
Legal services	-	-	-	-	-	-	0.0%	-	-
Contractors	1 108	(436)	-	672	662	10	98.5%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8.1 Community Health Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Agency and support / outsourced services	-	-	-	-	-	-	0.0%	-	-
Entertainment	-	-	-	-	-	-	0.0%	-	-
Fleet services (including government motor transport)	-	-	-	-	-	-	0.0%	-	-
Housing	-	-	-	-	-	-	0.0%	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	0.0%	-	-
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Fuel, oil and gas	-	-	-	-	-	-	0.0%	-	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	0.0%	-	-
Inventory: Materials and supplies	-	39	-	39	39	-	100.0%	26	26
Inventory: Medical supplies	-	753	-	753	753	-	100.0%	105	105
Inventory: Medicine	-	-	-	-	-	-	0.0%	-	-
Medsas inventory interface	-	-	-	-	-	-	0.0%	-	-
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-
Consumable supplies	-	28	-	28	28	-	100.0%	96	96
Consumable: Stationery, printing and office supplies	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8.1 Community Health Services									
Appropriation per economic classification									
	2015/16						2014/15		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Operating leases	-	-	-	-	-	-	0.0%	-	-
Property payments	264 450	(11 348)	(17 926)	235 176	235 176	-	100.0%	314 705	314 705
Transport provided:	-	-	-	-	-	-	0.0%	-	-
Departmental activity	-	-	-	-	-	-	0.0%	-	-
Travel and subsistence	-	-	-	-	-	-	0.0%	-	-
Training and development	-	-	-	-	-	-	0.0%	-	-
Operating payments	-	-	-	-	-	-	0.0%	-	-
Venues and facilities	-	-	-	-	-	-	0.0%	-	-
Rental and hiring	-	-	-	-	-	-	0.0%	-	-
Interest and rent on land	-	-	-	-	-	-	0.0%	185	185
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	0.0%	185	185
Rent on land	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8.1 Community Health Services									
Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	-	-	-	-	-	-	0.0%	-	-
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0.0%	-	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	0.0%	-	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8.1 Community Health Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	-	-	-	-	-	-	0.0%	-	-
Social benefits	-	-	-	-	-	-	0.0%	-	-
Other transfers to households	-	-	-	-	-	-	0.0%	-	-
Payments for capital assets	213 183	(44 373)	-	168 810	167 889	921	99.5%	93 864	81 735
Buildings and other fixed structures	209 048	(42 633)	-	166 415	165 494	921	99.4%	86 619	77 860
Buildings	(34 768)	34 768	-	-	-	-	0.0%	86 619	77 860
Other fixed structures	243 816	(77 401)	-	166 415	165 494	921	99.4%	-	-
Machinery and equipment	4 135	(1 740)	-	2 395	2 395	-	100.0%	7 245	3 875
Transport equipment	-	-	-	-	-	-	0.0%	-	-
Other machinery and equipment	4 135	(1 740)	-	2 395	2 395	-	100.0%	7 245	3 875
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	478 784	(54 966)	(17 926)	405 892	404 918	974	99.8%	409 249	397 120

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8.2 Emergency Medical Rescue Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Current payments	-	7	-	7	7	-	100.0%	15	15
Compensation of employees	-	-	-	-	-	-	0.0%	-	-
Salaries and wages	-	-	-	-	-	-	0.0%	-	-
Social contributions	-	-	-	-	-	-	0.0%	-	-
Goods and services	-	7	-	7	7	-	100.0%	15	15
Administrative fees	-	-	-	-	-	-	0.0%	-	-
Advertising	-	-	-	-	-	-	0.0%	-	-
Minor assets	-	-	-	-	-	-	0.0%	-	-
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries: Employees	-	-	-	-	-	-	0.0%	-	-
Catering: Departmental activities	-	-	-	-	-	-	0.0%	-	-
Communication (G&S)	-	-	-	-	-	-	0.0%	-	-
Computer services	-	-	-	-	-	-	0.0%	-	-
Consultants: Business and advisory services	-	-	-	-	-	-	0.0%	-	-
Infrastructure and planning services	-	-	-	-	-	-	0.0%	-	-
Laboratory services	-	-	-	-	-	-	0.0%	-	-
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	-	-	-	-	-	-	0.0%	-	-
Contractors	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8.2 Emergency Medical Rescue Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Agency and support / outsourced services	-	-	-	-	-	-	0.0%	-	-
Entertainment	-	-	-	-	-	-	0.0%	-	-
Fleet services (including government motor transport)	-	-	-	-	-	-	0.0%	-	-
Housing	-	-	-	-	-	-	0.0%	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	0.0%	-	-
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Fuel, oil and gas	-	-	-	-	-	-	0.0%	-	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	0.0%	-	-
Inventory: Materials and supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Medical supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Medicine	-	-	-	-	-	-	0.0%	-	-
Medsas inventory interface	-	-	-	-	-	-	0.0%	-	-
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-
Consumable supplies	-	-	-	-	-	-	0.0%	-	-
Consumable: Stationery, printing and office supplies	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8.2 Emergency Medical Rescue Services										
Appropriation per economic classification										
2015/16										
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000	
Operating leases	-	-	-	-	-	-	0.0%	-	-	-
Property payments	-	7	-	7	7	-	100.0%	15	15	-
Transport provided: Departmental activity	-	-	-	-	-	-	0.0%	-	-	-
Travel and subsistence	-	-	-	-	-	-	0.0%	-	-	-
Training and development	-	-	-	-	-	-	0.0%	-	-	-
Operating payments	-	-	-	-	-	-	0.0%	-	-	-
Venues and facilities	-	-	-	-	-	-	0.0%	-	-	-
Rental and hiring	-	-	-	-	-	-	0.0%	-	-	-
Interest and rent on land	-	-	-	-	-	-	0.0%	-	-	-
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	0.0%	-	-	-
Rent on land	-	-	-	-	-	-	0.0%	-	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8.2 Emergency Medical Rescue Services									
Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	-	-	-	-	-	-	0.0%	-	-
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0.0%	-	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	0.0%	-	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8.2 Emergency Medical Rescue Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	-	-	-	-	-	-	0.0%	-	-
Social benefits	-	-	-	-	-	-	0.0%	-	-
Other transfers to households	-	-	-	-	-	-	0.0%	-	-
Payments for capital assets	-	-	-	-	-	-	0.0%	-	-
Buildings and other fixed structures	-	-	-	-	-	-	0.0%	-	-
Buildings	-	-	-	-	-	-	0.0%	-	-
Other fixed structures	-	-	-	-	-	-	0.0%	-	-
Machinery and equipment	-	-	-	-	-	-	0.0%	-	-
Transport equipment	-	-	-	-	-	-	0.0%	-	-
Other machinery and equipment	-	-	-	-	-	-	0.0%	-	-
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	-	7	-	7	7	-	100.0%	15	15

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8.3 District Hospital Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Current payments	25 919	5 962	-	31 881	31 525	356	98.9%	55 078	54 149
Compensation of employees	-	-	-	-	(356)	356	0.0%	3 815	3 815
Salaries and wages	-	-	-	-	(281)	281	0.0%	3 641	3 641
Social contributions	-	-	-	-	(75)	75	0.0%	174	174
Goods and services	25 919	5 865	-	31 784	31 784	-	100.0%	51 252	50 323
Administrative fees	-	-	-	-	-	-	0.0%	-	-
Advertising	740	(740)	-	-	-	-	0.0%	-	-
Minor assets	2 826	(1 916)	-	910	910	-	100.0%	4 190	4 190
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries: Employees	-	-	-	-	-	-	0.0%	-	-
Catering: Departmental	-	-	-	-	-	-	0.0%	-	-
activities	-	-	-	-	-	-	0.0%	-	-
Communication (G&S)	-	-	-	-	-	-	0.0%	-	-
Computer services	-	1 748	-	1 748	1 748	-	100.0%	1 063	1 063
Consultants: Business and advisory services	-	-	-	-	-	-	0.0%	33 128	33 128
Infrastructure and planning services	-	-	-	-	-	-	0.0%	22	-
Laboratory services	-	22	-	22	22	-	100.0%	-	-
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	-	-	-	-	-	-	0.0%	-	-
Contractors	2 117	12 791	-	14 908	14 908	-	100.0%	5 087	5 087

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8.3 District Hospital Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	2015/16				2014/15		
			Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Agency and support / outsourced services	-	-	-	-	-	-	0.0%	-	-
Entertainment	-	-	-	-	-	-	0.0%	-	-
Fleet services (including government motor transport)	-	-	-	-	-	-	0.0%	-	-
Housing	-	-	-	-	-	-	0.0%	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	0.0%	-	-
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	0.0%	-	-
Inventory: Fuel, oil and gas	-	-	-	-	-	-	0.0%	-	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	0.0%	-	-
Inventory: Materials and supplies	-	15	-	15	15	-	100.0%	159	159
Inventory: Medical supplies	-	295	-	295	295	-	100.0%	207	207
Inventory: Medicine	-	-	-	-	-	-	0.0%	-	-
Medsas inventory interface	-	-	-	-	-	-	0.0%	-	-
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-
Consumable supplies	817	(468)	-	349	349	-	100.0%	29	29
Consumable: Stationery, printing and office supplies	54	(54)	-	-	-	-	0.0%	28	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8.3 District Hospital Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Operating leases	409	(409)	-	-	-	-	0.0%	167	-
Property payments	17 972	(4 629)	-	13 343	13 343	-	100.0%	6 659	5 947
Transport provided: Departmental activity	-	-	-	-	-	-	0.0%	-	-
Travel and subsistence	984	(790)	-	194	194	-	100.0%	311	311
Training and development	-	-	-	-	-	-	0.0%	-	-
Operating payments	-	-	-	-	-	-	0.0%	202	202
Venues and facilities	-	-	-	-	-	-	0.0%	-	-
Rental and hiring	-	-	-	-	-	-	0.0%	-	-
Interest and rent on land	-	97	-	97	97	-	100.0%	11	11
Interest (Incl. interest on unitary payments (PPP))	-	97	-	97	97	-	100.0%	11	11
Rent on land	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8.3 District Hospital Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	-	-	-	-	-	-	0.0%	-	(2)
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0.0%	-	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	0.0%	-	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8.3 District Hospital Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	-	-	-	-	-	-	0.0%	-	-
Social benefits	-	-	-	-	-	-	0.0%	-	(2)
Other transfers to households	-	-	-	-	-	-	0.0%	-	(2)
Payments for capital assets	280 902	(1 215)	-	279 687	278 500	1 187	99.6%	139 809	95 486
Buildings and other fixed structures	263 085	3 106	-	266 191	265 004	1 187	99.6%	110 355	73 495
Buildings	10 308	3 106	-	13 414	13 414	-	100.0%	110 355	73 495
Other fixed structures	252 777	-	-	252 777	251 590	1 187	99.5%	-	-
Machinery and equipment	17 817	(4 321)	-	13 496	13 496	-	100.0%	29 454	21 991
Transport equipment	-	-	-	-	-	-	0.0%	-	-
Other machinery and equipment	17 817	(4 321)	-	13 496	13 496	-	100.0%	29 454	21 991
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	306 821	4 747	-	311 568	310 025	1 543	99.5%	194 887	149 633

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8.4 Provincial Hospital Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Current payments	19 658	548	-	20 206	15 625	4 581	77.3%	13 791	10 269
Compensation of employees	13 871	(2)	-	13 869	9 288	4 581	67.0%	5 823	2 356
Salaries and wages	13 871	(116)	-	13 755	9 174	4 581	66.7%	5 605	2 350
Social contributions	-	114	-	114	114	-	100.0%	218	6
Goods and services	5 787	174	-	5 961	5 961	-	100.0%	7 853	7 798
Administrative fees	-	-	-	-	-	-	0.0%	15	15
Advertising	50	63	-	113	113	-	100.0%	67	67
Minor assets	-	26	-	26	26	-	100.0%	188	188
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries: Employees	-	-	-	-	-	-	0.0%	-	-
Catering: Departmental	-	-	-	-	-	-	0.0%	-	-
activities	-	-	-	-	-	-	0.0%	-	-
Communication (G&S)	-	-	-	-	-	-	0.0%	-	-
Computer services	-	1 036	-	1 036	1 036	-	100.0%	2 347	2 347
Consultants: Business and advisory services	-	-	-	-	-	-	0.0%	-	-
Infrastructure and planning services	-	-	-	-	-	-	0.0%	-	-
Laboratory services	-	-	-	-	-	-	0.0%	-	-
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	-	-	-	-	-	-	0.0%	-	-
Contractors	888	(106)	-	782	782	-	100.0%	104	104

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8.4 Provincial Hospital Services										
Appropriation per economic classification										
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000	
Agency and support / outsourced services	-	-	-	-	-	-	0.0%	-	-	-
Entertainment	-	-	-	-	-	-	0.0%	-	-	-
Fleet services (including government motor transport)	-	-	-	-	-	-	0.0%	-	-	-
Housing	-	-	-	-	-	-	0.0%	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	0.0%	-	-	-
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	-	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	0.0%	-	-	-
Inventory: Fuel, oil and gas	-	-	-	-	-	-	0.0%	-	-	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	0.0%	-	-	-
Inventory: Materials and supplies	-	1	-	1	1	-	100.0%	2	2	2
Inventory: Medical supplies	-	-	-	-	-	-	0.0%	26	26	26
Inventory: Medicine	-	-	-	-	-	-	0.0%	-	-	-
Medsas inventory interface	-	-	-	-	-	-	0.0%	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-	-
Consumable supplies	210	(163)	-	47	47	-	100.0%	27	27	27
Consumable: Stationery, printing and office supplies	-	56	-	56	56	-	100.0%	57	57	57

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8.4 Provincial Hospital Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Operating leases	692	(692)	-	-	-	-	0.0%	-	-
Property payments	3 402	(1 101)	-	2 301	2 301	-	100.0%	3 918	3 863
Transport provided: Departmental activity	-	-	-	-	-	-	0.0%	-	-
Travel and subsistence	545	723	-	1 268	1 268	-	100.0%	804	804
Training and development	-	-	-	-	-	-	0.0%	229	229
Operating payments	-	331	-	331	331	-	100.0%	69	69
Venues and facilities	-	-	-	-	-	-	0.0%	-	-
Rental and hiring	-	-	-	-	-	-	0.0%	-	-
Interest and rent on land	-	376	-	376	376	-	100.0%	115	115
Interest (Incl. interest on unitary payments (PPP))	-	376	-	376	376	-	100.0%	115	115
Rent on land	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8.4 Provincial Hospital Services									
Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	-	-	-	-	-	-	0.0%	-	-
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0.0%	-	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	0.0%	-	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8.4 Provincial Hospital Services									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	-	-	-	-	-	-	0.0%	-	-
Social benefits	-	-	-	-	-	-	0.0%	-	-
Other transfers to households	-	-	-	-	-	-	0.0%	-	-
Payments for capital assets	392 926	40 963	-	433 889	433 889	-	100.0%	514 312	496 746
Buildings and other fixed structures	388 462	42 633	-	431 095	431 095	-	100.0%	500 702	496 192
Buildings	131 871	(131 871)	-	-	-	-	0.0%	500 702	496 192
Other fixed structures	256 591	174 504	-	431 095	431 095	-	100.0%	-	-
Machinery and equipment	4 464	(1 670)	-	2 794	2 794	-	100.0%	13 610	554
Transport equipment	-	-	-	-	-	-	0.0%	-	-
Other machinery and equipment	4 464	(1 670)	-	2 794	2 794	-	100.0%	13 610	554
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	412 584	41 511	-	454 095	449 514	4 581	99.0%	528 103	507 015

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8.5 Other Facilities									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
2015/16									2014/15
Current payments	11 490	5 534	182	17 206	17 206	-	100.0%	39 437	26 063
Compensation of employees	-	1 459	-	1 459	1 459	-	100.0%	4	4
Salaries and wages	-	1 418	-	1 418	1 418	-	100.0%	4	4
Social contributions	-	41	-	41	41	-	100.0%	-	-
Goods and services	11 490	4 075	182	15 747	15 747	-	100.0%	39 433	26 059
Administrative fees	-	-	-	-	-	-	0.0%	-	-
Advertising	-	-	-	-	-	-	0.0%	25	-
Minor assets	-	-	-	-	-	-	0.0%	-	-
Audit costs: External	-	-	-	-	-	-	0.0%	-	-
Bursaries: Employees	-	-	-	-	-	-	0.0%	-	-
Catering: Departmental	-	-	-	-	-	-	0.0%	-	-
activities	-	-	-	-	-	-	0.0%	241	-
Communication (G&S)	-	-	-	-	-	-	0.0%	-	-
Computer services	-	-	-	-	-	-	0.0%	-	-
Consultants: Business and advisory services	-	4 762	-	4 762	4 762	-	100.0%	27 234	24 072
Infrastructure and planning services	-	-	-	-	-	-	0.0%	-	-
Laboratory services	-	-	-	-	-	-	0.0%	-	-
Scientific and technological services	-	-	-	-	-	-	0.0%	-	-
Legal services	-	-	-	-	-	-	0.0%	-	-
Contractors	3 794	4 506	-	8 300	8 300	-	100.0%	9 197	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8.5 Other Facilities										
Appropriation per economic classification										
	2015/16						2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000	
Agency and support / outsourced services	-	2 488	-	2 488	2 488	-	100.0%	1 997	1 987	
Entertainment	-	-	-	-	-	-	0.0%	-	-	
Fleet services (including government motor transport)	-	-	-	-	-	-	0.0%	-	-	
Housing	-	-	-	-	-	-	0.0%	-	-	
Inventory: Clothing material and accessories	-	-	-	-	-	-	0.0%	-	-	
Inventory: Farming supplies	-	-	-	-	-	-	0.0%	-	-	
Inventory: Food and food supplies	-	-	-	-	-	-	0.0%	-	-	
Inventory: Fuel, oil and gas	-	-	-	-	-	-	0.0%	-	-	
Inventory: Learner and teacher support material	-	-	-	-	-	-	0.0%	-	-	
Inventory: Materials and supplies	-	-	-	-	-	-	0.0%	-	-	
Inventory: Medical supplies	-	-	-	-	-	-	0.0%	-	-	
Inventory: Medicine	-	-	-	-	-	-	0.0%	-	-	
Medsas inventory interface	-	-	-	-	-	-	0.0%	-	-	
Inventory: Other supplies	-	-	-	-	-	-	0.0%	-	-	
Consumable supplies	-	-	-	-	-	-	0.0%	-	-	
Consumable: Stationery, printing and office supplies	-	-	-	-	-	-	0.0%	6	-	

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8.5 Other Facilities									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	2015/16			2014/15			
			Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Operating leases	-	-	-	-	-	-	0.0%	-	-
Property payments	7 696	(7 696)	-	-	-	-	0.0%	-	-
Transport provided: Departmental activity	-	-	-	-	-	-	0.0%	-	-
Travel and subsistence	-	15	182	197	197	-	100.0%	591	-
Training and development	-	-	-	-	-	-	0.0%	-	-
Operating payments	-	-	-	-	-	-	0.0%	-	-
Venues and facilities	-	-	-	-	-	-	0.0%	142	-
Rental and hiring	-	-	-	-	-	-	0.0%	-	-
Interest and rent on land	-	-	-	-	-	-	0.0%	-	-
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	0.0%	-	-
Rent on land	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8.5 Other Facilities									
Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Transfers and subsidies	-	-	-	-	-	-	0.0%	-	-
Provinces and municipalities	-	-	-	-	-	-	0.0%	-	-
Provinces	-	-	-	-	-	-	0.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	0.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	0.0%	-	-
Municipalities	-	-	-	-	-	-	0.0%	-	-
Municipal bank accounts	-	-	-	-	-	-	0.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0.0%	-	-
Social security funds	-	-	-	-	-	-	0.0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	0.0%	-	-
Higher education institutions	-	-	-	-	-	-	0.0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0.0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0.0%	-	-
Public corporations	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pc)	-	-	-	-	-	-	0.0%	-	-
Other transfers to public corporations	-	-	-	-	-	-	0.0%	-	-

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8.5 Other Facilities									
Appropriation per economic classification									
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	2014/15	
								Final Appropriation R'000	Actual Expenditure R'000
Private enterprises	-	-	-	-	-	-	0.0%	-	-
Subsidies on products and production (pe)	-	-	-	-	-	-	0.0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0.0%	-	-
Non-profit institutions	-	-	-	-	-	-	0.0%	-	-
Households	-	-	-	-	-	-	0.0%	-	-
Social benefits	-	-	-	-	-	-	0.0%	-	-
Other transfers to households	-	-	-	-	-	-	0.0%	-	-
Payments for capital assets	22 090	-	-	22 090	17 852	4 238	80.8%	21 969	21 969
Buildings and other fixed structures	22 090	-	-	22 090	17 852	4 238	80.8%	21 969	21 969
Buildings	15 090	(10 852)	-	4 238	-	4 238	0.0%	21 969	21 969
Other fixed structures	7 000	10 852	-	17 852	17 852	-	100.0%	-	-
Machinery and equipment	-	-	-	-	-	-	0.0%	-	-
Transport equipment	-	-	-	-	-	-	0.0%	-	-
Other machinery and equipment	-	-	-	-	-	-	0.0%	-	-
Heritage assets	-	-	-	-	-	-	0.0%	-	-
Specialised military assets	-	-	-	-	-	-	0.0%	-	-
Biological assets	-	-	-	-	-	-	0.0%	-	-
Land and sub-soil assets	-	-	-	-	-	-	0.0%	-	-
Software and other intangible assets	-	-	-	-	-	-	0.0%	-	-
Payment for financial assets	-	-	-	-	-	-	0.0%	-	-
Total	33 580	5 534	182	39 296	35 058	4 238	89.2%	61 406	48 032

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2016

NOTES TO THE APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2016

1 Detail of transfers and subsidies as per Appropriation Act (after Virement):

Detail of these transactions can be viewed in 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			
666 420	666 359	61	0.01%

The main reason for the Programme's under spending was the unspent R58 thousand in software and intangible assets

District Health Services

9 530 775	9 516 426	14 349	0.15%

The Programme underspent by R14,349 million overall and has submitted applications for the rollover of conditional grant funds to Provincial Treasury in respect of the HIV and Aids conditional grant of R2,408 million and equitable share of R4,037 million. Conditional grant funding with a value of R2,534 million was surrendered in the financial year, primarily caused by several Community Based Organisations not being in compliance with prescripts.

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2016

Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
R'000	R'000	R'000	%

Emergency Medical Services

971 920	946 270	25 650	2.64%

Emergency Medical Services underspent by R25,65million primarily in respect of operating and finance leases. An equitable share roll-over of R25,650 million has accordingly been requested for this amount in the 2016/17 financial year

Provincial Hospital Services

4 930 768	4 927 742	3 026	0.06%

The under expenditure under the programme primarily arose in machinery and equipment which was delivered before year end but could not be paid for. As this equipment was to enhance departmental offerings, service delivery was not adversely affected by this under expenditure. The Department has submitted applications for the rollover of equitable share funds of R3,025 million to Provincial Treasury.

Central Hospital Services

843 783	823 221	20 562	2.44%

The Programme underspent by R20,562 million overall and has submitted applications for the rollover of the National Tertiary Services Conditional Grant funds to Provincial Treasury of R18,380 million, representing medical and allied equipment for Frere, Livingstone and Nelson Mandela Academic Hospitals, which was delivered before year end but could not be paid for. Service delivery was not adversely affected in this regard.

Health Science and Training

773 921	769 372	4 549	0.59%

The Programme underspent by R4,649 million, primarily within Machinery and Equipment.

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2016

Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
R'000	R'000	R'000	%

Health Care and Support Services

93 354	93 129	225	0.24%

The Programme underspent by R225 thousand, primarily within Machinery and Equipment.

Health Facilities Management

1 210 858	1 199 522	11 336	0.94%

This Programme underspent by R11,336 million, primarily within compensation of employees and machinery & equipment. The Department has submitted applications for the rollover of equitable share funds to Provincial Treasury.

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2016

Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
R'000	R'000	R'000	%

**4.2 Per
economic
classification:
Current
expenditure**

Compensation of employees	12 568 280	12 562 282	5 998	0.05%
Goods and Services	4 534 701	4 522 995	11 706	0.26%
Interest and rent on land	6 690	6 690	-	0.00%

**Transfers
and subsidies**

Provinces and municipalities	20 745	13 229	7 516	36.23%
Departmental agencies and accounts	40 728	35 417	5 311	13.04%
Households	524 065	523 178	887	0.17%

**Payment for
capital assets**

Buildings and other fixed	890 045	881 906	8 139	0.91%
Machinery and equipment	437 547	397 400	40 147	9.18%

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2016

Software and other intangible	900	846	54	6.00%

Compensation of employees: The net saving of R5,998 million, equating to a 0.05% underspend, has arisen through enhanced control measures in the replacement and recruitment of personnel. In addition, extra fiscal space created by savings in COE throughout the year was utilised to fund the settlement of medico legal claims against the Department. Goods and services: The Department underspent by R11,7 million.

Transfers and subsidies: The underspend on this item is as result of non-compliance by institutions for them to be transferred to them. An application has been made for the conditional grant and equitable share rollovers respectively.

Buildings and other fixed structures: Although there is an underspend of R8 million for which roll over applications have been made, service delivery was not adversely affected as these projects are of an enhancement nature.

Machinery and Equipment: This line item was significantly underspent by R40.1 million due to delays in delivery by the service providers. For other machinery, rollover applications, both from conditional grants and equitable share, for unpaid items have been made to Provincial Treasury.

	Final Appropriation	Actual Expenditure	Variance	Variance as a %of Final Approp.
	R'000	R'000	R'000	%
4.3 Per conditional grant				
National Tertiary Services Grant	840 151	820 938	19 213	2.29%
Health Professions Training and Development	204 430	204 430	-	0.00%
HIV /AIDS Grant	1 587 447	1 582 506	4 941	0.31%
Health Facility Revitalisation Grant	603 876	603 874	2	0.00%
EPWP incentive social cluster	5 000	5 000	-	0.00%

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2016

EPWP incentive social cluster	2 632	2 499	133	5.05%
National Health Insurance	7 204	5 132	2 072	28.76%
	3 250 740	3 224 379	26 361	0.81%

The overall under-expenditure on the conditional grants is R26.3 million. The main contribution is machinery and equipment with NTSG underspend with R19.2 million, reason being non delivery and payment due to import lead time delays inclusive of currency fluctuations. • There were also third quarter adjustment revised business plan reprioritisations as per NdoH interaction. The other contributing factor is HIV/AIDS transfers that were not processed due to non-compliance by the relevant institutions. A roll-over application has been submitted to Provincial Treasury.

PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2016

	Note	2015/16 R'000	2014/15 R'000
REVENUE			
Annual appropriation	1	19 021 799	17 677 293
Statutory appropriation	2	1 902	1 750
Departmental revenue	3	-	33 447
Aid assistance	4	9 829	2 436
TOTAL REVENUE		19 033 530	17 714 926
EXPENDITURE			
Current expenditure			
Compensation of employees	5	12 562 280	11 576 337
Goods and services	6	4 522 999	4 595 257
Interest and rent on land	7	6 686	2 249
Aid assistance	4	13 833	-
Total current expenditure		17 105 798	16 173 843
Transfers and subsidies			
Transfers and subsidies	8	571 821	355 270
Total transfers and subsidies		571 821	355 270
Expenditure for capital assets			
Tangible assets	9	1 279 311	1 020 741
Intangible assets	9	846	-
Total expenditure for capital assets		1 280 157	1 020 741
TOTAL EXPENDITURE		18 957 776	17 549 854
SURPLUS/(DEFICIT) FOR THE YEAR		75 754	165 072
Reconciliation of Net Surplus/(Deficit) for the year			
Voted Funds		79 758	129 189
Annual appropriation		79 758	1 29 189
Departmental revenue and NRF Receipts	15	-	33 447
Aid assistance	4	(4 004)	2 436
SURPLUS/(DEFICIT) FOR THE YEAR		75 754	165 072

**PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**STATEMENT OF FINANCIAL POSITION
as at 31 March 2016**

	Note	2015/16 R'000	2014/15 R'000
ASSETS			
Current Assets		123 423	268 846
Unauthorised expenditure	10	91 449	91 449
Cash and cash equivalents	11	4	117 650
Prepayments and advances	12	-	47
Receivables	13	31 970	59 700
Non-Current Assets		55 369	15 127
Receivables	13	55 369	15 127
TOTAL ASSETS		178 792	283 973
LIABILITIES			
Current Liabilities		130 591	248 345
Voted funds to be surrendered to the Revenue Fund	14	79 755	199 070
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	15	25 475	42 284
Bank overdraft	16	22 063	-
Payables	17	528	217
Aid assistance unutilised	4	2 770	6 774
TOTAL LIABILITIES		130 591	248 345
NET ASSETS		48 201	35 628
Represented by:			
Recoverable revenue		48 201	35 628
TOTAL		48 201	35 628

**PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**STATEMENT OF CHANGES IN NET ASSETS
for the year ended 31 March 2016**

	Note	2015/16 R'000	2014/15 R'000
Recoverable revenue			
Opening balance		35 628	13 969
Transfers		12 573	21 659
Debts revised		(1 404)	(101)
Debts recovered (included in departmental receipts)		(3 293)	(695)
Debts raised		17 270	22 455
Closing balance		48 201	35 628

**PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**CASH FLOW STATEMENT
for the year ended 31 March 2016**

	Note	2015/16 R'000	2014/15 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		19 181 024	17 841 769
Annual appropriated funds received	1.1	19 021 799	17 656 771
Statutory appropriated funds received	2	1 902	1 750
Departmental revenue received	3	147 303	180 783
Interest received	3.2	191	29
Aid assistance received	4	9 829	2 436
Net (increase)/ decrease in working capital		(12 154)	(100 580)
Surrendered to Revenue Fund		(363 376)	(209 329)
Surrendered to RDP Fund/Donor		-	(2 985)
Current payments		(17 099 112)	(16 081 191)
Interest paid	7	(6 686)	(2 249)
Payments for financial assets		-	-
Transfers and subsidies paid		(571 821)	(355 270)
Net cash flow available from operating activities	18	1 127 875	1 090 165
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	9	(1 280 157)	(1 020 741)
Proceeds from sale of capital assets	3.3	-	1 035
Net cash flows from investing activities		(1 280 157)	(1 019 706)
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/ (decrease) in net assets		12 573	21 659
Net cash flows from financing activities		12 573	21 659
Net increase/ (decrease) in cash and cash equivalents		(139 709)	92 118
Cash and cash equivalents at beginning of period		117 650	25 532
Cash and cash equivalents at end of period	19	(22 059)	117 650

**PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**ACCOUNTING POLICIES
for the year ended 31 March 2016**

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.

**PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**ACCOUNTING POLICIES
for the year ended 31 March 2016**

7 Revenue

7.1 Appropriated funds

Appropriated funds comprises of departmental allocations as well as direct charges against the revenue fund (i.e. statutory appropriation).

Appropriated funds are recognised in the statement of financial performance on the date the appropriation becomes effective. Adjustments made in terms of the adjustments budget process are recognised in the statement of financial performance on the date the adjustments become effective.

The net amount of any appropriated funds due to / from the relevant revenue fund at the reporting date is recognised as a payable / receivable in the statement of financial position.

7.2 Departmental revenue

Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the relevant revenue fund, unless stated otherwise.

Any amount owing to the relevant revenue fund at the reporting date is recognised as a payable in the statement of financial position.

7.3 Accrued departmental revenue

Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when:

- it is probable that the economic benefits or service potential associated with the transaction will flow to the department; and
- the amount of revenue can be measured reliably.

The accrued revenue is measured at the fair value of the consideration receivable.

Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents.

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.

**PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**ACCOUNTING POLICIES
for the year ended 31 March 2016**

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 Accrued expenditure payable

Accrued expenditure payable is 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.

Accrued expenditure payable is 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.

**PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**ACCOUNTING POLICIES
for the year ended 31 March 2016**

9 Aid Assistance

9.1 Aid assistance received

Aid assistance received in cash is recognised in the statement of financial performance when received. In-kind aid assistance is recorded in the notes to the financial statements on the date of receipt and is measured at fair value.

Aid assistance not spent for the intended purpose and any unutilised funds from aid assistance that are required to be refunded to the donor are recognised as a payable in the statement of financial position.

9.2 Aid assistance paid

Aid assistance paid is recognised in the statement of financial performance on the date of payment. Aid assistance payments made prior to the receipt of funds are recognised as a receivable in the statement of financial position.

10 Cash and cash equivalents

Cash and cash equivalents are stated at cost in the statement of financial position.

Bank overdrafts are shown separately on the face of the statement of financial position as a current liability.

For the purposes of the cash flow statement, cash and cash equivalents comprise cash on hand, deposits held, other short-term highly liquid investments and bank overdrafts.

11 Prepayments and advances

Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash.

Prepayments and advances are initially and subsequently measured at cost.

12 Loans and receivables

Loans and receivables are recognised in the statement of financial position at cost plus accrued interest, where interest is charged, less amounts already settled or written-off. Write-offs are made according to the department's write-off policy.

**PROVINCE OF THE EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**ACCOUNTING POLICIES
for the year ended 31 March 2016**

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

Loans and 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 is 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 R I unless the fair value of the asset has been reliably estimated, in which case the fair value is used.

All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R I.

Immovable capital assets are subsequently carried at cost and are not subject to depreciation or impairment.

Subsequent expenditure that is of a capital nature is added to the cost of the asset at the end of the capital project unless the immovable asset is recorded by another department in which case the completed project costs are transferred to that department.

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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 R I.

All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R I.

Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment.

Subsequent expenditure that is of a capital nature is added to the cost of the asset at the end of the capital project unless the movable asset is recorded by another department/entity in which case the completed project costs are transferred to that department.

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 R I.

All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R I.

Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment.

Subsequent expenditure that is of a capital nature is added to the cost of the asset at the end of the capital project unless the intangible asset is recorded by another department/entity in which case the completed project costs are transferred to that department.

17 Provisions and Contingents

17.1 Provisions

Provisions are recorded in the notes to the financial statements when there is a present legal or constructive obligation to forfeit economic benefits as a result of events in the past and it is

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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 Commitments

Commitments are recorded at cost in the notes to the financial statements when there is a contractual arrangement or an approval by management in a manner that raises a valid expectation that the department will discharge its responsibilities thereby incurring future expenditure that will result in the outflow of cash.

18 Unauthorised expenditure

Unauthorised expenditure is recognised in the statement of financial position until such time as the expenditure is either:

- 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; or
- transferred to receivables for recovery.

Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure.

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19 Fruitless and wasteful expenditure

Fruitless and wasteful expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the total value of the fruitless and or wasteful expenditure incurred.

Fruitless and wasteful expenditure is removed from the notes to the financial statements when it is resolved or transferred to receivables for recovery.

Fruitless and wasteful expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.

20 Irregular expenditure

Irregular expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the value of the irregular expenditure incurred unless it is impracticable to determine, in which case reasons therefor are provided in the note.

Irregular expenditure is removed from the note when it is either condoned by the relevant authority, transferred to receivables for recovery or not condoned and is not recoverable.

Irregular expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.

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

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in the financial statements. The events after the reporting date that are classified as non-adjusting events after the reporting date have been disclosed in the notes to the financial statements.

23 Principal-Agent arrangements

The department is party to a principal-agent arrangement for building of immovable properties. In terms of the arrangement the department is the principal and is responsible for oversight and financing the projects. All related revenues, expenditures, assets and liabilities have been recognised or recorded in terms of the relevant policies listed herein. Additional disclosures have been provided in the notes to the financial statements where appropriate.

24 Departures from the MCS requirements

Management has concluded that the financial statements present fairly the department's primary and secondary information. The department complied with the Standard except where it has departed from a particular 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

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length.

Key management personnel are those persons having the authority and responsibility for planning, directing and controlling the activities of the department. The number of individuals and their full compensation is recorded in the notes to the financial statements.

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. All officials from level 14 and above are deemed to be key management personnel.

29 Inventories (Effective from 1 April 2017)

At the date of acquisition, inventories are recorded at cost price in the notes to the financial statements

Where inventories are acquired as part of a non-exchange transaction, the cost of inventory is its fair value at the date of acquisition.

Inventories are subsequently measured at the lower of cost and net realisable value or the lower of cost and current replacement value.

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.

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1 Annual Appropriation

Included are funds appropriated in terms of the Appropriation Act (and the Adjustments Appropriation Act) for the Department.

	2015/16		2014/15
	Final	Actual Funds	Final
	Appropriation	Received	Appropriation
	R'000	R'000	R'000
Programmes			
Pr1 Health Administration	666 359	666 359	606 406
Pr2 District Health Services	9 530 224	9 530 224	8 848 746
Pr3 Emergency Medical Services	964 309	964 309	865 786
Pr4 Provincial Hospital Services	4 935 589	4 935 589	4 510 947
Pr5 Central Hospital Services	842 287	842 287	796 341
Pr6 Health Science And Training	774 196	774 196	746 639
Pr7 Health Care And Support Services	93 352	93 352	108 768
Pr8 Health Facilities Development And Maintenance	1 215 483	1 215 483	1 181 847
Total	19 021 799	19 021 799	17 677 293
			17 656 771

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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		2015/16 R'000	2014/15 R'000
1.2 Conditional grants			
Total grants received	37	3 250 740	3 066 846
2 Statutory Appropriation			
Member of executive committee		1 902	1 750
Total		1 902	1 750
Actual Statutory Appropriation received		1 902	1 750
3 Departmental Revenue			
Sales of goods and services other than capital assets	3.1	140 578	138 766
Interest, dividends and rent on land	3.2	194	32
Sales of capital assets	3.3	-	1 035
Transactions in financial assets and liabilities	3.4	6 722	42 014
Total revenue collected		147 494	181 847
Less: Own revenue included in appropriation	15	147 494	148 400
Departmental revenue collected		-	33 447

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		2015/16 R'000	2014/15 R'000
3. Sales of goods and services other than capital assets	3		
1			
Sales of goods and services produced by the department		140 399	138 255
Sales by market establishment		13 342	9 173
Administrative fees		2 427	1 453
Other sales		124 630	127 629
Sales of scrap, waste and other used current goods		179	511
Total		140 578	138 766
3.2 Interest, dividends and rent on land	3		
Interest		191	29
Rent on land		3	3
Total		194	32
3.3 Sales of capital assets	3		
Tangible assets			
Machinery and equipment		-	1 035
		-	1 035
3.4 Transactions in financial assets and liabilities	3		
Receivables		2 452	1 392
Stale cheques written back		40	155
Other Receipts including Recoverable Revenue		4 230	40 467
Total		6 722	42 014

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	Note	2015/16 R'000	2014/15 R'000
4 Aid Assistance			
Opening Balance		6 774	7 323
Transferred from statement of financial performance		(4 004)	2 436
Transferred to/from retained funds		-	-
Paid during the year		-	(2 985)
Closing Balance		2 770	6 774
4.1 Analysis of balance by source			
Aid assistance from RDP		2 770	6 774
Aid assistance from other sources		-	-
Closing Balance		2 770	6 774
4.2 Analysis of balance			
Aid assistance unutilised		2 770	6 774
Aid assistance repayable		-	-
Closing Balance		2 770	6 774

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	<i>Note</i>	2015/16 R'000	2014/15 R'000
5 Compensation of Employees			
5.1 Salaries and wages			
Basic salary		8 143 187	7 496 446
Performance award		1 454	668
Service Based		9 148	13 541
Compensative/circumstantial		1 471 971	1 423 789
Periodic payments		15 815	21 579
Other non-pensionable allowances		1 389 426	1 281 000
Total		11 031 001	10 237 023
5.2 Social Contributions			
Employer contributions			
Pension		1 000 116	911 984
Medical		528 220	425 914
UIF		7	3
Bargaining council		2 936	1 413
Total		1 531 279	1 339 314
Total compensation of employees		12 562 280	11 576 337
 Average number of employees		 49 745	 49 520

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	<i>Note</i>	2015/16 R'000	2014/15 R'000
6 Goods and services			
Administrative fees		3 269	7 476
Advertising		2 111	12 437
Minor assets	6.1	24 696	41 832
Bursaries (employees)		6 476	7 951
Catering		1 583	4 910
Communication		97 765	103 847
Computer services	6.2	69 591	40 667
Consultants: Business and advisory services		79 281	117 241
Laboratory services		572 928	439 284
Legal services		59 107	19 887
Contractors		54 741	36 277
Agency and support / outsourced services		549 074	454 358
Entertainment		69	119
Audit cost – external	6.3	16 980	16 262
Fleet services		164 184	239 894
Inventory	6.4	1 814 056	1 947 039
Consumables	6.5	154 815	158 315
Operating leases		95 749	80 699
Property payments	6.6	568 128	663 753
Rental and hiring		101	510
Transport provided as part of the departmental activities		1 049	1 002
Travel and subsistence	6.7	111 422	130 991
Venues and facilities		1 734	4 233
Training and development		14 955	18 510
Other operating expenditure	6.8	59 135	47 763
Total		4 522 999	4 595 257

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		2015/16 R'000	2014/15 R'000
6.1 Minor assets	6		
Tangible assets		24 696	41 699
Machinery and equipment		24 696	41 699
Intangible assets		-	133
Patents, licences, copyright, brand names, trademarks		-	133
Total		24 696	41 832
6.2 Computer services	6		
SITA computer services		33 918	33 529
External computer service providers		35 673	7 138
Total		69 591	40 667
6.3 Audit cost – external	6		
Regularity audits		16 980	16 262
Investigations		-	-
Total		16 980	16 262
6.4 Inventory	6		
Clothing material and accessories		800	667
Food and food supplies		1 18 248	122 756
Fuel, oil and gas		56 292	55 486
Learning and teaching support material		457	427
Materials and supplies		7 226	11 112
Medical supplies		557 295	537 672
Medicine		1 073 738	1 218 919
Total		1 814 056	1 947 039

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	Note	2015/16 R'000	2014/15 R'000
6.5 Consumables	6		
Consumable supplies		119 110	120 798
Uniform and clothing		53 462	49 160
Household supplies		60 848	64 520
Building material and supplies		131	1 695
IT consumables		4 090	4 811
Other consumables		579	612
Stationery, printing and office supplies		35 705	37 517
Total		154 815	158 315
6.6 Property payments	6		
Municipal services		242 235	213 177
Property maintenance and repairs		325 893	450 576
Total		568 128	663 753
6.7 Travel and subsistence	6		
		111 422	130 991
Local		111 183	130 598
Foreign		239	393
Total		111 422	130 991
6.8 Other operating expenditure	6		
Professional bodies, membership and subscription fees		232	129
Resettlement costs		7 478	5 444
Other		51 425	42 190
Total		59 135	47 763

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	<i>Note</i>	2015/16 R'000	2014/15 R'000
7 Interest and Rent on Land			
Interest paid		6 686	2 249
Total		6 686	2 249
8 Transfers and Subsidies			
Provinces and municipalities	38	13 228	9 122
Departmental agencies and accounts	ANNEXURE 1B	35 415	15 542
Higher education institutions		-	-
Households	ANNEXURE 1G	523 178	330 604
Total		571 821	355 268
9 Expenditure for capital assets			
9.1 Tangible assets		1 279 311	1 020 741
Buildings and other fixed structures	35	881 903	672 697
Machinery and equipment	33	397 408	348 044
Intangible assets		846	-
Software	34	846	-
Total		1 280 157	1 020 741

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9.2 Analysis of funds utilised to acquire capital assets - 2015/16

	Voted Funds R'000	Aid assistance R'000	TOTAL R'000
Tangible assets	1 279 311	-	1 279 311
Buildings and other fixed structures	881 903	-	881 903
Machinery and equipment	397 408	-	397 408
Intangible assets	846	-	846
Software	846	-	846
Total	1 280 157	-	1 280 157

9.3 Analysis of funds utilised to acquire capital assets - 2014/15

	Voted Funds R'000	Aid assistance R'000	TOTAL R'000
Tangible assets	1 020 741	-	1 020 741
Buildings and other fixed structures	672 697	-	672 697
Machinery and equipment	348 044	-	348 044
Total	1 020 741	-	1 020 741

	2015/16 R'000	2014/15 R'000
9.4 Finance lease expenditure included in Expenditure for capital assets		
Tangible assets	156 472	173 025
Machinery and equipment	156 472	173 025
Total	156 472	173 025

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	Note	2015/16 R'000	2014/15 R'000
10	Unauthorised Expenditure		
10.1	Reconciliation of unauthorised expenditure		
		91 449	52 446
	Opening balance		
	Unauthorised expenditure - discovered in the current year	14	-
	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	91 449	91 449
10.2	Analysis of unauthorised expenditure awaiting authorisation per economic classification		
	Current	91 449	91 449
	Total	91 449	91 449
10.3	Analysis of unauthorised expenditure awaiting authorisation per type		
	Unauthorised expenditure relating to overspending of the vote or a main division within the vote	91 449	91 449
	Total	91 449	91 449
10.4	Details of unauthorised expenditure - current year		
	Incident	Disciplinary steps taken/criminal proceedings	2015/16 R'000
			-
	Total		-

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	<i>Note</i>	2015/16 R'000	2014/15 R'000
11 Cash and Cash Equivalents			
Consolidated Paymaster General Account		-	117 641
Cash receipts		4	9
Disbursements			
Total		4	117 650
12 Prepayments and Advances			
Staff advances		-	-
Travel and subsistence		-	47
		-	47

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	Note	2015/16		Total R'000	Current R'000	Non-current R'000	2014/15 Non-current R'000	Total R'000
		Current R'000	Non-current R'000					
13 Receivables								
Claims recoverable	13.1/Ann 4	699	26	725	907	20		927
Trade receivables	13.2		1 145	1 145	7 780	1 158		8 938
Recoverable expenditure	13.3	4 463	2 003	6 466	5 639	2 008		7 647
Staff debt	13.4	3 330	5 478	8 808	2 105	7 118		9 223
Other debtors	13.6	23 478	46 717	70 195	43 269	4 823		48 092
Total		31 970	55 369	87 339	59 700	15 127		74 827
13.1 Claims recoverable	Note							
National departments	13					-		26
Provincial departments						725		901
Total						725		927
13.2 Trade receivables	13							
Suppliers						1 145		8 938
Total						1 145		8 938
13.3 Recoverable expenditure (disallowance accounts)	13							

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	<i>Note</i>	2015/16 R'000	2014/15 R'000
13.5 Impairment of receivables	13		
Estimate of impairment of receivables		47 742	5 860
Total		47 742	5 860
13.6 Other debtors	13		
Medsas debtors		414	1 249
Ex-Employees		64 320	40 908
Breach of contract - Bursary holders		5 462	5 935
Total		70 196	48 092
14 Voted Funds to be Surrendered to the Revenue Fund			
Opening balance		199 070	44 694
Transfer from statement of financial performance		79 758	129 189
Add: Unauthorised expenditure for current year	10	-	90 403
Voted funds not requested/not received	1.1	-	(20 522)
Paid during the year		(199 073)	(44 694)
Closing balance		79 755	199 070
15 Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund			
Opening balance		42 284	25 072
Transfer from Statement of Financial Performance		-	33 447
Own revenue included in appropriation		147 494	148 400
Paid during the year		(164 303)	(164 635)
Closing balance		25 475	42 284
16 Bank Overdraft			
Consolidated Paymaster General Account		22 063	-
Total		22 063	-
17 Payables - current			
Amounts owing to other entities	<i>Annex 5</i>	107	-
Clearing accounts	17.1	421	217
Total		528	217

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	Note	2015/16 R'000	2014/15 R'000
17.1 Clearing accounts	17		
Salary finance and other institutions		87	36
Pension recoverable		334	181
Total		421	217
18 Net cash flow available from operating activities			
Net surplus/(deficit) as per Statement of Financial Performance		75 754	165 072
Add back non cash/cash movements not deemed operating activities		1 052 121	925 093
(Increase)/decrease in receivables – current		(12 512)	(41 933)
(Increase)/decrease in prepayments and advances		47	233
(Increase)/decrease in other current assets		-	51 400
Increase/(decrease) in payables – current		311	(19 877)
Proceeds from sale of capital assets		-	(1 035)
Expenditure on capital assets		1 280 157	1 020 741
Surrenders to Revenue Fund		(363 376)	(209 329)
Surrenders to RDP Fund/Donor		-	(2 985)
Voted funds not requested/not received		-	(20 522)
Own revenue included in appropriation		147 494	148 400
Net cash flow generated by operating activities		1 127 875	1 090 165
19 Reconciliation of cash and cash equivalents for cash flow purposes			
Consolidated Paymaster General account		(22 063)	117 641
Cash receipts		4	9
Total		(22 059)	117 650

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			2015/16 R'000	2014/15 R'000
20	Contingent liabilities and contingent assets			
20.1	Contingent liabilities			
	Liable to	Nature		
	Housing loan guarantees	Employees	3 404	3 563
	Claims against the department		13 421 136	8 210 838
	Other interdepartmental payables		214	3 821
	Other		7 325	-
	Total		13 432 079	8 218 222
20.2	Contingent assets			
	Nature of contingent asset			
	OSD		887	887
	Total		887	887

Claims against the department

Claims against the department mainly consist of Medico legal claims. These claims are at various stages within the legal process. The possible final value of the claims is dependent on many uncertain variables. These variables could result in large fluctuations in the values. Further details are included under Annexure 3B.

HROPT

Relating to HROPT, during the current year, affected employees have had R100 per month deducted from their salaries and this amounted to R0,173 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 (R375, 981 million). If all affected staff pay their R100 until they retire, the department will recover R11, 9 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 R375,981 million. The present value of the R11, 9 million has been included in Staff debt per note 14 above.

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	<i>Note</i>	2015/16 R'000	2014/15 R'000
21 Commitments			
Current expenditure		591 462	1 065 501
Approved and contracted		591 462	1 012 763
Approved but not yet contracted		-	52 738
Capital Expenditure (including transfers)		2 065 385	2 416 646
Approved and contracted		1 989 367	2 416 646
Approved but not yet contracted		76 018	-
Total Commitments		2 656 847	3 482 147

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			2015/16 R'000	2014/15 R'000
22	Accruals and payables not recognised			
22.1	Accruals			
	Listed by economic classification	30 days	30+ days	Total
			Total	Total
	Goods and services	118 427	-	118 427
	Transfers and subsidies	-	-	-
	Capital assets	8 516	-	8 516
	Total	126 943	-	126 943
	Listed by programme level		R'000	R'000
	Pr1 Health Administration		12 455	242 507
	Pr2 District Health Services		51 258	241 011
	Pr3 Emergency Medical Services		2 500	39 988
	Pr4 Provincial Hospital Services		40 074	160 784
	Pr5 Central Hospital Services		2 640	20 531
	Pr6 Health Science and Training		7	3 778
	Pr7 Health Care and Support Services		-	77 011
	Pr8 Health Facilities Development and Maintenance		18 009	107 353
	Total		126 943	892 963

Both the Accruals and Payables not recognised were previously combined in one note and have for the comparative figure been disclosed under the Accruals sub-note above. For the current year the Accruals and Payables not recognised have been split into two sub-notes, one sub-note for Accruals and one sub-note for Payables not recognised.

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			2015/16 R'000	2014/15 R'000
22.2 Payables not recognised				
Listed by economic classification	30 days	30+ days	Total	Total
Goods and services	486 570	600 132	1 086 702	-
Transfers and subsidies	33 456	11 287	44 743	-
Capital assets	69 300	14 557	83 857	-
Total	589 326	625 976	1 215 302	-
Listed by programme level			R'000	R'000
Pr1 Health Administration			231 531	-
Pr2 District Health Services			248 910	-
Pr3 Emergency Medical Services			35 481	-
Pr4 Provincial Hospital Services			260 603	-
Pr5 Central Hospital Services			35 777	-
Pr6 Health Science and Training			7 928	-
Pr7 Health Care and Support Services			307 981	-
Pr8 Health Facilities Development and Maintenance			87 091	-
Total			1 215 302	-
Confirmed balances with departments	Annex 5		19	140
Total			19	140
23 Employee benefits				
Leave entitlement			446 958	499 920
Service bonus (Thirteenth cheque)			330 539	294 362
Performance awards			-	-
Capped leave commitments			661 282	723 612
Other	32.1		310 160	168 978
Total			1 748 939	1 686 872

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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 2016 which will be recovered from future monthly leave credits earned. The value of this leave is R14, 5 million (2015: R13, 2 million).

Included under Other are HR accruals. Only claims validated as at 31 March 2016 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. The prior year balance for HR accruals disclosed under other had to be restated as per note 32.1

24 Lease commitments

**24.1 Operating leases expenditure
2015/16**

Not later than 1 year
Later than 1 year and not later than 5 years
Later than five years
Total lease commitments

Buildings and other fixed structures	Machinery, equipment, and motor vehicles	Total
R'000	R'000	R'000
23 913	-	23 913
14 272	-	14 272
-	-	-
38 185	-	38 185

2014/15

Not later than 1 year
Later than 1 year and not later than 5 years
Later than five years
Total lease commitments

Buildings and other fixed structures	Machinery, equipment, and motor vehicles	Total
R'000	R'000	R'000
22 224	-	22 224
25 074	-	25 074
-	-	-
47 298	-	47 298

**24.2 Finance leases expenditure
2015/16**

Not later than 1 year
Later than 1 year and not later than 5 years
Later than five years
Total lease commitments

Motor Vehicles	Machinery and equipment	Total
R'000	R'000	R'000
130 629	17 580	148 209
153 721	4 467	158 188
-	-	-
284 350	22 047	306 397

2014/15

Not later than 1 year
Later than 1 year and not later than 5 years
Later than five years
Total lease commitments

Motor Vehicles	Machinery and equipment	Total
R'000	R'000	R'000
96 444	30 564	127 008
62 647	15 405	78 052
-	-	-
159 091	45 969	205 060
-	-	-
159 091	45 969	205 060

LESS: finance costs

Total present value of lease liabilities

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The department entered into an agreement with Government Fleet Management Services, a trading entity, of the Department of Transport for the provision of Fleet Services to the Department. The agreement commenced on 1 March 2012 and shall continue for an indefinite period. The Department may cancel the agreement at any time by giving GFMS 3 months' notice and returning the vehicles to GFMS".

In terms of Clause 4.1 of the agreement, ownership of the vehicles will remain vested in GFMS and will not be transferred to the departments at the end of the lease term."

During the year under review, the Department had the free use of buildings from the Department of Roads and Public Works.

	Note	2015/16 R'000	2014/15 R'000
25 Receivables for departmental revenue			
Sales of goods and services other than capital assets		195 329	204 346
Total		195 329	204 346
25.1 Analysis of receivables for departmental revenue			
Opening balance		204 346	209 851
Less: Amounts received		(111 123)	(111 041)
Add: Amounts recognised		156 920	126 670
Less: Amounts written-off/reversed as irrecoverable		(54 814)	(21 134)
Closing balance		195 329	204 346
25.2 Receivables for department revenue written off			
Nature of losses			
Patient debt		54 814	21 134
Total		54 814	21 134
25.3 Impairment of accrued departmental revenue			
Estimate of impairment of accrued departmental revenue		148 318	167 055
Total		148 318	167 055

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	<i>Note</i>	2015/16 R'000	2014/15 R'000
26 Irregular expenditure			
26.1 Reconciliation of irregular expenditure			
Opening balance		215 334	315 440
Prior period error		-	-
As restated		215 334	315 440
Add: Irregular expenditure - relating to prior year	26.5	10 518	85 248
Add: Irregular expenditure - relating to current year	26.5	946	61 209
Less: Prior year amounts condoned		(14 350)	(235 024)
Less: Current year amounts condoned		-	(11 539)
Irregular expenditure awaiting condonation		212 448	215 334
Analysis of awaiting condonation per age classification			
Current year		946	49 670
Prior years		211 502	165 663
Total		212 448	215 334
26.2 Details of irregular expenditure identified current year			2015/16 R'000
Incident	Disciplinary steps taken/criminal proceedings		
Non-compliance with SCM procedures - various	Under investigation for disciplinary action or recovery		946
			946
26.3 Details of irregular expenditure condoned			
Incident	Condoned by (condoning authority)		
Non-compliance SCM-Variou	BAC		14 350
			14 350
26.4 Details of irregular expenditure under investigation (not included in the main note)			
Incident			
Conflict of interest - which could result in irregular expenditure			209
			209

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26.5 Irregular expenditure - relating to prior years

Relating to prior to 2014/15 (affecting the opening balance)
Invalid irregular expenditure relating to the opening balance

Relating to 2014/15

The Irregular expenditure - relating to prior year for the 2014/15 has been reduced due to invalid irregular expenditure found

The Irregular expenditure - relating to current year has similarly been reduced

-
-
(305 371)
(303 448)
(1 923)
(305 371)

During the current year the department found invalid irregular expenditure previously incorrectly included in the line "Irregular expenditure - relating to prior year" and the line "Irregular expenditure - relating to current year" for the 2014/15 year. The total invalid irregular expenditure for those two line items was R 305,371 million. The prior year figures are reduced by this amount to include only confirmed valid irregular expenditure items.

During the 2014/15 financial year the department restated the opening balance of the irregular expenditure to include previously unidentified irregular expenditure. The identification process went as far back as April 2010. It was impracticable to identify irregular expenditure earlier than April 2010 due to the lack of documentation required to be maintained and the volume of transactions. The Department had therefore made every reasonable effort to identify irregular expenditure.

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	Note	2015/16 R'000	2014/15 R'000
27 Fruitless and wasteful expenditure			
27.1 Reconciliation of fruitless and wasteful expenditure			
Opening balance		32 615	205 759
Prior period error	27.4	-	(174 682)
As restated		32 615	31 077
Fruitless and wasteful expenditure – relating to prior year	27.4	-	-
Fruitless and wasteful expenditure – relating to current year		2 161	1 819
Less: Amounts resolved		-	(281)
Fruitless and wasteful expenditure awaiting condonement		34 776	32 615
27.2 Analysis of awaiting condonement per economic classification			
Current		18 834	16 673
Capital		15 942	15 942
Total		34 776	32 615
27.3 Analysis of Current Year's Fruitless and wasteful expenditure			
Incident	Disciplinary steps taken/criminal proceedings		2015/16 R'000
Damages	Disciplinary stages		389
Interest	Disciplinary stages		1 624
Penalties	Disciplinary stages		136
Other	Disciplinary stages		12
Total			2 161

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	2015/16 R'000
27.4 Prior period error relating to fruitless and wasteful expenditure	
Relating to 2011 to 2014	(174 682)
The department has resolved to apply Treasury Regulations 9.1.4 and 12.2.1 Damages cases and relating interest do not satisfy the definition of fruitless expenditure in cases where reasonable care has been exercised.	(174 682)
Relating to 2014/15	(72 594)
The department has resolved to apply Treasury Regulations 9.1.4 and 12.2.1 Damages cases and relating interest do not satisfy the definition of fruitless expenditure in cases where reasonable care has been exercised.	(72 594)
	(247 276)
27.5 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	507 544
28 Related parties	
28.1 Related parties of the Department of Health Eastern Cape:	
Departments: Office of the Premier, Provincial Legislature, Department of Health, Department of Social Development and Special Programmes, Department of Roads and Public Works, Department of Education, Department of Local Government and Traditional Affairs, Department of Rural Development and Agrarian Reform, Department of Economic Development, Environmental Affairs and Tourism, Department of Transport, Department of Human Settlements, Provincial Planning and Treasury, Department of Sport, Recreation, Arts and Culture and the Department of Safety and Liaison.	
Provincial Public Entities: Eastern Cape Appropriate Technology Unit, 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, Eastern Cape Socio-Economic Consultative Council and the Eastern Cape Youth Commission.	
Provincial Government Business Enterprises: East London Industrial Development Zone Corporation, Eastern Cape Development Corporation, and Mayibuye Transport Corporation.	

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28.2 Related party transactions

During the year under review, the Department had free use of buildings from the Department of Roads and Public Works.

	<i>No. of Individuals</i>	2015/16 R'000	2014/15 R'000
29 Key management personnel			
Political office bearer	1	1 902	1 750
Officials:			
Level 15 to 16	10	13 762	12 359
Level 14	18	17 647	15 135
Total		33 311	29 244

30 Public Private Partnerships

Contract fee paid	57 047	66 224
Fixed component	52 032	61 016
Indexed component	5 015	5 208

Humansdorp Hospital Co-Location PPP

Contract Fee Paid:

	2015/16 R'000	2014/15 R'000
Fixed Component:		
Waste Management	211	272
Building Costs	-	965
Estate Maintenance and Engineering	852	1 100
Cleaning	1 204	1 556
Gardens	300	388
Laundry	397	513
Security	473	596
Personnel services (Reception Services)	418	540
Personnel services (She coordinator)	139	180
Less: Offset Services	(1 026)	(745)
Subtotal	2 969	4 401
Indexed Component		
Current Expenditure	1 804	1 541
Goods and Services		
Catering Services	1 079	1 529
Interest	15	12
Other Costs	710	0
Control Total	4 773	5 942

The Eastern Cape Department of Health recognised the potential for the establishment of a private facility

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in partnership with the existing Humansdorp district hospital, as well as the need to optimally use the available resources at the hospital and allow the development and expansion of the hospital by the private sector.

A Public Private Partnership, as regulated by the Treasury Regulations to the Public Finance Management Act, No 1 of 1999 was concluded. The agreement started on 27 June 2003 to 30 June 2023 with Metro Star Hospital Life Healthcare Ltd (previously Afrox Healthcare Ltd).

Terms of the agreement / Obligations to acquire or build items of property, plant and equipment / other rights and obligations (e.g. major overhauls)

The Project embarked on by the Concessionaire through the conclusion of the Agreement, involved the granting of Concession Rights by the Provincial Government to the Concessionaire against the payment of variable concession fees and:

- the construction of a thirty bed private facility and 3 bed high care 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 upgrading 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.

Nature and extent of rights to use specified assets

As described above.

Obligations to provide or rights to expect provision of services

The Provincial Government has granted to the Concessionaire, the exclusive right during the Concession Period to:

- o use and operate the project facilities
- o carry out operations to combine the different strengths of both government and private sector for the more efficient utilization of government resources
- o add on existing resources through private sector investment
- o improve maintenance of existing resources through the creation of income generating activities for the benefit of both the Concessionaire and the Department.
- o And further as provided for in terms of the Agreement:
- o 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;

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- o generate, charge and collect revenues from the operation and management of the project facilities during the concession period;
- o use the concession area and project facilities for the purposes of the project, whether exclusively or jointly with the Provincial Government
- o 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 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.

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

Contract Fee Paid:

	2015/16 R'000	2014/15 R'000
Contract Fee paid		
Unitary fee	49,063	56,615
Current expenditure		
Goods and services	3,210	3,667
Non liquid gasses- Settlers	203	244
Non liquid gasses – Port Alfred	106	80
Photostat copies – Port Alfred	32	20
Photostat copies - Settlers	72	58
Radiology Service-Port Alfred	831	784
Radiology Service-Settlers	390	700
Telephone Recovery-Port Alfred	146	144
Water & Electricity-Port Alfred	474	735
Water & Electricity-Settlers	957	901
TOTAL	52,273	60,282

Description of the arrangement

The concession agreement (15 year contract to May 2022) was signed on the 7 May 2007 and incorporates the Port Alfred and Settlers District Hospitals.

It incorporates the financing, design, upgrade and refurbishment of the facilities and provision of operational and associated services including hard and soft facilities management and life-cycle maintenance, refreshment and replacement of selected equipment (including medical equipment, medical instrumentation and Durables), IM&T and furniture at the above-named Hospitals together with the co-location of private hospital facilities to be operated by the Private Party, all in terms of a Public Private Partnership, as regulated by the Treasury Regulations to the Public Finance Management Act, No 1 of 1999.

Terms of the agreement / Obligations to acquire or build items of property, plant and equipment / other rights and obligations (e.g. major overhauls)

The Project embarked on by the Concessionaire through the conclusion of this Agreement, involved the granting of Concession Rights by the Provincial Government to the Concessionaire against the payment of variable concession fees and:

- 30 private beds, Private pharmacy, Private administration, Two Private consulting rooms, 60 public beds, Public outpatients facility, Public Pharmacy, Public administration
- Shared facilities for Labour ward, Maternity ward, Radiology, Casualty, Theatres, CSSD, Kitchen & staff facilities, mortuary, stores, linen areas and plant and workshop areas

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- The refurbishment and upgrading of existing facilities at the Port Alfred and Settlers Hospital.

Nature and extent of rights to use specified assets

As described above.

Obligations to provide or rights to expect provision of services

The Provincial Government has granted to the Concessionaire, the exclusive right during the Concession Period to:

- use and operate the project facilities
- carry out operations to combine the different strengths of both government and private sector for the more efficient utilization of government resources;
- add on existing resources through private sector investment; and
- Improve maintenance of existing resources through the creation of income generating activities for the benefit of both the Concessionaire and the Department.

And further 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 this 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 this Agreement, be entitled to payment of any amounts in connection therewith.

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	2015/16 R'000	2014/15 R'000
31 Agent-principal arrangements		
31.1 Department acting as the principal		
Fees paid to Coega development corporation	63 279	54 123
	<u>63 279</u>	<u>54 123</u>

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. The total expenditure to Coega Development Corporation was R 850,031 million for 2015/16 and R 901,364 million for 2014/15.

	Note	2014/15 R'000
32 Prior period errors		
32.1 Correction of prior period error		
Employee benefits		
The HR accruals disclosed under other accruals have been restated	23	(358 475)
The figure was overstated due to the inclusion of claims that were not validated		
Net effect		<u>(358 475)</u>

The HR accruals were overstated in the prior year due to the inclusion of claims that had not been validated yet. The HR accruals were decreased by the above amount for the comparative figure (2014/15) in these financial statements.

Other prior year errors are disclosed under their related notes for Irregular expenditure (Note 26.4), Fruitless and wasteful expenditure (Note 27.4) and Tangible capital asset (Note 33.3.1).

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33 Movable Tangible Capital Assets
MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED
31 MARCH 2016

	Opening balance R'000	Value adjustments R'000	Additions R'000	Disposals R'000	Closing balance R'000
MACHINERY AND EQUIPMENT	1 472 693	(4 289)	234 387	2 430	1 700 361
Transport assets	112 419	(4 289)	219	-	108 349
Computer equipment	75 873	-	16 258	343	91 788
Furniture and office equipment	83 407	-	5 892	69	89 230
Other machinery and equipment	1 200 994	-	212 018	2 018	1 410 994
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	1 472 693	(4 289)	234 387	2 430	1 700 361
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				538	7 892

Reasons for assets under investigation are due to the fact that, during the verification exercise the assets listed above were not found. In the coming year an investigation will be performed for all assets not verified.

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33.1 ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 March 2016

MACHINERY AND EQUIPMENT

Transport assets
Computer equipment
Furniture and office equipment
Other machinery and equipment

TOTAL

	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
	390 159	700	(156 472)	-	234 387
Transport assets	156 691	-	(156 472)	-	219
Computer equipment	16 258	-	-	-	16 258
Furniture and office equipment	5 874	18	-	-	5 892
Other machinery and equipment	211 336	682	-	-	212 018
TOTAL	390 159	700	(156 472)	-	234 387

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**33.2 DISPOSALS OF MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED
31 MARCH 2016**

MACHINERY AND EQUIPMENT

Transport assets
Computer equipment
Furniture and office equipment
Other machinery and equipment

	Sold for cash R'000	Transfer out or destroyed or scrapped R'000	Total disposals R'000	Cash received Actual R'000
	-	2 430	2 430	-
Transport assets	-	-	-	-
Computer equipment	-	343	343	-
Furniture and office equipment	-	69	69	-
Other machinery and equipment	-	2 018	2 018	-
TOTAL	-	2 430	2 430	-

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33.3 MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2015

	Opening balance R'000	Prior period error R'000	Additions R'000	Disposals R'000	Closing balance R'000
MACHINERY AND EQUIPMENT	1 298 605	-	175 507	1 419	1 472 693
Transport assets	111 735	-	1 542	858	112 419
Computer equipment	43 620	-	32 281	28	75 873
Furniture and office equipment	72 837	-	10 605	35	83 407
Other machinery and equipment	1 070 413	-	131 079	498	1 200 994
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	1 298 605	-	175 507	1 419	1 472 693
33.3.1					
Prior period error					
Relating to 2014/15					2014/15 R'000
The prior year error relates to assets not verified in the prior year					(4 289)
					(4 289)

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33.4 MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

Opening balance			
Additions			
Disposals			
TOTAL MINOR ASSETS			
	Machinery and equipment R'000	Total	R'000
	490 125		490 125
	21 680		21 680
	1 513		1 513
	510 292	510 292	510 292
Number of RI minor assets			
Number of minor assets at cost			
TOTAL NUMBER OF MINOR ASSETS			
	Machinery and equipment	Total	
	14 495		14 495
	441 324		441 324
	455 819	455 819	455 819
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	1 471		3 235

Reasons for assets under investigation are due to the fact that, during the verification exercise the assets listed above were not found. In the coming year and investigation will be performed for all assets not verified.

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for the year ended 31 March 2016

33.5 Minor assets

MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2015

Opening balance		
Prior period error		
Additions		
Disposals		
TOTAL MINOR ASSETS		
	Machinery and equipment R'000	Total R'000
	459 031	459 031
	-	-
	31 785	31 785
	691	691
	490 125	490 125
	Machinery and equipment	Total
Number of R1 minor assets	14 324	14 324
Number of minor assets at cost	430 783	430 783
TOTAL NUMBER OF MINOR ASSETS	445 107	445 107

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34 MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

	Opening balance R'000	Additions R'000	Disposals R'000	Closing balance R'000
Computer Software	703	846	-	1 549
TOTAL INTANGIBLE CAPITAL ASSETS	703	846	-	1 549

34.1 ADDITIONS TO INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

	Cash R'000	Non- cash R'000	(Development work-in-progress current costs) R'000	Received current, not paid (Paid current year, received prior year R'000	Total R'000
Computer Software	846	-	-	-	846
TOTAL ADDITIONS TO INTANGIBLE CAPITAL ASSETS	846	-	-	-	846

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS
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34.2 DISPOSALS OF INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

	Sold for cash	Transfer out or destroyed or scrapped	Total disposals	Cash received Actual
	R'000	R'000	R'000	R'000
Computer Software	-	-	-	-
TOTAL DISPOSAL OF INTANGIBLE CAPITAL ASSETS	-	-	-	-

34.3 MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2015

	Opening balance R'000	Additions R'000	Disposals R'000	Closing balance R'000
Computer Software	703	-	-	703
TOTAL INTANGIBLE CAPITAL ASSETS	703	-	-	703

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
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35 Immovable Tangible Capital Assets

MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

BUILDINGS AND OTHER FIXED STRUCTURES

Dwellings

Non-residential buildings

Other fixed structures

	Opening balance R'000	Additions R'000	Disposals R'000	Closing balance R'000
	1 328 153	304 440	-	1 632 593
	1 328 153	304 440	-	1 632 593
	-	-	-	-
	1 328 153	304 440	-	1 632 593

TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS

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**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
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Additions

**35.1 ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED
31 MARCH 2016**

	Cash	Non-cash	(Capital work-in-progress current costs and finance lease payments)	Received current, not paid (Paid current year, received prior year)	Total
	R'000	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	881 903	304 440	(881 903)	-	304 440
Dwellings	-	-	-	-	-
Non-residential buildings	881 903	304 440	(881 903)	-	304 440
Other fixed structures	-	-	-	-	-
TOTAL ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS	881 903	304 440	(881 903)	-	304 440

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**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
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Movement for 2014/15

35.2 MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2015

	Opening balance R'000	Additions R'000	Disposals R'000	Closing balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	-	1 328 153	-	1 328 153
Dwellings	-	-	-	-
Non-residential buildings	-	1 328 153	-	1 328 153
Other fixed structures	-	-	-	-
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	-	1 328 153	-	1 328 153

35.3 Assets subjected to transfer in terms of S42 of the PFMA 2015/16

	No of Assets	Value of Assets R'000
BUILDINGS AND OTHER FIXED STRUCTURES	5	207 446
Dwellings	-	-
Non-residential buildings	5	207 446
Other fixed structures	-	-
TOTAL	5	207 446

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS
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36. Non-adjusting events after reporting date

No events after the reporting date were identified by management that would affect the operations of the department or the results of those operations significantly.

37 STATEMENT OF CONDITIONAL GRANTS RECEIVED

NAME OF DEPARTMENT	GRANT ALLOCATION				SPENT			2014/15	
	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
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
National Tertiary Services Grant	803 770	36 381	-	840 151	840 151	820 938	19 213	97.7%	786 007
Health Professions Training and Development Grant	204 430	-	-	204 430	204 430	204 430	-	100.0%	199 874
HIV & AIDS grant	1 577 065	10 382	-	1 587 447	1 587 447	1 582 506	4 941	99.7%	1 449 237
Health Facility Revitalisation Grant	592 073	11 803	-	603 876	603 876	603 874	2	100.0%	599 231
EPWP Incentive Social Cluster	5 000	-	-	5 000	5 000	5 000	-	100.0%	31 242
EPWP Incentive	2 644	-	(12)	2 632	2 632	2 499	133	94.9%	2 000
National Health Insurance	7 204	-	-	7 204	7 204	5 132	2 072	71.2%	7 000
	3 192 186	58 566	(12)	3 250 740	3 250 740	3 224 379	26 361	99.2%	3 074 591
									3 013 766

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS
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38 STATEMENT OF CONDITIONAL/UNCONDITIONAL GRANTS PAID TO MUNICIPALITIES

NAME OF MUNICIPALITY	GRANT ALLOCATION			TRANSFER			
	Division of Revenue Act	Roll Overs	Adjustments	Total Available	Actual Transfer	Funds Withheld	Re-allocations by National Treasury or National Department
	R'000	R'000	R'000	R'000	R'000	R'000	R'000
AMATHOLE DISTRICT	6 410	-	-	6 410	4 413	1 997	-
BUFFALO CITY METRO	433	-	262	695	434	261	-
NELSON MANDELA METRO	945	-	-	945	-	945	-
ALFRED NZO DISTRICT	680	-	680	1 360	632	728	-
JOE GQABI DISTRICT	112	-	954	1 066	666	400	-
CHRIS HANI DISTRICT	2 825	-	2 591	5 416	4 622	794	-
OR TAMBO DISTRICT	2 663	-	2 189	4 852	2 461	2 391	-
	14 068	-	6 676	20 744	13 228	7 516	-

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**ANNEXURE 1B
STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS**

DEPARTMENT/AGENCY/ACCOUNT	TRANSFER ALLOCATION				TRANSFER		2014/15
	Adjusted appropriation R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	Available funds transferred %	
Berlin Advice Centre	325			325	325	100%	325
Blue Crane Hospice Assoc T/Cur	750			750	500	67%	555
Camdeboo Hospice	885			885	590	67%	590
Care Ministry	1 000			1 000	500	50%	500
Caring Hands	750			750	500	67%	500
Emplisweni HIV/AIDS and Orphans	325			325	325	100%	325
Faith and Hope Intergrate Aids programme	325			325	325	100%	325
Good Samaritan Home	325			325	325	100%	325
Good Shepherd Hospice	325			325	325	100%	325
Grahamstown Hospice	810			810	810	100%	455
Gwebindlala HIV/ AIDS organisation	325			325	325	100%	325
Herschell Community Empowerment	500			500	500	100%	500

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS
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ANNEXURE 1B

STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS (CONTINUED)

DEPARTMENT/AGENCY/ACCOUNT	TRANSFER ALLOCATION				TRANSFER		2014/15 Appropriation Act R'000
	Adjusted appropriation R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	Available funds transferred %	
Hlumani HIV/AIDS Care Givers	325			325	325	100%	325
House of Hope Hospice	325			325	325	100%	325
Ikamvelihle Rehab Centre	325			325	325	100%	325
Ikhwesi Womens Support Centre	325			325	325	100%	325
Ikhwesi Lomso Child and Family Welfare Society				-			325
Ilitha Community Psychological Services	249			249		0%	250
Isipho Charity Trust	600			600	300	50%	300
Jabez AIDS Health Centre T/Cur	585			585	390	67%	390
Keiskamma Trust	325			325	325	100%	325

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ANNEXURE 1B
STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS (CONTINUED)

DEPARTMENT/AGENCY/ACCOUNT	TRANSFER ALLOCATION				TRANSFER		2014/15
	Adjusted appropriation R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	Available funds transferred %	
KwaNomzamo Home Based	375			375	250	67%	250
Lady Grey Comm Empower and Uplift	500			500	500	100%	500
Lesedi Hospice Musong	525			525	350	67%	350
Manguzela Thandanani Home Based	450			450	450	100%	300
Masabelane Education 4 Life group	300			300	300	100%	300
Masangane HIV/AIDS PRGM T/Cur	548			548	365	67%	365
Masibambisane Home Based care and Support group	495			495	325	66%	325
Masiphilisan Home Base Care	500			500	500	100%	500
Masithethe Counselling services	-			-	-		155
Matatiele Advice Centre	450			450	300	67%	300
Mfesane Ingelyfede Verening	750			750	500	67%	500
Miscl T/Cur	-			-			4 711

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS
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ANNEXURE 1B
STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS (CONTINUED)

DEPARTMENT/AGENCY/ACCOUNT	TRANSFER ALLOCATION				TRANSFER		2014/15
	Adjusted appropriation R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	Available funds transferred %	Appropriation Act R'000
Mpumapa Kapa Multi-Purpose	325			325	325	100%	325
Nazareth Heaven Hospice	-			-	-		300
Ncedisizwe HBC	325			325	325	100%	325
Nceduluntu Home Based Care T/Cur	450			450	450	100%	300
Never Give Up Support group	325			325	325	100%	325
Port St Johns Creative Young women group	325			325	-	0%	325
Sakhimpilo Home Based Care Project	-			-	-		325
Sicelisizo Development Trust	325			325	325	100%	325
Sinako Wellness and Development Organization	-			-	-		325
Sinethemba Home Based Care	450			450	300	67%	300
Sinethemba Organization	-			-	-		325
Sinothando Home of Safety	325			325	163	50%	325
Siyakhanyisa HIV/AIDS Support group	325			325	325	100%	325
Sizanenguqu Home Community Based Care	-			-	-		325

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ANNEXURE 1B
STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS
(CONTINUED)

DEPARTMENT/AGENCY/ACCOUNT	TRANSFER ALLOCATION				TRANSFER		2014/15
	Adjusted appropriation R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	Available funds transferred %	
Sophumelela Comm Based Development	-			-	-		300
Sophumelela Clinic Incorporated	325			325		100%	325
St Bernards Hospice	1 000			1 000	325 1 000	100%	500
St Francis Hospice	617			617	617	100%	-
Tyhilulwazi Multipurpose Centre	600			600	300	50%	300
Ubuntu Care and Development	450			450	300	67%	300
Ukhamba Projects	325			325		0%	325
Umtata Womens Support Centre	44			44		0%	325
We Care	325			325	325	100%	325
We Care Community Outreach Programme	-			-	-		325

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**ANNEXURE 1B
STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS
(CONTINUED)**

DEPARTMENT/AGENCY/ACCOUNT	TRANSFER ALLOCATION				TRANSFER		2014/15
	Adjusted appropriation R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	Available funds transferred %	
Yizani Home Based Care	390			390	390	100%	390
SOPHAKAMA COMM BASED	300			300	-	0%	-
DEVELOPMENT							
HWSETA	18 580			18 580	18 115	97%	9 281
	40 728	-	-	40 728	35 415	99%	33 667

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**ANNEXURE 1G
STATEMENT OF TRANSFERS TO HOUSEHOLDS**

HOUSEHOLDS	TRANSFER ALLOCATION			EXPENDITURE		2014/15
	Adjusted appropriation Act R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	% of Available funds transferred %
Transfers						
Districts	36 340	-	93 577	129 917	130 178	100%
Clinical H/Comp	24 820	-	169 526	194 346	194 346	100%
Other	222 140	-	(23 482)	198 658	198 654	100%
Total	283 300	-	239 621	522 921	523 178	100%
						322 636

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ANNEXURE 1H
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2015/16	2014/15
		R'000	R'000
Received in kind			
Technology Innovation Agency	Computer equipment		1
MTN	Computer equipment		6
Univ of Pretoria	Medical equipment and computer equipment		133
Vodacom Foundation	Machinery and Equipment		335
Regional Training Centre	Medical equipment and furniture		1
Mustek Limited	Computer equipment		1 321
Aloe Office and Business equipment	Computer equipment		4
National Department of Health	Medical equipment and computer equipment	630	2 344
Foundation for Professional Development	Office Furniture	50	
Foundation for Professional Development	Water Cooler	3	
Foundation for Professional Development	Vacuum cleaner	2	
Foundation for Professional Development	Projector screen wall	1	
Foundation for Professional Development	Samsung Tablet 4	4	
Miles for Mercia	Medical Equipment	3	
NG Kerk Somerset Oos	Medical Equipment	5	
Miles for Mercia	Medical Equipment	0	
Beyond Zero	Bucket & Uringer plastic 30L	1	
Motherwell Community Health Committee	Office Furniture	54	
Department of Health	Blood fluid warmer	25	
Standard Bank			
TOTAL		778	4 145

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ANNEXURE 11
STATEMENT OF AID ASSISTANCE RECEIVED

NAME OF DONOR	PURPOSE	OPENING BALANCE	REVENUE	EXPENDI- TURE	CLOSING BALANCE
		R'000	R'000	R'000	R'000
Received in cash					
European Union		2 223	-	-	2 223
Hwseta		4 551	9 818	13 833	536
Methodist Church of South Africa		-	11	-	11
TOTAL		6 774	9 829	13 833	2 770

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**ANNEXURE 3A
STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2016 - LOCAL**

Guaranteee in respect of Housing

GUARANTOR INSTITUTION	original guaranteed capital amount	Opening balance 1 April 2015	Guarantees draw downs during the year	Guaranteed repayments/ cancelled/ reduced/ released during the year	Revaluations	Closing balance 31 March 2016	Guaranteed interest for year ended 31 March 2016	Realised losses not recoverable i.e. claims paid out
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
ABSA	-	300	2	13	-	289	-	-
Standard Bank	-	859	-	-	-	859	-	-
Nedbank Ltd (NBS)	-	210	94	-	-	304	-	-
Nedbank	-	329	-	160	-	169	-	-
FNB (Firststrand)	-	934	-	24	-	910	-	-
FNB (Saambou Bank)	-	151	-	-	-	151	-	-
Peoples Bank (FBC FID)	-	108	-	-	-	108	-	-
GBS Mutual	-	34	-	34	-	-	-	-

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ANNEXURE 3A (CONTINUED)
STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2016 - LOCAL (CONTINUED)
Guaranteee in respect of Housing

GUARANTOR INSTITUTION	original guaranteed capital amount R'000	Opening balance 1 April 2015 R'000	Guarantees draw downs during the year R'000	Guaranteed repayments/ cancelled/ reduced/ released during the year R'000	Revaluations R'000	Closing balance 31 March 2016 R'000	Guaranteed interest for year ended 31 March 2016 R'000	Realised losses not recoverable i.e. claims paid out R'000
Meeg	-	18	-	-	-	18	-	-
Southnet Financial Services	-	10	-	-	-	10	-	-
Old Mutual (Nedbank)	-	445	16	40	-	421	-	-
Investec	-	57	-	-	-	57	-	-
Unique	-	108	-	-	-	108	-	-
	-	3 563	112	271	-	3 404	-	-

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**ANNEXURE 3B
STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2016**

Nature of liability	Opening balance 1 April 2015 R'000	Liabilities incurred during the year R'000	Liabilities paid/ cancelled/ reduced during the year R'000	Liabilities recoverable (Provide details hereunder)	Closing balance 31 March 2016 R'000
Claims against the department					
Legal Claims	8 210 838	5 531 228	320 930	-	13 421 136
TOTAL	8 210 838	5 531 228	320 930	-	13 421 136
Other					
OR Tambo Municipality	-	7 325	-	-	7 325
	-	7 325	-	-	7 325
	8 210 838	5 538 553	320 930	-	13 428 461

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**ANNEXURE 4
CLAIMS RECOVERABLE**

Government entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2016 R'000	31/03/2015 R'000	31/03/2016 R'000	31/03/2015 R'000	31/03/2016 R'000	31/03/2015 R'000
Department						
Department of Education EC	-	166	-	-	-	166
Department of Public Works EC	-	55	136	-	136	55
Department of Sports, Arts and Culture EC	39	-	-	-	39	-
Office of the Premier EC	12	-	-	-	12	-
Department of Social Development EC	-	18	-	-	-	18
National Department of Transport	-	-	-	26	-	26
Department of Health KZN	-	-	62	190	62	190
Department of Health NW	-	-	-	30	-	30
Department of Health Gauteng	102	-	16	62	118	62
Department of Health WC	97	-	196	317	293	317

**ANNEXURE 4 (CONTINUED)
CLAIMS RECOVERABLE**

Government entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2016 R'000	31/03/2015 R'000	31/03/2016 R'000	31/03/2015 R'000	31/03/2016 R'000	31/03/2015 R'000
Department of Health FS	-	-	-	13	-	13
Department of Health LP	39	-	-	30	39	30
Department of Health Mpumalanga	-	-	26	-	26	-
Department of Education FS	-	-	-	20	-	20
Total	289	239	436	688	725	927

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for the year ended 31 March 2016

ANNEXURE 5
INTER-GOVERNMENT PAYABLES

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2016	31/03/2015	31/03/2016	31/03/2015	31/03/2016	31/03/2015
	R'000	R'000	R'000	R'000	R'000	R'000
DEPARTMENTS						
Current						
NW: Health	-	65	-	136	-	201
EC: Social Development	19	-	-	-	19	-
EC: Public Works	-	-	107	-	107	-
Limpopo: Dept. Health and Social Development	-	75	-	-	-	75
National Department of Health	-	-	-	3 685	-	3 685
Public Service Commission	-	-	107	-	107	-
Total	19	140	214	3 821	233	3 961

ANNEXURE 6
INVENTORY

	Note	2015/16		2014/15	
		Quantity	R'000	Quantity	R'000
Inventory					
Opening balance		-	462 796	-	385 445
Add/(Less): Adjustments to prior year balances		-	(3 346)	-	-
Add: Additions/Purchases - Cash	6.5	-	1 814 057	-	1 947 039
Add: Additions - Non-cash		-	-	-	57
Add: Stock in transit		-	5 881	-	26
(Less): Disposals		-	(638)	-	(927)
(Less): Issues		-	(1 792 312)	-	(1 868 844)
Add/(Less): Adjustments		-	-	-	-
Closing balance		-	486 438	-	462 796

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for the year ended 31 March 2016

Movement in Capital Work-in-Progress
MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2016

	Opening balance R'000	Current Year Capital WIP R'000	Completed Assets R'000	Closing balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES				
Dwellings	2 177 697	879 442	(301 138)	2 756 001
Non-residential buildings	2 177 697	879 442	(301 138)	2 756 001
Other fixed structures	-	-	-	-
TOTAL	2 177 697	879 442	(301 138)	2 756 001



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