Province of the
EASTERN CAPE
HEALTH



ANNUAL REPORT
2021-22
FINANCIAL YEAR
VOTE NO. 3

2030 NDP

Together, moving the health system forward

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PART A: GENERAL INFORMATION

1. DEPARTMENT GENERAL INFORMATION

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PART A

GENERAL INFORMATION

2. LIST OF ABBREVIATIONS / ACRONYMS

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

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

3. FOREWORD BY MEC OF THE DEPARTMENT



I am honoured and privileged for the opportunity to submit the 2021/2022 Annual Report of the Eastern Cape Department of Health. This report accounts for performance on health outcomes planned for in the 2021/'22 Annual Performance Plan (APP), but also priorities envisioned in the Makgotlas and the 2020 – 2025 Provincial Medium Term Strategic Framework (P-MTSF) as adopted by the 6th Administration.

We declared 2021/2022 "the year to strengthen collaborations and partnerships in the era of COVID-19 to protect, promote and improve health in honour of mama Charlotte Maxeke". We had to ensure we work with public sector, businesses, non-governmental organisations, the religious fraternity, traditional leaders, civil society and communities for continued delivery of quality health care services as Section 27 of the Constitution of the Republic of SA directs us.

When we tabled the APP for the year under review, planning in the health sector in general, still had to take into cognisance the Severe Acute Respiratory Corona Virus (SARS-Cov2) into account. Even as the country took a collective sigh as disaster risk management regulations for the management of SARS-Cov2 (COVID-19) were drastically scaled down, a set of contingency measures remained in place for an agile public health response, where this may have been necessary.

Strides made by the Department with support from the provincial leadership across sectors of society to vaccinate millions of the population, resulted in 3 341 264 vaccines administered. This translated into 46% of the EC population vaccinated, and made it possible for a return to normal life.

Informed by the latter, this 2021/22 report shows the extent to which integration of COVID-19 management with normal health programmes progressed.

This was done to enable a catch-up programme with respect to critical health services such as life changing elective surgery, immunisation, chronic disease management, not prioritised at the height of COVID-19 infections. It was also done to ensure seamless planning, budgeting and reporting on overall health performance.

Our relentless efforts to ensure that we take the vaccine directly to our people, saw us being rewarded with a certificate of excellence by His Excellency President Cyril Ramaphosa in November 2021, for being the best performing province in the vaccination campaign.

Our Department reacted to the trend globally, in our country and province of the escalating numbers of non-communicable diseases of lifestyle such as diabetes, hypertension, stroke, obesity, etc. COVD-19 exposed these issues as critical especially as they manifested as co-morbidities that led to many fatalities during the height of the pandemic.

Our efforts to reign in on diseases like cancer through advances such as the Oncology Project at Nelson Mandela Academic Hospital, and the heightened general awareness and health promotion efforts about communicable and non-communicable diseases, has begun to yield positive results.

Much as strategies to arrest escalating healthcare costs due to medico-legal claims brought some temporary reprieve on the Department's budget in the year under review, the impact of global increases of healthcare delivery could not be escaped. Both District Health Services and Primary Health Care expenditure per capita and headcount have shown a steady growth.

Regardless of these challenging conditions occasioned by healthcare delivery inflation rising, the transformation imperative of our government of ensuring equitable access to services will not be compromised.
To address equity, efficiency, effectiveness and quality provision of health services, the Department has developed the "Turn-Around" Strategy anchored on five pillars:

- Financial sustainability initiative;
- Medico-legal intervention;
- Service delivery optimisation;
- Digitalisation and e-Health; and
- Clinical – Healthy community initiatives.

To achieve the "Turn Around", the Department prioritised budget optimisation through service delivery optimisation, reduction of losses through medico-legal interventions such as training and clinical audits, managed cost-drivers and attended to management of laboratory costs, compensation of employees and security services.

Engagements on the service delivery optimisation strategy are ongoing; fiscal consolidation supported through the section 18 Treasury Interventions are yielding fruits; the Health Management System (HMS²) in collaboration and partnership with Nelson Mandela University roll-out process (as part of the digitalisation and e-health) has spread to more highly litigated health facilities across the districts of our province. The HMS²system is an integral part of readiness for National Health Insurance.

The Department has planned in the Medium-Term Strategic Framework to put Eight Hundred and Eight Thousand, Eight Hundred and Seventy-Four (808 874) patients on Ante-retroviral (ARV) treatment by the end of term of government. To date, the Department has enrolled 560 357 patients on the ARV programme. This has since elongated the lives of the Eastern Cape people from 56% to 67.1%.

In the 2021/22 financial year, we achieved a score of 93:72:89 that is, 93% persons were tested and know their status; 72% were put on ARV treatment with 89% having suppressed viral loads.

The Department reached 92:91:79 towards the TB targets – 92% were tested and 91% initiated on TB treatment, with a 79% TB treatment success rate.

During the year under review, the overall medicines availability in the province was 86% - exceeding the annual target of 80%. This was achieved despite the challenges caused by the impact of the pandemic on global supply chain systems.

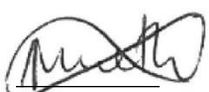
Through our Integrated School Health programme, we administered sixty thousand, nine hundred and seventy-four (60 974) Human Papillomavirus (HPV) vaccine second doses for Grade 5 learners during the year under review. This was an achievement of 87% HPV coverage against the 80% national target.

As part of the World AIDS Day commemoration in 2021, we launched the Youth Zones – designated areas that promote adolescent and youth friendly services (AYFS) at primary health facilities.

In line with our plans of forming partnerships and collaborations, new partnerships were also forged resulting in support that ranged from donations in kind of human resource, technical equipment, planning tools, and project management advice offered from organisations such as the National Department of Health, World Health Organisation, Volkswagen SA, Murray Trust, the Gift of the Givers, South African National Council For The Blind (SANCB), Right to Care, Siemens, Fouche Swart, Solidarity Response Fund, USAID, etc. We extend our gratitude to all partners who contributed in our success during this difficult time.

Finally, a word of appreciation to the management and staff of the Department for their determination and commitment towards fulfilling the constitutional mandate of our government.

We are indebted for the counsel, support and contributions of a range of partners and collaborators in this journey such as the Legislature, Portfolio Committee of Health, SCOPA, Premier and the cabinet, Chapter 9 institutions, social partners, faith-based organisations, corporate South Africa, other government departments, academia and civil society for their sterling contribution in the delivery of healthcare.



Hon. N. Meth (MPL)
Member of the Executive Council
31st August 2022

4. REPORT OF THE ACCOUNTING OFFICER

4.1 Overview of the operations of the department

The Department operations are divided into eight budget programmes (1. Administration, 2. District Health Services, 3. Emergency Medical Services, 4. Provincial Regional Hospital Services, 5. Provincial Tertiary Hospital Services, 6. Health Sciences and Training, 7. Health Care Support Services, 8. Health Facilities Management.

The management component is under the Head of Department and has four administrative branches:

- **Finance branch which consists of:** (i) Financial Management Services, (ii) Integrated Budget Planning and Expenditure Review, (iii) Supply Chain Management.
- **Human Resources and Corporate Services branch which consists of:** (i) Information, Communication and Technology (ICT), (ii) Human Resources Management (HRM), (ii) Human Resources Development (HRD), (iv) Corporate Services (CS), (v) Health Facilities Management (HFM), (vi) Internal Audit, (vii) Strategy and Organizational Performance (SOP).
- **Hospital and Clinical Support Management branch which consists of:** (i) Provincial Hospital Services, (ii) Clinical Support Services, (iii) Emergency Medical Services, (iv) Quality Assurance Management.
- **District Health Services Management branch consist of:** (i) District Health Support, (ii) Communicable Diseases, (iii) Health Programmes.

4.2 Overview of the Financial Results of the Department

The department has spent R27,632 billion against a final adjusted appropriation of R27,775 billion for the financial year ending 31 March 2022, resulting in under expenditure at the Vote level of R142,831 million or 99%. Conditional Grants expenditure amounted to R5,304 billion (97.85%) from a final appropriation of R5,420 billion resulting in under expenditure of R117 million, of which applications of R113,868 million for conditional grant rollovers from the 2021-22 to the 2022-23 financial year have been made.

Compensation of Employees - The COE budget was spent at 100% for the year.

Goods and Services spent at 102.5% and incurred net overspending of R188,128 million for the year primarily as a result of pressure within the clinical programmes to continue delivery of public health care services uninterrupted; This pressure in the clinical programmes having arisen from the payment of payables and accruals at the vote level (of R4.4 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2022 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

This overspending was primarily funded from the excess bank overdraft facility of up to R150 million availed in February 2022 by Provincial Treasury on the Department's Paymaster General Account (PMG) to continue paying creditors as well as several non-clinical programmes having given up a portion of their cash flows in favour of mitigating the pressure within the clinical programmes.

Transfers and Subsidies spent at 98.8% and incurred net under spending of R3,898 million for the year. This in stark contrast to the material unauthorised expenditure incurred in previous financial years for the settlement of medico legal claims.

This has arisen through the Department, Provincial Treasury (PT) and Office of the Premier launching an application to provide for staggered payments instead of lump sum medico legal payments. In terms of this application to the court, the Province requested that current judgement debts be paid in instalments with a R500,000 initial instalments and thereafter annually in an amount as determined by the PT, over a period ranging from 12 months to 8 years in order to alleviate the burden on the budget. An interim order was agreed to on 17 August 2021 which resulted in writs being stayed pending the writs application resulted in the temporary cessation of lump sums flowing out of the Departmental coffers. In the 2021/22 AEPRE, the department received a provincial budget allocation amounting to R24,500 million for the above-named writs in execution.

On 5 November 2021 the legal team was heard in respect of an application to amend the relief sought to have writs issued against the Department's PMG bank account declared unlawful. The writs application court case proceeded in the Grahamstown High Court from 11-14 April 2022.

Payment for Capital Assets spent at 78.5% and incurred net underspending of R321,654 million for the year, attributable in part to conditional grant capex under expenditure wherein applications of R113,868 million for conditional grant

rollovers from the 2021-22 to the 2022-23 financial year have been made amounting to R53,868 million for the National Tertiary Services Grant and R60,00 million for the Oncology Component of the HIV, TB, Malaria and Community Outreach Grant.

The residual capex underspending can be attributable to a portion of its cash flows in favour of mitigating the pressure within the clinical programmes to continue delivery of public health care services uninterrupted as well as funding cash outflows in the current financial year for prior year obligations of R185,894 million comprising R99,274 million in outstanding payments expensed in previous year but paid this year, R52,452 million in revenue collected in prior year paid to PT in current year, R22,666 million prior year debt to NDOH paid in current year and R11,502 million in debtors, interdepartmental claims & funding paid not expensed.

Table 4.2.1 Departmental Receipts

	2021/2022			2020/2021		
	Estimate	Actual Amount Collected	(Over) / Under Collection	Estimate	Actual Amount Collected	(Over) / Under Collection
	R'000	R'000	R'000	R'000	R'000	R'000
Sale of goods and services other than capital assets	267 134	67 433	199 701	122 845	140 402	(17 557)
Interest, dividends and rent on land	232	255	(23)	0	304	(304)
Financial transactions in assets and liabilities	16 695	5 890	10 805	2 431	4 535	(2 104)
Total	**284 061**	**73 578**	**210 483**	**125 276**	**145 241**	**(19 965)**

The Department collected R73,578 million of own revenue against the projection of R284,061 million, resulting in an under collection of R210,483 million. Seventy-five percent of the significant under collection is primarily attributable to the Road Accident Fund (RAF) not settling claims submitted for extensive services rendered by the department over the past financial year. It has unilaterally deemed the Official Accident Report (OAR) as material to validate the supplier claims, which reports are not in the control of the department. The department continues to demand payment. In addition, the department is further continuing to engage with several government departments and entities for the settlement of outstanding amounts owing, including inter alia the Department of Justice and Constitutional Development (DOJ), National SAPS, Correctional Services.

The department continues with the prioritized migration to the integrated HMS2 patient administration and billing application software to several hospitals in support of its eHealth strategy.

Tariff policy

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

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

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

The Department increased patient tariffs to the externally funded patient fees by 4.1 % in the year under review.

Free Services

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

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

4.3 Programme Expenditure

Voted funds and Direct charges		2021/22			2020/21		
		Final Appropriation	Actual Expenditure	(Over) / Under	Final Appropriation	Actual Expenditure	(Over) / Under
		R'000	R'000	R'000	R'000	R'000	R'000
	Programme						
1.	ADMINISTRATION	768,147	768,147	-	662,006	651,360	10,646
2.	DISTRICT HEALTH SERVICES	15,066,109	15,094,877	(28,768)	14,635,485	15,075,401	(439,916)
3.	EMERGENCY MEDICAL SERVICES	1,406,088	1,353,522	52,566	1,273,418	1,272,046	1,372
4.	PROVINCIAL HOSPITAL SERVICES	3,677,124	3,686,353	(9,229)	3,530,669	3,980,365	(449,696)
5.	CENTRAL HOSPITAL SERVICES	4,628,724	4,751,526	(122,802)	4,718,857	4,845,403	(126,546)
6.	HEALTH SCIENCES AND TRAINING	859,573	774,759	84,814	795,258	720,097	75,161
7.	HEALTH CARE SUPPORT SERVICES	160,886	112,986	47,900	173,856	152,387	21,469
8.	HEALTH FACILITIES MANAGEMENT	1,206,263	1,087,913	118,350	1,836,676	1,357,890	478,786
	Programme sub total	27,772,914	27,630,083	142,831	27,626,225	28,054,949	(428,724)
	Statutory Appropriation	1,820	1,820	-	1,820	1,820	-
	TOTAL	**27,774,734**	**27,631,903**	**142,831**	**27,628,045**	**28,056,769**	**(428,724)**

The department has spent R27,632 billion against a final adjusted appropriation of R27,775 billion for the financial year ending 31 March 2022, resulting in under expenditure at the Vote level of R142,831 million or 99%

Programme 1: Administration

Programme 1: Administration	2021/22			2020/21		
	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
OFFICE OF THE MEC	9 018	5 756	3 262	8 421	5 479	2 942
MANAGEMENT	759 129	762 391	(3 262)	653 585	645 881	7 704
	768 147	**768 147**	**-**	**662 006**	**651 360**	**10 646**
Economic classification						-
Current payments	**717 664**	**708 601**	**9 063**	**649 753**	**650 033**	(280)
Compensation of employees	401 264	395 812	5 452	421 532	421 224	308
Goods and services	314 527	310 216	4 311	228 221	228 220	1
Interest and rent on land	1 873	2 573	(700)	-	589	(589)
Transfers and subsidies	**10 113**	**10 257**	**(144)**	**3 687**	**(2 938)**	6 625
Households	10 113	10 257	(144)	3 687	(2 938)	6 625
Social benefits	9 896	7 995	1 901	3 687	3 216	471
Other transfers to households	217	2 262	(2 045)	-	(6 154)	6 154
Payments for capital assets	**40 371**	**49 289**	**(8 919)**	**8 566**	**4 265**	4 301
Machinery and equipment	40 371	49 289	(8 919)	8 566	4 265	4 301
Transport equipment	21 039	48 058	(27 020)	7 799	3 762	4 037
Other machinery and equipment	19 332	1 231	18 101	767	503	264
	768 147	**768 147**	**-**	**662 006**	**651 360**	**10 646**

The Programme spent at 100% after adjusting for funds shifts and virements of -R58,789 million post 2021/22 AEPRE. The programme gave up a portion of its cash flows in favour of mitigating the pressure within the clinical programmes to continue delivery of public health care services uninterrupted. This pressure in the clinical programmes having arisen from the payment of payables and accruals at the vote level of (R4.4 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2022 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

Programme 2: District Health Services

Programme 2: District Health Services	2021/22			2020/21		
	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1. **DISTRICT MANAGEMENT**	1 237 997	1 107 030	130 967	1 115 838	1 233 777	(117 939)
2. **COMMUNITY HEALTH CLINICS**	2 979 387	3 196 102	(216 715)	2 561 298	2 956 236	(394 938)
3. **COMMUNITY HEALTH CENTRES**	1 364 840	1 417 103	(52 263)	1 317 801	1 276 808	40 993
4. **COMMUNITY BASED SERVICES**	596 831	585 025	11 806	623 143	471 870	151 273
5. **OTHER COMMUNITY SERVICES**	64 171	77 412	(13 241)	68 633	54 342	14 291
6. **HIV/AIDS**	3 116 477	2 851 055	265 422	3 157 298	3 082 132	75 166
7. **NUTRITION**	39 779	30 100	9 679	53 230	36 816	16 414
8. **CORONER SERVICES**	129 651	137 156	(7 505)	112 050	124 823	(12 773)
9. **DISTRICT HOSPITALS**	5 536 976	5 693 894	(156 918)	5 626 194	5 838 597	(212 403)
	15 066 109	**15 094 877**	**(28 768)**	**14 635 485**	**15 075 401**	**(439 916)**
Economic classification						-
Current payments	**14 729 597**	**14 810 440**	**(80 843)**	**14 371 607**	**14 468 614**	(97 007)
Compensation of employees	10 194 688	10 117 843	76 845	9 835 966	9 835 966	-
Goods and services	4 534 909	4 691 268	(156 359)	4 535 641	4 602 676	(67 035)
	105 056	**113**	**(7 983)**	**80 554**	**462**	(382
Transfers and subsidies		**039**			**984**	430)
Non-profit institutions	-	-	-	8 495	8 495	-
Households	105 056	113 039	(7 983)	72 059	454 489	(382 430)
Social benefits	92 422	88 435	3 987	58 601	50 242	8 359
Other transfers to households	12 634	24 604	(11 970)	13 458	404 247	(390 789)
	231 456	**171**	**60 058**	**183 324**	**143**	39 521
Payments for capital assets		**398**			**803**	
Buildings and other fixed structures	60 000	-	60 000	-	-	-
Other fixed structures	60 000	-	60 000	-	-	-
Machinery and equipment	171 456	171 398	58	183 324	143 803	39 521
Transport equipment	46 185	96 745	(50 560)	60 110	68 692	(8 582)
Other machinery and equipment	125 271	74 653	50 618	123 214	75 111	48 103
	15 066 109	**15 094 877**	**(28 768)**	**14 635 485**	**15 075 401**	**(439 916)**

The Programme spent at 100.2% (over by R28,768 million) after adjusting for funds shifts and virements of +R163,174 million post 2021/22 AEPRE. Overspending was caused by goods and services pressures vesting in the Community Health Clinics sub programme, to continue the delivery of public health care services uninterrupted. This after adjusting for funds shifts and virements of +R163,174 million post 2021/22 AEPRE in Programme 2 overall. The budget pressures in the programme having arisen from the payment of payables and accruals at the vote level of (R4.4 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2022 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

Programme 3: Emergency Medical Services

Programme 3: Emergency Medical Services	2021/22			2020/21		
	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1 **EMERGENCY TRANSPORT**	1 120 416	1 089 966	30 450	1 087 503	1 041 760	45 743
2 **PLANNED PATIENT TRANSPORT**	285 672	263 556	22 116	185 915	230 286	(44 371)
	1 406 088	**1 353 522**	**52 566**	**1 273 418**	**1 272 046**	**1 372**
Economic classification						-
Current payments	**1 263 176**	**1 210 602**	**52 574**	**1 124 485**	**1 173 637**	(49 152)
Compensation of employees	1 051 361	998 795	52 566	931 071	980 226	(49 155)
Goods and services	211 815	211 807	8	193 414	193 411	3
Transfers and subsidies	**3 792**	**3 971**	**(179)**	**1 922**	**1 921**	1
Households	3 792	3 971	(179)	1 922	1 921	1
Social benefits	3 792	3 971	(179)	1 922	1 921	1
Payments for capital assets	**139 120**	**138 949**	**171**	**147 011**	**96 488**	50 523
Machinery and equipment	139 120	138 949	171	147 011	96 488	50 523
Transport equipment	130 110	137 176	(7 066)	135 022	96 292	38 730
Other machinery and equipment	9 010	1 773	7 237	11 989	196	11 793
	1 406 088	**1 353 522**	**52 566**	**1 273 418**	**1 272 046**	**1 372**

The Programme spent at 96.3% (under by R52,566 million) after adjusting for funds shifts and virements of -R122,092 million post 2021/22 AEPRE. The programme gave up a portion of its cash flows in favour of mitigating the pressure within the clinical programmes to continue delivery of public health care services uninterrupted. This pressure in the clinical programmes having arisen from the payment of payables and accruals at the vote level of (R4.4 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2022 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

Programme 4: Provincial Hospital Services

Programme 4: Provincial Hospital Services	2021/22			2020/21		
	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1. **GENERAL (REGIONAL) HOSPITALS**	2 725 830	2 748 880	(23 050)	2 564 585	3 093 261	(528 676)
2. **TB HOSPITALS**	385 691	382 771	2 920	409 790	348 096	61 694
3. **PSYCHIATRIC MENTAL HOSPITALS**	565 603	554 702	10 901	556 294	539 008	17 286
	3 677 124	**3 686 353**	**(9 229)**	**3 530 669**	**3 980 365**	**(449 696)**
Economic classification						-
Current payments	**3 633 236**	**3 646 550**	**(13 314)**	**3 506 348**	**3 650 814**	(144 466)
Compensation of employees	2 924 095	2 979 731	(55 636)	2 704 696	2 829 001	(124 305)
Goods and services	709 141	666 224	42 917	801 652	801 650	2
Interest and rent on land	-	595	(595)	-	20 163	(20 163)
Transfers and subsidies	**29 942**	**25 773**	**4 169**	**13 141**	**318 371**	(305 230)
Households	29 942	25 773	4 169	13 141	318 371	(305 230)
Social benefits	29 942	19 444	10 498	13 141	13 355	(214)
Other transfers to households	-	6 329	(6 329)	-	305 016	(305 016)
Payments for capital assets	**13 946**	**14 030**	**(84)**	**11 180**	**11 180**	-
Machinery and equipment	13 946	14 030	(84)	11 180	11 180	-
Transport equipment	5 214	7 396	(2 182)	3 654	6 547	(2 893)
Other machinery and equipment	8 732	6 634	2 098	7 526	4 633	2 893
	3 677 124	**3 686 353**	**(9 229)**	**3 530 669**	**3 980 365**	**(449 696)**

The Programme spent at 100.3% (over by R9,229 million) after adjusting for funds shifts and virements of +R189,138 million post 2021/22 AEPRE. Overspending primarily vested in compensation of employees as a result of incorrect persal link codes by and between several programmes. Goods and services pressures vested in the General Regional Hospitals sub programme, to continue the delivery of public health care services uninterrupted. The budget pressures in the programme having arisen from the payment of payables and accruals at the vote level of (R4.4 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2022 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

Programme 5: Central Hospital Services

Programme 5: Central Hospital Services	2021/22			2020/21		
	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1. **CENTRAL HOSPITAL SERVICES**	1 473 430	1 521 690	(48 260)	1 232 187	1 636 775	(404 588)
2. **PROVINCIAL TERTIARY SERVICES**	3 155 294	3 229 836	(74 542)	3 486 670	3 208 628	278 042
	4 628 724	**4 751 526**	**(122 802)**	**4 718 857**	**4 845 403**	**(126 546)**
Economic classification						-
Current payments	**4 461 820**	**4 657 936**	**(196 116)**	**4 560 000**	**4 564 702**	**(4 702)**
Compensation of employees	3 267 222	3 409 840	(142 618)	3 277 917	3 277 916	1
Goods and services	1 194 598	1 247 909	(53 311)	1 282 083	1 282 084	(1)
Interest and rent on land	-	187	(187)	-	4 702	(4 702)
Transfers and subsidies	**27 409**	**23 202**	**4 207**	**29 596**	**173 977**	**(144 381)**
Households	27 409	23 202	4 207	29 596	173 977	(144 381)
Social benefits	27 409	17 712	9 697	-	10 943	(10 943)
Other transfers to households	-	5 490	(5 490)	29 596	163 034	(133 438)
Payments for capital assets	**139 495**	**70 388**	**69 107**	**129 261**	**106 724**	**22 537**
Buildings and other fixed structures	-	-	-	4 466	3 849	617
Buildings	-	-	-	4 466	3 849	617
Machinery and equipment	139 495	70 388	69 107	124 795	102 875	21 920
Transport equipment	3 500	5 190	(1 690)	-	3 631	(3 631)
Other machinery and equipment	135 995	65 198	70 797	124 795	99 244	25 551
	4 628 724	**4 751 526**	**(122 802)**	**4 718 857**	**4 845 403**	**(126 546)**

The Programme spent at 102.7% (over by R122,802 million) after adjusting for funds shifts and virements of +R17 million post 2021/22 AEPRE. Overspending primarily vested in compensation of employees as a result of incorrect persal link codes by and between several programmes. Goods and services pressures vested in the Central Hospital Service (-R48,260 million) and Provincial Tertiary Services (-R74,542 million) sub programmes, to continue the delivery of public health care services uninterrupted. The budget pressures in the programme having arisen from the payment of payables and accruals at the vote level of (R4.4 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2022 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

Programme 6: Health Sciences & Training

Programme 6: Health Sciences and Training	2021/22			2020/21		
	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1. **NURSING TRAINING COLLEGES**	277 329	259 301	18 028	273 211	275 481	(2 270)
2. **EMS TRAINING COLLEGE**	14 996	11 960	3 036	16 109	9 892	6 217
3. **BURSARIES**	192 639	179 132	13 507	127 632	72 463	55 169
4. **OTHER TRAINING**	374 609	324 366	50 243	378 306	362 261	16 045
	859 573	**774 759**	**84 814**	**795 258**	**720 097**	**75 161**
Economic classification						-
	683 263	**606 611**	**76 652**	**639 610**	**639 598**	
Current payments						**12**
Compensation of employees	536 476	483 560	52 916	561 710	561 706	4
Goods and services	146 787	123 051	23 736	77 900	77 892	8
Transfers and subsidies	**160 183**	**156 311**	**3 872**	**136 422**	**74 263**	**62 159**
Departmental agencies and accounts	13 149	13 075	74	13 058	-	13 058
Social security funds	-	17	(17)	-	-	-
Departmental agencies	13 149	13 058	91	13 058	-	13 058
Households	147 034	143 236	3 798	123 364	74 263	49 101
Social benefits	2 000	2 771	(771)	1 993	2 240	(247)
Other transfers to households	145 034	140 465	4 569	121 371	72 023	49 348
Payments for capital assets	**16 127**	**11 837**	**4 290**	**19 226**	**6 236**	**12 990**
Machinery and equipment	16 127	11 837	4 290	19 226	6 236	12 990
Transport equipment	1 884	3 073	(1 189)	3 725	2 007	1 718
Other machinery and equipment	14 243	8 764	5 479	15 501	4 229	11 272
	859 573	**774 759**	**84 814**	**795 258**	**720 097**	**75 161**

The Programme spent at 90.1% (under by R84,814 million) after adjusting for funds shifts and virements of -R74,921 million post 2021/22 AEPRE. The programme gave up a portion of its cash flows in favour of mitigating the pressure within the clinical programmes to continue delivery of public health care services uninterrupted. This pressure in the clinical programmes having arisen from the payment of payables and accruals at the vote level of (R4.4 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2022 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

Programme 7: Health Care Support Services

Programme 7: Health Care Support Services	2021/22			2020/21		
	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1. **ORTHOTIC AND PROSTHETIC SERVICES**	95 247	50 920	44 327	102 899	92 668	10 231
2. **MEDICINE TRADING ACCOUNT**	65 639	62 066	3 573	70 957	59 719	11 238
	160 886	**112 986**	**47 900**	**173 856**	**152 387**	**21 469**
Economic classification						-
Current payments	**142 304**	**110 469**	**31 835**	**165 990**	**151 460**	**14 530**
Compensation of employees	68 045	69 782	(1 737)	64 907	64 908	(1)
Goods and services	74 259	40 687	33 572	101 083	86 552	14 531
Transfers and subsidies	**-**	**39**	**(39)**	**200**	**76**	**124**
Households	-	39	(39)	200	76	124
Social benefits	-	39	(39)	200	76	124
Payments for capital assets	**18 582**	**2 478**	**16 104**	**7 666**	**851**	**6 815**
Machinery and equipment	18 582	2 478	16 104	7 666	851	6 815
Transport equipment	(2 179)	260	(2 439)	1 329	227	1 102
Other machinery and equipment	20 761	2 218	18 543	6 337	624	5 713
	160 886	**112 986**	**47 900**	**173 856**	**152 387**	**21 469**

The Programme spent at 70.2% (under by R47,900 million) after adjusting for funds shifts and virements of -R13,510 million post 2021/22 AEPRE. The underspend is attributable to the department budgeting for the first time ever for the mandate of a "public healthcare remedy" for the provision of healthcare services in the public healthcare sector in medico-legal claims. The defences have envisaged the development of the common law to allow for a "public healthcare defence" and an "undertaking to pay defence" to be raised in medico-legal claims against the state. This is premised on the approach that if the department is required to continue to pay claims on the basis of full, up-front payment of estimated future medical and other expenses this will, in time, overwhelm the ECDoH's capacity to meet its health service delivery obligations.

The programme gave up a portion of its cash flows in favour of mitigating the pressure within the clinical programmes to continue delivery of public health care services uninterrupted. This pressure in the clinical programmes having arisen from the payment of payables and accruals at the vote level of (R4.4 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2022 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

Programme 8: Health Facilities Management

Programme 8: Health Facilities Management	2021/22			2020/21		
	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1. **COMMUNITY HEALTH FACILITIES**	207 869	186 906	20 963	217 618	158 168	59 450
2. **DISTRICT HOSPITAL SERVICES**	726 163	595 470	130 693	777 075	707 280	69 795
3. **PROVINCIAL HOSPITAL SERVICES**	254 000	275 833	(21 833)	566 235	459 877	106 358
4. **OTHER FACILITIES**	18 231	29 704	(11 473)	275 748	32 565	243 183
	1 206 263	**1 087 913**	**118 350**	**1 836 676**	**1 357 890**	**478 786**
Economic classification						-
Current payments	**311 964**	**374 535**	**(62 571)**	**231 965**	**299 494**	**(67 529)**
Compensation of employees	43 184	22 754	20 430	18 403	18 401	2
Goods and services	268 780	351 781	(83 001)	213 562	281 093	(67 531)
			(5)			
Transfers and subsidies	**-**	**5**		**7**	**6**	**1**
Households	-	5	(5)	7	6	1
Social benefits	-	4	(4)	7	6	1
Other transfers to households	-	1	(1)	-	-	-
Payments for capital assets	**894 299**	**713 373**	**180 926**	**1 604 704**	**1 058 390**	**546 314**
Buildings and other fixed structures	707 417	575 252	132 165	1 321 606	929 914	391 692
Buildings	707 417	575 252	132 165	1 321 606	929 914	391 692
Machinery and equipment	186 882	138 121	48 761	283 098	128 476	154 622
Other machinery and equipment	186 882	138 121	48 761	283 098	128 476	154 622
	1 206 263	**1 087 913**	**118 350**	**1 836 676**	**1 357 890**	**478 786**

The Programme spent at 90.2% (under by R118,350 million) after adjusting for funds shifts and virements of -R100,000 million post 2021/22 AEPRE. The programme gave up a portion of its cash flows in favour of mitigating the pressure within the clinical programmes to continue delivery of public health care services uninterrupted. This pressure in the clinical programmes having arisen from the payment of payables and accruals at the vote level of (R4.4 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2022 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

Virements and Fund Shifts

In terms of section 43 (1) of the PFMA, read in conjunction with Treasury Regulations 6.3.1, the Department utilized savings in the amount appropriated under a main division within a vote towards the defrayment of excess expenditure under another main division within the same vote, not having been directed otherwise by Provincial Treasury. Shifting of funds amounted to R381,470,000 and virement of funds amounted to R490,820,765.

Roll-overs – Conditional grants and Equitable share

Applications of R113,868 million for conditional grant rollovers from the 2021-22 to the 2022-23 financial year have been made amounting to R53,868 million for the National Tertiary Service Grant and R60 million for the Oncology Component of the HIV, TB, Malaria and Community Outreach Grant.

The bulk of the National Tertiary Services Grant application is in respect of medical & allied equipment and computer equipment which have had to be shipped from international manufacturers, supply chains, including logistics, having been adversely affected by COVID-19 induced backlogs etc. This essential lifesaving equipment is used for various tertiary level medical interventions through prioritisation for the development and modernization of the service.

The HIV, TB, Malaria and Community Outreach Grant application is in respect of the significant procurement process undertaken by the Department within the financial year to secure the appointment of a service provider for the turnkey planning, design, construction, supply and installation of an Oncology Unit Linear Particle Accelerator (LINAC) and Bunker Unit (Radiotherapy Department) at the Department's Nelson Mandela Academic Hospital.

4.4 Unauthorised Expenditure, Fruitless and Wasteful Expenditure

Unauthorised Expenditure

For the year under review, the Department incurred underspending of R142,831 million at the Vote level and overspending of R277,144 million at the Programmes level. The amount of R277,144 million is made up of R88,945 million (Prog 2), R9,229 million (Prog 4) and R178,970 million (Prog 5) [adjusted for underspending of the conditional grants within those programmes].

The unauthorised expenditure has, in the current financial year been mitigated by the reprioritisation of the Department's budget through the shifting (R381,470 million) and virement (R490,821 million) of funds in terms of Treasury Regulations 6.3 and Sections 43 and 76(3) of the PFMA.

The unauthorised expenditure of R88,945 million (Prog 2) has arisen within this clinical programme having been caused primarily by goods and services pressures vesting to continue the delivery of public health care services uninterrupted as well as the payment of unfunded and unbudgeted medico legal settlements not budgeted for as payment of writ instalments. Goods and services budget pressures in the programme having arisen from the payment of payables and accruals at the vote level of (R4.4 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2022 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

The unauthorised expenditure of R9,229 million (Prog 4) has arisen within this clinical programme primarily vesting in compensation of employees as a result of incorrect persal link codes by and between several programmes

The unauthorised expenditure of R178,970 million (Prog 5) has arisen within this clinical programme primarily vested in compensation of employees as a result of incorrect persal link codes by and between several programmes. Goods and services pressures vested in the Central Hospital Service (-R48,260 million) and Provincial Tertiary Services (-R74,542 million) sub programmes, to continue the delivery of public health care services uninterrupted. Goods and services budget pressures in the programme having arisen from the payment of payables and accruals at the vote level of (R4.4 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2022 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

The budget pressures experienced by the department arose from the payment of payables and accruals at the vote level of (R4.4 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2022 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

In January 2022, application was made for an excess bank overdraft on the Department's Paymaster General Account (PMG) to continue paying creditors. In February, Provincial Treasury confirmed that an additional excess facility of R150 million had been approved, increasing the departmental cumulative facility to R1,129,214 billion cumulatively over the years.

4.5 Strategic Focus over the short to medium term period

Health Services Realisation

The Department of Health in Medium-Term Strategic Framework (MTSF) 2020-21 – 2024/25 has identified the following areas (outcomes) for prioritization:

- Quality of health services improved,
- Improved financial management,
- Reduced causes of medico-legal claims in facilities by 80%,
- Robust and effective health information systems to automate business processes and improve evidence-based decision making.

The Implementation of the National Health Insurance (NHI) is the cornerstone in improving access, coverage and provision of quality health care. The NHI is anchored on the five interventions:

1. Re-engineering of Primary Health Care (RPHC).
2. Integrated School Health Programme.
3. District Clinical Specialist Teams (DCSTs).
4. General Practitioners contracting.
5. Central Chronic Medicines Dispensing and Distribution (CCMDD).

The "Turn Around" Strategy is anchored on five pillars that will yield positive result and improve access and coverage of health services to poor local communities. The pillars are focusing on the following areas:

(a) Financial sustainability initiative;
(b) Medico-legal intervention;
(c) Service delivery optimisation;
(d) Digitalisation and e-Health; and
(e) Clinical – Healthy communities' initiative.

COVID-19 Vaccination Project

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

ECCOVAC-19 - COVID-19 Vaccination Project

Clinical Services

The province is targeting to vaccinate 70% of 4 099 543 eligible population by end of December2022. As of the 31st March 2021/2022 financial year, the total number of vaccines administered was 3 487 542. The number of individuals vaccinated was 2 384 599 of which 1 980 666 (40%) are fully vaccinated. The coverage among the adult population was a Female: Male ratio of 60%:40%. The overall Vaccination coverage by age group is as follows:

- 12 to 17 = 26.7%
- 18 to 34 = 38%
- 35 to 49 = 54%
- 50 to 59 = 73%
- 60 and over = 69%

The table below outlines the Vaccination coverage by district:

DISTRICT	Vaccination Coverage
Alfred Nzo DM	**46%**
Amathole DM	**49%**
Buffalo City MM	**51%**
Chris Hani DM	**51%**
Joe Gqabi DM	**52%**
Nelson Mandela Bay MM	**50%**
OR Tambo DM	**41%**
Sarah Baartman DM	**54%**

The table below summarises the activities of the vaccination rollout programme across the financial year.

Activity I	Output/Milestone	Timeline	Progress
Vaccination of all HCWs	Roll out of phase 1 (56 437 Public Health Care Workers)	31/07/2021	Out of 56 437 Public Health Care Workers, 44 231 (78%) have been vaccinated in the Sisonke early access programme. The Department is currently mopping up health care workers as part of the general population programme
Vaccination of other categories & target population groups	Roll out of Phase 2	Started on 17/05 /2021	Within the education sector, 70 196 (78%) of the employees have been vaccinated out of 90 342 employees
	Roll out of Phase 3	1/09/2021 – 30/03/2022	The province continues to mop up vaccination in all age groups including 59 years and above
	Roll-Out of booster doses for Health Care Workers and the general population	Started on the 1/11/2021	**The general booster doses administered in the province was 19 750:** • J&J booster doses = 68 521 • Pfizer booster doses = 127 219 Immunocompromised- additional doses administered 758. The province is rolling out vaccination in congregate settings to target individuals eligible for vaccination and booster doses as well. There is a focused intervention to implement the school based vaccination programme including Universities and TVET colleges, to target the 12-39 years. The province has started t.o integrate Covid-19 vaccination into routine health services

The Department of Health in Medium-Term Strategic Framework (MTSF) 2020-21 – 2024/25 has identified the following areas (outcomes) for prioritization:

- Quality of health services improved,
- Improved financial management,
- Reduced causes of medico-legal claims in facilities by 80%,
- Robust and effective health information systems to automate business processes and improve evidence-based decision making.

The Implementation of the National Health Insurance (NHI) is the cornerstone in improving access, coverage and provision of quality health care. The NHI is anchored on the five interventions:

1. Re-engineering of Primary Health Care (RPHC).
2. Integrated School Health Programme.
3. District Clinical Specialist Teams (DCSTs).
4. General Practitioners contracting.
5. Central Chronic Medicines Dispensing and Distribution (CCMDD).

The "Turn Around" Strategy is anchored on five pillars that will yield positive result and improve access and coverage of health services to poor local communities. The pillars are focusing on the following areas:

(a) Financial sustainability initiative;
(b) Medico-legal intervention;
(c) Service delivery optimisation;
(d) Digitalisation and e-Health; and
(e) Clinical – Healthy communities' initiative.

4.6 Public Private Partnerships

Co-Location PPP: Humansdorp Hospital

A Public Private Partnership, as regulated by the Treasury Regulations to the Public Finance Management Act, no 1 of 1999 was concluded. The agreement started on 27 June 2003 to 30 June 2023 with Metro Star Hospital Life Healthcare Ltd (previously Afrox Healthcare Ltd).

The Project embarked on by the Concessionaire through the conclusion of the agreement, involved the granting of Concession Rights by the Provincial Government to the Concessionaire against the payment of variable concession fees and the construction of a thirty bed private facility, 3 bed high care bed unit, the enlarging of the current Humansdorp hospital entrance and administration area for use by both Parties as well as enlarging of the casualty and outpatient ward including

two consulting rooms and a dentist room, the building and/or upgrading of two new operating theatres, a new CSSD, a new radiology unit, a new laboratory and the refurbishment and upgrade of the existing Humansdorp hospital.
The Concessionaire further provides maintenance and facility management services to the Humansdorp hospital in return for the payment of service payments to the Concessionaire by the Provincial Government. The agreement will automatically be terminated on expiry of the twenty-one-year concession period, unless terminated earlier in accordance with the provisions of the agreement.

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

The concession agreement (to October 2024) was signed on the 7 May 2007 and incorporates the Port Alfred and Settlers District Hospitals. It incorporates the financing, design, upgrade and refurbishment of the facilities and provision of operational and associated services including hard and soft facilities management and life-cycle maintenance, refreshment and replacement of selected equipment (including medical equipment, medical instrumentation and durables), Information Management & Technology (IM&T) and furniture at the above-named hospitals together with the co-location of private hospital facilities to be operated by the Private Party, all in terms of a Public Private Partnership, as regulated by the Treasury Regulations to the Public Finance Management Act, No 1 of 1999, as amended.

The Project embarked on by the Concessionaire through the conclusion of this Agreement, involved the granting of Concession Rights by the Provincial Government to the Concessionaire against the payment of variable concession fees and 30 private beds, private pharmacy, private administration, two private consulting rooms, 60 public beds, public outpatient's facility, public pharmacy, public administration, shared facilities for labour ward, maternity ward, radiology, casualty, theatres, CSSD, kitchen & staff facilities, mortuary, stores, linen areas and plant and workshop areas, the refurbishment and upgrading of existing facilities at the Port Alfred and Settlers Hospitals.

4.7 Discontinued key activities / Activities to be discontinued

There are no activities to be discontinued.

4.8 New or proposed key activities

These are no new activities to those already in operation by the department.

4.9 Supply Chain Management (SCM)

No unsolicited bid proposals were implemented during year under review.

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

Extension of Contracts:

- In ensuring that approval is sought from delegated authority, the Bid Award Committee (BAC) has put in measures in place to prevent extension of contracts. The Department is also focusing on collaborating implementation of the procurement plan which is the contributor to the contract extensions.
- These interventions have resulted in reduction of new contract extensions and prevention of extensions above 15% threshold.

Deviations:

- After workshops were conducted with all the districts on the risks identified a follow up session with the end users is planned on the deviations and Instruction Note 2 of 2022/23 on Enhancing Compliance, Transparency and Accountability in Supply Chain Management.

Local Content:

- Workshops on the implementation process were followed by Supplier Day Workshops which were conducted during the year 2021/22.

Conflict of Interest:

- Supplier day workshops were conducted during the year 2021/22 and follow up sessions are planned for the year.
- These interventions have resulted in 0% direct conflicts and 0 potentially conflicted employees on the Central Supplier Database for Q1 of 2022/23.

Challenges experienced in SCM and how they were resolved:

- Turn-around times implementation of procurement plan. There are plans in place to collaborate and monitor progress to catch up on implementation. The Department has partnered with Clinton Health Access Initiative (CHAI) and developed a procurement plan and contract management monitoring tool which will be implemented during the year.
- Governance, increased number of fraud related cases. Investigations are handled by the Fraud unit. Workshop held with all district on 16 September 2021 to capacitate and create awareness. Plans in place to digitise SCM processes; the ICN standardisation LOGIS project is underway and contract management module at implementation stages.

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

The Department continued to receive gifts and donations to the value of R18 658 million as indicated in Annexure 1H to the Annual Financial Statements.

4.11 Exemptions and Deviations received from National Treasury

There were no exemptions and deviations received from National Treasury.

4.12 Events after reporting date

Adjusting events after reporting date

No adjusting events after the reporting date were identified by management that would affect the operations of the department or the results of those operations significantly other than those adjusted in these financial statements already.

Non-adjusting events after reporting date

Subsequent to year end, the writ application court case that was still pending at year end, ruled that the instalments within the writ application were payable in terms of the respective court orders. The province will also not be appealing against this judgement.

Co-Location PPP: Port Alfred & Settlers Hospitals in Port Alfred and Grahamstown: As reported in the previous financial year, the Department is in the legal process as a result of termination received from the Concessionaire, Messrs Nalithemba Hospitals (Pty) Ltd and working with National Treasury. The Department has taken over the provision of soft services contracts and medical equipment at the facility.

4.13 Other

There are no other material facts or circumstances which may have an effect on the financial state of affairs of the Department not addressed elsewhere in this report.

4.14 Acknowledgements and Appreciation

I would like to extend my heartfelt and warm gratitude to the management, front-liners and overall staff throughout the Department. These are men and women of virtue and substance who have braved Covid-19 and its scourge to ensure that the lives of many in the Province are saved. District Managers, Hospital CEO's, PHC Operational Managers and Heads of facilities have, in the year under review ensured that quality health care services and access remain a priority. Furthermore, the period under review have seen the Department continuing to forge good relations with the different stakeholders who share our vision and mission.

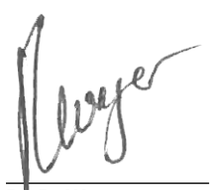
The delivery of clinical health care services including vaccination roll out programme would not have been possible without this valued human capital. These, amongst others include the National Department of Health, Eastern Cape Office of the Premier, all other Provincial Departments, Provincial Treasury, Other organs of state, Local Government, businesses and corporate South Africa, Non-Governmental Organisations, civil society, World Health Organisation, National Institute of Communicable Diseases, academia, laboratories and research bodies, District Support Partners, Faith Based Organisations, health experts and advisors, families and individuals and all other stakeholders who have all contributed in unique ways and means that have lessened the burden of disease in the Province and contributed to quality health care services to the Eastern Cape Department of Health.

4.15 Conclusion

The Department has, in the year ended worked tirelessly to ensure that the population of the Eastern Cape Province are provided with reasonably quality health care. Despite fiscal constraints, health care services throughout the province has been and remain a reality. We look forward to yet another year of ensuring that diseases are prevented, the patients are cured with their health being restored and that lives are saved.

4.16 Approval and Sign-off

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



Dr R. Wagner
Accounting Officer
31st August 2022

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

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

- All information and amounts disclosed throughout the annual report are consistent.
- The annual report is complete, accurate and is free from any omissions.
- The annual report has been prepared in accordance with the guidelines on the annual report as issued by National Treasury.
- The Annual Financial Statements (Part E) have been prepared in accordance with the modified cash standard and the relevant frameworks and guidelines issued by the National Treasury.
- The Accounting Officer is responsible for the preparation of the annual financial statements and for the judgements made in this information.
- The Accounting Officer is responsible for establishing, and implementing a system of internal control that has been designed to provide reasonable assurance as to the integrity and reliability of the performance information, the human resources information and the annual financial statements.
- The external auditors are engaged to express an independent opinion on the annual financial statements.
- In my opinion, the annual report fairly reflects the operations, the performance information, the human resources information and the financial affairs of the Department for the financial year ended 31 March 2022.

Yours faithfully



Dr R. Wagner
Accounting Officer
31st August 2022

6. STRATEGIC OVERVIEW.

6.1 VISION

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

6.2 MISSION

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

6.3 VALUES

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

- Equity of both distribution and quality of services.
- Service excellence.
- Customer and patient satisfaction.
- Fair labour practices.
- High degree of accountability.
- Transparency (maintaining confidentiality code).
- Respect.

7. LEGISLATIVE AND OTHER MANDATES

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

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

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

Legislation falling under the Minister of Health's portfolio

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

Provides a framework for a structured health system within the Republic, taking into account the obligations imposed by the Constitution and other laws on the national, provincial, and local governments with regard to health services. The objectives of the National Health Act (NHA) are to: unite the various elements of the national health system in a common goal to actively promote and improve the national health system in South Africa; provide for a system of co-operative governance and management of health services, within national guidelines, norms and standards, in which each province, municipality and health district must deliver quality health care services; establish a health system based on decentralised management, principles of equity, efficiency, sound governance, internationally recognized standards of research and a spirit of enquiry and advocacy which encourage participation; promote a spirit of co-operation and shared responsibility among public and private health professionals and providers and other relevant sectors within the context of national, provincial and district health plans; and create the foundation of the health care system, and understood alongside other laws and policies which relate to health in South Africa.

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Medicines and Related Substances Act, 1965 (Act No. 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.

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

Occupational Diseases in Mines and Works Act, 1973 (Act No. 78 of 1973) - Provides for medical examinations on persons suspected of having contracted occupational diseases, especially in mines, and for compensation in respect of those diseases.

Pharmacy Act, 1974 (Act No. 53 of 1974) - Provides for the regulation of the pharmacy profession, including community service by pharmacists.

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

Dental Technicians Act, 1979 (Act No.19 of 1979) - Provides for the regulation of dental technicians and for the establishment of a council to regulate the profession.

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

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

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

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

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

mental health challenges.

Medical Schemes Act, 1998 (Act No.131 of 1998) - Provides for the regulation of the medical schemes industry to ensure consonance with national health objectives.
Council for Medical Schemes Levy Act, 2000 (Act 58 of 2000) - Provides a legal framework for the Council to charge medical schemes certain fees.

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

Mental Health Care 2002 (Act No. 17 of 2002) - Provides a legal framework for mental health in the Republic and in particular the admission and discharge of mental health patients in mental health institutions with an emphasis on human rights for mentally ill patients.

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

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

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

Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act No. 54 of 1972) - Provides for the regulation of foodstuffs, cosmetics and disinfectants, in particular quality standards that must be complied with by manufacturers, as well as the importation and exportation of these items.

Other legislation applicable to the Department

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

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

Occupational Health and Safety Act, 1993 (Act No.85 of 1993) - Provides for the requirements that employers must comply with in order to create a safe working environment for employees in the workplace.

Compensation for Occupational Injuries and Diseases Act, 1993 (Act No.130 of 1993) - Provides for compensation for disablement caused by occupational injuries or diseases sustained or contracted by employees in the course of their employment, and for death resulting from such injuries or disease.
National Roads Traffic Act, 1996 (Act No.93 of 1996) - Provides for the testing and analysis of drunk drivers.

Employment Equity Act, 1998 (Act No.55 of 1998) - Provides for the measures that must be put into operation in the workplace in order to eliminate discrimination and promote affirmative action.

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

Skills Development Act, 1998 (Act No 97of 1998) - Provides for the measures that employers are required to take to improve the levels of skills of employees in workplaces.

Public Finance Management Act, 1999 (Act No. 1 of 1999) - Provides for the administration of state funds by functionaries, their responsibilities, and incidental matters.

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

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

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

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

Broad-based Black Economic Empowerment Act, 2003 (Act No.53 of 2003) - Provides for the promotion of black economic empowerment in the manner that the state awards contracts for services to be rendered, and incidental matters.
Labour Relations Act, 1995 (Act No. 66 of 1995) - Establishes a framework to regulate key aspects of relationship between employer and employee at individual and collective level.

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

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

HEALTH SECTOR POLICIES AND STRATEGIES

National Health Insurance Bill

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

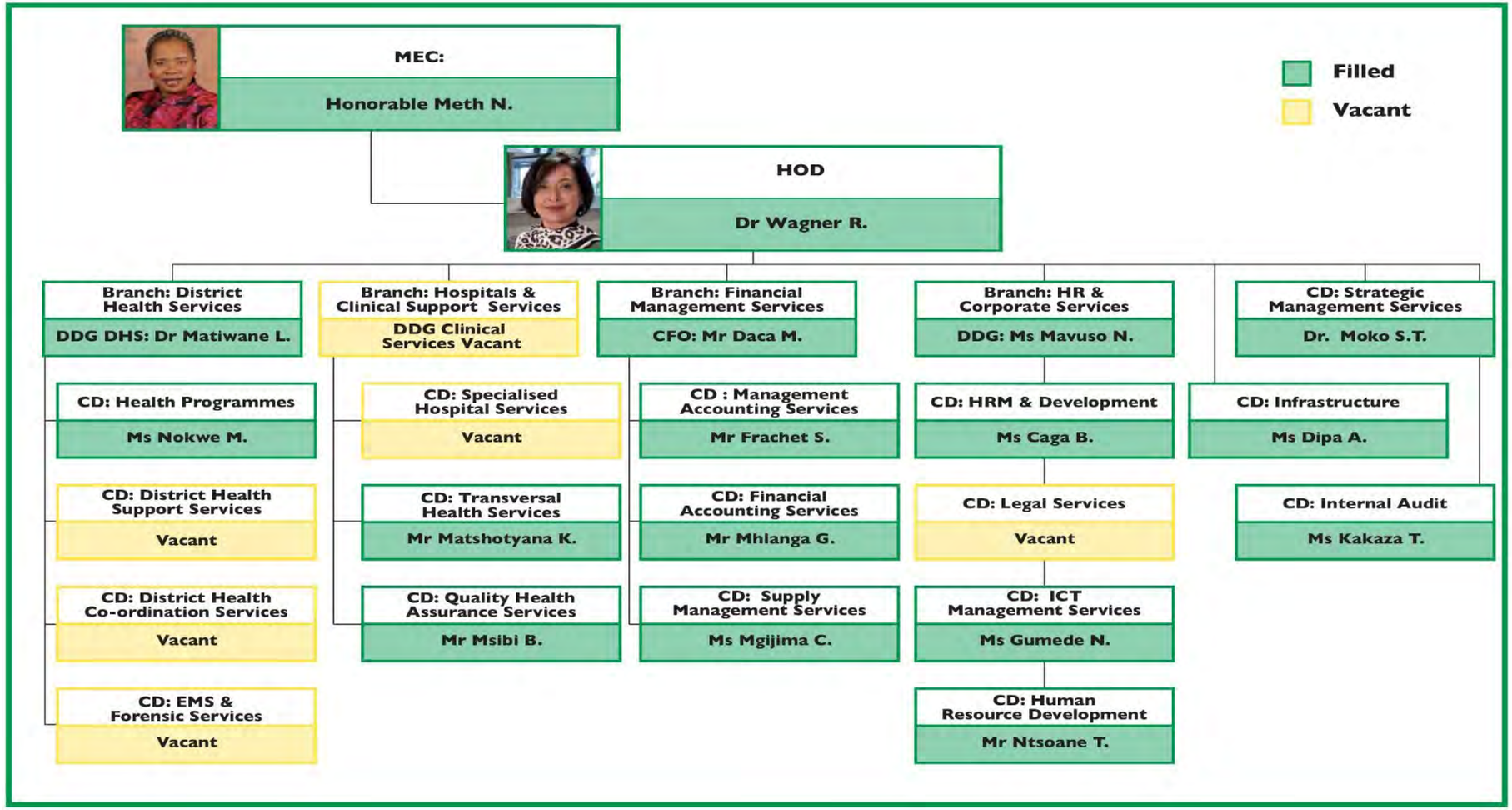
In many countries, effective Universal Health Coverage has been shown to contribute to improvements in key indicators such as life expectancy through reductions in morbidity, premature mortality (especially maternal and child mortality) and disability. An increasing life expectancy is both an indicator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

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

National Development Plan (NDP): Vision 2030

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

8. ORGANISATIONAL STRUCTURE



9. ENTITIES REPORTING TO THE MEC

Name of Entity	Legislative Mandate	Financial Relationship	Nature of Operations
Lilitha College of Nursing	Nursing Education and Training Act No.4 of 2003	Funded by equitable share and students registration fees through college council account	Develop capable workforce for the Eastern Cape provincial health system as part of a quality people value stream.



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.

Refer to page 307 of the Report of the Auditor General South Africa, published as Part E: Financial Information

2. OVERVIEW OF DEPARTMENTAL PERFORMANCE

2.1.Service Delivery Environment

2.1.1 Demographic profile of the Eastern Cape Province

The Stats SA mid-year population estimates for year 2021 suggested that the Eastern Cape Province has a total population of 6,727,676 constituted largely of a younger population. About 63.6% of the provincial population is the youth under 35 years of age. Children under 5 years constitute 10.2% of the general population. The population pyramid below also shows that both males and females they almost have the same numbers at birth up until becoming young adults. With males having a slight edge over their female counterparts up to the age of 35 years. More women live beyond the age of 35 years when compared against men. As a result, the capacity of the EC province is usually overstretched due to high demand of basic services like education, health care services, social services, employment opportunities and housing. These challenges in the Eastern Cape especially in the OR Tambo and Alfred Nzo Districts with more than a quarter of the provincial population, are further exacerbated by the historical backlogs that were a result of the previous apartheid and homeland governments.

Population Pyramid

Fig. 1: Eastern Cape Population by age and sex (Stats SA mid-year population estimates, 2021)

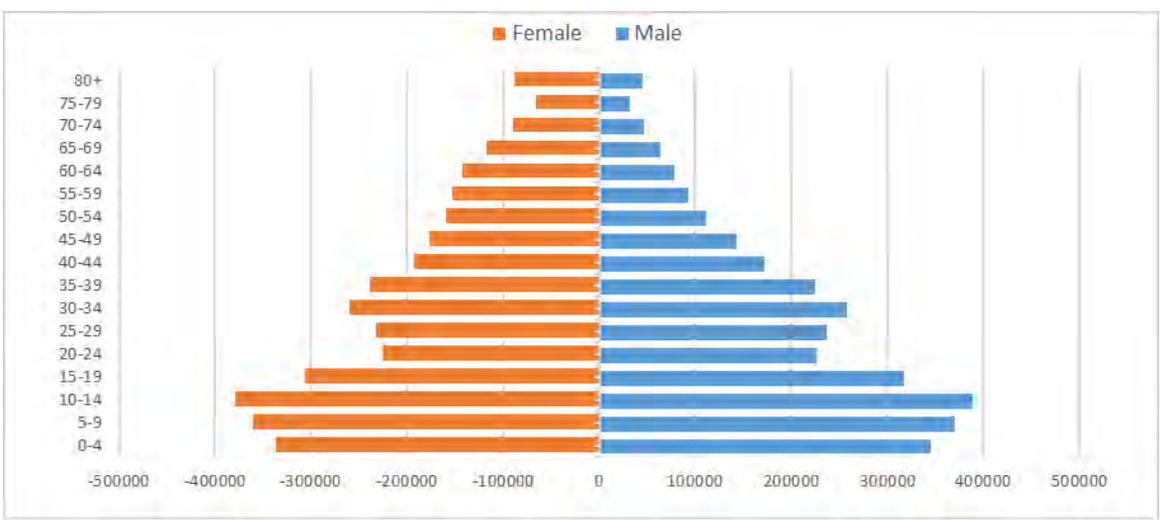


Table A1: Population Distribution by Health District Municipality (DM), 2021 estimates

District	% of total population[1]	Total population[1]	Males[1]	Females[1]	Size of area (km²)[2]
Alfred Nzo	12,4	831 913	361 986	469 927	10 731.2
Amathole	11,8	791 045	375 565	415 480	21 594.9
Buffalo City Metro	11,9	797 572	383 660	413 912	2 535.9
Chris Hani	10,6	716 392	339 213	377 179	36 143.5
Joe Gqabi	5,1	343 094	163 843	179 251	25 662.7
Nelson Mandela Metro	18,1	1 214 395	579 156	635 239	1 958.9
OR Tambo	23,0	1 545 283	727 327	817 956	12 095.5
Sarah Baartman	7,3	487 982	243 667	244 315	58 243.3
Eastern Cape	**100.0**	**6 727 676**	**3 174 417**	**3 553 259**	**168,966.0**
Data Sources: *[1] Stats SA mid-year population estimates 2021; [2]Population Census, 2011*					

Fig. 2: District municipalities of the Eastern Cape Province



2.1.2 The socio-economic profile of the EC Province

Poverty, unemployment, education, housing, access to piped water and sanitation are the social determinants of health that characterize the Eastern Cape Province, in particular the districts of Alfred Nzo, Amathole, Chris Hani and OR Tambo. This is evident in the socio-economic indicators in Table A2 below, as well as the maps that follow. Figure 3 below showed the Eastern Cape as the worst province affected by lack of job opportunities as reported by Statistics South Africa Quarterly Labour Force Survey (Quarter 1 of 2021). These poor socio-economic conditions directly affect the health outcomes and the quality of life of the larger population of the Eastern Cape. Alfred Nzo - the district with the highest poverty headcount at 22.0% - has the lowest percentage of the population with medical aid coverage (at only 3.5%). The huge population has a very limited medical aid coverage, and province-wide 89.3% of the population depend on government health services or pay for their medical bills in private health facilities.

Socio-economic indicators

Table A2: Labour force characteristics in the EC (Stats SA Labour Force Survey: Quarter 4 2021)									
	Oct-Dec 2020	Jan-Mar 2021	Apr-Jun 2021	Jul-Sep 2021	Oct-Dec 2021	Qtr-to-qtr change	Year-on-year change	Qtr-to-qtr change	Year-on- year change
	Thousand	Thousand	Thousand	Thousand	Thousand	Thousand	Thousand	Per cent	Per cent
Population 15–64 yrs	**4 369**	**4 371**	**4 382**	**4 396**	**4 410**	**15**	**42**	**0,3**	**1**
Labour force	**2 374**	**2 314**	**2 335**	**2 314**	**2 266**	**-48**	**-107**	**-2,1**	**-4,5**
Employed	1 236	1 301	1 235	1 216	1 247	31	12	2,6	0,9
Unemployed	1 138	1 013	1 100	1 098	1 019	-79	-119	-7,2	-10,5
Not economically active	1 995	2 057	2 048	2 081	2 144	63	149	3	7,5
Discouraged work-seekers	172	180	219	298	341	43	169	14,6	98,3
Other	1 823	1 877	1 828	1 783	1 803	19	-20	1,1	-1,1
Rates (%)									
Unemployment rate	47,9	43,8	47,1	47,4	45	-2,4	-2,9		
Employed/population ratio (absorption)	28,3	29,8	28,2	27,7	28,3	0,6	0		
Labour force participation rate	54,3	52,9	53,3	52,7	51,4	-1,3	-2,9		

Fig. 3: Percentage of individuals who are members of medical aid schemes per province, GHS 2018

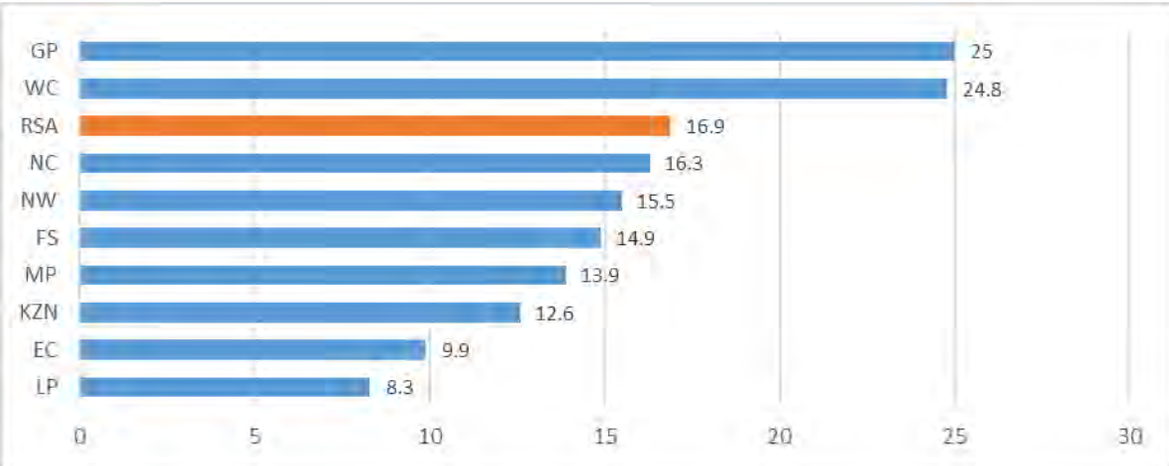
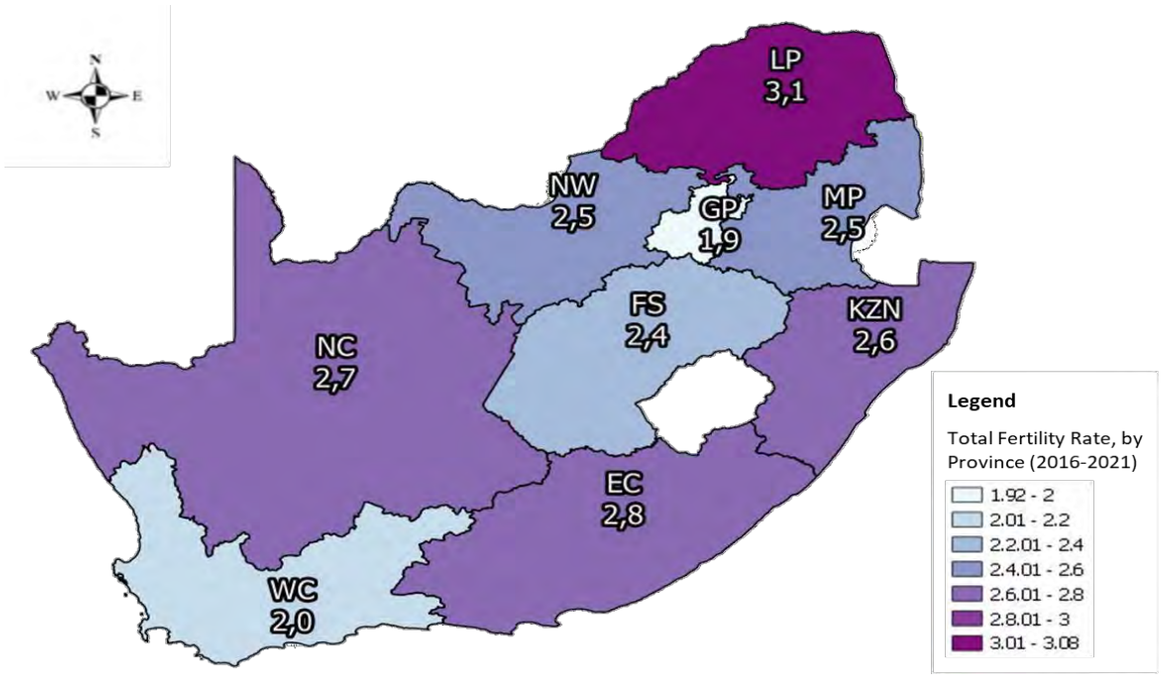


Table A3. Socio-economic indicators by District in Eastern Cape Province

District/ Metro	Poverty Headcount[2]	Unemployment Rate[1]	No schooling (Age 20 yrs+)	Medical Aid coverage[3]	Access to piped water[2]	Households with flush/ chemical toilet[2]
Alfred Nzo	22.0	42.1	15.0	3.8	45.9	9.5
Amathole	18.7	40.4	14.2	4.3	70.7	23.1
Buffalo City MM	7.3	32.5	5.3	22.4	97.7	71.9
Chris Hani	16.4	36.8	15.1	4.9	82.7	38.5
Joe Gqabi	13.4	32.7	15.7	5.0	74.0	37.4
N Mandela M	3.0	28.7	3.6	20.4	98.7	93.3
OR Tambo	19.2	41.0	18.4	4.2	38.9	19.1
Sarah Baartman	4.5	19.0	8.3	8.8	92.4	83.5
Eastern Cape	**12.7**	**35.1**	**11.4**	**9.8**	**75.1**	**49.1**

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

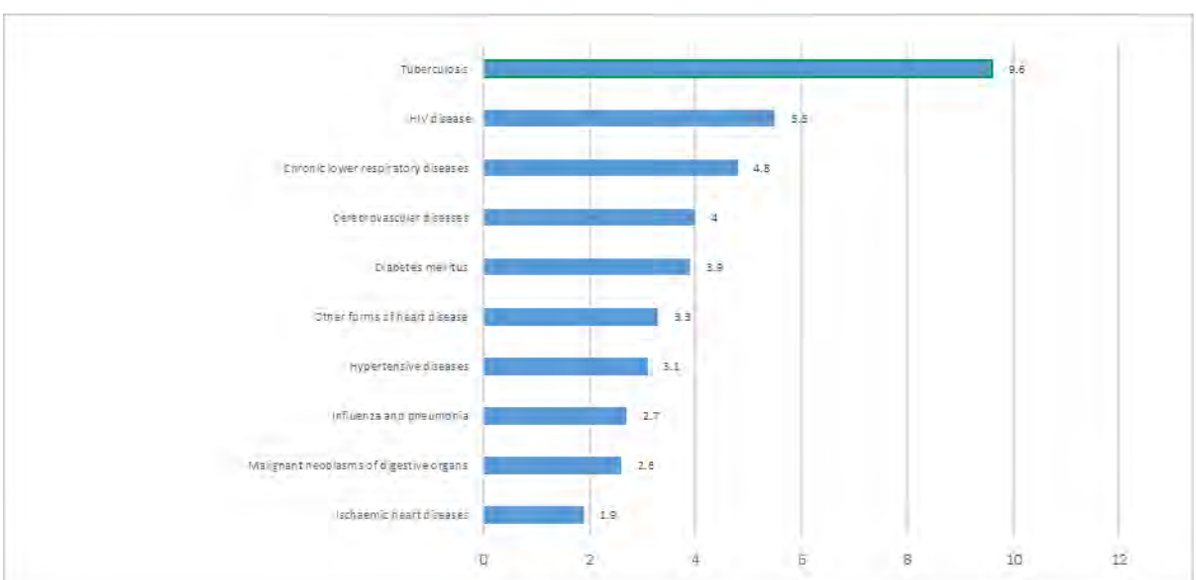
Fig 4: Provincial average total fertility rate, 2016–2021

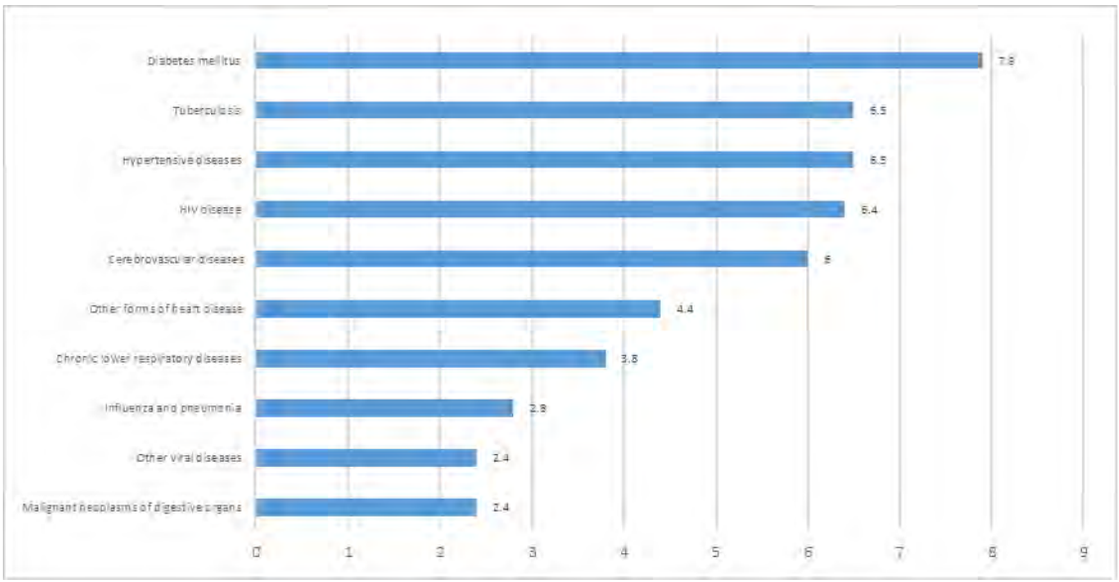


2.1.3 Disease Burden

Generally, the disease burden is high, and service platform is overburdened due to social determinants of health that the Department has no control over. The intervention that the Department had put in place is IGR collaboration and integrated planning across sectors. TB, HIV, Diabetes and Hypertension remained among the top causes of mortality in the province.

Figure 5: Top 10 underlying causes of natural deaths by sex in EC





HIV/AIDS & STI

The HIV pandemic remains among the leading causes of morbidity and mortality in the province. The HIV prevalence among pregnant women attending antenatal services in public clinics has been gradually showing an increase over the years. The syphilis screening coverage among pregnant women was reported as above 90% in all the 8 districts in the province in 2017 and 2019.

Fig. 6: The HIV epidemic curve among antenatal women, Eastern Cape, 1990– 2019, Antenatal HIV Sentinel Survey 2021 Report

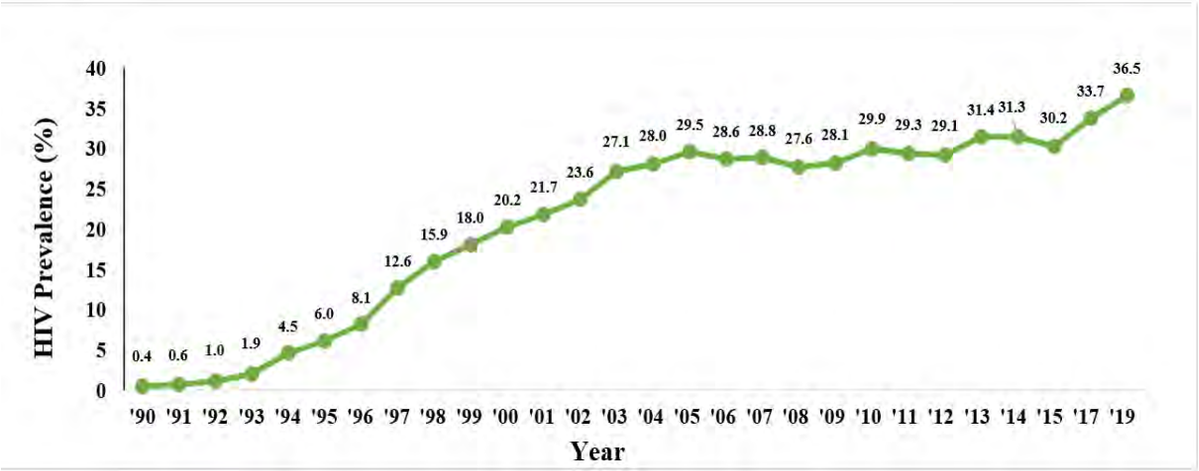
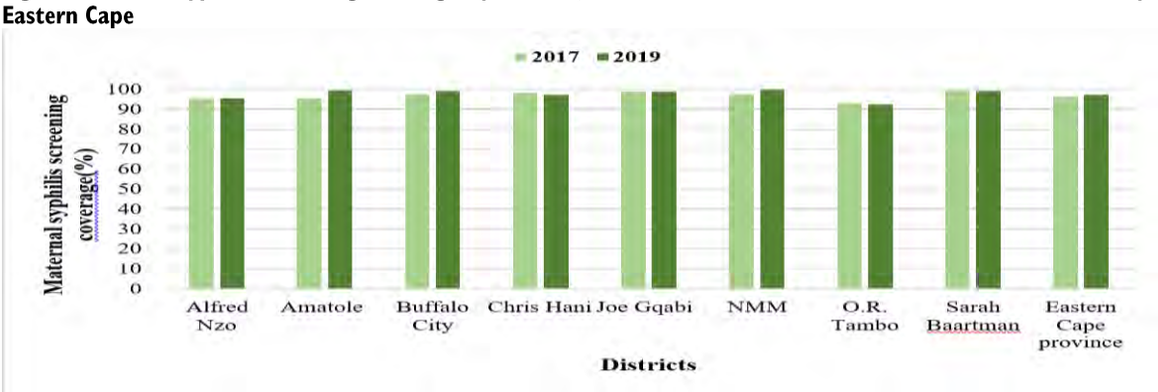


Table A4: HIV prevalence by district in the Eastern Cape province, Antenatal HIV Sentinel Survey, 2013 to 2019

District	2013		2014		2015		2017		2019	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Alfred Nzo	25.3	20.5 –30.9	30.1	20.5 –30.9	26.6	21.8 –32.1	31.6	28.1–35.3	30.9	27.0–35.2
Amatole	35.3	31.4 –39.4	29.0	24.8 –34.6	28.3	23.2 –34.2	31.4	27.2–36.0	38.2	34.7–41.8
Buffalo City M	29.5	24.8 –34.6	33.4	31.4 –39.4	31.2	26.7 –36.2	38.8	34.3–43.5	40.7	37.6–43.9
Chris Hani	34.5	30.2 –39.0	35.1	30.2 –39.0	31.9	27.4 –36.8	35.5	30.8–40.5	43.1	39.8–46.5
Joe Gqabi	30.7	24.2 –38.0	34.0	24.2 –38.8	28.3	19.7 –38.8	34.6	29.5–40.0	37.1	31.9–42.7
N Mandela M	31.4	24.9 –38.9	27.1	24.9 –38.9	29.9	24.0 –36.5	29.7	26.1–33.4	31.4	28.9–34.0
O.R. Tambo	32.6	29.0 –36.4	36.0	28.8 –36.4	33.3	30.4 –36.4	35.2	31.8–38.7	38.1	35.5–40.8
S Baartman	27.5	20.4 –35.9	23.6	14.5 –36.1	25.4	17.9 –34.8	33.2	26.8–40.4	34.2	28.5–40.5
ECP	**31.4**	**29.4 –33.5**	**31.3**	**29.4 –33.5**	**30.2**	**28.2 –32.3**	**33.7**	**32.2–35.3**	**36.5**	**35.2–37.9**

Fig. 7: Maternal syphilis screening coverage by district, in the 2017 and 2019 Antenatal HIV Sentinel Surveys, Eastern Cape



Tuberculosis

The drug resistant TB treatment outcomes are showing encouraging trends in treatment success rate (figure 8) and a significant decrease in death rates (figure 9). This is due to new DR-TB treatment regimens that had been introduced in recent years with great success.

Fig. 8: All DS- TB client treatment success rate

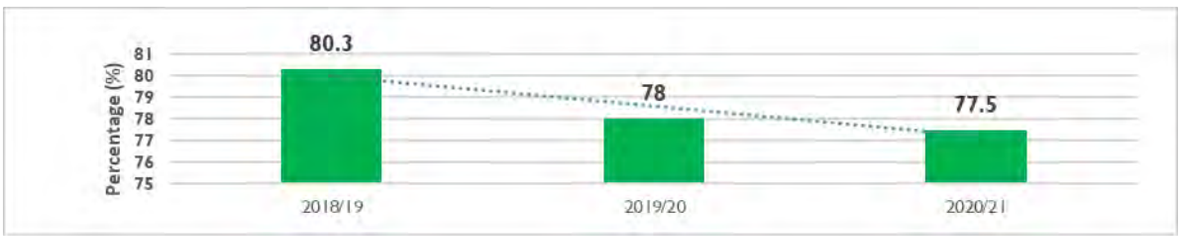
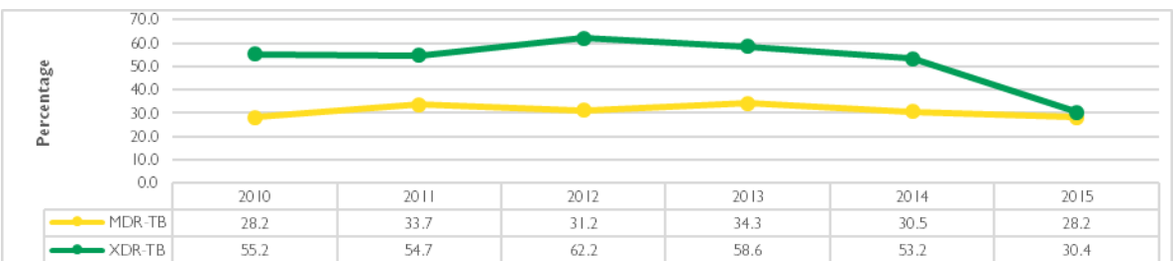


Fig 9: Trends in DR-TB death rate

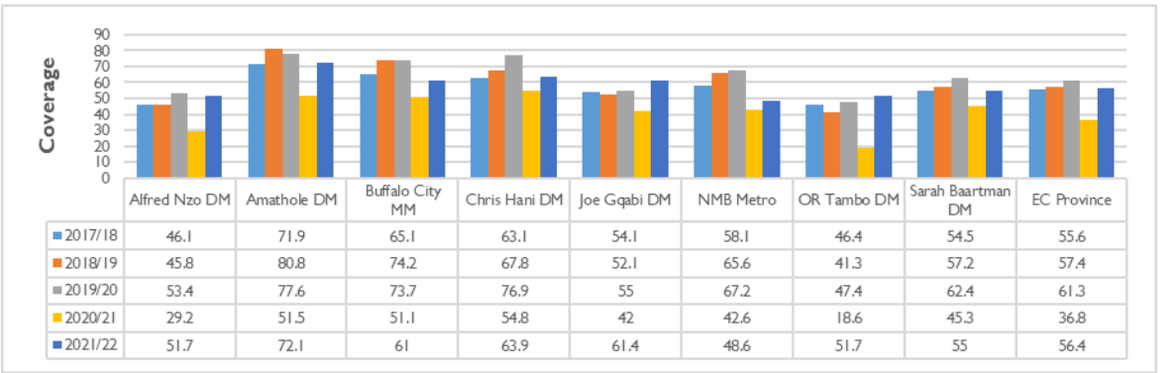


	2010	2011	2012	2013	2014	2015
MDR-TB	28.2	33.7	31.2	34.3	30.5	28.2
XDR-TB	55.2	54.7	62.2	58.6	53.2	30.4

Maternal & Child

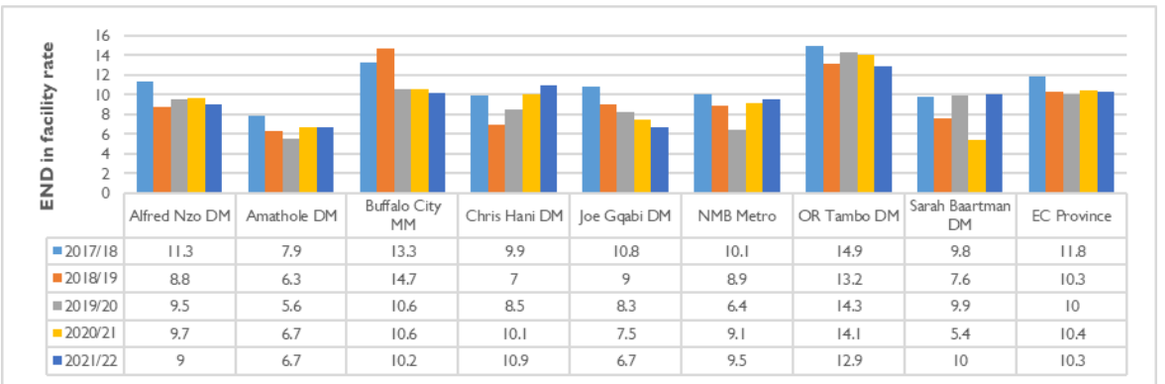
Deworming was showing an increase between 2017/18 and 2019/20 financial years. However, there was a sharp decline in the following year which may be associated with lockdown restrictions and fear of Covid-19 pandemic. OR Tambo is the most affected district with the early neonatal deaths rates followed by Buffalo City Metro. Similarly, the maternal mortality rate was reported as following the same pattern. The case fatality rate is higher on children under 5 years with severe acute malnutrition.

Fig. 10: Deworming dose 12-59 months' coverage, 2017/18 - 2021/22 (DHIS 2022)



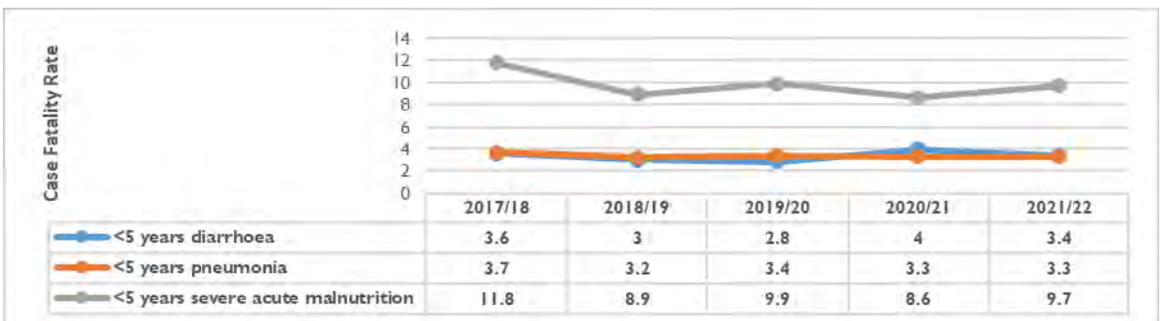
	Alfred Nzo DM	Amathole DM	Buffalo City MM	Chris Hani DM	Joe Gqabi DM	NMB Metro	OR Tambo DM	Sarah Baartman DM	EC Province
2017/18	46.1	71.9	65.1	63.1	54.1	58.1	46.4	54.5	55.6
2018/19	45.8	80.8	74.2	67.8	52.1	65.6	41.3	57.2	57.4
2019/20	53.4	77.6	73.7	76.9	55	67.2	47.4	62.4	61.3
2020/21	29.2	51.5	51.1	54.8	42	42.6	18.6	45.3	36.8
2021/22	51.7	72.1	61	63.9	61.4	48.6	51.7	55	56.4

Fig. 11: Early neonatal death in facility rate by district in the EC, 2017/18-2021/22 (DHIS 2022)



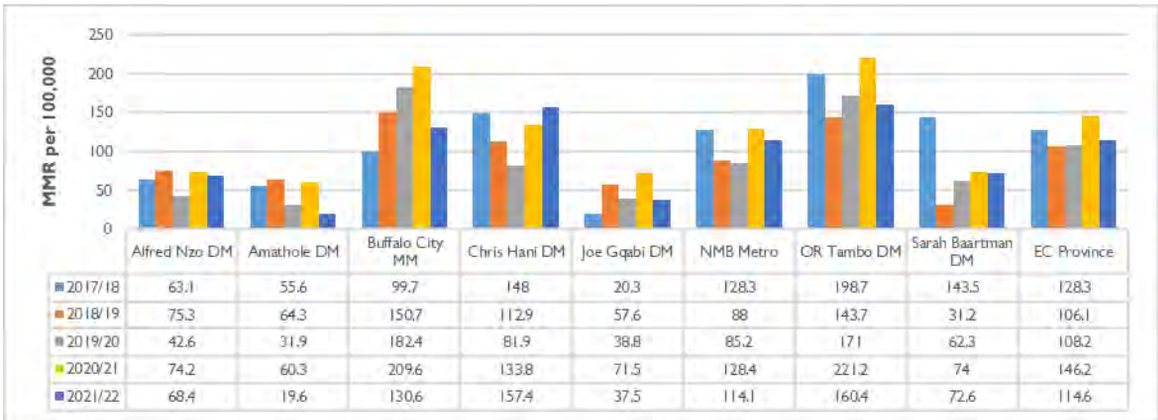
	Alfred Nzo DM	Amathole DM	Buffalo City MM	Chris Hani DM	Joe Gqabi DM	NMB Metro	OR Tambo DM	Sarah Baartman DM	EC Province
2017/18	11.3	7.9	13.3	9.9	10.8	10.1	14.9	9.8	11.8
2018/19	8.8	6.3	14.7	7	9	8.9	13.2	7.6	10.3
2019/20	9.5	5.6	10.6	8.5	8.3	6.4	14.3	9.9	10
2020/21	9.7	6.7	10.6	10.1	7.5	9.1	14.1	5.4	10.4
2021/22	9	6.7	10.2	10.9	6.7	9.5	12.9	10	10.3

Fig.12: Under 5-year child diarrhoea, pneumonia & severe acute malnutrition case fatality rate in the EC, 2017/18 - 2021/22



	2017/18	2018/19	2019/20	2020/21	2021/22
<5 years diarrhoea	3.6	3	2.8	4	3.4
<5 years pneumonia	3.7	3.2	3.4	3.3	3.3
<5 years severe acute malnutrition	11.8	8.9	9.9	8.6	9.7

Fig. 13: Maternal mortality in facility ratio by district in EC, 2017/18 - 2021/22 (DHIS 2022)



	Alfred Nzo DM	Amathole DM	Buffalo City MM	Chris Hani DM	Joe Gqabi DM	NMB Metro	OR Tambo DM	Sarah Baartman DM	EC Province
2017/18	63.1	55.6	99.7	148	20.3	128.3	198.7	143.5	128.3
2018/19	75.3	64.3	150.7	112.9	57.6	88	143.7	31.2	106.1
2019/20	42.6	31.9	182.4	81.9	38.8	85.2	171	62.3	108.2
2020/21	74.2	60.3	209.6	133.8	71.5	128.4	221.2	74	146.2
2021/22	68.4	19.6	130.6	157.4	37.5	114.1	160.4	72.6	114.6

Cancer

According to the National strategic plan on cancer, the most common cancers among men in South Africa currently are prostate cancer, Kaposi's sarcoma, lung cancer and colorectal cancer. The ranking of cancers below excludes non-melanoma skin cancer and cancers of unknown primary site.

The most common cancer in women in South Africa is breast cancer, however in the Eastern Cape, Cervical cancer is leading cancer among women (33.1%) followed by breast cancer (16.5%). Oesophageal cancer among women is still high at 11.2%. The cervical and breast cancer prevention and promotion policies were launched in August 2017. The cervical cancer screening coverage has declined in all the provinces in the past 2 financial years. This might be associated with emergence and response to Covid-19.

Fig. 14: Top most cancers in men in EC (SAMRC 2018)

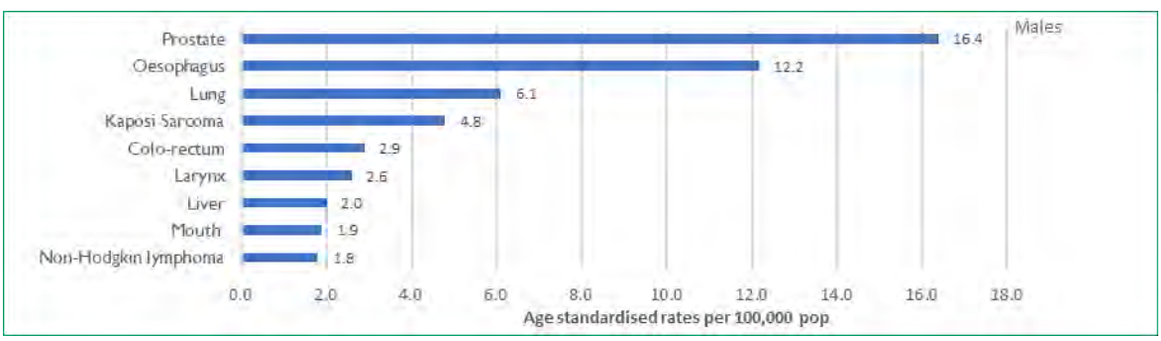
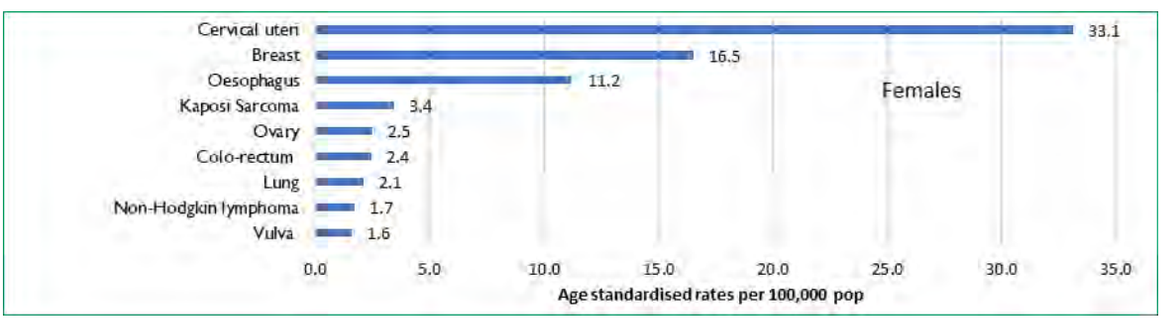


Fig. 15: Most common cancers in women in the Eastern Cape (MRC 2018)



2.1.4 Service Delivery Platform

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

Fig. 16: Municipal backlog in electricity service (Source: Stats SA)

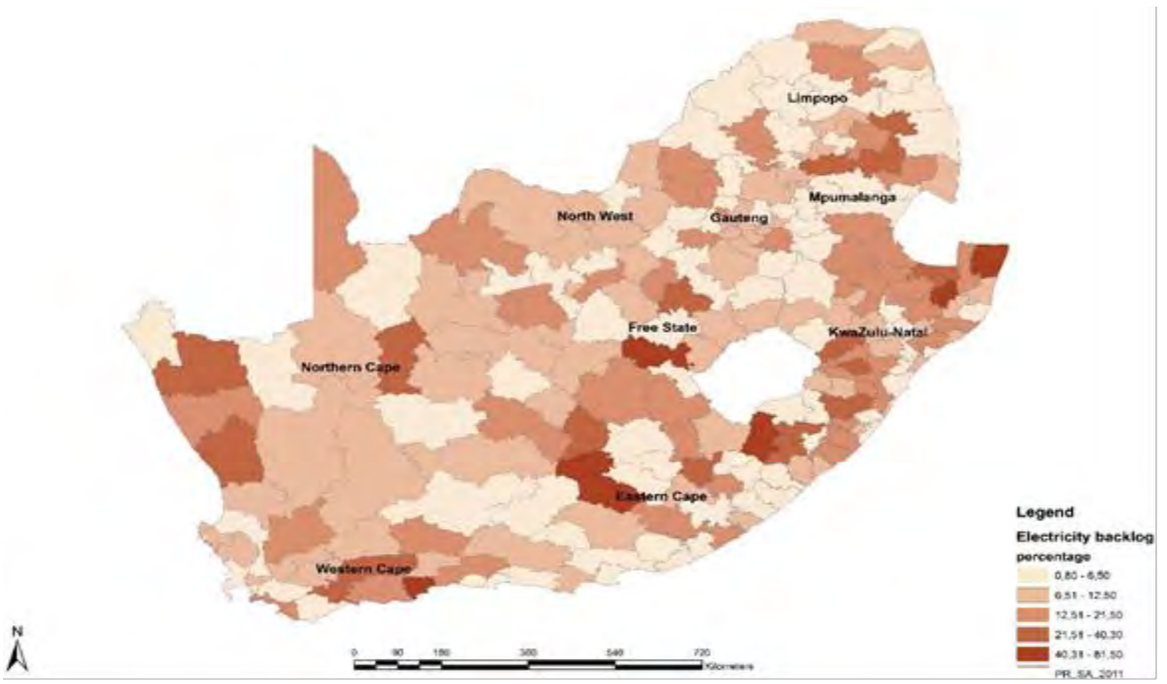
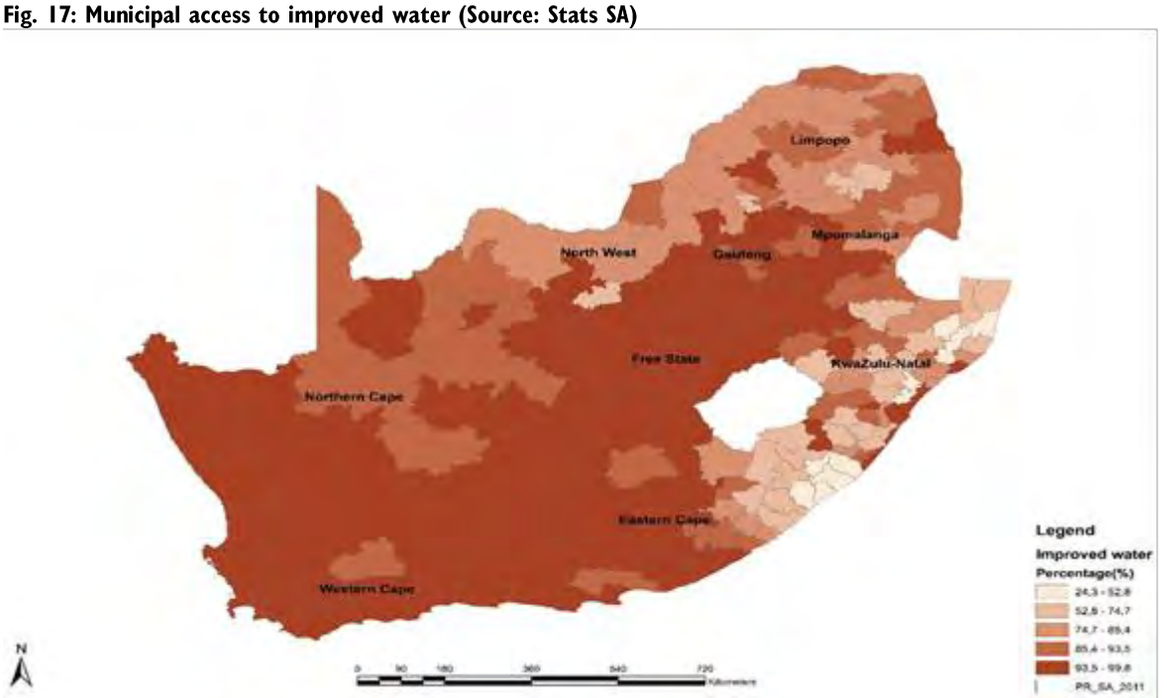


Fig. 17: Municipal access to improved water (Source: Stats SA)



District Health Services

The Eastern Cape Department of Health (ECDOH) provides comprehensive integrated health services that are based on the Primary Health Care (PHC) model, driven through the District Health System. Various programmes are implemented in order to meet the strategic goals of the Department through community-based outreach services, clinics, community health centres and hospitals. During the reporting period PHC supervision visit rate achieved increased to 65.8% (510) facilities), the performance marked 25% increase from the previous year.

The improved performance is attributed to the districts Covid-19 recovery efforts to catch-up with routine services due to reduction in Covid-19 infection rate. Fixed PHC facility supervisor coverage is at 70% provincially with the most affected district at 27% Alfred Nzo followed by Chris Hani district at 56.6%.

There are 775 PHC facilities across the province, which are made up of 734 Clinics and 41 Community Health Centres (CHCs) complemented by 152 non fixed facilities and 66 district hospitals. PHC facilities are the entry points to the health systems and provide PHC package relevant for each level; and are referral points for the community-based services. In 2021/22, in improving community engagement Clinic and CHC committees for all public health facilities were established and trained.

PHC Facilities Quality Improvement Initiative

The Ideal Clinic Realization and Maintenance (ICRM) programme purpose is to systematically improve the deficiencies in public Primary Health Care (PHC) facilities and improve the quality of healthcare provision. An Ideal Clinic (IC) is defined as a clinic with good infrastructure, adequate staff, adequate medicines and supplies, good administrative processes, and enough bulk supplies. For a facility to obtain an Ideal Clinic status, the facility must be attained 100% for elements weighted as non-negotiable vitals, at a minimum score of 80% for elements weighted as Vital, 70% for elements weighted as Essential, and 70% for elements weighted as Important.

All districts conducted status determination (Peer Review Update - PRUs) and PPTICRM Updates as the final annual assessments for 2021/22 according to set standard framework for the ICRM.
In total 40 PHC facilities obtained Ideal status out of 116 assessed.

Patient Experience of Care (PEC)

In improving the quality of health services and ensuring that Patient experience of care in fixed public health facilities improves facilities are required to conduct surveys on the Patient Experience of Care where a number of satisfied responses is calculated against the total number of responses. For the financial year under review (2021/22) the clinics managed to achieve 85.2% which translate to a total number of 476 161 satisfied responses, while with CHCs a patient satisfaction rate of 81.2% was achieved for the Province.

Improve leadership, management and governance

Leadership, management and governance was strengthened through compliance with the planning and monitoring framework achievement at 100%. Districts and Metros developed District Health Plans (DHPs) for the financial year 2022/23 aligned with the department national and provincial priorities.

District Quarterly Performance Reviews were successfully conducted by all districts and Metro to determine district performance for the previous quarter, analyse quality of services rendered and develop improvement plans in order to improve performance. The achievement was sustained from the previous quarter performance, which indicated improved leadership and governance in districts.

Provincial Health Council and Provincial Health Consultative Forum were held successfully as well as Provincial Advisory Committee meetings. Reconstitution of the Provincial Health Council was done successfully on the 22nd of March 2022. New District Health Council chairpersons were oriented on Health Service Delivery and health Governance Structure model implemented in the province.

Ward Based Primary Health Care Outreach Teams

In total there are six hundred and eighty-three (683) Ward-Based Primary Health Care Outreach Teams (WBPHCOTs). Three hundred and thirty-two (332) Enrolled Nurse leaders contracted to lead WBPHCOTs.

RPHC WBPHCOT PROGRAMME

The EC province comprises of seven hundred and six wards (706) There are three thousand eight hundred and sixty-two CHWs contracted as Old CHWS (3862) paid in Community Outreach Service) DHP conditional grant.

- During 2022/23 financial year the contract for five thousand four hundred (5 400) Covid-19 CHWs was terminated. There is additional one hundred & ninety-eight CHWs contracted.
- EDOH is comprised of three hundred & thirty-six (336) Outreach Team Leaders (OTLS) who are Enrolled Nurses for WBPHCOT program to assist in the implementation of the program. However, there is a challenge of high staff turnover due to the fact that ENs resign for permanent employment in hospitals so the numbers decrease now and then. There is still a shortfall of 482 teams without team leaders that are not fully functioning in the province.
- The WBPHCOT policy state that fully functioning team should be a team with OTL 6-10 CHWs supported by Environmental health practitioner and Health Promoter. The challenge is that there are teams without team leaders and teams without full complement of 6 to 10 CHWVS.
- According to the WBPHCOT policy each team is to cover 6 000 individuals or 1 500 households and there are wards in the province that requires more than one team with a population greater than 6 000.
- The wards with population less than 6 000 people should be combined and be served by one team depending on the terrain & the vastness.

Re-engineering of Primary Health Care (RPHC)

Re-engineering of PHC is the DOH strategy to take health services to the communities and closer to the people. The programme consists of Ward Based Primary Health Care Outreach Teams (WBPHCOTS), Integrated School Health Programme (ISHP) and Health Promoting (HP) activities in the communities.

RPHC is also embedded within the National Health Insurance (NHI) initiative which is aimed at increasing universal health coverage, improving the provision of maternal, children and women's health services in order to improve health outcomes.

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

RPHC has three streams namely:

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

Integrated School Health Services

To provide a comprehensive health services package to all grade R,1,4,8,10 and other grades including those who are repeating the grades in quintile 1-5 schools including special schools the department contracted 110 ISHP enrolled nurses,62 ISHP nurses and 20 HPV nurses from the HPV grant for 12 months from 1st of April 2021 to 31 March 2022. Through the collaboration with DOE the DOE hired the Mensana school health bus which covered three districts OR Tambo (Ngquza sub district), Joe Gqabi (Lundini sub district) and Sarah Baartman (Koura sub district) the bus provided all the package of services, namely, ENT, dentistry, ophthalmic services and PHC nurse so as to be able to attend to the learners holistically. During the period under review HPV in grade five girls and Deworming were given from grade R to grade 7 in all public schools and special schools.

Integrated School Health Programme (ISHP)

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

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

following programmes: Behavioural change programs targeting teenage girls and boys (YOLO, Tshomi and boy's champions for change) in schools.

District Clinical Specialist Teams (DCSTs)

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

- strengthen clinical governance at PHC level as well as in district hospitals;
- to ensure that treatment guidelines and protocols are available and are used;
- that essential medical equipment is available and that these are correctly used;
- that mortality review meetings are held, and are of good quality and
- that recommendations from these meetings are implemented;
- support and supervise and mentor clinicians; and
- Monitor health outcomes by ensuring collaboration, communication and reporting
- Conduct teaching and research activities
- Supporting health systems and logistics
- Improving the quality of clinical services by providing clinical training and monitoring and evaluation

DCST's in the province provided extensive training, mentoring, mini research on areas of Maternal and Child Health including BANC, ESMOE HBB, NSSM, Induction of newly qualified nurses and growth monitoring amongst others. Onsite mentoring and coaching are conducted during support visits. DCST programme is playing a crucial role in improving and building Primary Health Care systems and save the lives of South African mothers and children. DCSTs are strengthening Clinical governance which is the clinical leadership and accountability, including the organisation's culture, systems and working practices to ensure that quality assurance, quality improvement and patient safety are central components of all activities of the health care organisation.

Table A5 below shows distribution of specialists across districts & metros) Red – vacant post; Yellow – filled but on OHS & Green – filled post 2021/22.

DISTRICT	NO	PHC Nurse	Advanced Midwife	Paeds Nurse	Paediatrician	Obstetrician & Gynaecologist	Family Physician
Alfred Nzo	4	1	1	1	-	-	1
Amathole	5	1	1	1	-	1	1
BCM	4	1	1	1	1	-	-
Chris Hani	5	1	1	1	1	--	1
Joe Gqabi	1	-	-	-	-	-	1
NMM	2	OHS	-	1	1	-	-
O.R. Tambo	3	OHS	1	1	1	-	-
Sarah Baartman	5	1	1	1	-	1	1
Total	**29/48** **60%**	**5**	**6**	**7**	**4**	**2**	**5**

NB: OHS – Occupational Health and Safety. The two Primary Health Care specialists have been placed to the Provincial office due to work related illness. The Province has a gross shortage of Obstetrician and Gynaecologist, the worse affected district is Joe Gqabi. The Specialists are shared across districts to ensure access and coverage.

HEALTH PATIENT REGISTRATION SYSTEM (HPRS)

The Health Patient Registration System (HPRS) is a component of the National Health Insurance (NHI) Information Systems that supports the tracking of utilisation of services and linkage to electronic health records to create a register of patients. Standardised patient folder and filing system is the building block towards ideal health patient registration system in PHC facilities. HPRS provides key information on demographic and epidemiological data which is important for health sector planning, decision making and improved service delivery. The system makes it possible to track patients at all levels of care to improve quality and continuity of care. To implement the NHI successfully, the Department invested in capacity building, infrastructure and PHC stationery. By the end of quarter 4 2021-22 under review, **7 201 283** patients in the HPRS.

Table A6: Patient registration on HPRS in PHC facilities distributed by health districts

DISTRICT	Patients as at FY 2020_21	QRT 1 2021_22	QRT 2 2021_22	QRT 3 2021_22	QRT 4 2021_22	Total Patients
Alfred Nzo	935 899	9010	8 273	5 907	6 465	965 554
Amathole	1 068 819	19 289	16 313	15 216	14 354	1 133 991
BCM	723 902	15 223	12 966	10 944	7 649	770684
Chris Hani	793 870	16 274	15 226	13 075	9 261	847 706
Joe Gqabi	359 512	10 275	10 976	12 504	7 263	400 530
NMBM	782 507	17 445	16 513	13 794	5 954	836 213
OR Tambo	1 693 832	16 984	18 599	15 843	16 647	1 761 905
Sara Baartman	440 474	11 548	17 230	8 894	6 554	484 700
TOTAL	**6 798 815**	**116 048**	**116 096**	**96 177**	**74 147**	**7 201 283**

District Hospitals Services

The District hospitals are part of the District Health system, rendering services to the Eastern Cape communities in line with the District hospital service package. There are 66 district hospitals that provide district hospitals in the province of which one of them serves as a step down facility. The District hospitals play a crucial role within the District health system by providing level 1services. The district hospitals provide clinical leadership to the primary care facilities, and act as links between Primary health care(PHC) and other levels of care e.g. Regional, Tertiary and Specialised hospitals. There is a stipulated referral system in-between the facilities and the district hospitals play a pivotal role in determining the referral chain. At times district hospitals do render Primary Health care services in cases where there are patients bypassing or there is no alternative as there are communities without Community Health Centres.

The following are some of the range services rendered within the District hospital setting: -Medicine, Surgery, Children & Women's Health, Pharmaceutical, Obstetrics, Mental Health, Dietetics, Occupational Therapy, Physiotherapy, Social Work, Accident & Emergency, Out Patient & Inpatient, Eye Care and Dental. The service package is not uniform to all district hospital as they differ in size. The district hospitals render support to PHC facilities by conducting outreach services in trying to ease the influx of patients into the hospital system.

The services are rendered according to set norms and standards in consideration of the Ideal Hospital Framework. The standards are aligned with Regulated Norms and Standards for Health Establishments. The district hospital services are entrusted with the responsibility of ensuring that the governance structures in all levels of care are functional. The structures represent communities being served within the various communities.

The hospitals have been previously experiencing challenges of appointing in leadership position. Currently the department is continuously recruiting CEOs, Clinical Governance Heads, and Nursing managers in filling the vacant post for better functioning of the hospitals.

Provincial Hospitals

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

Regional Hospitals

The province provides a full package of general specialist services from the five regional hospitals namely, Dora Nginza, Cecilia Makiwane, Mthatha General, Frontier and St Elizabeth Regional Hospitals.

The appointment of human resources is important for improving the quality of patient care and reducing waiting times in hospitals. Several critical positions and in particular, those relating to scarce skills were filled during the period under review.

Cecilia Makiwane Hospital: An Anesthetist and Head Clinical Unit Ophthalmologist were appointed at Cecilia Makiwane and they both assumed duties. An Orthopedic Surgeon has also been appointed and will assume duties in the new financial year.

Frontier Hospital: Thuthuzela Crisis Centre proceedings commenced in November 2021, the coordinator appointed and nurses were allocated.

St Elizabeth Hospital: St Elizabeth hospital has been functioning below Regional hospital service package mainly due to shortage of staff and challenges associated with staff retention. During the period under review, 38 clinicians were appointed. The Oncology Unit is fully functional.

Dora Nginza Hospital: Renovated the neonatal and pediatric departments which were launched by the Minister of Health. A total of 65 new computers with WIFI capability were received to implement HMS2 system. Technicians and artisans were appointed on one-year contract.

Mthatha Regional Hospital: Critical specialists were appointed. Outreach services were formulated to support 3 local clinics. A perinatal solution system was installed.

TB Hospitals

There are 10 specialised TB hospitals in the province namely Jose Pearson, Nkqubela, Majorie Parish, PZ Mayer, Majorie Parks, Winterberg, Osmond, Khotsong, Empilweni and Themba Hospitals). These hospitals provide isolation during the intensive phase of treatment. The Department is continuing to implement and monitor the injection free regimen in all 14 functional MDR sites.

Psychiatric Hospitals

There are three psychiatric hospitals namely, Elizabeth Donkin, Komani and Tower Hospitals. In addition, three regional hospitals (Mthatha, Cecilia Makiwane, and Dora Nginza) have functional psychiatric units. These also provide a platform for training and research for health workers.

Tertiary and Central Hospital Services

Tertiary Hospitals

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

Livingstone Hospital

- Implementation plan for roll-out to other departments (Paediatrics and Obstetrics and Gynaecology) are currently underway.
- A “Complaints and Patient Safety Incidents” sub-committee was established that meet on a weekly basis to discuss all complaints received, identify root causes and develop improvement plans.
- All existing policies and SOPs are currently being reviewed as most of the SOPs were last reviewed in 2017/2018.
- Covid-19 SOPs have also been amended namely “pre-admission testing to theatre” and “amendment of staff testing policy” (see Annexure G).
- An extensive process inclusive of human resource management, HPTD grant funders, head of departments and the associative dean’s office ensued to identify all posts funded through HPTD and COE.
- Monthly audits to be conducted within clinical domains including re-establishment of mortality & morbidity audits.
- The establishment of an institutional Facebook page is currently underway; communication SOP being developed and strategies to explore improved communication are underway.
- Radiography & Dietetics Student training HPCSA re-accreditation process has commenced with NMU various department.
- Received 6 community service officers – Audiology, radiography, 2 Physio & Radiation oncology therapist
- Mobile X-ray machine purchased and delivered in PEPH site x-ray department.
  ECG machine purchased and assembled in PEPH site cardiac clinic.

Frere Hospital

- Several Clinical Support Services staff facilitated in-service training to refresh and enhance staff performance.
- Frere was able to attain a 94% medicine stock level and did not run out of any critical drugs.
- The new lift was received for maternity unit and was successfully commissioned. This will alleviate potential litigations, as it will improve movement of patients, Linen and other supplies to the Theatre and to all other areas.
- The shutter door in Oncology was fixed.
- The cupboard doors in In-Patients that had fallen off were also fixed.

Central Hospital

Nelson Mandela Academic Hospital (NMAH) is the only central hospital in the EC Province and the teaching hospital of the Walter Sisulu University Medical School. Multi-disciplinary team members including child and adolescence specialist, fertility and reproductive medicine specialist and neuro psyche specialist have been appointed to provide high quality health services. Child and adolescence psychiatric services have been established. An X-ray license has been received to install diagnostic radiology work stations for extended viewing of x-ray images. Cochlear implant rehabilitation school continues to offer services to both patients and their care givers as per requirements.

Forensic Pathology Services

Specialised forensic pathology services contributes to the improved quality of care through ensuring that all post mortem cases are finalised. Services are rendered from 17 forensic pathology facilities across the Province and visits and assessments for the purpose of planning upgrades and improvement are done by a provincial multi-disciplinary team. 9 facilities visits were conducted in the financial year under review.

The ECDOH had a total of 49 forensic pathology body loading vehicles achieving 93.8% in rural setting and 83.9% in urban setting. These vehicles are allocated per district.

In strengthening HR issues and training the following officials were trained in different disciplines that contribute to the improvement of forensic services:- Forty (40) officials in the Forensic Pathology Services across province have been trained in Infection Prevention and Control, Two (2) officials at Mthatha have been trained on labour Relations, WSP/ATR training was conducted by Human Resources and Development on 19 officials of the Skills Development committees from all four regions of Forensic Pathology Services in the Eastern Cape Province.

The department managed to conduct more than it had targeted post – mortems within 72 hours at 97.7%.

Pharmaceutical Services

Coordination of the full spectrum of the Pharmaceutical Management Framework including drug selection, supply, distribution, and utilization. Pharmaceutical standards development and monitoring for health facilities and the two medical depots are coordinated under this programme. The depots drive medicine availability within the province for all health programmes. During this reporting period the depots have been able to achieve 76.1% of essential medicine availability.

There is also the CCMDD programme which forms part of the department's flagship programmes and it continues to be the departmental strategy to reduce patient numbers at health facilities. The programme achieved a steady increase of clients throughout the year while retaining the old clients on the programme. The increase in the number of patients from quarter 1 to quarter 4 was 22 687. During this reporting period, the CCMDD programme continued to expand to reach more clients in more wards around the province. There were 283 525 active patients who collected their medicines packs through the CCMDD programme.

The department has systems for monitoring medicine availability. The system uses a mobile phone-based stock visibility Stock Visibility Solution (SVS) and a desktop application RxSolution. These systems strengthen inventory management within health facilities. These can report stock levels for ARVs, TB medication and vaccines.

Personal Protective equipment (PPE), COVID-19 vaccines and medicines used in managing COVID-19 patients were also added to the list of items tracked using Stock Visibility Solution (SVS)

Key Human Resource Personnel

Table A7: Employment and vacancies by critical occupations as on 31 March 2022

Category	Employ 03/2019	Appointments 2019/20	Terminations 2019/20	Employ 03/2020	Appointments 2020/21	Terminations 2020/21	Employ 03/2021	Appointments 2021/22	Terminations 2021/22
Medical Officers	491	480	47	458	334	404	875	959	764
Medical Specialist	45	50	8	50	37	61	55	53	42
Dentist(Practitioner, technicians and therapy)	19	17	3	17	4	10	39	34	38
Dieticians and nutritionists	22	15	6	11	9	7	36	22	26
Prof Nurses	1136	1244	325	1244	1372	2345	1528	2319	2075
Nursing Assistant	466	333	100	333	1438	2077	1012	2297	2255
Enrolled Nurse	541	611	56	611	1485	2215	1099	2020	1615
Auxiliary and related workers	0	0	24	0	0	0	40	36	69
Pharmaceutical asst	173	222	33	202	121	230	24	50	17
Pharmacist	59	40	7	40	11	14	17	31	24
Physiotherapists	24	34	6	34	2	12	60	63	55
Emergency medical staff	19	3	55	3	136	176	22	126	183
Occupational Therapists	18	36	7	36	7	20	75	57	65
Radiographers	39	49	25	49	18	23	66	51	63
Grand Total	**3052**	**3134**	**702**	**3088**	**4974**	**7594**	**4 948**	**8 118**	**7 291**

Service Delivery Outputs updated

The trends in key provincial service delivery outputs are shown in Table A8 below.

Table A8: Key provincial service volumes, 2017/18-2021/22

INDICATOR	2017/18	2018/19	2019/20	2020/21	2021/22
PHC headcount – Total	16 418 041	16 605 569	16 422 870	12 950 671	13 692 661
PHC headcount under 5 years	2 541 609	2 544 587	2 524 151	1 868 758	2 070 631
OPD Headcount - Total (all hospitals)	2 493 928	2 801 255	3 192 433	1 899 292	2 867 546
Deliveries in facility	100 759	104 827	107 065	107 469	108 975
Total births in facility	102 813	106 597	107 079	112 146	110 833
Hospital separations – Total	576 383	486 013	477 101	392 169	422 163
Patient Day Equivalent in district hospitals	1 888 480	1 199 660	1 715 093	1 224 675,6	1 576 417
*Patient Day Equivalent in provincial hospitals	702 512	726 713	779 446.60	543 411,3	695 292
Patient Day Equivalent in specialized TB hospitals	344 814	240 474	217 166.80	118 932,7	117 880
Patient Day Equivalent in specialized Psych hospitals	383 211	331 357	328 155	375 117,7	284 225
BUR (% - District hospitals)	54.7	55%	54.4%	42.2%	46%
BUR (%) Provincial Hospitals	77%	71%	73%	60.4%	68.3%
BUR (%) in specialized TB hospitals	50.1%	45%	41%	24.8%	25.5%
BUR (%) in specialized Psych hospitals	89.6%	90%	89%	79.1%	21.9%
Average length of stay (District hospitals)	4.9 days	4.7 days	4.6 days	4.4 days	4.5 days
Average length of stay (Provincial Hospitals)	6 days	5.8 days	5.8 days	5.7 days	5.8 days
Average length of stay (Specialized TB hospitals)	77 days	72.9 days	68 days	45.1 days	41 days
Average length of stay (Specialized Psych hospitals)	149.4 days	190.1 days	230 days	305.8 days	286.2 days
Expenditure per day Equivalent (Rand) - District hospitals)	R2 241	R2 680.2	R3 168.16	R4 849	R3 288.8
Expenditure per day Equivalent (Rand) - Provincial Hospitals	R3 303	R3 282.6	R3 759	R3 738.80	R3 921
Expenditure per day Equivalent (Rand) - specialized TB hospitals	R1 626	R1 707.6	R1 952.80	R3 832.90	R3 887.5
Expenditure per day Equivalent (Rand) - Specialized Psych hospitals	R1 815	R2 993	R1 238	R1 4347	R1 429
Immunisation coverage	67.3%	71.9%	76%	83.4%	88.7%
Total clients remaining on ART at end of the month	452 072	493 879	531 135	526 288	567 839
Total clients started on ART– naïve	82 811	73 339	31 392	50 059	50 541

*Hospital de-complexing effect

2.1.5. Problems encountered in Service Delivery and Corrective Measures Taken

Medico-legal

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

Eastern Region (OR Tambo and Alfred Nzo Districts) has the highest litigation cases in the Province due to various reasons, which amongst other includes maternity related challenges, orthopaedic and other clinical challenges. These are also exacerbated by poor staffing, inadequate skills, other social determinants of health, e.g. poor road infrastructure thus affecting response by the EMS teams in certain areas, employment status, access to health care, Funds that are utilised in the payment of these claims deprive the Department of its ability to procure necessary materials, commodities and equipment's, and other clinical essential that contribute to the delivery of quality healthcare in the Province.

Whilst the department is faced with these challenges, it needs to be mentioned that, poor records is another challenge, which affects not only smooth running and accountability for operations, but affects the quality of defence when cases are presented in court. This challenge is also due to poor staffing at records management units and lack of focus on patient records management as a function separate from patient administration.

In the year under review the department did focusing on the implementation of the Integrated Medico Legal Strategy, ensuring interventions focusing on administrative, clinical and defence capacities are put in place. This is also complemented by support from both Office of the Premier and the Provincial Treasury.

The Department of Health is implementing the following strategies to address medico legal cases:

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

Access

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

The Department of Health is addressing access to hard to reach areas through community-based outreach services (Thuma Mina). The Ward-based Primary Health Care Outreach Teams (WBPHCOTs) access households to provide Home-Based Care. The Central Chronic Medicines Dispensing and Distribution (CCMDD) intervention has assisted with decongesting the health facilities and improved medicines compliance. Through Inter-Governmental Relations (IGR) structures, the Department works collaboratively with government clusters, municipalities, State Owned Enterprises to address social determinants of health (water & sanitation, infrastructure like roads, human settlements etc.).

Industrial Action by Nurses

The demand of payment of Occupational Specific Dispensation (OSD) by Assistant and Enrolled nurses throughout the province has disrupted provision of nursing care to patients. The Nurses claimed that OSD is a requirement for them as they work in rural areas like professional nurses and other categories of health workers.

The National Department of Health Director-General issued a circular advising departments not to commit the whole government into expenditure which was not budgeted for. OSD needs to be discussed at the bargaining council not departmental level.

Emergency Medical Services (EMS) labour unrest

The Department has experienced instability in the provision of Emergency Medical Services due to disruptive labour unrest at Amathole District and Buffalo City Metropolitan Municipality. The Department has consistently conducted intensive engagements with affected unions to find solutions to the matters in dispute which include delays in overtime payment.

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

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

Network connectivity and copper cable theft have been reported in various parts of the province which makes it difficult for the communities to access emergency medical services. The department continues to engage with telephony service providers to improve network connectivity and also assist with diversion of calls to a stable phone line elsewhere in the province as may be required.

Missing Patients

The department is challenged by the missing TB patients, that is undiagnosed and diagnosed who interrupted treatment. The missing patients contribute to the spread of TB, and may also worsen their conditions and even die, although TB is curable. The missing TB patients might also develop resistant strain, especially those who started and interrupted treatment before completing the treatment course. The department regard this as crucial, and therefore takes finding the missing as vital to control TB spread.

To address the challenge of missing TB patients, the department is in the verge to find the missing patients. Together with the developmental partners, the department is intensifying TB screening amongst the people who visit the health facilities. It aims at screening at least 90% of the facility headcount. The rationale is to find the symptomatic people and have them investigated and put on treatment if TB is confirmed and be monitored until they finish their treatment. The screening is also done in communities through outreach services. The department in partnership with Aquity Innovation is also conducting x-ray screening to find the missing TB patients. Additionally, the diagnosis has been improved, as the department implemented testing TB in urine through use of LAM test, which facilitate initiation of TB treatment. However, LAM test is conducted in patients meeting the criteria. It was initially done in hospitals, but now has been extended to Community Health Centres.

Disease Burden

Generally, the disease burden remains high, and service platform is overburdened due to ever increasing unemployment rate and the impact of social determinants of health that the Department has no control over. Efforts to decrease the burden of disease were affected by the emergence of Covid-19 pandemic.

During the period the president of the Republic of South Africa declared a state of disaster, state resources which meant for other interventions including IGR collaboration had to be repurposed to respond to the pandemic including mass vaccination programme.

2.1.6. External Factors that Impacted on Service Delivery

Donor Support

There are various Donor funded NGOs supporting the province on various program areas. The Partners mainly support initiatives to strengthen management of TB and HIV. Main funding Agencies PEPFAR (CDC and USAID) that are supporting Amathole, Chris Hani and OR Tambo through TB/HIV Care and BCM and Alfred Nzo through MatCH. Global fund for TB program is channelled through Aquity Innovation in OR Tambo and BCM. USAID support for TB in NMBM, Sarah Baartman and Joe Gqabi is channelled through MatCH. The developmental partners (NGOs) that greatly assisted in the implementation of the strategies health programmes have experience dwindling donor support in the recent years. The reduced financial support for NGOs has resulted to few districts supported. However, the few NGOs operating in the province have contributed significantly in the improvement of the programme indicators, employed support staff like data captures, professional nurses, technical advisers etc.

Training of Cuban Doctors

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

Population and Migration Issues

The Department continues to be affected by instabilities in Migration and Population dynamics that are not static in nature. The majority of the provincial citizens are low skilled citizens who had less prospects of getting employment and the elderly. The province has most of its population depending on public health care and the majority of those who can afford is elsewhere. The potential under-estimation of population due to unregistered citizens also has a bearing on healthcare service delivery.

2.2. Service Delivery Improvement Plan

Table A9: Main services and standards

Main services	Beneficiaries	Current/actual standard of service	Desired standard of service	Actual achievement
Maternal Health	Women of childbearing age and their families	Compliance with maternal guidelines by early booking at health facility before 20 weeks rate.	65%	65% achievement of Antenatal 1st visit before 20 weeks at public health facilities.
Child Health	Neonates Children under 5 years of age and families	New-born toolkit – All clinics shall have at least one registered nurse to provide midwifery services	100%	100%

Table A10: Batho Pele arrangements with beneficiaries (Consultation access etc.)

Current/Actual Information Tools	Desired Information Tools	Actual Achievements
Consultation	Health forums per district	District health forums in all six districts and two metros, conducted Quarterly Performance Reviews, to determine district performance for the previous quarter, analyse quality of services rendered and developed improvement plans to ensure continuous improvement.
	Provincial Health Council (PHC) meeting – Bi annual.	• Provincial Health Council meetings were held successful on the 20th August 2021 and on the 22nd March 2022 both Chaired by the Honourable MEC. • The new Provincial Health Council was successfully reconstituted by the Honourable MEC following the Local Government (LG) elections and orientation of the chairpersons of the District Health Councils on Health Service Delivery model as well as the health Governance Structures model implemented in the province.
	Provincial Health Consultative Forum (PHCF) – annual	Provincial Health Consultative Forum was held successfully on the 22nd of March 2022 following PHC, with members of the Provincial Health Council in attendance.
	Less than 90% of facilities conducting survey on patient experience of care	85% of facilities conducted surveys on patient experience of care due to high demands for staff because of the COVID-19 Pandemic.
Access	Clear visible signage within the hospitals	All facilities have clear visible signage within the facilities.
	Maintain birthing units in all Regional Hospitals.	Frere and Dora Nginza has onsite midwifery birthing units. Mthatha and Cecilia Makiwane Regional hospitals not yet opened due to staff demands for COVID-19 .
	70% rural Priority Calls are responded to within 60 minutes.	The planned target of 65% was achieved at 65,8%.
	55% of urban Priority Calls are responded to within 45 minutes	The planned target was 50%, only achieved to 48,2%.
	Essential medicine stock out rate at depts. <5%	During this reporting period the depots have been able to achieve 76.1% of essential medicine availability. This was short of the 80% annual target because a few other products such as injectable family planning products were in short supply, though available. This was exacerbated by the departments inability to pay medical suppliers timeously due to fiscal constraints. Certain suppliers e.g. Barrs, Resmed, Unimed, Biotech, Aspen and Sanofi suspended the department's account and would not supply any medicines until payments were made. Additionally, the department has embarked on a plan to achieve efficient procurement and payment of medicines through the introduction of a

Current/Actual Information Tools	Desired Information Tools	Actual Achievements
		Provincial Medicine Procurement Unit (PMPU).
	Service waiting time not longer than 3 hours in prioritized hospitals.	Service waiting time of no longer than 3 hours in has been maintained.
	Installation of electronic patient registration in 26 prioritized hospitals.	Frere, Empilweni, Orsmond and Elizabeth Donkini Hospitals is implementing the electronic system due to fiscal constraints. The department will roll out the project to more facilities in the next financial year.
	26 hospitals have access-restriction/ control for Archives/ Records Management.	26 hospitals have access-restriction/ control for Archives/ Records Management.

Current/Actual Information Tools	Desired Information Tools	Actual Achievements
Redress	85% complaints resolution Rate.	96% complaints resolution within 25 days' rate achieved.
	80% patient experience of care satisfaction rate.	85% patient experience of care satisfaction rate achieved.
	60% compliance with reporting on complaints management	75% compliance reporting achieved, this attributed to capacity building at health establishments.
	26 prioritized hospitals have fully functional complaints, suggestion and complements boxes.	26 prioritized hospitals have fully functional complaints, suggestion and complements boxes.
	Complaints procedure is displayed in all 26 prioritized hospitals.	Complaints procedure is displayed in all 26 prioritized hospitals.
Value for Money	60% of health professionals trained on ESMOE, Management of Small and Sick Neonates, ETAT, Helping Babies Breath, and Hypoxia.	176 Professional Nurses were trained on ESMOE, Management of Small and Sick Neonates, ETAT, Helping Babies Breath, and Hypoxia.
	All 26 prioritized facilities have appropriate functional medical equipment.	All prioritized facilities have appropriate functional medical equipment.
Courtesy	Comfort in the waiting areas prioritized in all District Hospitals including prioritized hospitals.	Patients are prioritized by accessing files easily at administration. Patients are directed according to specific departments & kept updated when there is a delay.
	Reception areas in the hospital are clearly demarcated in all prioritized hospitals	Reception areas in the hospital are clearly demarcated in all prioritized hospitals.
	Privacy to patient information is ensured in all prioritized facilities	Privacy to patient information is in secured demarcated areas. Access to records areas is limited to staff allowed to operate in the areas.
	70 Emergency Services Personnel trained on Customer Care (Trainer of trainers)	Training of EMS Personnel postponed to next financial Year because of the Pandemic.

Table A11: Service delivery information tool

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

Table A12: Complaints mechanism

Current/Actual Complaints Mechanism	Desired Complaints Mechanism	Actual Achievements
Complaints are received from various sources namely Office of the Premier, Office of the MEC, Office of the Head of Department, 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 level are Categorized in order to identify the most important system failures. Once a significant system failure has been identified the root cause is rectified through development and implementation of quality improvement plans.	85% Resolution of complaints within 25 days	96% of complaints resolved within the 25 days' rate. 76% of facilities are complaint with National Reporting System on Complaints Compliments and Suggestions as well as legislated frameworks. All complaints received were categorised according to the categories as set out in complaints management framework. System failures identified were addressed through implementation of quality improvement plans at the health facilities. Health Facilities were trained on creation user log in details to improve access to the web-based complaints management system, Subsequent to this, the Quality Assurance developed a Circular on creation of User Access by the Province to Access Ideal Health Facility Web – Based Information System. Circular 31/2021 gives guidance to users on how to fill in the form and sign it using a digital ID as well as establish a line of communication for submitting the user account request forms. A new complaints App was launched to expand the platform for lodging complaints by health service users.

2.3. Organisational Environment

The Department of Health in the 2nd quarter of the financial year (2021/22) appointed the new Head of Department (Dr. Rolene Wagner) with effect from August 2021. The Department has more health facilities compared to other provinces. The Department has prioritized a process of service optimization to align its service delivery architecture with service design and human resources for health. The service optimization seeks to factor fiscal consolidation of government at the same time rationalize service to realize effectiveness and efficiency in delivering quality health to meet the objectives of Universal Health Coverage. The process of service optimisation is at various levels of consultation whilst the Human Resource for Health (HRH) strategy is at the 1st draft level.

The Department is making great strides in mitigating the negative impact of medico-legal claims against the Department by the litigants. The Department, Provincial Treasury and Office of the Premier has launched three prong approach in mitigating the negative impact of medico-litigation claims into Departmental finances. The three prong approach is focusing on three critical areas explained in detail in the HOD overview above:

- Clinical management of clients - Health,
- Administrative interventions – Provincial Treasury,
- Legal services – Office of the Premier.

The Department has managed to reduce the Rand Value in terms of payments to the litigants. In the previous financial year has paid more than R920 million to litigants, in the 2021/22 the Department has managed to pay R44 million based on the three pronged approach.

Employee Wellness Programme

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

The core services delivered include: -

- Case Management and counselling.
- Debriefing sessions were conducted.
- Prevention and Education: basic health risk assessments; HIV/ TB and COVID-19 counselling and testing; Fitness and Healthy Lifestyle promotions; Health calendar events; Life Skills (including Financial Wellness); presentations/workshops and distribution of health and wellness material on various wellness topics.
- Supervisor and Shop Steward training and advisory support sessions reaching a wide number of participants.
- EW Programme Promotion –sessions were done.

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

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

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

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

The Employee Wellness Programme continues to be dependent on internal and external partners to deliver employee services.

Employee Relations

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

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

Communication channels between the parties have been kept open and functional consultative forums at both local and provincial levels are well maintained. The collective bargaining environment improved as the parties in the PHSDSBC Chamber met regularly and all social partners were actively participating. Draft Guidelines on Institutional Consultative Committees (ICCs)have been developed to, inter alia, enhance the communication between Management and Organised Labour, promote effective communication employees in the workplace and create and maintain a conducive working environment.

Employee Wellness Programme

Psychoeducation – combination of information/ stress management & debriefing - continues to be conducted. Supervisory support has been provided to vulnerable employees, general management of COVID-19 related incidents.

The Department appointed OHS Compliance Officers in all Health Districts, Regional, Tertiary and Central Hospitals and ensured the establishment of Occupational Health and Safety OHS committees in the facilities. OHS Committees have been established.

Organisational Development

The Department's Organisational macro structure, approved in March 2018, is aligned with the revised Service Delivery Model, which has its emphasis on the Primary Health Care (PHC) approach. To ensure that the Department has an organizational structure is fit for purpose and also displays functional alignment between Micro-Macro Structure an Organogram Steering Committee was established to conduct Physical Site verification visits at Districts and Institutions on identified Unique Parameters. The aim of the visits was also to determine opportunities within the system for maximising

efficiencies in relation to HR Provisioning & Service Delivery Platform, at the same time with no negative impact to the Patient Quality of Care. Analysis and consolidation of the inputs culminated to the development of final draft (proposed) structures. Based on the draft proposed organisational structures, the Department engaged on streamlining proposals and cost reduction measures. To this effect there has been deliberations with key stakeholders i.e. Social Partners and Leadership of the Department around final inputs on proposed organogram streamlining with the aim to align their Post Establishment to the funding envelop of the Department over the MTEF period. As the Department is finalising organogram realignment, this process has incorporated rationalisation and service optimisation interventions. The interventions incorporate lessons learnt from response to the COVID-19 pandemic especially in relation to the use of the hub & spoke method to ensuring adequate resourcing of targeted facilities (hubs) in order to support surrounding facilities (spokes).

Physical Headcount, exercise which is a critical change management process central to the implementation of the organogram, has been piloted successfully.

2.4. Key policy developments and legislative changes

The Cabinet adopted the National Policy Development Framework which seeks to entrench good public policy- making practices in South Africa by setting out clear principles for effective policy development and implementation. The Department is currently reviewing its policy framework to align to the National framework.

The Department of health continues to fight the global Coronavirus pandemic that engulfed the universe and caused disruptions in people`s lives and put the economies of the world into their knees. The Disaster Management Act (No. 57 of 2002) section 27 was invoked, as a result of invoking Disaster Management Act (No. 57 of 2002), other policies and legislations were amended or adjusted to comply with provisions of Disaster Management Act (No.57 of 2002). Due to the virulence of the Coronavirus Infection Prevention and Control guidelines were introduced to curb further spread of infections amongst communities and health professionals in public and private facilities. Personal Protective Equipment (PPE) specifications suitable to prevent cross infection by Coronavirus to Departmental staff and the public at large.

In the year 2021, a national Covid-19vaccine roll-out commenced with both the Comirnaty (Pfizer-BioNTech) vaccine and COVID-19 Vaccine Janssen. Policies on Covid-19vaccination and reports of adverse events following immunisation (AEFIs) associated with COVID-19 vaccine administration were developed. In the case of vaccines, side effects or adverse events that occur after vaccine administration are known as AEFIs. However, the benefits of COVID-19 vaccination outweigh the risks. COVID-19 vaccines have proven to prevent severe form of disease, hospitalisation and death.

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

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

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

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

1) Management of Patient with confirmed COVID-19 – adapted from National Institute for Communicable Disease (NICD) Guidelines: Version 4 of 18 May 2020 – NDOH draft for Public Sector facilities in-service training needs.
2) Measures to prevent and combat the spread of corona virus in Health.
3) National Plan for Covid–19 Health Response.
4) National Covid–19 Guideline for Targeted Testing and Active Surveillance of cases and contacts.
5) Compensation of occupationally – acquired Covid–19 diseases.
6) Guideline on HIV, TB, Malaria and Community outreach grant-Covid–19 components
7) PSCBC – Resolution 1 of 2020 – Annual Leave Amendment

8) Case – Finding, Diagnosis, Management and Public Health Response
9) Clinical Management of suspected or confirmed Covid–19 Disease.
10) Containment and management of Covid–19 for schools
11) Outbreak Response and Investigation in Health Care Facilities
12) Infection prevention and control guidelines
13) Medical certification of deaths due to Covid–19
14) Personal Protective Equipment Specifications
15) Submission of Covid–19 Related Health Data from workplace
16) Environmental Health Guideline
17) Symptoms Monitoring and Management of essential workers for Covid–19 related infections.

3. PROGRESS TOWARDS ACHIEVEMENT OF INSTITUTIONAL IMPACTS AND OUTCOMES

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

Strategic Plan Outcome

Maternal, Neonatal, Infant and Child Mortality reduced

Impact

- Increased Life Expectancy
- Reduced Mortality

Progress

- Conducted Mentorship workshop on Sexual reproductive health and rights focusing on the new training package.
- Termination of Pregnancy (TOP) workshops were conducted.
- Eastern Cape Department of Health in partnership with TB/HIV Care and UNFPA started a process of implementing the Nzululwazi model to reduce the teenage pregnancy.
- Passionate Unlimited Peers in Action (PUPA) conducted a fact finding research on the issues of antenatal care visit.
- Induction on Maternal Care was conducted for 30 new Community Service and Post Community Service Doctors and 15 Professional Nurses.
- Conducted maternal death audits to improve clinical work at maternity sections.
- Conducted training on Essential Steps for Management of Obstetric Emergencies (ESMOE).
- Improved Vitamin A coverage 63.7%
- Implemented child under 5 nutrition supplementation coverage with achievement of 7.3/1 000.
- Improved Maternal mortality in facility ratio 114.6/100 000
- Death under 5 years against live birth rate at 2% (Target =2%)

Medium-Term Strategic Framework

Increase Life Expectancy, improve Health and Prevent Disease

Strategic Plan Outcome

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

Impact

- Increased Life Expectancy
- Reduced Mortality

Progress

- Integration of vaccine to routine health services, starting with the high volume facilities that have proper storage for vaccines.
- Risk communication and community engagement (RCCE) for Covid-19: Engagements with local municipality to increase risk communication and protection.
- All the districts are currently rolling –out Covid-19 booster doses in congregate settings.
- Covid-19 positivity rate at 17% (Target = 20%).
- Case Fatality Rate for covid-19 performed at 4.2 per 100k (Target = 5 per 100k).
- HIV testing done to 1 701 524 clients.
- Initiated 50 541 New clients on ART.
- Distributed 45 839 588 male condoms.
- Adult – viral load suppressed – 88.5%.
- TB/HIV co-infected clients started on ART- 92.6%.
- TB investigation done 5 years and older rate – 95.5%.

- DS - TB treatment start 5 years and older rate – 92.7%.
- TB XDR treatment initiation rate – 100%.
- Conducted Paediatric and Adolescent ART Matrix of Intervention Orientation Workshop.

Medium-Term Strategic Framework

Increase Life Expectancy, improve Health and Prevent Disease

Strategic Plan Outcome

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

Impact

- Improved health of the total population.

Progress

- There are six hundred and eighty-three (683) active Ward-Based Primary Health Care Outreach Teams.
- There are Three hundred and thirty-two (332) Enrolled Nurse leaders contracted to lead WBPHCOTs.
- There 283 525 people registered on Dispensing & Distribution (CCMDD) system.
- District Clinical Specialist Teams (DCSTs) addressing maternal & child mortalities in all districts & metros.

Medium-Term Strategic Framework

Goal 2: Achieve UHC by Implementing NHI.

Strategic Plan Outcome

Morbidity and Premature mortality due to non-Communicable diseases

Impact

- Increased Life Expectancy
- Reduced Mortality

Progress

- Provincial Legislature has partnered with the Muslim World League and Department of Health to increase cataract surgeries conducted in the province.
- Integrated NCDs into COVID-19 guidelines to improve compliance.
- Diabetes new client 18 years and older detection rate at 0.9%
- Hypertension new client 18 years and older detection rate at 1%
- Diabetes new client 18 years and older detection rate at 0.9%
- Mental disorders treatment rate new at 0.07%
- Improved Cataract surgery rate to 231.1/1 000 000.

Strategic Plan Outcome

- Quality of health services in public health facilities improved

Impact

- Quality of Health Services Improved

Progress

- Fixed PHC Facilities Supervised at 65.8%
- Ideal clinic status obtained rate at 5.3%
- Patient experience of care satisfaction rate at 85.2%
- Ideal CHC status obtained rate at 7.3%
- Percentage of district Hospitals with functional hospital boards at 55%
- Improved EMS P1 rural response under 60 minutes' rate at 65.8 (Target=65.8%)
- Holistic Human Resources for Health (HRH) strategy at draft phase this financial year.
- Number of Major renovations or upgrades completed facilities are four (4).

Medium-Term Strategic Framework

- Provide leadership and enhance governance in the health sector for improved quality of care

Strategic Plan Outcome

- Improved financial management

Impact

- Quality of Health Services Improved

Progress

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

Strategic Plan Outcome

Reduced causes of medical legal claims in facilities by 80%

Impact

- Reduced Medico-Legal cases.

Progress

The Department of Health is implementing the following strategies to address medico legal cases:

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

Medium-Term Strategic Framework

Provide leadership and enhance governance in the health sector for improved quality of care.

Strategic Plan Outcome

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

Impact

- Quality of Health Services Improved

Progress

- Eight (8) Districts with Quality Improvement, Monitoring and Response Forums formalized and convened quarterly

Strategic Plan Outcome

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

Impact

- Quality of Health Services Improved

Progress

- Percentage of Clinics facilities with functional clinic committees at 30%
- Percentage of CHC facilities with functional CHC committees at 44%
- Percentage of regional Hospitals with functional hospital boards at 60%
- Percentage of TB Hospitals with functional hospital boards at 80%
- Percentage of Psychiatric Hospitals with functional hospital boards at 66.6%
- Ideal Hospitals status for Central hospital obtained rate at 100%
- Percentage of Tertiary Hospitals with functional hospital boards at 50%

4. INSTITUTIONAL PROGRAMME PERFORMANCE INFORMATION

METHODOLOGICAL CONSIDERATIONS

Data flow processes: District Health Management Information System (DHMIS) policy stipulates time lag of 45 days for data processes from the facility level to the national Department of Health (DOH). At the time of the quarterly report compilation, data for the third month is usually not ready and signed off by the Head of Department.

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

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

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

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



PROGRAMME 1

HEALTH ADMINISTRATION AND MANAGEMENT

4.1. PROGRAMME 1: HEALTH ADMINISRATION AND MANAGEMENT

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

1.1 SUB-PROGRAMME: Health Administration - Office of the MEC

Sub - programme purpose

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

Institutional outcomes

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

PROGRESS AND ACHIEVEMENTS

- 01 April 2021 – Attended EMS readiness on Easter Weekend at Kei Bridge.
- 06 April 2021 – MEC's oversight visit at Mbekweni Clinic in OR Tambo.
- 07 April 2021 - Attended TB Day Commemoration at Ntabankulu Multipurpose Centre.
- 08 April 2021 – MEC's oversight visit to Isilimela Hospital in Port St. Johns
- 14 April 2021 - MEC's oversight visit to New Brighton Clinic at Gqeberha.
- 15 April 2021 – MEC's oversight visit to Empilweni TB Hospital at Gqeberha.
- 15 April 2021 – National Minister and MEC's oversight visit to Dora Ngiza Hospital.
- 20 April 2021 – Deputy Minister's visit: Early Birth registration in Mthatha and Lusikisiki.
- 30 April 2021 – MEC approved Interim Governance Structure to serve in various facilities whilst the establishment process for new governance structures was underway.
- 05 May 2021 – MEC's oversight visit to Frere Hospital.
- 12 May 2021 – Attended Nurses day at St. Barnabas Hospital Libode.
- 12 May 2021 - MEC approved Interim Governance Structure to serve in various facilities whilst the establishment process for new governance structures was underway.
- 13 May 2021 – MEC approved Selection Panels for shortlisting and recommending suitable candidates towards governance structure.
- 14 May 2021 – Handing over of Modular Structure with 100 beds donated by Siemens at Cecilia Makiwane Hospital.
- 17 May 2021 – MEC launches phase 2 vaccinations for over 60's at Amatola Haven Old Age Home & Retirement Village in Sutterheim.
- 19 May 2021 – Vaccination Site Monitoring at Sarah Baartman.
- 20 – 21 May - Appointed Governance Structure Steering Team conducted on-the-job-training on establishment process of governance structures.
- 21 May 2021 – EXCO Outreach at Nangoza Jebe Community Hall for vaccination registration.
- 25 May 2021 – MEC's oversight visit to Ingquza Hill Local Municipality at Makhwaleni Location
- 25 May 2021 – MEC Appointed a Provincial Governance Structure, Steering Committee to coordinate on her behalf governance structure services.
- 28 May 2021 - MEC approved Interim Governance Structure to serve in various facilities whilst the establishment process for new governance structures is still underway.
- 08 June 2021 - OMEC led team reaching out to stakeholders for complaints investigations and redress: Maluti Clustered Governance Structures complaints.
- 29 June 2021 – OMEC led team reaching out to stakeholders for complaints investigations and redress: Raymond Mhlaba Clustered Governance Structures and employee complaints.
- 29 June 2021 – Launch of Good Hope Clinic at Makhwaleni Location in Lusikisiki.
- 07 July 2021 – Pop up vaccination site at Lusikisiki and Flagstaff.
- 08 July 2021 – MEC's oversight visit to Oliver and Adelaide Tambo Regional Hospital at Mbizana.
- 09 July 2021 – MEC's oversight visit Tylor Bequest Hospital at Mt. Fletcher.
- 26 July 2021 - OMEC led team reaching out to stakeholders for complaints investigations and redress: Mjanyana Clustered Governance Structures and community leadership complaints.
- 01 August 2021 – Weekend vaccination site visit in Mthatha
- 11 August 2021 – Wild Coast Sun Vaccination Site Launch at Mzamba Mbizana.

- 17 August 2021 – Stakeholder Consultation towards finalising the Integrated Governance Structure Guidelines at ICC Hotel in EL.
- 18 August 2021 – OMEC led team reaching out to stakeholders for complaints investigations and redress: Mvezo Chieftainship/ Traditional Leadership and Community complaints.
- 01 – 30 September 2021 – MEC approved a total of 627 newly established governance structures for all levels and types of healthcare facilities.
- 03 September 2021 – MEC's oversight visit to Nelson Mandela Academy Hospital at Mthatha.
- 04 September 2021 – MEC's visit BT Ngebs Mall vaccination site in Mthatha.
- 14 September 2021 – Transvacco Vaccine Train Launch at Gqeberha.
- 21 September 2021 - OMEC led team reaching out to stakeholders for complaints investigations and redress: Raymond Mhlaba Clustered Governance Structures and employee complaints.
- 22 September 2021 – African Traditional Medicine Day at Gqeberha.
- 23 September 2021 – MEC's handing over of donations by the Gift of the Givers in Graaf-Reniet.
- 26 September 2021 – MEC's vaccination site visit at Mthatha.
- 29 September 2021 - OMEC led team reaching out to stakeholders for complaints investigations and redress: Maluti Clustered Governance Structures complaints.
- 01 October 2021 - Vooma Vaccination Weekend at Mthatha.
- 08 October 2021 - Opening of the Three Infrastructure Project at St. Elizabeth Hospital Lusikisiki.
- 13 October 2021 - World Sight Day Event in Komani, 13 October 202.
- 15 October 2021 - Launch of HMS2 at Elizabeth Donkin Hospital and Opening of the EMS College Gqeberha
- 19 October 2021 - World Food Day Commemoration at Nompumelelo Hospital Peddie.
- 21 October 2021 - Vooma Vaccination Programme at Kariega.
- 28 October 2021 - Opening of Flagstaff Community Health Center.
- 12 November 2021 - Vooma Vaccination Campaign in Gqeberha.
- 18 November 2021 - School Health Programme in Ugie.
- 19 November 2021 - Attending Meeting for Nessie Knight Hospital Petition at Mthatha.
- 24 November 2021 – Attended Kenya President Visit to ASPEN at Gqeberha.
- 30 November 2021 – Attended Nelson Mandela University (NMU) Medical School Launch at Gqeberha.
- 01 December 2021 - World Aids Day Programme, Whittlesea
- 14 December 2021 – Attended EMS Festive Season Launch on N2 Mthatha and Media Briefing on Covid-19 with the Premier at Nelson Mandela at Mthatha.
- 20 December 2021 - MEC's visit to clinics affected by disaster, Burshill Clinic Keiskamahoek and Healdtown Clinic at Fort Beaufort.
- 25 December 2021 - MEC's visit to Nelson Mandela Hospital at Mthatha for Christmas Babies.
- 25 January 2022 –Attended Monitoring of School Based Vaccination at Zanempuko Senior Secondary School in King Williams Town (MEC's back to school programme).
- 27 January 2022 – Attended Monitoring of School Based Vaccination at Nongeke Senior Secondary School and Kwanikwe Secondary School in Bizana (MEC's back to school programme).
- 03 February 2022 – Health Minister, Deputy Minister and the MEC visited vaccination site at Kwamagxaki High School in Gqeberha and also visited Dora Nginza Hospital for Paeds Refurbishment by CHAI.
- 15 March 2022 – Delivered Department of Health Policy Speech at the Provincial Legislature.
- 24 March 2022 – MEC's oversight visit at Tower Hospital.

Table 4.1.1: Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 1.1 Health Administration: Office of the MEC

Outcome (as per SP 2021/22-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
9. Leadership and governance in the health sector enhanced to improve quality of care	Statutory document submitted	9.1.2 Number of statutory documents tabled at Legislature	8 statutory documents	8 statutory documents	8 statutory documents	8 statutory documents	0	Target achieved

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
N/A	N/A

1.2 SUB-PROGRAMME: HEALTH MANAGEMENT

Sub-programme purpose

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

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

Finance Branch

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

Corporate Services Branch

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

Hospital and Clinical Support Management Branch

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

District Health Services Management Branch

- District Health Support
- Communicable Diseases
- Health Programmes

Institutional outcomes

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

PROGRESS AND ACHIEVEMENTS

In this financial year, the department managed to effect four thousand five hundred and ninety (4590) appointments. These relate to one thousand three hundred and fifty-one (1351) Abnormal Appointments, one thousand three hundred and forty-one (1341) Contract appointments, twenty-nine (29) Fixed Appointment: Officer Permanent, one thousand eight hundred and nine (1809) Fixed Appointment: Officer Permanent on Probation, one (1) part time 5/8, twelve (12) periodical remuneration and forty-seven (47) session appointments.

The appointments relate to the Annual Intake of Health Professionals (Interns and Community Serve), re-contracting of Covid -19 Contract Workers and the filling of replacement posts. This has been achieved even though Compensation of Employee (COE) budget has been decreasing in the Public Service in general.

The following table reflects the recruitment status per Job Title:

Table 1.1: Recruitment Status per Job Title

Job Title	Number of Appointments
ABNORMAL APPOINTMENT	**1351**
ADMINISTRATION CLERK L4	15
ADMINISTRATION CLERK L6	4
ADMINISTRATION CLERK SENIOR L5	39
ARTISAN CHIEF GRADE A	2
AUXILIARY WORKER L4	1
CARE GIVER	5
CLIENT INFORMATION CLERK L4	1
COMMUNITY HEALTH CARE WORKER	197
COUNSELOR MENTOR	2
FOOD SERVICE AID GRII	2
GENERAL WORKER GRII	16
HOME BASED CARER	661
HUMAN RESOURCE CLERK SENIOR L5	2
INTERNSHIP (CARPENTRY) L6	2
INTERNSHIP (PLUMBING) L6	1
LAUNDRY WORKER L2	3
LAY COUNCELLOR	117
LEARNERSHIP (CARPENTRY) L2	25
LEARNERSHIP (HR MANAGEMENT) L4	3
LEARNERSHIP (PLUMBING) L2	5
MANAGER CALL CENTRE MANAGEMENT L12	1
MEDICAL SPECIALIST GRADE 1	1
OCCUPATIONAL THERAPY TECHNICIAN GRADE 1	1
PEER EDUCATOR	1
PHARMACIST ASSISTANT (BASIC) GRADE 1	207
PHARMACIST ASSISTANT (POST-BASIC) GRADE 1	27
PORTER L2	4
PROPERTY CARE TAKER GRI	2
PROPERTY CARE TAKER GRII	1
STUDENT NURSE L3	3
CONTRACT	**1341**
ADMINISTRATION CLERK SENIOR L5	6
ARTISAN FOREMAN GRADE A	1
ARTISAN PRODUCTION GRADE A	24
ASSISTANT DIRECTOR-SENIOR:ADMINISTRATION L10	1
CLIENT INFORMATION CLERK SENIOR L5	1
DENTIST (COMMUNITY SERVICE)	18
DEPUTY DIRECTOR:ADMINISTRATION L11	1
DEPUTY DIRECTOR:HUMAN RESOURCE MANAGEMENT L11	1
DEPUTY DIRECTOR:MEC OFFICE L12	2
DEPUTY DIRECTOR-SENIOR:HR MANAGEMENT L12	2
DIAGNOSTIC RADIOGRAPHER (COMMUNITY SERVICE)	29
DIETICIAN (COMMUNITY SERVICE)	14
DIRECTOR:FACILITY MANAGEMENT L13	1
DIRECTOR:MEC CORE STAFF L13	1
DRIVER HEAVY VEHICLE L4	1
ENGINEERING TECHNICIAN PRODUCTION GRADE A	7
ENVIRONMENTAL HEALTH PRACTITIONER (COMMUNITY SERV)	3
GENERAL WORKER GRII	35
HEAD CLINICAL UNIT (MEDICAL) GRADE 1	1
HUMAN RESOURCE CLERK L4	13
HUMAN RESOURCE CLERK SENIOR L5	2
LANGUAGE EDITORIAL SPECIALIST L7	1
MEDICAL OFFICER (COMMUNITY SERVICE)	213
MEDICAL OFFICER (INTERN)	225
MEDICAL OFFICER GRADE 1	13
MEDICAL OFFICER GRADE 2	2
MEDICAL OFFICER GRADE 3	6
MEDICAL SPECIALIST GRADE 1	4
MEDICAL SPECIALIST GRADE 3	3
MR5 LEGAL ADMINISTRATION OFFICER GRADE 5	1
MR6 LEGAL ADMINISTRATION OFFICER SENIOR	1

Job Title	Number of Appointments
NA1 NURSING ASSISTANT GRADE 1	2
OCCUPATIONAL THERAPIST (COMMUNITY SERVICE)	48
PERSONAL ASSISTANT L7	2
PHARMACIST (COMMUNITY SERVICE)	65
PHARMACIST (INTERN)	46
PHYSIOTHERAPIST (COMMUNITY SERVICE)	53
PNA1 PROFESSIONAL NURSE (COMMUNITY SERVICE)	253
PNA2 PROFESSIONAL NURSE GRADE 1 (GENERAL NURSING)	8
PNA3 PROFESSIONAL NURSE GRADE 2 (GENERAL NURSING)	1
PNB1 PROFESSIONAL NURSE GRADE 1 SPECIALITY NURSING	2
PSYCHOLOGIST (COMMUNITY SERVICE)	3
PSYCHOLOGIST (INTERN)	12
REGISTRAR (MEDICAL)	13
SN1 STAFF NURSE GRADE 1	176
SN2 STAFF NURSE GRADE 2	1
SPEECH THERAPIST (COMMUNITY SERVICE)	1
SPEECH THERAPIST AND AUDIOLOGIST (COMMUNITY SERV)	18
SUPERINTENDENT GENERAL (HOD) L16	1
SW A4 SOCIAL WORKER GRADE 1	3
FIXED APPOINTMENT: OFFICER PERMANENT	**29**
CLINICAL MANAGER (MEDICAL) GRADE 1	1
LOGISTIC SUPPORT OFFICER L7	1
MEDICAL OFFICER GRADE 1	2
MEDICAL OFFICER GRADE 3	1
NA1 NURSING ASSISTANT GRADE 1	1
PNA2 PROFESSIONAL NURSE GRADE 1 (GENERAL NURSING)	12
PNB1 PROFESSIONAL NURSE GRADE 1 SPECIALITY NURSING	1
PNB3 OPERATIONAL MANAGER NURSING (PRIMARY H CARE)	1
PNB4 ASSISTANT MANAGER NURSING (PRIMARY H CARE)	1
SN1 STAFF NURSE GRADE 1	8
FIXED APPOINTMENT: OFFICER PERMANENT ON PROBATION	**1809**
ADMINISTRATION CLERK SENIOR L5	8
ARTISAN PRODUCTION GRADE A	1
ASSISTANT DIRECTOR HUMAN RESOURCE DEVELOPMENT L9	1
ASSISTANT DIRECTOR MEDICAL TECHNOLOGY GRADE 1	1
ASSISTANT DIRECTOR:HUMAN RESOURCE MANAGEMENT L9	1
ASSISTANT DIRECTOR:TRADITIONAL HEALERS L9	1
CHIEF EXECUTIVE OFFICER L12	2
CLEANER L2	1
CLINICAL ASSOCIATES	13
CLINICAL MANAGER (MEDICAL) GRADE 1	6
CLINICAL MANAGER (MEDICAL) GRADE 2	1
CLINICAL TECHNOLOGIST GRADE 1	1
DENTAL ASSISTANT GRADE 1	4
DENTAL THERAPIST GRADE 1	1
DENTIST GRADE 1	5
DEPUTY DIRECTOR-SENIOR:HOSPITALS L12	1
DIETICIAN GRADE 1	4
EMERGENCY CARE OFFICER GRADE 2	15
EMERGENCY CARE OFFICER GRADE 3	3
EMS SHIFT LEADER GRADE 5	1
FOOD SERVICE AID GRII	1
GENERAL WORKER GRII	19
HEAD CLINICAL UNIT (MEDICAL) GRADE 1	2
HOUSEHOLD WORKER L3	1
HUMAN RESOURCE CLERK SENIOR L5	2
LAUNDRY WORKER L2	1
MAMMOGRAPHY RADIOGRAPHER GRADE 1	1
MANAGER MEDICAL SERVICES SENIOR	1
MANAGER PHARMACEUTICAL SERVICES ASSISTANT	2
MEDICAL OFFICER GRADE 1	159
MEDICAL OFFICER GRADE 2	21
MEDICAL OFFICER GRADE 3	18
MEDICAL ORTHOTIST & PROSTHETIST GRADE 1	3
MEDICAL SPECIALIST (SUB-SPECIALITY) GRADE 1	2
MEDICAL SPECIALIST GRADE 1	8
MEDICAL SPECIALIST GRADE 2	2
NA1 NURSING ASSISTANT GRADE 1	371

Job Title	Number of Appointments
NA2 NURSING ASSISTANT GRADE 2	4
NA3 NURSING ASSISTANT GRADE 3	2
OCCUPATIONAL THERAPIST GRADE 1	7
OCCUPATIONAL THERAPIST GRADE 2	1
OCCUPATIONAL THERAPY ASSISTANT GRADE 1	1
OPTOMETRIST GRADE 2	1
ORAL HYGIENIST GRADE 1	1
PARAMEDIC GRADE 2	1
PARAMEDIC GRADE 3	1
PHARMACIST ASSISTANT (BASIC) GRADE 1	4
PHARMACIST ASSISTANT (POST-BASIC) GRADE 1	25
PHARMACIST GRADE 1	13
PHARMACIST GRADE 3	1
PHYSIOTHERAPIST GRADE 1	9
PNA2 PROFESSIONAL NURSE GRADE 1 (GENERAL NURSING)	441
PNA3 PROFESSIONAL NURSE GRADE 2 (GENERAL NURSING)	39
PNA4 PROFESSIONAL NURSE GRADE 3 (GENERAL NURSING)	14
PNA5 OPERATIONAL MANAGER NURSING GRADE 1 GENERAL	8
PNA7 ASSISTANT MANAGER NURSING AREA	2
PNA8 DEPUTY MANAGER NURSING (LEVEL 1 & 2 HOSPITAL)	2
PNB1 CLINICAL NURSE PRACTITIONER GR 1 PRIM H CARE	20
PNB1 PROFESSIONAL NURSE GRADE 1 SPECIALITY NURSING	93
PNB2 PROFESSIONAL NURSE GRADE 2 SPECIALITY NURSING	3
PNB3 OPERATIONAL MANAGER NURSING (PRIMARY H CARE)	23
PNB3 OPERATIONAL MANAGER NURSING (SPECIALITY UNIT)	4
PNB4 ASSISTANT MANAGER NURSING (PRIMARY H CARE)	5
PNB4 ASSISTANT MANAGER NURSING (SPECIALITY UNIT)	4
PORTER L2	3
PRINCIPAL PERSONNEL OFFICER L7	2
PROPERTY CARE TAKER GRII	2
PSYCHOLOGIST GRADE 1	3
RADIOGRAPHER GRADE 1	8
RADIOGRAPHER GRADE 2	2
SN1 STAFF NURSE GRADE 1	359
SN2 STAFF NURSE GRADE 2	5
SN3 STAFF NURSE GRADE 3	1
SPEECH THERAPIST AND AUDIOLOGIST GRADE 1	3
SW A4 SOCIAL WORKER GRADE 1	4
SW A8 SOCIAL WORK SUPERVISOR GRADE 1	1
TRADE LABOURER L2	1
ULTRASOUND RADIOGRAPHER GRADE 2	1
PART TIME 5/8	**1**
DIETICIAN GRADE 1	1
PERIODICAL REMUNERATIONS	**12**
MEDICAL OFFICER GRADE 1	4
MEDICAL OFFICER PRINCIPAL L11	6
MEDICAL OFFICER SENIOR L10	1
MEDICAL SPECIALIST GRADE 1	1
SESSION	**47**
MEDICAL OFFICER GRADE 1	32
MEDICAL OFFICER GRADE 2	1
MEDICAL OFFICER GRADE 3	3
MEDICAL OFFICER PRINCIPAL L11	2
MEDICAL OFFICER SENIOR L10	1
MEDICAL SPECIALIST GRADE 1	7
PSYCHOLOGIST GRADE 1	1
Grand Total	**4590**

Table 1.2: KPIs Human Resources Achievements and Challenges:

Key Performance Area	Achievements	Challenges
Annual Intake of Health Professionals	Appointment of approved Health Professionals on time as per the accreditation by the National Department of Health.	Confirmation of the actual approved names late by the National Department of Health. A need or applications for reconsideration of transfers to near homes by the candidates. Thus making some other delays or considerations in the implementation with our PERSAL SYSTEM.
Re-contracting of C19 Contract Workers	637 professional nurses post community service will be appointed on 1st June 2022. WHBOTT Nurses have been appointed (260) started on the 1st April 2022.	The funding source is the challenge on the appointment of Covid -19 contract workers hence the department will be considering the nurses for contract ending on 31st March 2023. The funding is only available for 198 CHW's for a contract ending on 31st March 2022.
Introduction of Block Advertisements to fill Clinical (production level) posts	Through the block advertisements, the department managed to fill replace posts in time. 167 Medical Officers, 476 Professional Nurse General, 20 Clinical Nurse Practitioner, 116 Professional Nurse Specialty, 354 Staff Nurses and 362 Nursing Assistants.	
Occupational Health and Safety (OHS) Compliance	• OHS Governance Structures re-established at facility, district, and provincial level. • Personal Protective Clothing and Equipment Management System established • Partnership forged with International Labor Organization and adoption of the HealthWISE Methodology for implementation. The Pilot project is underway.	• Consistent functionality of some OHS Committees • Occupational Health and Occupational Safety staffing still grossly inadequate and often not correctly qualified so functionality across facilities is not consistent and / or comprehensive. • Monitoring of PPE supply is dependent on facility level data capturing to generate accurate and real-time reports. • Infrastructure issues continue to drive non-compliance and there is dependence on Public Works for much of the rectification.

Table 4.1.2: Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 1.2: Health Management

Outcome (as per SP 2021/22-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
7. Improve financial management	Audit opinion of provincial DOH achieved	7.1.1 Audit opinion	Qualified	Unqualified	Unqualified	Unqualified	None	The planned target was achieved.
	Improved access to essential medicines, vaccines and medical products through better management of supply chain accruals reduced	7.1.2 Approved Annual Procurement Plan	New Indicator	New Indicator	Approved Annual Procurement Plan	Signed Final 2022/23 Procurement Plan submitted to Provincial Treasury	None	The planned target was achieved.
	Increased revenue collection	7.1.3 Amount Revenue generated (R)	242mil	125mil	284 mil	74 mil	-R210 mil	Target not achieved. Seventy-five percent of the significant under collection is primarily attributable to the Road Accident Fund (RAF) not settling claims submitted for extensive services rendered by the department over the past financial year. It has unilaterally deemed the Official Accident Report (OAR) as material to validate the supplier claims, which reports are not in the control of the department.
6. Quality of health services improved	Compliance to Occupational health and safety regulations	6.3.8 Percentage of Health facilities compliant with Occupational health and safety	New Indicator	19.2%	28.6%	1.6%	-27%	Indicator not achieved, only 44 facilities were inspected by the Department of Labour – out of the target of 249.
		Numerator: Number of facilities compliant with Occupational health and safety	New Indicator	165	249	14		

Outcome (as per SP 2021/22-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
		Denominator: Total number of health facilities		858	868	868		
	Approved costed HRH Strategy to create share vision to realise NHI	6.4.1 Holistic Human Resources for Health (HRH) strategy approved	New Indicator	New Indicator	Approved HRH Strategy	Draft HRH Strategy	Strategy development needs thorough engagements and consultation process.	The HRH 2030 Strategy Plan is in progress. The Task Team has produced a draft HRH 2030 Plan by the end of the 4th quarter. The Task Team requires the additional capacity of a qualified Technical Advisor to conclude this plan.
		6.4.3 Vacancy rate	New Indicator	12.4%	12%	12.8%	-0.8%	In the year under review, the department had an unfunded ARP as a result of over-expenditure on COE accrued from the previous years. .
		Numerator: Number of vacant funded posts		6 211	5 977	6 008		
		Denominator: Total number of posts funded		49 810	49 810	40 864		
	Security incidents reported	6.3.9 Number of security incidents reported	New Indicator	2	8	2	6	Target achieved Less incidents than the target were reported.

Outcome (as per SP 2021/22-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
8. Reduced causes of medical legal claims in facilities by 80%	Causes of Medico legal claims reduced	8.1.1 % Reduction of medico Legal claims	New Indicator	10%	10%	20.7%	10.7%	Target achieved. In terms of Rand Value, there has been significant reduction from R38 842 976 405 in 2020/2021 to R30 779 923 445 2021/2022 payment financial year. The Department is not yet out of writs crises, but the joint clinical, administrative & legal intervention employed by PT, OTP & EC DOH are yielding positive results.
11. Robust and effective health information systems to automate business processes and improve evidence based decision making	Improved connectivity in health facilities	11.1.1 Percentage of Hospitals with broadband access	100%	100%	100%	42%	-58%	Target not achieved. The delay in the implementation of broadband by the Office of the Premier negatively impacted on Department of Health.
		Numerator: Total Number of hospitals with minimum 2 Mbps connectivity	89	89	89	37		
		Denominator: Total Number of Hospitals	89	89	89	89		
		11.1.2 Percentage of fixed PHC facilities with broadband access	100%	100%	100%	2.7%	-97.3%	Target not achieved. The delay in the implementation of broadband by the Office of the Premier negatively impacted on Department of Health.
		Numerator: Total Number of fixed PHC facilities with minimum 1Mbps connectivity	772	768	775	21		

Outcome (as per SP 2021/22-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
		Denominator: Total Number of fixed PHC Facilities	772	768	775	775		

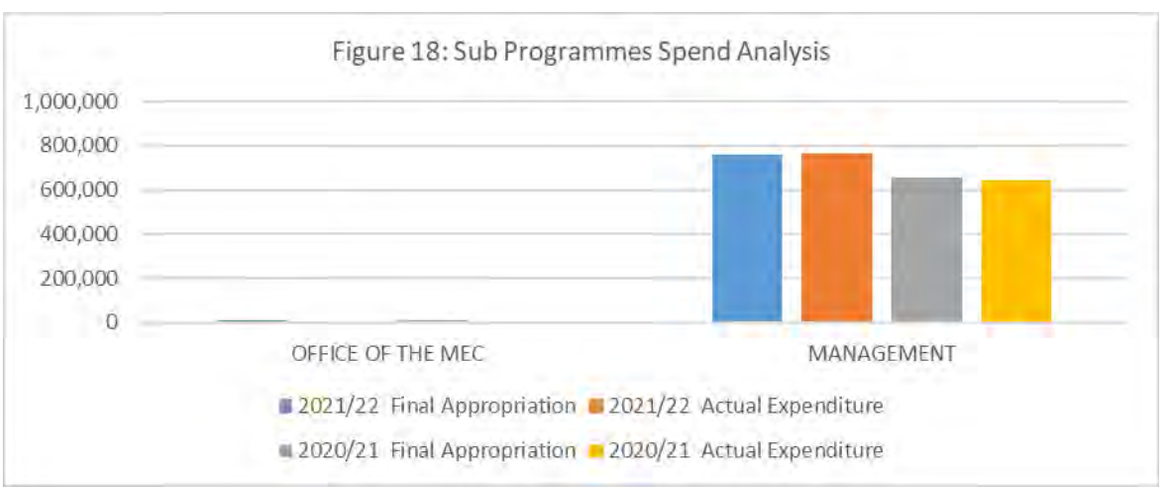
STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

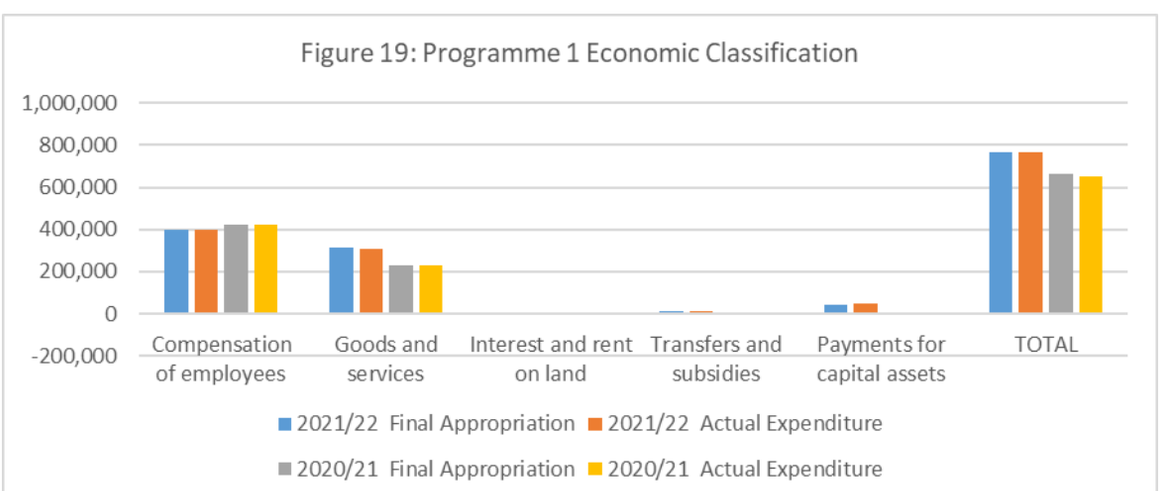
Indicator not achieved	Proposed strategies
7.1.3 Amount Revenue generated (R)	The department continues to demand payment. In addition, the department is further continuing to engage with several government departments and entities for the settlement of outstanding amounts owing, including inter alia the Department of Justice and Constitutional Development (DOJ), National SAPS, Correctional Services. The prioritized migration to the integrated HMS2 patient administration and billing application software to several hospitals in support of its eHealth strategy.
6.3.8 Percentage of Health facilities compliant with Occupational health and safety	• To strengthen Occupational Health and Safety (OHS) governance. • To increase technical capacity of facilities to manage OHS through training and site visits.
6.4.1 Holistic Human Resources for Health(HRH) strategy approved	• Fast-track finalisation of the HRH strategy by consolidating work already done. • Source HR technical advisor through development partners to strengthen the research.
6.4.3 Vacancy rate	• Prioritize implementation of the Departmental Annual Recruitment Plan and replacement posts. • Recruitment roadmaps will be developed to ensure timeous filling of advertised posts, and weekly recruitment reports will be tabled to the accounting officer for performance monitoring and immediate corrective action. • The Approved Post List with unique post identifier number will be implemented, making it easier to replace these funded posts with effect from 31 January 2022. Management agility will be encouraged to immediately initiate recruitment processes on posts becoming vacant. • The 2022/23 ARP aims to fill 2,941 posts at a cost of R709,810 million. This will greatly alleviate the human capacity constraints in both clinical and non-clinical functional areas of the department.
11.1.1 Percentage of Hospitals with broadband access	• Prioritize implementation of the e-Health strategy by increased procurement of routers for facilities.
11.1.2 Percentage of fixed PHC facilities with broadband access	• Prioritize implementation of the e-Health strategy by increased procurement of routers for facilities.

LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 1: ADMINISTRATION

Programme 1: Administration	2021/22			2020/21		
	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
OFFICE OF THE MEC	9 018	5 756	3 262	8 421	5 479	2 942
MANAGEMENT	759 129	762 391	(3 262)	653 585	645 881	7 704
	768 147	**768 147**	**-**	**662 006**	**651 360**	**10 646**
Economic classification						
Current payments	**717 664**	**708 601**	**9 063**	**649 753**	**650 033**	(280)
Compensation of employees	401 264	395 812	5 452	421 532	421 224	308
Goods and services	314 527	310 216	4 311	228 221	228 220	1
Interest and rent on land	1 873	2 573	(700)	-	589	(589)
Transfers and subsidies	**10 113**	**10 257**	**(144)**	**3 687**	**(2 938)**	6 625
Households	10 113	10 257	(144)	3 687	(2 938)	6 625
Social benefits	9 896	7 995	1 901	3 687	3 216	471
Other transfers to households	217	2 262	(2 045)	-	(6 154)	6 154
Payments for capital assets	**40 371**	**49 289**	**(8 919)**	**8 566**	**4 265**	4 301
Machinery and equipment	40 371	49 289	(8 919)	8 566	4 265	4 301
Transport equipment	21 039	48 058	(27 020)	7 799	3 762	4 037
Other machinery and equipment	19 332	1 231	18 101	767	503	264
	768 147	**768 147**	**-**	**662 006**	**651 360**	**10 646**





The Programme spent at 100% after adjusting for funds shifts and virements of -R58,789 million post 2021/22 AEPRE. The programme gave up a portion of its cash flows in favour of mitigating the pressure within the clinical programmes to continue delivery of public health care services uninterrupted. This pressure in the clinical programmes having arisen from the payment of payables and accruals at the vote level of (R4.4 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2022 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.



PROGRAMME 2

DISTRICT HEALTH SERVICES

4.2. PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)

Programme purpose

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

Programme description

The District Health Services (DHS) programme is responsible for the management of health services in the six (6) districts and two (2) metropolitans of the Province. The services offered are mainly preventive and minor curative, maternal, child and women's health and nutrition, HIV and AIDS, STI and TB (HAST), prevention and control of chronic diseases, public health / other community-based services such as waste management and coroner services. These are offered through the following service delivery platforms: Community Health Clinics, Community Health Centres (CHCs) and District Hospitals.

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

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

2.1 Sub – Programme: District Management

Sub-Programme purpose

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

Institutional outcomes

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

PROGRESS AND ACHIEVEMENTS

Leadership and Governance

- Compliance with the planning and monitoring framework achieved at 100%. Districts and Metros developed District Health Plans (DHPs) for the financial year 2022/23 aligned with the department national and provincial priorities.
- District Quarterly Performance Reviews were successfully conducted by all districts and Metro to determine district performance for the previous quarter, analyse quality of services rendered and develop improvement plans in order to improve performance. The achievement was sustained from the previous quarter performance, which indicated improved leadership and governance in districts.
- Provincial Health Council and Provincial Health Consultative Forum were held successfully as well as Provincial Advisory Committee meetings.
- Reconstitution of the Provincial Health Council was done successfully on the 22nd of March 2022. New District Health Council chairpersons were oriented on Health Service Delivery and health Governance Structure model implemented in the province.

Increased access to medical practitioner and clinical services in PHC Facilities

- Piloting access to medical services through NHI National Conditional Grant is implemented in O.R. Tambo as a national pilot district. Forty (40) medical doctors were appointed from the NHI grant. Access to medical doctor coverage in PHC facilities increased to 59 Clinics,10 CHCs in OR Tambo.

- To improve basic life support skill in PHC facilities, eight nurses and doctors were trained as instructors in Basic Life Support, one in each district, these will improve skills in resuscitation and emergency management in PHC facilities.
- Through Private Partnership – 31 PHC facilities received aneroid wall mounted BP machines from Old Mutual donation to the Department. This will benefit communities in early detection and screening for hypertension.

Supervision of fixed Primary Health Care Facilities

- During the reporting period PHC supervision visit rate achieved increased to 65.8% (510) facilities), the performance marked 25% increase from the previous year.
- The improved performance is attributed to the districts Covid-19 recovery efforts to catch-up with routine services due to reduction in Covid19- infection rate. Fixed PHC facility supervisor coverage is at 70% provincially with the most affected district at 27% Alfred Nzo followed by Chris Hani district at 56.6%.

The table 2.1 below reflects progress on fixed PHC facility supervision during the 4th quarter (Target 65%)

District	Total No of Facilities	No of facilities with supervisors	% of Supervisor: district coverage	No of facilities visited for supervision	Facility Supervision rate
AND	74	20	27%	32	43%
ADM	148	110	74%	112	76%
BCM	79	79	100%	60	76%
CHD	159	90	56.6%	72	45%
JGD	52	40	76.9%	37	71%
NMM	48	30	62.5%	24	50%
ORTD	153	120	78.9%	117	77%
SBD	62	62	100%	56	90%
Province	**775**	**551**	**70%**	**510**	**65.8%**

Table 4.2.1: Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 2.1-District Management

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance Target 2020/21	Planned Annual 2021/2022	*Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
9. Leadership and governance in the health sector enhanced to improve quality of care	Districts Quality Improvement, monitoring and Response Forums established	9.1.1 Number of Districts with Quality Improvement, Monitoring and Response Forums formalized and convened quarterly	New Indicator	2	8	8	0	Target achieved
6. Quality of health services improved	Supervision of fixed PHC facilities.	6.4.2 % of Fixed PHC Facilities Supervised.	New Indicator	40%	65%	65.8%	0.8%	Target achieved
		Numerator: Number of PHC facilities supervised		308	503	510		
		Denominator: Total number of PHC facilities		771	775	775		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator	Proposed intervention
N/A	N/A

2.2 Sub-Programme: Clinics

SUB- PROGRAMME PURPOSE

The sub-programme manages the provision of preventive, promotive, curative and rehabilitative care, including the implementation of priority health programmes through accessible fixed clinics, outreach services (reengineering of PHC services) and mobile services in 8 districts.

Institutional outcomes

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

PROGRESS AND ACHIEVEMENTS

Ideal Clinic Realization and Maintenance Program

The Ideal Clinic Realization and Maintenance (ICRM) programme purpose is to systematically improve the deficiencies in public Primary Health Care (PHC) facilities and improve the quality of healthcare provision. An Ideal Clinic (IC) is defined as a clinic with good infrastructure, adequate staff, adequate medicines and supplies, good administrative processes, and enough bulk supplies. For a facility to obtain an Ideal Clinic status, the facility must be attained 100% for elements weighted as non-negotiable vitals, at a minimum score of 80% for elements weighted as Vital, 70% for elements weighted as Essential, and 70% for elements weighted as Important.

All districts conducted status determination (Peer Review Update - PRUs) and PPTICRM Updates as the final annual assessments for 2021/22 according to set standard framework for the ICRM. In total 40 PHC facilities obtained Ideal status out of 116 assessed.

Table 2.2 below shows overall PHC Facilities ICRM performance per district:

District	Number of PHC fixed Facilities	Achievement Year 2021/22		Status		
		Number Assessed	Number Achieved	Silver	Gold	Platinum
Alfred Nzo	74	18	6	0	0	6
Amathole	148	35	4	1	0	3
Buffalo City	79	9	6	0	2	4
Chris Hani	159	44	15	3	9	3
Joe Gqabi	52	4	4	0	4	0
NMBM	48	1	1	0	0	1
OR Tambo	153	4	3	0	2	1
Sarah Baartman	62	1	1	1	0	0
EC Province	**775**	**116**	**40**	**5**	**17**	**18**

Table 4.2.2: Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 2.2-Clinics

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance Target 2020/21	Planned Annual 2021/2022	*Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
6. Quality of health services improved	PHC facilities that qualify as Ideal clinics increased	6.2.1 Ideal clinic status obtained rate	32.5%	3%	10.9%	5.3%	-5.6%	Under achievement is attributed to Infrastructure deficiencies in assessed facilities.
		Numerator: Fixed PHC health facilities have obtained Ideal Clinic status	251	19	80	39		
		Denominator: Fixed PHC clinics	773	730	734	734		
10. Community engagement improved	Clinic committees for all public health facilities established and trained	10.1.1 Percentage of Clinics facilities with functional clinic committees	New indicator	17.8%	30%	30%	0%	Target achieved.
		Numerator: Number of clinics with functional clinic committees		130	220	220		
		Denominator: Number of PHC Facilities		730	734	734		
6. Quality of health services improved	Patient experience of care in fixed public health facilities improved	6.1.1 Patient experience of care satisfaction rate	New indicator	87.2%	90%	85.2%	4.8%	Target achieved within methodical consideration of a 5% margin of error.
		Numerator: Patient Experience of Care survey satisfied responses		563 594	593 654	476 161		
		Denominator: Patient Experience of Care survey total responses		646 682	659 616	558 955		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator	Proposed intervention
6.2.1 Ideal clinic status obtained rate	Strengthen deficiencies in Infrastructure identified gaps through supervision on quality improvement plans implementation in PHC facilities.

2.3 SUB – PROGRAMME: COMMUNITY HEALTH CENTERS (CHCS)

SUB – PROGRAMME PURPOSE

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

Institutional outcomes

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

PROGRESS AND ACHIEVEMEMTS

- Status determinations (SD) were conducted in all Community Health Centres (CHCs) according to the ICRM standard framework, version1. One (1) CHC obtained Ideal Clinic Status- Mt Coke CHC in BCM.
- Twenty-three (23) CHCs successfully established CHC committees.

Table 4.2.3: Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 2.3-Community Health Centres

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance Target 2020/21	Planned Annual 2021/2022	*Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
6. Quality of health services improved	PHC facilities that qualify as Ideal CHC increased	6.2.2 Ideal CHC status obtained rate	New indicator	0%	20%	2.4%	-17.6%	Under achievement is attributed to Infrastructure deficiencies in assessed facilities.
		Numerator: Number of CHC's that have obtained Ideal status		0	8	1		
		Denominator: Number of CHCs facilities		41	41	41		
10. Community engagement improved	CHC committees for all public health facilities established and trained	10.1.2 Percentage of CHC facilities with functional CHC committees	New indicator	39%	44%	44%	0%	Target achieved
		Numerator: number of functional CHC committees		16	18	18		
		Denominator: Total number of CHC		41	41	41		

Table 4.2.3: Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 2.3-Community Health Centres								
Outcome (as per SP 2020/21-2024/25)	**Outputs**	**Output Indicator**	**Audited Actual Performance 2019/20**	**Audited Actual Performance Target 2020/21**	**Planned Annual 2021/2022**	***Actual Achievement 2021/2022**	**Deviation from planned target to Actual Achievement 2021/2022**	**Reasons for deviations**
		Facilities						
6. Quality of health services improved	Patient experience of care in public health facilities improved	6.1.2 Patient experience of care satisfaction rate	New indicator	83.7%	85%	81.2%	3.8%	Target achieved within methodical consideration of a 5% margin of error.
		Numerator: Patient Experience of Care survey satisfied responses		58 848	60 957	52 165		
		Denominator: Patient Experience of Care survey total responses		70 308	71 714	64 206		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator	Proposed intervention
6.2.2 Ideal CHC status obtained rate	Strengthen deficiencies in Infrastructure identified gaps through supervision on quality improvement plans implementation in PHC facilities.

2.4 SUB-PROGRAMME: COMMUNITY BASED SERVICES – DISEASE PREVENTION AND CONTROL (NON-COMMUNICABLE DISEASES)

Sub - Programme purpose

The Community-based Services sub-programme manages the implementation of the Community-based health services framework. This includes:

- Implementation of disease-prevention strategies at a community level
- Providing chronic and geriatric services including rehabilitation as a supportive service
- Providing oral health services at a community level (including schools and old age homes)
- Strengthening the prevention of mental disorders, substance, drug, and alcohol abuse to reduce unnatural deaths

Institutional outcomes

- 4. Morbidity and Premature mortality due to Non-Communicable diseases reduced.
- 6. Quality of health services improved.

PROGRESS AND ACHIEVEMENTS

- Provincial Legislature has partnered with the Muslim World League and Department of Health to increase cataract surgeries conducted in the province. This partnership has resulted in 636 cataracts surgeries conducted in the 4th quarter at Mpilisweni Hospital in Joe Gqabi district.
- All the districts participated in the Build Up activities in preparation for the World TB day to ensure there is continuous screening of Non-Communicable Diseases during the outreach programmes.

Table 4.2.4.1: Performance against the originally tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 2.4: Community Based Services (NCDs)

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/2022 until date of re-tabling	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
4. Morbidity and Premature mortality due to Non-Communicable diseases reduced	Clients initiated on treatment and controlled	4.3.1 Diabetes new client 18 years and older detection rate	New Indicator	1.7%	3%	0.9%	2.1%	Target not achieved The annual district performance for this indicator is as follows: Alfred Nzo :2.3 % Amathole :11.5% Buffalo City :12 % Chris Hani :7.5 % Joe Gqabi :10.5 % O.R.Tambo :11.4 % Sara Baartman :13.9 % Nelson Mandela :7.3 %	The amendment is to correct the calculation type of this indicator from Percentage to Per1K
		Numerator		74 811	132 542	38 721			
		Denominator		4 418 057	4 418 057	4 105 451			

Table 4.2.4.2: Performance against the re-tabled Annual Targets from 2020/21 Annual Performance Plan for Sub-Programme 2.4: Community Based Services (NCDs)

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
4. Morbidity and Premature mortality due to Non-Communicable diseases reduced	Clients initiated on treatment and controlled	4.2.1 Hypertension new client 18 years and older detection rate	New Indicator	1.4%	2%	1%	-1%	Target not achieved The annual district performance for this indicator is as follows: Alfred Nzo :056 % Amathole :1.3% Buffalo City :0.98 % Chris Hani :1.4 % Joe Gqabi :1.4% O.R.Tambo :0.78% Sara Baartman :0.7% Nelson Mandela :1.3 %
		Numerator: Hypertension client 18 years and older new		63 758	88 361	42 578		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
		Denominator: Population 18 years and older		4 418 057	4 418 057	4 105 451		
		4.3.1 Diabetes new client 18 years and older detection rate	New Indicator	1.7%	3%	0.9%	-2.1%	Target not achieved The annual district performance for this indicator is as follows: Alfred Nzo :0.23 % Amathole :1.2% Buffalo City :1.2 % Chris Hani :0.75 % Joe Gqabi :1.1 % O.R.Tambo :1.1 % Sara Baartman :1.4 % Nelson Mandela :0.73 %
		Numerator: Diabetes client18 years and older new		74 811	132 542	38 721		
		Denominator: Population 18 years and older		4 418 057	4 418 057	4 105 451		
	Prevention and early detection of mental illness	4.4.1 Mental disorders treatment rate new	New Indicator	0.06%	0.3%	0.07%	-0.23%	Target not achieved. There is poor coordination of mental health at facilities. Community mental health services are strengthened through appointment of Community Outreach Mental Health Teams.
		Numerator: PHC client treated for mental disorders - new		7 722	28 817	9 562		
		Denominator: PHC headcount - total		12 950 671	9 605 728	13 692 661		
	Refractive errors corrected	4.5.1 Cataract surgery rate	625/1 000 000	54.6/1 000 000	450/1 000 000	231.1/1 000 000	-219/1 000 000	Target not achieved. The main reason for the non-achievement of the indicator is inadequate capacity to conduct cataract surgery
		Numerator: Cataract surgery total		362	2 990	1 552		
		Denominator: Uninsured population		6 624 088	6 646 193	6 714 789		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
6. Quality of health services improved	Outreach campaigns conducted	6.4.3 Number of Districts Conducted outreach campaigns (Thuma Mina)	New Indicator	8	8	8	0	The outreach teams were integrated into Covid-19 vaccination activities.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
4.4.1 Mental disorders treatment rate new	• Facilitate integration of mental health services into PHC. • Expedite implementation of Community Mental Health Outreach teams.
4.5.1 Cataract surgery rate	Establish partnerships with Developmental Partners and recruit eye specialists – also strengthen partnerships with private sector.

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

Sub-programme purpose

The Other Community-based Services sub-programme manages the devolution of municipal health service from the Department of Health to the district municipalities and metros, (health care waste management and other hazardous substances control)

Institutional outcomes

- 4. Morbidity and Premature mortality due to Non-Communicable diseases reduced
- 6. Quality of health services improved

PROGRESS AND ACHIEVEMENTS

In order to improve Medical Waste management, the department has trained 158 and 68 medical waste handlers in Joe Gqabi and Nelson Mandela Metro respectively. Four Central Storage Areas were procured and delivered to the following facilities in the Nelson Mandela Metro, procured eight central storage areas and 100 waste registers.

- Elizabeth Donkin Hospital
- Empilweni Clinic
- Korsten Clinic
- Jose Pearson Hospital

Central Storage Areas assist in the management of health care risk waste where waste is stored before collection by the service provider.

In terms of the progress for Covid-19 Management and the Vaccination Roll-out Programme the following interventions are implemented:

- Public Health Interventions: Ward Bases outreach teams and Health Promotion managers are educating communities on the use of non-pharmaceutical interventions like wearing of masks and washing of hands with soap and water as well as maintaining social distancing especially in doors.
- Risk communication and community engagement (RCCE): Engagements with local municipality to increase risk communication and protection.
- All the districts are currently rolling -out booster doses in congregate settings.
- The department in partnership with Right to Care is implement School Based Vaccination in Buffalo City, Alfred Nzo and Nelson Mandela Metro.
- Extending the outreach vaccination service to provide other health service (comprehensive health services) targeting institutions of higher learning through Higher Health programme (First Things First Programme).
- Added focus on vaccinating youth, young men, undocumented persons in all the districts as well as districts with large numbers of unvaccinated individuals namely, O.R. Tambo (poorly performing district) and Nelson Mandela.
- Continue with pop-up sites in South African Social Security Agency (SASSA) pay points retail sector to target individuals eligible for booster doses.
- Integration of vaccine to routine health services, starting with the high volume facilities that have proper storage for vaccines.

Table 4.2.5.1: Performance against the originally tabled Annual Targets from 2021/2022 Annual Performance Plan for Sub-Programme 2.5: Public Health / Other Community Based Services

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/21	Planned Annual Target 2021/22	*Actual Achievement 2021/2022 until date of re-tabling	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
4. Morbidity and Premature mortality due to Communicable reduced	Prevention and early detection of malaria cases managed	3.4.1 Malaria cases reported	New Indicator	2	0	22	-22	Target not Achieved Imported from other provinces due to relaxation of restrictions.	The amendment is to correct the indicator to be aligned to the final standardized indicators.

Table 4.2.5.2: Performance against the re-tabled Annual Targets from 2021/2022 Annual Performance Plan for Sub-Programme 2.5: Public Health / Other Community Based Services

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/2021	Planned Annual Target 2021/2022	*Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
6. Quality of health services improved	Hospitals comply with health care risk waste norms and standards	6.4.4 Percentage of hospitals complying with health care risk waste norms and standards	New Indicator	60.7%	65%	65%	0%	Target achieved.
		Numerator: Waste disposal management		54	58	58		
		Denominator: Number of Hospitals that dispose waste in line with SANS 10248 regulation at a given reporting period		89	89	89		
3. Morbidity and Premature mortality due to Communicable reduced	Prevention and early detection of malaria cases managed	3.4.1 Malaria case fatality rate	New Indicator	New Indicator	0%	9.4%	-9.4%	Target not achieved Imported from other provinces due to relaxation of restrictions.
		Numerator: Malaria deaths reported				3		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/2021	Planned Annual Target 2021/2022	*Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
		Denominator: Malaria new case reported				32		
	Social mobilisation and community engagement Screening of clients Testing of the clients who meet the testing criteria	3.5.3 Covid-19 positivity rate	New indicator	21.3%	<20%	17%	3%	Target achieved
		Numerator: Number of confirmed COVID-19 cases - Total		195 413	195 948	148 390		
		Denominator: Number of COVID-19 tests conducted		916 091	979 739	873 558		
		3.5.4 Covid-19 incidence rate (per 100k)	New Indicator	2 910 per 100k	< 200 per 100 000	2 210.3 per 100 000	-2 010.3 per 100 000	Target not achieved and this is attributable to under targeting of the indicator. Also, the relaxation of Covid-19 regulations led to low compliance to Non-Pharmaceutical interventions led to increase of the incidents.
		Numerator: Number of confirmed COVID-19 cases - Total		195 413	13 427	148 390		
		Denominator: Total population/ 100 000		6 713 457	6 713 457	6 713 457		
		3.5.5. Case Fatality Rate for covid-19	New Indicator	New indicator	<5 per 100 000	4.1 per 100 000	0.9 per 100 000	Target achieved.
		Numerator: Number of deaths in positive Covid-19cases <5 years			4	19		
		Denominator: Separations COVID-19 cases <5 years (sum of deaths, discharges and transfer out)			81 328	453		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/2021	Planned Annual Target 2021/2022	*Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
		3.5.6 Number of people vaccinated	New Indicator	New indicator	3 874 626	2 356 730	-1 517 896	Target not achieved. The main reason for the non-achievement of this target is related to increased vaccination hesitancy within the society, observed among the ages 12-17 years and 18-34 years.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
3.5.4 Covid-19 incidence rate (per 100k)	• Increase testing to the areas where there is an Index case and ensure that testing of all symptomatic contacts is conducted. • Implement Home Based Infection Prevention and Control in order to prevent the transmission of the virus to other family members and communities.
3.5.6 Number of people vaccinated	• To scale up vaccination in schools including Universities and TVET Colleges. • Interventions should target 12-34 years' population segment. • Focused interventions are implemented in order to rollout Booster Doses to all eligible individual including congregate settings.

2.6 Sub-Programme: HIV & AIDS, STI & TB (HAST) Control

Sub – Programme purpose

To control the spread of HIV infection, reduce and manage the impact of the disease to those infected and affected in line with Provincial Development Plan (PDP) goals, and to control the spread of TB, manage individuals infected with the disease and reduce the impact of the disease in the communities.

Institutional outcomes

- 3. Morbidity and Premature mortality due to Communicable diseases reduced.

PROGRESS AND ACHIEVEMENTS

Prevention Strategies:

- Commemoration of Sexual Transmitted Infections/Condom and Pregnancy Week which is observed yearly from 09 to 16 February, was conducted in the following districts - Alfred Nzo, BCM, Chris Hani, NMMM and OR Tambo.
- Due to high demand for condoms mainly used by for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual (LGBTIQIA), namely dental dams and finger cots where procured successfully in Nelson Mandela Metro (NMM) and distributed to the eligible groups.
- During the STIs/Condom and World TB Day build up activities at various awareness and educational initiatives were conducted through Radio educational talks.
- To scale up rollout of the youth friendly services in the province the youth zones were launched at the following districts – Amathole, NMM, O.R. Tambo and Chris Hani during this quarter. Adolescent, Girl and Young Women (AGYW) rights awareness campaign event was held in Port St Johns in 2021:
  - Psychosocial group sessions were held in Makhotyana Safe Space, Ngqeleni safe Space and Khohlo Safe space.
  - 255 colourful chairs and 17 information displays were provided to 17 NMM facilities in support of the youth zones by Miet-Africa.
  - In partnership with support partners (Social Change, Love Life, TB/HIV Care, Soul City, conducted Human Rights Conferences were held for adolescent and youth at the safe spaces.
  - Abangane Grief Support sessions held in Makhotyana safe space, Ngqeleni safe space and Khohlo safe space
  - Dialogues for adolescent boys and men in Nkosi Mvinyelwa, Mabulana and Majali Senior Secondary Schools
  - Sexual Reproductive Health Services were also offered for adolescents, young women and men
  - Training on AYFS conducted for 45 facilities from across the province.
- As part of commemorating the annual World TB Day, build up activities were conducted by all the districts to create awareness to communities about preventative strategies related to Communicable, Non-Communicable Diseases and Maternal and Women's Health issues. These services started from February to the end of March and are continuing as part of the outreach services.
- To strengthen TB screening, Developmental Partners Aquity Innovation provided an additional mobile X-ray in BCM and MaTCH provided mobile X-ray in NMM as part of finding the TB missing patients. To date, 366 people have been screened, 56 investigated and 8 found to be positive in BCM.
- Managed to contract 39 nurses to assist in monitoring of traditional male initiation schools and hire 45 double cabs for monitoring of traditional initiation schools from 11 June 2021.

Care and Treatment (HIV and TB):

- To strengthen recording and reporting, TB/HIV Integrated System (THIS) training for both Data Capturers and Operational/Facility Managers was conducted in Sarah Baartman District for Kouga and Makana sub-districts and in Chris Hani district during the February and March 2022. The emphasis was on use of HAST reports and line lists for TB and HIV as well as share updates on the latest version of THIS.
- HAST Data Audit sessions were conducted at Camdeboo and Kouga Sub-district in Sarah Baartman District health facilities in order to improve HAST performance.
- To strengthen reporting and monitoring of performance indicators for Health Programs THINK (NGO) has seconded Data Analyst and Data Officer from February to November 2022 (9 months).
- District reviews are taking place, with the intentions of auditing the data, review the performance and identify any training and programme gaps. The districts that have been visited in quarter 4 are: Chris Hani, O.R. Tambo in March and Sarah Baartman in March 2022.
- In partnership with Aquity Innovation the department started Private Public Partnership/ Mix in O.R. Tambo district. 9 General Practitioners (GPs) are involved, and have been trained on TB program.

- During the World AIDS Day, launched Bicycle Model in Chris Hani District on the 1st December 2021 for Sada Clinic, Philani Clinic and Ezibeleni Clinic as part of Centralised Chronic Medicines Dispensing and Distribution (CCMDD).

Training:

- Trained 28 clinicians from NMM, Sarah Baartman and Joe Gqabi on 5-day Voluntary Medical Male Circumcision in Gqeberha in April 2021
- Five day trainings on Adolescent Youth Friendly Services (AYFS) and Pre-Exposure Prophylaxis (PrEP) were conducted in seven (7) districts for 230 professional nurses. Established 84 youth zones as a strategy to increase access of health services to adolescent and youth.
- A capacity session on updated Tier.net version 13.3, DHMIS Policy and SOP was held in Joe Gqabi (Senqu -quarter one 21- 25 June 2021, Maletsai 13 - 17 September 2021 and Elundini in quarter two- 27 September 2021 to 01 October 2021), Sarah Baartman- 8-12 November 2021 and 21- 25 February 2022, and Chris Hani from the 28 February - 04 March 2022 and 7-11 March 2022. All trainings are targeting data capturers (three days) and two days was dedicated for operational or facility managers including programme managers and clinic supervisors.
- Paediatric and Adolescent ART Matrix of Intervention Orientation Workshop was conducted to district and facility clinicians including supporting partners in East London from 4-6 October 2021. This was followed by site visits to Butterworth, Cecilia Makiwane and DVDH.
- Managed to conduct “Roll-Out implementation of PrEp” to all facilities to reduce risks of getting new infections.
- Trainings on TB Preventive Therapy and Drug Resistant TB were conducted in Sarah Baartman District (Ndlambe and Makana) during February and March in preparation for the decentralisation of multi-drug resistant TB.

Table 4.2.6.1.: Performance against the originally tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 2.6 HIV & AIDS, STIs & TB control									
s	**Outputs**	**Output Indicator**	**Audited Actual Performance 2019/20**	**Audited Actual Performance 2020/21**	**Planned Annual Target 2021/22**	***Actual Achievement 2021/2022 until date of re-tabling**	**Deviation from planned target to Actual Achievement 2021/2022**	**Reasons for deviations**	**Reasons for revisions to the Outputs / Output indicators / Annual Targets**
3. Morbidity and Premature mortality due to Communicable diseases.	People living with HIV retained on care	3.2.2 ART adult remain in care rate	New indicator	New indicator	45%	39%	-6%	Target not achieved. Most districts have managed to trace and return Lost-To-Follow-Up (LTFU) patients back to treatment. Only NMM and Sarah Baartman reported significant LTFU during the period under review and that resulted in the overall underperformance of this indicator.	The amendment is to correct the numerator and denominator using the methodology of the 12-month ART Cohort which also affected the target that has been changed.
		Numerator			652 664	542 025			
		Denominator			1 462 655	1 398 553			
		3.2.3 ART child remain in care rate	New indicator	New indicator	37%	24.2%	-12.8%	Target not achieved. There is a consistent decrease in number of children retained on ART. Disclosure challenges on children who are on ART, affects the retention in care. As children grow they are moved up to adult age bracket.	The amendment is to correct the numerator and denominator using the methodology of the 12-month ART Cohort which also affected the target that has been changed.
		Numerator			27 195	17 038			
		Denominator			73 801	70 352			
	People viral load undetected	3.2.7 Adult - viral load suppressed rate	New indicator	87.7%	90%	89%	1%	Target achieved within methodical consideration of a 5% margin of error.	The amendment is to correct the numerator and denominator using the methodology of the 12-month ART Cohort.
		Numerator		53 622	587 398	15 789			
		Denominator		61 129	652 664	17 762			

Table 4.2.6.1.: Performance against the originally tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 2.6 HIV & AIDS, STIs & TB control									
s	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/21	Planned Annual Target 2021/22	*Actual Achievement 2021/2022 until date of re-tabling	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
		3.2.8 Child - viral load suppressed rate	New indicator	62.3%	90%	64.5%	-25.5%	Target not achieved. The non-disclosure challenges result in poor adherence to treatment, as they lack support system from parents/guardians.	The amendment is to correct the numerator and denominator using the methodology of the 12-month ART Cohort.
		Numerator		986	24 476	320			
		Denominator		1 583	27 195	496			

Table 4.2.6.2: Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 2.6 HIV & AIDS, STIs & TB control								
Outcome (as per SP 2020/21-2024/25)	**Outputs**	**Output Indicator**	**Audited Actual Performance 2019/20**	**Audited Actual Performance 2020/21**	**Planned Annual Target 2021/22**	***Actual Achievement 2021/2022**	**Deviation from planned target to Actual Achievement 2021/2022**	**Reasons for deviations**
3. Morbidity and Premature mortality due to Communicable diseases reduced	HIV new cases identified and initiated	3.1.1 HIV test done - sum	2 086 072	1 513 548	1 740 870	1 701 524	-39 346	Target not achieved. NMM and Sarah Baartman are the two districts that have underperformed as they tested less than their targets. NMBM tested 174 676, which is 55.2% towards achieving the set target while Sarah Baartman tested 73 191 which 57.5% towards achieving the target. The poor performance in the two districts is attributed to under reporting due to inadequate availability of Data Capturers and the generally low HTS uptake observed in both districts.
		3.1.2 HIV positive 15-24 years (excl. ANC) rate	New Indicator	New Indicator	2.9%	2.2%	-0.7%	Target not achieved. There are challenges observed related to the low positivity yield which is consistently reported in the following districts, Alfred Nzo Amathole and BCM is noted. This could be related to inadequate implementation of targeted testing strategies such as Index and HIV Self Screening. Alfred Nzo and Amathole are two district that have a positivity rate less than two (2).
		Numerator: HIV positive 15-24 years (excl ANC)			38 365	12 355		
		Denominator: HIV test 15-24 years (excl ANC)			1 322 957	553 802		

Table 4.2.6.2: Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 2.6 HIV & AIDS, STIs & TB control								
Outcome (as per SP 2020/21-2024/25)	**Outputs**	**Output Indicator**	**Audited Actual Performance 2019/20**	**Audited Actual Performance 2020/21**	**Planned Annual Target 2021/22**	***Actual Achievement 2021/2022**	**Deviation from planned target to Actual Achievement 2021/2022**	**Reasons for deviations**
		3.2.1 ART client naïve start ART during month – sum	New indicator	50 059	69 314	50 541	-18 773	Target not achieved. While all districts have achieved initiation rate of above 90%, the target for the year has not been achieved. This mainly is due to a general low HIV positivity yield of 3.3% against a target of 7%. Because of the low yield the province could only find 55 719 HIV positive against 69 324 patients expected to be put on treatment. Low testing observed in NMBM and Sarah Baartman contributes to underperformance.
	People living with HIV retained on care	3.2.2 ART adult remain in care rate	New Indicator	New Indicator	90%	62.3%	-27.7%	Target not achieved. This indicator is affected by three elements of attrition, namely patients that die while on treatment (due to any cause of death); other patients transfer to other provinces for various reasons including relocation; a greater proportion of these patients are affected by non-capturing of clinical visits due to non-availability of data capturers resulting in underreporting.
		Numerator: ART adult remain in care – total			66 126	30 103		
		Denominator: ART adult start minus cumulative transfer out			73 479	48 302		

Table 4.2.6.2: Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 2.6 HIV & AIDS, STIs & TB control								
Outcome (as per SP 2020/21-2024/25)	**Outputs**	**Output Indicator**	**Audited Actual Performance 2019/20**	**Audited Actual Performance 2020/21**	**Planned Annual Target 2021/22**	***Actual Achievement 2021/2022**	**Deviation from planned target to Actual Achievement 2021/2022**	**Reasons for deviations**
		3.2.3 ART child remain in care rate	New Indicator	New Indicator	90%	73.4%	-16.6%	Target not achieved. This indicator is affected by three elements of attrition, namely children that die while on treatment (due to any cause of death such as severe acute malnutrition with HIV as an underlying infection). These children are cared for by care-givers/grand-parents who do not take them for routine clinical follow-up; other children transfer to other provinces with their care-givers for various reasons including relocation; a greater proportion of these children are affected by non-capturing of clinical visits due to non-availability of data capturers resulting in underreporting.
		Numerator: ART child remain in care – total			1 877	838		
		Denominator: ART child start minus cumulative transfer out			2 085	1 142		
	Access to condoms	3.2.4 Male condoms distributed	78 817 157	51 122 509	84 000 000	45 839 588	-38 160 412	Target not achieved. The provincial average performance is at 54.6% of the target. This poor performance is attributed to the non-availability of condoms from the suppliers. Only one supplier managed to deliver condoms during Q3 and mid Q4. This resulted in constant insufficient supply of condoms in the districts.

Table 4.2.6.2: Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 2.6 HIV & AIDS, STIs & TB control								
Outcome (as per SP 2020/21-2024/25)	**Outputs**	**Output Indicator**	**Audited Actual Performance 2019/20**	**Audited Actual Performance 2020/21**	**Planned Annual Target 2021/22**	***Actual Achievement 2021/2022**	**Deviation from planned target to Actual Achievement 2021/2022**	**Reasons for deviations**
	Male circumcision performed	3.2.5 Medical male circumcision - sum	10 722	9 263	11 443	15 235	3 792	Target overachieved. Demand exceeded expected output due to relaxation of COVID-19 regulations during 2021 December school holidays.
		3.2.6 Traditional male circumcision-sum	New Indicator	6 517	17 931	50 615	32 684	Target overachieved. There was a great demand during 2021 summer male initiation season due to relaxation of COVID-19 regulations as opposed to 3 previous seasons.
	People viral load undetected	3.2.7 ART Adult - viral load suppressed rate	New Indicator	87.7%	90%	88.5%	1.5%	Target achieved within methodical consideration of a 5% margin of error.
		Numerator: ART adult viral load under 400		53 622	66 126	19 632		
		Denominator: ART adult viral load done		61 129	73 479	22 186		
		3.2.8 ART Child - viral load suppressed rate	New Indicator	62.3%	90%	64%	-26%	Target not achieved The viral load suppression rate is affected by decrease in ART child remain in care rate and ART child viral load done rate. As the result of that, all the districts have reported a viral load done of below 90% during quarter 4.
		Numerator: ART child viral load under 400		986	1 877	376		
		Denominator: ART child viral load done		1 583	2 085	588		
	TB/HIV co-infected clients identified and initiated	3.2.9 TB/HIV co-infected client on ART rate	74.7%	93.5%	90%	92.6%	2.6%	Target achieved
		Numerator: DS TB client HIV positive on ART	11 668	12 015	14 555	13 724		
		Denominator: DS TB client HIV positive	15 616	12 855	16 172	14 816		

Table 4.2.6.2: Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 2.6 HIV & AIDS, STIs & TB control								
Outcome (as per SP 2020/21-2024/25)	**Outputs**	**Output Indicator**	**Audited Actual Performance 2019/20**	**Audited Actual Performance 2020/21**	**Planned Annual Target 2021/22**	***Actual Achievement 2021/2022**	**Deviation from planned target to Actual Achievement 2021/2022**	**Reasons for deviations**
	TB Positive clients initiated and cured	3.3.1 TB investigation done 5 years and older rate	New indicator	88.3%	90%	95.5%	5.5%	Target overachieved. This is due to the implementation of new policy which warrants that all pregnant women, TB contacts and pregnant women be investigated despite TB screen results.
		Numerator: TB investigation done 5 years and older		213 388	328 094	284 194		
		Denominator: TB symptomatic clients 5 years and older		241 612	364 549	297 488		
		3.3.2 DS - TB treatment start 5 years and older rate	98%	93%	90%	92.7%	2.7%	Target achieved.
		Numerator: DS - TB treatment start 5 years and older	31 392	23 393	29 321	32 658		
		Denominator: DS- TB confirmed 5 years and older	31 940	25 164	32 579	35 244		
		3.3.3 TB XDR treatment start rate	New Indicator	100%	90%	100%	10%	Target overachieved. All XDR TB patients that are diagnosed are started as inpatients in the centers of excellence Jose Pearson and Nkqubela TB Hospitals. The Province has not decentralized the management of XDR TB patients.
		Numerator: TB XDR client confirmed start on treatment		239	243	123		
		Denominator: TB XDR confirmed client		239	271	123		

Table 4.2.6.2: Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 2.6 HIV & AIDS, STIs & TB control								
Outcome (as per SP 2020/21-2024/25)	**Outputs**	**Output Indicator**	**Audited Actual Performance 2019/20**	**Audited Actual Performance 2020/21**	**Planned Annual Target 2021/22**	***Actual Achievement 2021/2022**	**Deviation from planned target to Actual Achievement 2021/2022**	**Reasons for deviations**
		3.3.4 All DS -TB client treatment success rate	78.1%	77.5%	77%	77.5%	0.5%	Target achieved and significant improvement is noted in Joe Gqabi that reported 77.2% during the period under review. However, it is notable that two districts have not achieved the annual target: BCM: 69% and Sarah Baartman: 74.7%.
		Numerator: All TB client successfully completed treatment	30 836	32 893	23 200	25 482		
		Denominator: All DS-TB patients in treatment outcome cohort	39 474	42 421	30 129	32 881		
		3.3.5 TB Rifampicin Resistant/MDR/pre - XDR treatment success rate	New Indicator	57%	65%	47.3%	-17.7%	Target not achieved. The main reason for non-achievement of this target is related to unfavourable outcomes reported for short and long regimen which is DR-TB lost to follow up.
		Numerator: TB Rifampicin Resistant/MDR/ pre - XDR successfully completed treatment		1 008	943	656		
		Denominator: TB Rifampicin Resistant/MDR/ pre – XDR start on treatment		1 775	1 451	1 386		
	Lost clients tracked and re-initiated	3.3.6 All DS - TB client lost to follow – up rate	11.8%	14.2%	10%	14.1%	-4.1%	Target is not achieved. This is due to fact that six of the 8 districts did not achieve the annual target. Of these districts the highest is BCM at 23.5%, followed by S. Baartman: 18.1%.

Table 4.2.6.2: Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 2.6 HIV & AIDS, STIs & TB control								
Outcome (as per SP 2020/21-2024/25)	**Outputs**	**Output Indicator**	**Audited Actual Performance 2019/20**	**Audited Actual Performance 2020/21**	**Planned Annual Target 2021/22**	***Actual Achievement 2021/2022**	**Deviation from planned target to Actual Achievement 2021/2022**	**Reasons for deviations**
		Numerator: All DS - TB client lost to follow-up	4 654	6 030	3 013	4 622		
		Denominator: All DS-TB patients in treatment outcome cohort	39 474	42 421	30 129	32 881		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
3.1.1 HIV test done – sum	• Intensify implementation of the Catch-up plan activities to intensify case finding strategies, such as Index Testing, HIV Self Screening and Targeted Testing at Key Entry Points, establish focused services for high-risk population in health facilities (Men's Corner, Youth Zone). • Encourage professional initiated counselling and texting (PICT) by clinicians. • Conduct training on ELAB Continuous Quality Improvement (ECQI) and HIVSS in the District.
3.1.2 HIV positive 15-24 years (excl. ANC) rate	• Increase access to Sexual Reproductive Health services among youth and adolescents through the Youth Zone rollout. • Increase the number of males circumcised in target age groups using MMC and TMC, having impact on increased HIV testing in young males.
3.2.1 ART client naïve start ART during month – sum	• Conduct data audit and monitor capturing of data in districts. Continue to monitor recruitment processes of data capturers for all districts. Strengthen the implementation of Universal Test and Treat in health facilities. • Map out areas that are hard to reach and in need of Community ART services that will be provided by the outreach teams. Scale up Community ART Initiation through the mobile services.
3.2.2 ART adult remain in care rate	• Scale up implementation of Differentiated Models of Care for stable patients by encouraging increase in the number of available CCMDD external Pick-up Points. • Monitor the rate at which facilities are decanting patients by looking at the patients eligible for decanting vs those that were decanted on monthly basis. • Scale up TLD Transition by allocating Sub-district and Facility targets for TLD transitioning. Develop a tracking tool to track the TLD transition on monthly basis. • Scale up back capture of any data backlog by conducting roadshows targeting data capturers on Tier.net updates, importance of daily data capturing and data integrity.
3.2.3 ART child remain in care rate	• Digitalization of PCR results in the HTS module of TIER.Net so as to follow up exposed babies to enhance linkage to care. • Strengthen the Community tracing utilizing WBCHOT to districts that do not have supporting partners. Tracking and tracing interventions to include partnerships with traditional leaders and School Governing Body structures.
3.2.4 Male condoms distributed	• New condom contract released by the NDoH during the fourth quarter 2021/22 financial year. The province is busy with provincial condom storage to keep buffer stock to ensure continuous availability of condoms. The central space provided by one of the hospitals require some renovations/alterations since it was previously used as patient's ward. Clinton Health Access Initiative has provided the Province with Provincial Supply Chain Associate - HIV Prevention (Condoms), to strengthen condom supply chain in both primary and secondary distribution sites.
3.2.8 ART Child - viral load suppressed rate	• Strengthen the working relationship between DOE, DSD & DOH in all spheres of government to ensure provision of services through implementation of the Integrated School Health programme. • Working with Partners and various Sectors ng case officers to track and trace all patients missing appointment and refer to adherence officer patients who need more engagement
3.3.5 TB Rifampicin Resistant/MDR/pre - XDR treatment	• All confirmed patients are going to be linked to PHC, NGO's and the Ward Based Outreach teams for tracking and tracing in order to reduce the DR-

Indicator not achieved	Proposed strategies
success rate	TB Lost to follow up
3.3.6 All DS - TB client lost to follow – up rate	• Data Audits and Performance reviews are conducted and will be continued in the districts. So far O.R. Tambo, Sarah Baartman and Chris Hani have had their audits conducted. • Monthly analysis and feedback will be continued by the provincial managers, focusing on primary lost to follow up. The use of appointment list is enforced, so as to identify early missed appointments. Interrupters are traced and those that are found are put back on treatment. Districts are encouraged to ensure that facilities do give outcomes to all the patients who have completed treatment, as the "not evaluated" that is patients with no outcomes will affect the overall TB performance. • The departmental supporting partner, Aquity Innovations in OR Tambo and BCM provide Direct Service Delivery and their main focus is finding the missing TB patients.

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

Sub-programme purpose

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

Institutional outcomes

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

PROGRESS AND ACHIEVEMENTS

Couple Year Protection

- Mentorship workshop on Sexual reproductive health and rights focussing on the new training package was conducted by the National Department of Health from the 30th Aug to the 3rd Sept 2021. DCSTs and General Health Programmes from the 8 districts were trained. The plan is to ensure that mentors are mentoring and supporting nurses that were trained on Sexual Reproductive Health and Rights new package. In-service trainings on the insertion on the new site of Implanon are conducted continuously in all districts to upskill nurses.
- Termination of Pregnancy (TOP) workshops were conducted in the 1st quarter targeting all districts. Debriefing session was held for termination of pregnancy providers on the 23rd and 24th March 2022 as part of the employee wellness programme of the department.
- Having identified O.R. Tambo as the district that is having highest teenage pregnancy, the Eastern Cape Department of Health in partnership with TB/HIV Care and UNFPA started a process of implementing the Nzululwazi model to reduce the teenage pregnancy in six schools across OR Tambo district. The schools identified include the following:
  - Ingquza – Sangonni and Ndaliso Senior Secondary School (SSS)
  - KSD – Mpeko and Bazindlovu SSS
  - Mhlontlo – Qumbu Tech and Jence SSS
  - Nyandeni – Pondolwendlovu and Makukhanye SSS

Maternal Health

ANC 1ST Visit < 20 weeks

- In the 1st quarter, Passionate Unlimited Peers in Action (PUPA), an NPO working in Alfred Nzo district conducted a fact finding research on the issue of antenatal care visit before 20 weeks' indicator, whereby they organised a round table stakeholders meeting to examine the state of maternal health services and the factors associated with poor performance in the district.

Trainings, Conferences and Workshops conducted (Maternal Health)

- Induction on Maternal Care was conducted for 30 new Community Service and Post Community Service Doctors and 15 Professional Nurses`.
- Eastern Cape hosted the 40th Conference on Perinatal Care in South Africa at Mpekweni Resort on the 08th - 11th of March 2022. Twenty delegates represented the Province and presented research papers on various components of maternal and neonatal care.
- A total of 113 and 60 clinicians (nurses and doctors) were trained on Essential Steps for Management of Obstetric Emergencies (ESMOE) in Q3 and Q4 respectively.
- A total of 25 Emergency Care Practitioners Master Trainers were trained on ESMOE in Transit, in order to cascade training in all other districts.

Other Activities (Maternal Health)

- A child health seminar was held in East London which Included District Clinical Specialists (DCSTs) and Maternal Child Health Women's Health and Integrated Nutrition Programme (MCWHN) program managers. The aim of the workshop was to review child heath performance and standardise tools and protocols used for child Health services. The workshop successfully standardised some tools for example registers, audit tools for Severe Acute Malnutrition (SAM) and the criteria for admitting neonates at Regional hospitals.

Child Health – Immunisation

- The targets for the immunisation coverage indicators (immunised under 1-year coverage and 2nd dose measles at 12 months) were reached in Q3 and Q4 due to catch up campaigns that were conducted in sub-districts/districts that were underperforming.
- Sanofi, a drug manufacturing company conducted a training in East London ICC on stock monitoring for programme managers, operational managers and depot pharmacist for vaccines.
- A total of 18 and 25 Clinicians (nurses and doctors) were trained on management of small and sick neonates (MSSN) in Q3 and Q4 respectively in the Province.
- A total of 20 Clinicians (nurses and doctors) were trained on Integrated Management of Childhood Illnesses (IMCI) in Q4.
- A total of 22 Clinicians (nurses and doctors) were trained on Emergency Training Assessment and Treatment (ETAT) in Q4.

Integrated Nutrition Programme (INP)

- Grow Great NGO conducted a survey on stunting in the Mqanduli area. The Survey was conducted in collaboration with the Nelson Mandela University and Philani Maternal and Child NGO. The results were recently released showing stunting rate of 25%. The survey results will be used to guide child health interventions in the area and other similar settings.

Table 4.2.7: Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 2.7: MCWH&N

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
1. Maternal, Neonatal, Infant and Child Mortality reduced	Family planning improved	1.1.1 Couple year protection rate	52.4%	41.5%	65%	49%	-16%	Target not achieved. The poor performance of this indicator is attributed to: • Non-availability of long-acting contraceptive devices and injectables. • Inadequate skills among Health Professionals to insert long-term contraceptive devices. The following districts did not achieve the target except for Chris Hani that reported 85.4%: A. Nzo :6.9 % Amathole :59.3% BCMM :50.7% Joe Gqabi :47.6% NMMB :52.9% O.R Tambo :33.4% Sarah Baartman :48.6%
		Numerator: (SUM ([Oral pill cycle]) / 15) + (SUM ([Medroxyprogesterone injection]) / 4) + (SUM ([Norethisterone enanthate injection]) / 6) + (SUM ([IUCD inserted]) * 4.5) + (SUM([Male condoms distributed]) / 120) + (SUM([Sterilisation - male]) * 10) + (SUM([Sterilisation - female]) * 10) + (SUM([Female condoms distributed]) / 120) + (SUM([Sub-dermal implant inserted]) * 2.5)	1 015 691	810 499	1 233 581	794 005		

Table 4.2.7: Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 2.7: MCWH&N								
Outcome (as per SP 2020/21-2024/25)	**Outputs**	**Output Indicator**	**Audited Actual Performance 2019/20**	**Audited Actual Performance 2020/21**	**Planned Annual Target 2021/22**	**Actual Achievement 2021/2022**	**Deviation from planned target to Actual Achievement 2021/2022**	**Reasons for deviations**
		Denominator: (SUM {[Female 15-44 years]} + SUM {[Female 45-49 years]})	1 938 343	1 952 556	1 897 817	1 620 419		
	Early booking for Antenatal clients visits increased	1.1.2 Antenatal 1st visit before 20 weeks rate	63.2%	62.5%	65%	63%	2%	Target achieved within the methodological considerations of 5% margin of error. The following districts achieved the target Amathole :73.6% BCMM :71.9% Chris Hani : 68.4% NMB : 69.3% Sarah Baartman : 66.1%
		Numerator: Antenatal 1st visit before 20 weeks	57 729	78 855	83 621	76 980		
		Denominator: Antenatal 1st visit total ([Antenatal 1st visit 20 weeks or later]) + SUM ([Antenatal 1st visit before 20 weeks]	93 076	126 241	128 648	122 229		

Table 4.2.7: Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 2.7: MCWH&N								
Outcome (as per SP 2020/21-2024/25)	**Outputs**	**Output Indicator**	**Audited Actual Performance 2019/20**	**Audited Actual Performance 2020/21**	**Planned Annual Target 2021/22**	**Actual Achievement 2021/2022**	**Deviation from planned target to Actual Achievement 2021/2022**	**Reasons for deviations**
		1.1.3 Antenatal clients start on ART rate	84.4%	91.8%	96%	90.4%	-5.6%	Target not achieved The main reason for the non-achievement of the target is related to the delayed reporting of patients on DHIS resulting in backlog. The delayed reporting is mainly due to inadequate availability of Data Capturers due to financial constraints. The only district that achieved the target was Joe Gqabi at 97.7% The following districts did not achieve the target: Amathole: :91.1% Alfred Nzo :90.3% BCMM :76.7% Chris Hani :89.4% NMMB :79.9% OR Tambo :86.6% Sarah Baartman :93.5%
		Numerator: Antenatal start on ART	7713	8 893	10 606	7 827		
		Denominator: Antenatal known HIV positive but NOT on ART at 1st visit	8069	9 692	11 048	8 662		

Table 4.2.7: Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 2.7: MCWH&N								
Outcome (as per SP 2020/21-2024/25)	**Outputs**	**Output Indicator**	**Audited Actual Performance 2019/20**	**Audited Actual Performance 2020/21**	**Planned Annual Target 2021/22**	**Actual Achievement 2021/2022**	**Deviation from planned target to Actual Achievement 2021/2022**	**Reasons for deviations**
	Teenage pregnancy reduced	1.1.4 Delivery in 10 - 19 years in facility rate	17%	17.1%	15%	17.4%	-2.4%	Target not achieved, the province is still experiencing a challenge of High Teenage pregnancy especially in O.R.Tambo, Alfred Nzo and Joe Gqabi. This is attributed to the inadequate access to sexual reproductive health services at PHC facilities. The increase in deliveries among 10-14 year olds poses a challenge, as there are no contraceptive methods suitable for this age group. Two districts achieved the target BCM :11.6% NMB :10.7% Six districts did not achieve the target Alfred Nzo :23.9% Amathole :16.9% Chris Hani :17.9% Joe Gqabi :21% O.R Tambo :21.2% Sarah Baartman :15.6%
		Numerator: Delivery 10-19 years in facility	13 490	18 401	16 059	18 960		
		Denominator: : Delivery 10-14 years in facility + Delivery 15-19 years in facility + Delivery 20 years and older in facility	79 565	107 469	107 065	108 975		

Table 4.2.7: Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 2.7: MCWH&N

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
	Maternal mortality reduced	1.1.5 Maternal mortality in facility ratio	New Indicator	New Indicator	120/100 000	114.6/100 000	5.4/100 000	Target achieved due to continuous capacity building that is provided for health professionals in order to improve their competency. The districts that achieved the target are outlined below: Alfred Nzo :68.4/100 00 Amathole :19.4/100 000 Joe Gqabi :37.5/ 100 000 NMM :114.1/100 000 Sarah Baartman :72.6/100 000 Three districts that did not achieve as listed below: BCM :130.6/ 100 000 Chris Hani :157.4/ 100 000 OR Tambo :160.4/ 100 000
		Numerator: Maternal death in facility			136	136		
		Denominator: Live births known to facility			113 688	118 711		
	Low birth weight reduced	1.2.1 Live birth under 2500g in facility rate	New Indicator	135.7/1 000	14%	14.3%	-0.3%	Target achieved within the methodological considerations of 5% margin of error.
		Numerator: Live birth under 2500g in facility		14 896	11 309	15 839		
		Denominator: Live birth in facility		109 775	80 780	110 833		
	Postnatal care coverage increased	1.2.2 Mother postnatal visit within 6 days rate	69%	71.2%	73%	78.6%	5.6%	Target overachieved The achievement is related to improved recording by hospitals for the mothers that stay in hospital for more than 6 days post-delivery for example mothers that deliver Premature babies

Table 4.2.7: Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 2.7: MCWH&N								
Outcome (as per SP 2020/21-2024/25)	**Outputs**	**Output Indicator**	**Audited Actual Performance 2019/20**	**Audited Actual Performance 2020/21**	**Planned Annual Target 2021/22**	**Actual Achievement 2021/2022**	**Deviation from planned target to Actual Achievement 2021/2022**	**Reasons for deviations**
		Numerator: Mother postnatal visit within 6 days after delivery	54 910	76 543	76 524	85 685		
		Denominator: Delivery 10-14 years in facility + Delivery 15-19 years in facility + Delivery 20 years and older in facility	79 565	107 469	104 827	108 975		
	Mother to child transmission reduced	1.3.1 Infant 1st PCR test positive at birth rate	New Indicator	New Indicator	0.4%	0.4%	0%	Target achieved Alfred Nzo: 0,3% Amathole: 0,4% BCMM: 0,6% Chris Hani: 0,2% Joe Gqabi: 0,2% NMBM: 0,5% OR Tambo: 0,3% Sarah Baartman: 0,5%
		Numerator: Infant 1st PCR test positive at birth			97	127		
		Denominator: Infant 1st PCR test at birth			24 207	34 454		
		1.3.2 Infant PCR test positive around 10 weeks rate	0.9%	0.6%	<0.5%	0.8%	0.3%	Target achieved within the methodological considerations of 5% margin of error.
		Numerator: Infant PCR test positive around 10 weeks	142	135	109	174		
		Denominator: Infant PCR test around 10 weeks	16 341	20 844	21 748	21 684		

Table 4.2.7: Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 2.7: MCWH&N								
Outcome (as per SP 2020/21-2024/25)	**Outputs**	**Output Indicator**	**Audited Actual Performance 2019/20**	**Audited Actual Performance 2020/21**	**Planned Annual Target 2021/22**	**Actual Achievement 2021/2022**	**Deviation from planned target to Actual Achievement 2021/2022**	**Reasons for deviations**
	Child Immunisation Coverage increased	1.3.3 Immunisation under 1year coverage	57%	69.3%	80%	88.7%	8.7%	Target overachieved. Except NMBM and Sarah Baartman which have achieved more than 1% PCR positivity as outlined below. NMBM: 1.1% Sarah Baartman: 1.3% All other districts achieve the target Alfred Nzo: 0.6% Amathole: 0.5% BCMM: 0.8% Chris Hani: 0.8% Joe Gqabi: 0.4% OR Tambo: 0.8% The department provided transport to all the districts to conduct catch-up campaigns for expanded programme of immunization, hence the achievement.
		Numerator: Immunised fully under 1 year	92 434	111 911	130 210	116 122		
		Denominator: Population under 1 year	162 128	161 497	162 762	130 901		

Table 4.2.7: Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 2.7: MCWH&N								
Outcome (as per SP 2020/21-2024/25)	**Outputs**	**Output Indicator**	**Audited Actual Performance 2019/20**	**Audited Actual Performance 2020/21**	**Planned Annual Target 2021/22**	**Actual Achievement 2021/2022**	**Deviation from planned target to Actual Achievement 2021/2022**	**Reasons for deviations**
		1.3.4. Measles 2nd dose coverage	56%	66.3%	80%	83.3%	3.3%	Target achieved Alfred Nzo :80.2% Amathole :83.4% BCMM :99.4% Chris Hani :84% Joe Gqabi :80.1% NMMB :92.9% O.R Tambo :74.9% Sarah Baartman :93.5% The department provided transport to all the districts to conduct catch-up campaigns for expanded programme of immunization, hence the achievement.
		Numerator: Measles 2nd dose	91 327	107 772	131 051	111 128		
		Denominator: Target population 1 year	163 395	162 542	163 814	133 378		
	Child mortality reduced	1.3.5 Death under 5 years against live birth rate	New Indicator	New Indicator	<2%	2%	0%	Target achieved The achievement status is listed below: Alfred Nzo :1.5% Amathole :1.5% Chris Hani :1.7% Joe Gqabi :1.4% NMMB :1.9% Sarah Baartman :1.4% BCM :2% OR Tambo :2.6%
		Numerator: Death in facility 0-6 days + Death in facility 7-28 days + Death in facility 29 days - 11 months + Death in facility 12-59 months			1 616	2 181		
		Denominator: Live birth in facility			80 780	110 833		

Table 4.2.7: Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 2.7: MCWH&N								
Outcome (as per SP 2020/21-2024/25)	**Outputs**	**Output Indicator**	**Audited Actual Performance 2019/20**	**Audited Actual Performance 2020/21**	**Planned Annual Target 2021/22**	**Actual Achievement 2021/2022**	**Deviation from planned target to Actual Achievement 2021/2022**	**Reasons for deviations**
		1.3.6 Neonatal death in facility rate	New indicator	13.1/1 000	10/1000	13.2/1000	-3.2/1000	Target not achieved. Seven districts achieved the target as listed below: Alfred Nzo :9.8/1000 Amathole :8.7/1000 Joe Gqabi :7.3/1000 Sarah Baartman :10.9/1000 BCMM :13.4/1000 Chris Hani :12.4/1000 NMMB :13.1/1000 Only one district that has not achieved the target and reported 17.6/1000 due to the high number of deaths in the 0-6 days' category (Early Neonatal deaths) which is attributed to Prematurity
		Numerator: Death in facility 0-6 days] + [Death in facility 7-28 days		1 441	1 046	1 464		
		Denominator: Live birth in facility		109 775	104 655	110 833		

Table 4.2.7: Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 2.7: MCWH&N								
Outcome (as per SP 2020/21-2024/25)	**Outputs**	**Output Indicator**	**Audited Actual Performance 2019/20**	**Audited Actual Performance 2020/21**	**Planned Annual Target 2021/22**	**Actual Achievement 2021/2022**	**Deviation from planned target to Actual Achievement 2021/2022**	**Reasons for deviations**
	Micro and macro nutrient malnutrition reduced	1.3.7 Vitamin A dose 12-59-months coverage	62.4%	49%	64%	63.7%	0.3%	Target achieved within the methodological considerations of 5% margin of error. The department provided transport to all the districts to conduct catch-up campaigns on expanded programme of immunization. Reconciliation of Vitamin A outreach data to facility data contributed to improved performance. The performance of other districts is listed below: Alfred Nzo :63.7% Amathole :74.3% BCMM :64% Chris Hani :68.9% Joe Gqabi :65.1% O.R Tambo :60.2% Sarah Baartman : 61.1% NMB :58%
		Numerator: Vitamin A dose 12-59 months(Vitamin A dose 15-59 months + COS vitamin A dose 12 to 59 months)	825 843	645 728	791 378	706 625		
		Denominator: Target population 12 – 59 months *2(Female 1 year + Female 02-04 years + Male 1 year + Male 02-04 years) * 2	1 332 006	1 317 266	1 236 528	1 109 626		
	Micro and macro nutrient malnutrition reduced	1.3.8 School learner underweight rate	New Indicator	0.3%	<7%	0.7%	6.3%	Target achieved
		Numerator: School learner underweight		71	100	133		
		Denominator: School leaners screened - sum		21 670	1 400	19 873		

Table 4.2.7: Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 2.7: MCWH&N								
Outcome (as per SP 2020/21-2024/25)	**Outputs**	**Output Indicator**	**Audited Actual Performance 2019/20**	**Audited Actual Performance 2020/21**	**Planned Annual Target 2021/22**	**Actual Achievement 2021/2022**	**Deviation from planned target to Actual Achievement 2021/2022**	**Reasons for deviations**
		1.3.9 Child under 5 years diarrhoea case fatality rate	2.5%	4%	2.7%	3.4%	-0.7%	Target not achieved Seven districts achieved the target as listed below. Alfred Nzo : 1.9% BCM : 1.3% Joe Gqabi : 1.4% Sarah Baartman : 0% Amathole : 2.8% Chris Hani : 2.8% NMB : 2.7% O R Tambo : 5.9% Only O.R.Tambo did not achieve the target reported 5.9% during the period under review which is attributed to poor access to safe and clean water
		Numerator: Diarrhoea death under 5 years	26	127	151	152		
		Denominator: Diarrhoea separation under 5 years	1 034	3 166	5 598	4 489		

Table 4.2.7: Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 2.7: MCWH&N								
Outcome (as per SP 2020/21-2024/25)	**Outputs**	**Output Indicator**	**Audited Actual Performance 2019/20**	**Audited Actual Performance 2020/21**	**Planned Annual Target 2021/22**	**Actual Achievement 2021/2022**	**Deviation from planned target to Actual Achievement 2021/2022**	**Reasons for deviations**
		1.3.10 Child under 5 years pneumonia case fatality rate	3.1%	3.3%	3%	3.3%	0.3%	Target not achieved Five districts achieved the target. They include the following: Alfred Nzo :2.2% Amathole :3% BCM :0.89% Chris Hani :0.93% Joe Gqabi :3.3% NMM: :4% OR Tambo :4.5% Sarah Baartman :6.2% Only Sarah Baartman did not achieve as it reported, 6.2% during the period under review whis is attributable to defaulting of HIV treatment, late health seeking behaviour and shortage of high care and ICU neonatal beds.
		Numerator: Pneumonia death under 5 years	29	98	127	117		
		Denominator: Pneumonia separation under 5 years	927	2 955	4 564	3 592		

Table 4.2.7: Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 2.7: MCWH&N

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
		1.3.11 Child under 5 years severe acute malnutrition case fatality rate	9.2%	10%	8%	9.7%	-1.7%	Target not achieved Chris Hani :4.9% NMM :8.3% Joe Gqabi :7.4% OR Tambo :10.3% Sarah Baartman :9% Alfred Nzo :11.5% Amathole :9% BCM :25.6% Only one district did not achieve the target , BCM which reported ,25.6% (11 deaths/43 admissions) , during the period under review which is attributed to teenage pregnancy, low exclusive breastfeeding rates and poor growth monitoring and promotion practices.
		Numerator: Severe acute malnutrition death under 5 years	28	838	117	127		
		Denominator: Severe acute malnutrition inpatient under 5 years	306	7 625	1 464	1 314		
2. Stunting among children reduced	Food supplementation children increased	2.1.1 Child under 5 years food nutritional supplementation coverage	New Indicator	0.5%	>10%	7.3/1000	2.7/1000	Target achieved.
		Numerator: Child under 5 years food nutritional supplementation new		3 864	82 013	5 024		
		Denominator: Population under 5 years		820 136	820 136	685 711		
4. Morbidity and Premature mortality due to Non-Communicable diseases reduced	Obesity in children managed	4.1.1 School learner overweight rate	New Indicator	0.8%	9%	0.6%	8.4%	Target achieved
		Numerator: School learner overweight		184	130	122		
		Denominator: School learner screened - sum		21 670	1 400	19 873		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
1.1.1 Couple year protection rate	• Facilities are to order the supplies for family planning as per the usage to avoid stock outs. • Monitoring of stock and movement within the districts as per need using Stock Visibility Solution (SVS). • Promotion of long term contraceptive methods especially in postnatal wards.
1.1.3 Antenatal clients start on ART rate	• Continue to support the districts and facilities to enhance capturing of ANC files on Tier.net in order to ensure on time reporting. • Establish Facility Nerve Centres to monitor performance and reporting at a facility level. • Conduct weekly facility performance monitoring thorough the submitted Nerve Centre reports.
1.1.4 Delivery 10 to 19 years in facility rate	• To strengthen the establishment of adequately functioning youth zones to increase access to youth services. • To continue conducting in-service education on the new site for the insertion of implanon. • To mentor nurses on the insertion and removal of the intra-uterine contraceptive device. • To support partnership of the Eastern Cape Department of Health (Alfred Nzo and O.R Tambo) with the United Nations Population Fund (UNFPA) which is working closely with the Department of Education and Imbumba yamakhosikazi to address issues of behavioural change among teenagers.
1.3.6 Neonatal death in facility rate	• To conduct trainings on MSSN. • To continue with the procurement of equipment for neonatal units. • To continue promoting Kangaroo Mother Care in all health facilities.
1.3.9 Child under 5 years diarrhea case fatality rate	• To train clinicians and monitor the implementation of Integrated Management of Childhood Illnesses (IMCI) guidelines. • To implement community IMCI.
1.3.10 Child under 5 years pneumonia case fatality rate	• To train clinicians and monitor the implementation of Integrated Management of Childhood Illnesses (IMCI) guidelines.
1.3.11 Child under 5 years severe acute malnutrition case fatality rate	• To conduct trainings for clinicians (nurses, doctors and dietitians) on Integrated Management of Acute Malnutrition (IMAM) guidelines and growth monitoring. To roll-out or extend the Maternal and Child Development Programme to other districts with a higher number of child malnutrition hot spot areas.

2.8 SUB-PROGRAMME: CORONER SERVICES

SUB-PROGRAMME PURPOSE

To strengthen the capacity and functionality of forensic pathology institutions within the Province and facilitate access to forensic pathology services at all material times.

The Coroner Services sub-programme renders forensic pathology services in order to establish the circumstances and causes surrounding unnatural deaths.

Institutional outcomes

- 6. Quality of health services improved

PROGRESS AND ACHIEVEMENTS

Strengthening Governance and Leadership

- Covid-19 protocols are still maintained in all facilities across the province.
- Queenstown Region has appointed Cost Containment Committee (CCC) members to ensure seamless adherence to procurement processes in line with PFMA for the current Financial Year.
- All facilities are ensuring strict compliance to Occupational Health and Safety guidelines.
- Covid-19 vaccine and subsequent boosters administered to staff member.

Facilities, Infrastructure and Maintenance

- The provincial multi-disciplinary team has conducted visits and assessments on 9 Forensic Pathology Service facilities for the purpose of planning an upgrade and improvement.
- Uitenhage drainage system has been re-constructed.
- At Queenstown Region Post - Mortem reports are made available at within one week.
- The regional management team at Queenstown has conducted a thorough spring cleaning at Mt Fletcher laboratory.
- The contract of Mthatha Medical Officer was renewed for a further period of one year.
- Mthatha and East London has successfully procured uniform for 53 Forensic Pathology Officers (29 Mthatha and 24 East London).
- Mthatha and East London regions have no post - mortem backlogs.
- Queenstown Laboratory has been supplied with one hydraulic lifter while waiting for another three to be delivered.
- New Brighton Forensic Laboratory has re-done epoxy layout on the drainage system and floors.
- The department has procured and received delivery of two (2) Lodox machines for installation at New Brighton (Gqeberha) and Mthatha Forensic Pathology Laboratory respectively.
- Department of Public Works conducted building assessment at Queenstown for subsequent findings and recommendations for the acceleration of future refurbishment.
- The body freezer at Butterworth has been revamped.

Forensic Pathology Operations

- At Gelvandale Forensic Pathology Laboratory, 24 wheels that were delivered to fix six (6) body trolleys.
- The essential instruments have been supplied at Mt Frere Forensic Pathology Laboratory.
- A total of 69 Bodies (9 at Joe Gqabi, 32 Nelson Mandela Bay Metro and 28 Buffalo City Metro) were buried as paupers.
- A total of two (2) Lodox machines for body scanning have been procured and delivered at New Brighton and Mthatha Forensic Pathology laboratories.
- Protective clothing supplied to all four regions in the province which includes East London (Buffalo City Metro and Amathole Health District), Queenstown Region (Joe Gqabi and Chris Hani Health District), Mthatha (Alfred Nzo and OR Tambo Health District) and Port Elizabeth (Nelson Mandela Bay Metro and Sarah Baartman Health District).
- 10 oscillating Autopsy Saws and 15 Rib Cutters have been procured at East London Region.

Human Resource and Training

- Workshop for swabbing of Covid-19 decedents was conducted at Queenstown Region and twelve officials from the same region participated in the training.
- 39 Forensic Pathology Officials have been trained in the province (11Mthatha region, 14 Queenstown region, 9 Port Elizabeth region and 5 East London) on Occupational Health and Safety (OHS).
- Two staff members that were in long Temporary Incapacity Leave at Port Elizabeth Region have returned back to work.
- Forty (40) officials in the Forensic Pathology Services across province have been trained in Infection Prevention and Control that took place at Mthatha and East London.
- Two (2) officials at Mthatha have been trained on labour Relations.
- WSP/ATR training was conducted by Human Resources and Development on 19 officials of the Skills Development committees from all four regions of Forensic Pathology Services in the Eastern Cape Province.
- Queenstown Officials attended a two (2) days training by ILO/WHO Health Wise on Occupational Health and Safety.
- The contracts for Medical Officers at Mdantsane, Butterwoth and Woodbrook have been renewed for a further period of one (1) year.

Forensic Pathology Fleet

The province projected 70 vehicles (1 vehicle: 100 000 EC population) to be reasonably adequate to service the Eastern Cape population taking into consideration the increased need due to COVID-19 pandemic, to achieve a target of 90% for response time of one hour in urban setting and 3 hours in rural setting. By the end of fourth quarter 2021/22 FY, the ECDOH had a total of 49 forensic pathology body loading vehicles achieving 93.8% in rural setting and 83.9% in urban setting. The distribution of these vehicles by district is shown in table below.

Table 2.3: Distribution of forensic pathology body loading vehicles by district

District	No of vehicles for FPS- unnatural deaths
A Nzo	6
Amathole	8
Buffalo City	4
C Hani	3
Joe Gqabi	5
NMMM	10
OR Tambo	7
Sarah Baartman	6
TOTAL	**49**

Table 4.2.8. Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 2.8: Coroner Services

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
6. Quality of health services improved	All post mortem cases finalised	6.4.5 Percentage of post – mortem performed within 72 hours	96%	96.9%	96%	97.7%	1.7%	Target achieved
		Numerator: Number of cold bodies with post-mortem performed within 72 hrs. of receipt of body	9 483	9 538	10 246	2 905	-	-
		Denominator: Total number of cold bodies received from SAPS (expressed as percentage)	9 860	9 839	10 673	2 972	-	-

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
N/A	N/A

2.9 Sub Programme: District Hospitals

SUB-PROGRAMME PURPOSE

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

Institutional outcomes

- 6. Quality of health services improved

PROGRESS AND ACHIEVEMENTS

IDEAL HOSPITAL REALISATION & MAINTENANCE

IDEAL HOSPITAL REALISATION & MAINTENANCE

During the 2021/22 financial period there is few number of hospitals that have managed to finalise and submit the assessments. There are 29/65 hospitals that have finalized and submitted the assessments. Fourteen (14) hospitals have achieved status, of which one (1) has achieved platinum, thirteen (13) have achieved silver, 15 have not achieved.

Table 2.4: District Hospitals Ideal Hospital Realisation & Maintenance

District	Facility	Outcome	Status
Alfred Nzo	1.Mt. Ayliff	73.89%	Silver
	2.Greenville Hosp	95.97%	Silver
	3.St Patrick's Hosp	96.65%	Silver
	4.Sipetu Hosp	88.01%	Silver
	5. Madzikane Hosp	75.72%	Silver
Amathole	6.Cathcart Hosp	88.23%	Silver
	7. SS Gida Hosp	98.00%	Silver
	8. Stutterheim Hosp	82.98%	Silver
	9. Komga Hosp	84.28%	Silver
	10. Madwaleni Hosp	57.60%	Not Achieved
	11.Butterworth Hosp	79.76%	Silver
	12.Adelaide Hosp	73.00%	Not Achieved
	13. Bedford Hosp	91.34%	Silver
	14. Victoria Hosp	72.64%	Not Achieved
	15.Tafalofefe Hosp	52.90%	Not Achieved
BCM	16.Bisho Hosp	76.74%	Not Achieved
	17.Grey Hospital	59.40%	Not Achieved
Chris Hani	18.Hewu Hosp	63.06%	Not Achieved
	19. Molteno Hosp	26.96%	Not Achieved
	20. Cofimvaba Hosp	100.00%	Platinum
	21.Cala Hosp	82.31%	Silver
	22. Dodrecht Hospital	78.42	Not Achieved
Joe Gqabi	23. Aliwal North	79.63%	Not Achieved
OR Tambo	24. St. Barnabas	74.97%	Not Achieved
	25.Dr Malizo Mpehle Hosp	75.10%	Not Achieved
	26.Bambisana	72.53%	Not Achieved
	27. Islimela Hosp	84.03%	Silver
	28.Holycross	63.09%	Not achieved
Sarah Baartman	29.Arbedeen	44.12%	Not Achieved

GOVERNANCE STRUCTURES

- The office of the MEC has approved a number of governance structures in the province and this have yielded positive results in terms of functionality, hence the required target is overachieved.
- The establishment of governance structures require a lot of efforts starting from the recruitment process and approval by the MEC.
- During the period under review 45/65 [69%] governance structures were approved. Induction of governance structures is continuous in all 8 districts.

Table 4.2.9: Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 2.9: District Hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2021/22	Planned Annual Target 2021/22	Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
6. Quality of health services improved	Hospitals that qualify as Ideal hospitals increased	6.2.3 Ideal Hospitals status obtained rate	55.3%	10.8%	40%	21.5%	-18.5%	Target not achieved. Small percentage of facilities managed to submit the assessment. There was a delay due to the transition of generating user accounts from the NDoH to ECDoH and facilities ended up not meeting the deadline for submission.
		Numerator: Health facilities have obtained Ideal status	21	7	26	14		
		Denominator: Number of hospitals	38	65	65	65		
	Patient safety improved	6.1.3 Patient experience of care satisfaction rate	New indicator	81.4%	63%	81%	18%	Target overachieved. There is improvement in hospitality services as most of the dissatisfaction was arising from hospitality services e.g food shortages and linen.
		Numerator: Patient Experience of Care survey satisfied responses		81 389	64 257	42016		
		Denominator: Patient Experience of Care survey total responses		99 996	101 996	51881		
	Patient safety improved	6.3.1 Severity assessment code 1 incident reported within 24 hours rate	New indicator	68%	61%	55%	-6%	Target not achieved. Use of manual system by facilities delays the turnaround time for reporting. This s attributed by lack of IT equipment coupled with lack of connectivity in rural facilities
		Numerator: Severity assessment code 1 incidents reported within 24 hours		62	44	205		
		Denominator: Severity assessment code 1 incident reported		91	72	371		
10. Community engagement improved	Hospital boards for all public health facilities established and trained	10.2.1 Percentage of Hospitals with functional hospital boards	New indicator	4.62%	49.%	55%	6%	Target achieved due to the extreme demands of the promulgated ECDoH Governance Structure Turnaround Strategy.
		Numerator: Number of functional Hospital Boards		3	32	36		
		Denominator: Number of		65	65	65		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2021/22	Planned Annual Target 2021/22	Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
		Hospitals						
6. Quality of health services improved	Hospital efficiencies improved	6.7.1 Average Length of Stay	4.6 days	Not measured	4.5 days	4.5 days	-	Target achieved
		Numerator: Inpatient days + 1/2 Day patients	1 201 911			1 012 207		
		Denominator: Inpatient separations	259 983			2 215 975		
		6.7.6 Inpatient Bed Utilisation Rates	54.5%	Not measured	60%	46%	14%	Target not achieved. The challenge is the percentage of small hospitals that are not rendering the full district hospital Package of services. The clients prefer to be managed in bigger district hospitals where the higher level of care. The finalization of optimization of health services would assist in achieving a higher BUR
		Numerator: Inpatient days + 1/2 Day patients	1 201 911		1 327 942	1 018 469		
		Denominator: Inpatient beds approved - total bed days available	2 207 032		2 213 238	2 215 975		
		6.7.11 Expenditure per PDE	R3 168.16	New indicator	R3 191	R3 288.8	R97.8	Target achieved within the methodological considerations of 5% margin of error.
		Numerator: Expenditure - total	R5 433 682 504			R5 184 555 657		
		Denominator: Patient Day Equivalent - Total	1 735 819			1 576 417		

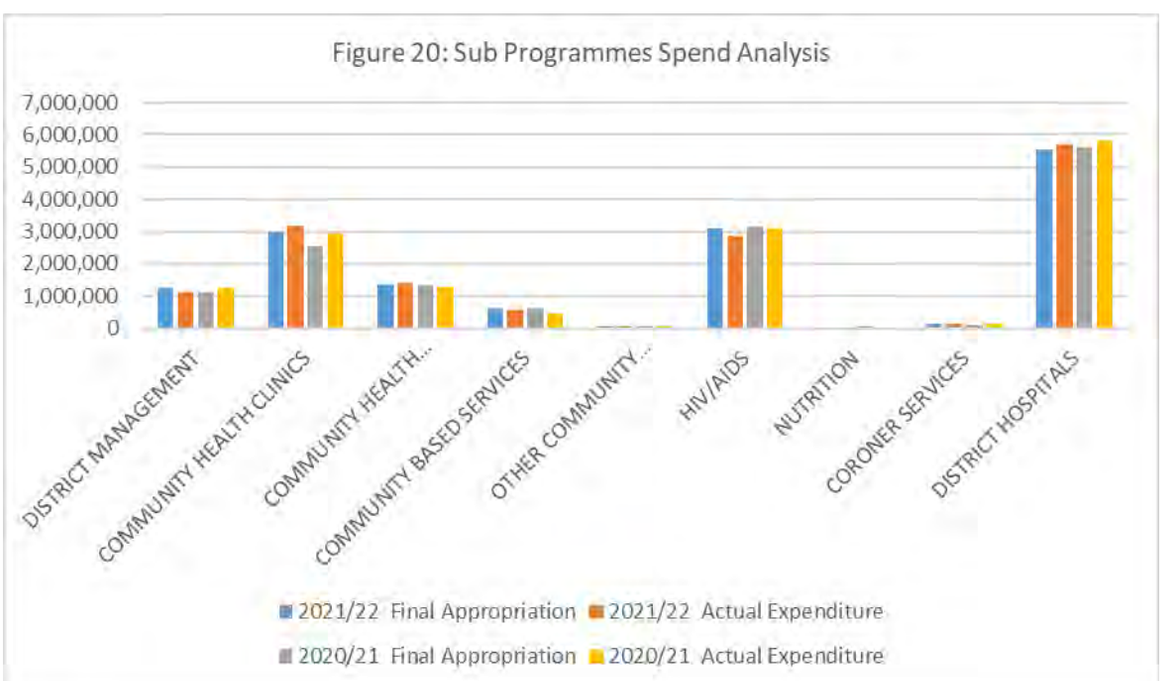
STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

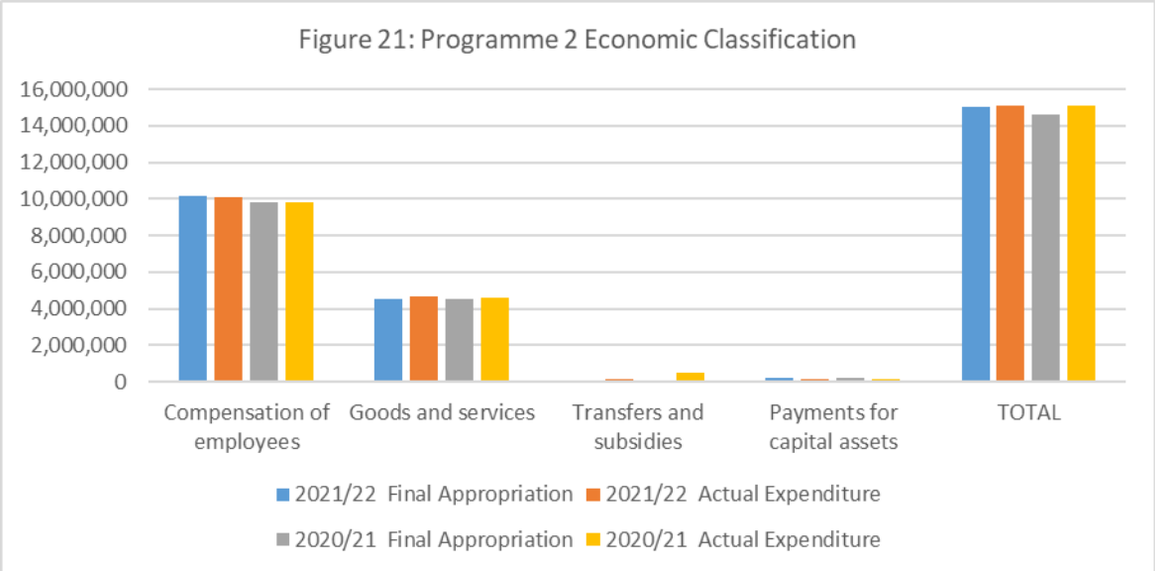
Indicator not achieved	Proposed strategies
6.2.3 Ideal Hospitals status obtained rate	• To prioritise procurement of medical equipment to improve performance of hospitals to meet Ideal hospital status. • To assist the facilities to develop Standard Operating Procedures (SOPs) and protocols through Clinical Governance structures.
6.3.1 Severity assessment code 1 incident reported within 24 hours rate	• To prioritise IT equipment [Computers] in the 2022/23 financial period, liaise with IT Unit to improve connectivity. • To projectise the availability of computers in inpatient units especially where the SAC 1s are prevalent.
6.7.6 Inpatient Bed Utilisation Rates	• Finalisation of optimisation process by the province will assist in re-categorisation of smaller hospitals and assist in achieving a higher BUR. • Departmental optimisation process seeks to rationalise service delivery platform.

LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 2: DISTRICT HEALTH SERVICES

Programme 2: District Health Services	2021/22			2020/21		
	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1. **DISTRICT MANAGEMENT**	1 237 997	1 107 030	130 967	1 115 838	1 233 777	(117 939)
2. **COMMUNITY HEALTH CLINICS**	2 979 387	3 196 102	(216 715)	2 561 298	2 956 236	(394 938)
3. **COMMUNITY HEALTH CENTRES**	1 364 840	1 417 103	(52 263)	1 317 801	1 276 808	40 993
4. **COMMUNITY BASED SERVICES**	596 831	585 025	11 806	623 143	471 870	151 273
5. **OTHER COMMUNITY SERVICES**	64 171	77 412	(13 241)	68 633	54 342	14 291
6. **HIV/AIDS**	3 116 477	2 851 055	265 422	3 157 298	3 082 132	75 166
7. **NUTRITION**	39 779	30 100	9 679	53 230	36 816	16 414
8. **CORONER SERVICES**	129 651	137 156	(7 505)	112 050	124 823	(12 773)
9. **DISTRICT HOSPITALS**	5 536 976	5 693 894	(156 918)	5 626 194	5 838 597	(212 403)
	15 066 109	**15 094 877**	**(28 768)**	**14 635 485**	**15 075 401**	**(439 916)**
Economic classification						-
Current payments	**14 729 597**	**14 810 440**	**(80 843)**	**14 371 607**	**14 468 614**	(97 007)
Compensation of employees	10 194 688	10 117 843	76 845	9 835 966	9 835 966	-
Goods and services	4 534 909	4 691 268	(156 359)	4 535 641	4 602 676	(67 035)
Transfers and subsidies	**105 056**	**113 039**	**(7 983)**	**80 554**	**462 984**	(382 430)
Non-profit institutions	-	-	-	8 495	8 495	-
Households	105 056	113 039	(7 983)	72 059	454 489	(382 430)
Social benefits	92 422	88 435	3 987	58 601	50 242	8 359
Other transfers to households	12 634	24 604	(11 970)	13 458	404 247	(390 789)
Payments for capital assets	**231 456**	**171 398**	**60 058**	**183 324**	**143 803**	39 521
Buildings and other fixed structures	60 000	-	60 000	-	-	-
Other fixed structures	60 000	-	60 000	-	-	-
Machinery and equipment	171 456	171 398	58	183 324	143 803	39 521
Transport equipment	46 185	96 745	(50 560)	60 110	68 692	(8 582)
Other machinery and equipment	125 271	74 653	50 618	123 214	75 111	48 103
	15 066 109	**15 094 877**	**(28 768)**	**14 635 485**	**15 075 401**	**(439 916)**





The Programme spent at 100.2% (over by R28,768 million) after adjusting for funds shifts and virements of +R163,174 million post 2021/22 AEPRE. Overspending was caused by goods and services pressures vesting in the Community Health Clinics sub programme, to continue the delivery of public health care services uninterrupted. This after adjusting for funds shifts and virements of +R163,174 million post 2021/22 AEPRE in Programme 2 overall. The budget pressures in the programme having arisen from the payment of payables and accruals at the vote level of (R4.4 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2022 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.



PROGRAMME 3

EMERGENCY MEDICAL SERVICES (EMS)

4.3 PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

3.1 Programme Purpose

To render quality and efficient prehospital emergency services, inter-hospital transfer and planned patient transport services. Based on the current structure, Emergency Medical Services has two sub-programs.

Programme 3.1: Emergency Medical Transport: The sub-program is solely for emergency incidents (prehospital care and inter-hospital transfer) and has components that underpin its functionality:

- Communication Services: Call taking and dispatching of emergency calls.
- Road ambulances and aeromedical services: modes of patient transport to definitive care
- Specialised services: Medical rescue and disaster management

Programme 3.2: Planned Patient Transport: The sub-program deals with non-emergency transport of booked outpatients to referral centre and patients referred to step-down facilities.

- This includes all EDHOH outpatient referral pathways: inter-district, intra-district and inter-provincial referrals.
- Pre booking is essential to map out drop off and pick up points for outpatients.

Institutional outcomes

- 6. Quality of health services improved.

PROGRESS REPORT AND ACHIEVEMENTS

Fleet Management

The department has maintained the total fleet of 808 vehicles which include 447 ambulances, 181 patient transport vehicles, 118 response vehicles, 41 rescue vehicles, and 21 administration vehicles.

The distribution of Ambulance fleet is presented in the table 3.1 below:

NO	DISTRICT	TOTAL NO OF VEHICLES
2	Alfred Nzo	64
1	Amatole District	58
3	Buffalo City Metro	43
4	Chris Hani	65
5	Joe Gqabi	44
6	Nelson Mandela Metro	38
8	O.R. Tambo	74
7	Sarah Baartman	61
GRAND TOTAL		**447**

The department has on average of between 60 – 70% operational fleet while the vehicles are often grounded with a long turnaround time at local merchants.

Emergency Medical Services replaced ageing fleet that was non-compliant and had high mileages exceeding 300 000km/40 months. A total of 57 replacement ambulances were received in this financial year. The annual EMS fleet verification has been conducted, to date about 81% of the fleet has been verified and the remainder will be finalised during the first quarter of the next financial year. The verification process seeks to confirm the vehicles on the fleet register against those that are on the ground at various stations around the province.

Management development program

Training of shift leaders and station managers on management development program was conducted. The training targeted staff working as or appointed in the positions of shift leaders and station managers. This is in response to a skills gap identified which showed that these frontline supervisors need urgent support in developing their skills to manage resource in their respective stations.

The aim of the mentorship program is;

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

A total of 115 frontline supervisors were trained during this financial year.

Integration with Emergency Department

Emergency Medical Services signed a Service Level Agreement (SLA) with Livingstone Hospital Emergency Department. This collaboration will assist in strengthening continuum of quality care and later rollout to Central and Eastern Region

Communications

EMS has emergency communication centers (ECC) decentralized to the districts. These ECCs serves as the first contact point by the community with the EMS. Currently the ECC operates with seconded staff and still utilizing paper based system to capture calls from the community. The department has awarded computer aided dispatch (CAD) contract to Dimension Data, to improve and monitor operations in the ECC. Subsequently the HOD appointed the steering committee to give oversight to successful project implementation. The first resolution was to embark on change management process by sending delegation to Western Cape EMS to get real-time system features. The delegation included EMS provincial social partners, Buffalo City Metro and Nelson Mandela Metro EMS management team and three steering committee members. The solution is ready for rollout in the Nelson Mandela Metro and Buffalo City Metro. The final step towards rollout includes staff training, power supply and network connectivity. The department has procured 600 handheld radios to ensure efficient communication between dispatchers and operational staff. Rollout was done to six districts. These radios are meant to improve the communication en-route while also assisting in improving response to calls and improving staff safety in communities where there's risk of staff attacks.

Aeromedical Services

Tender specifications for the aeromedical service has been completed. The department took a decision to cancel the aeromedical services contract which was awarded in 2020 due to non-performance by the awarded service contractor. The department is targeting to conclude the procurement process within the first half of the next financial year. In the mean-time the province is making use of private medical aviation service providers to transport patients on emergency medical transfer to neighbouring provinces. A total of R1 million was spend in this financial year to transfer patients between the Eastern Cape and Western Cape for emergency medical care.

Development of a provincial framework for planned patient transport.

- EMS planned to have three hubs that will be in the tertiary facilities (Umtata, EL and PE).
- Establishment of Western Hub committee to assist with coordination of Planned Patient Transport (both for specialist clinics and discharged patients).
- Livingstone Hospital will avail office space for the hub coordinator.
- All the wards administrators will forward discharges to the hub coordinator.
- Ambulances coming out of town, will report to the hub to assess if there are any patient going back to their area.

Table 4.3.1: Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Programme 3: Emergency Medical Services

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/21	Planned Annual Target 2021/22	*Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
6. Quality of health services improved	EMS P1 rural and urban response time	6.5.1 EMS P1 urban response under 30 minutes rate	New Indicator	48%	50%	48.2%	1.8%	Target achieved within the methodological considerations of 5% margin of error. Shortage of staff and the high volume of inter-facility transfer calls tends to reduce the availability of ambulances for priority 1 calls.
		Numerator: EMS P1 urban response under 30 minutes		21 910	20 136	26 228		
		Denominator: EMS P1 urban response		45 618	40 272	54 436		
		6.5.2 EMS P1 rural response under 60 minutes rate	New Indicator	64%	65%	65.8%	0.8%	Target achieved. Shortage of staff and the high volume of inter-facility transfer calls tends to reduce the availability of ambulances for priority 1 calls.
		Numerator: EMS P1 response rural under 60 minutes		60 742	26 176	72 893		
		Denominator: EMS P1 rural response		94 913	40 272	110 831		
	Efficient transfer of patients between facilities	6.5.3 EMS Inter facility transfer rate	35%	-	35%	25%	10%	Target overachieved. EMS is utilising planned patient transport to transport stable inter-facility transfer that requires minimum care while in transit to hospital.
		Numerator: SUM ([EMS inter-facility transfer])	168 060	-	163 031	97 731		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/21	Planned Annual Target 2021/22	*Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
		Denominator: SUM ([EMS clients total])	478 198	-	465 805	385 178		
	Functional PTVs availability	6.5.4 Number of Patients transported on the PTV services	New Indicator	10 571	10 000	40 688	-30 688	Target not achieved. This is a new indicator; the target was set without historical data. The department is improving the recording of planned patient transport data.

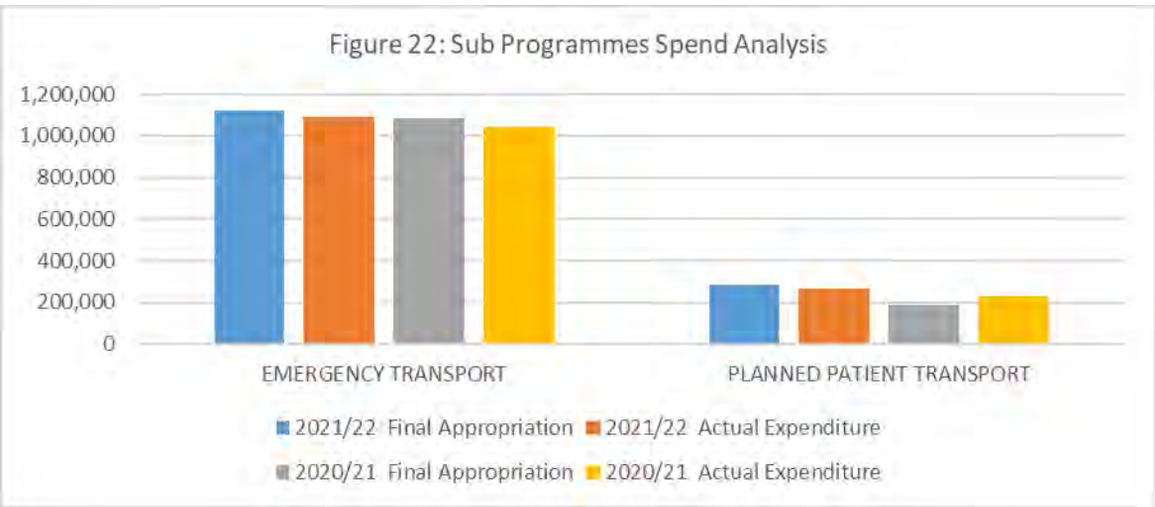
STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

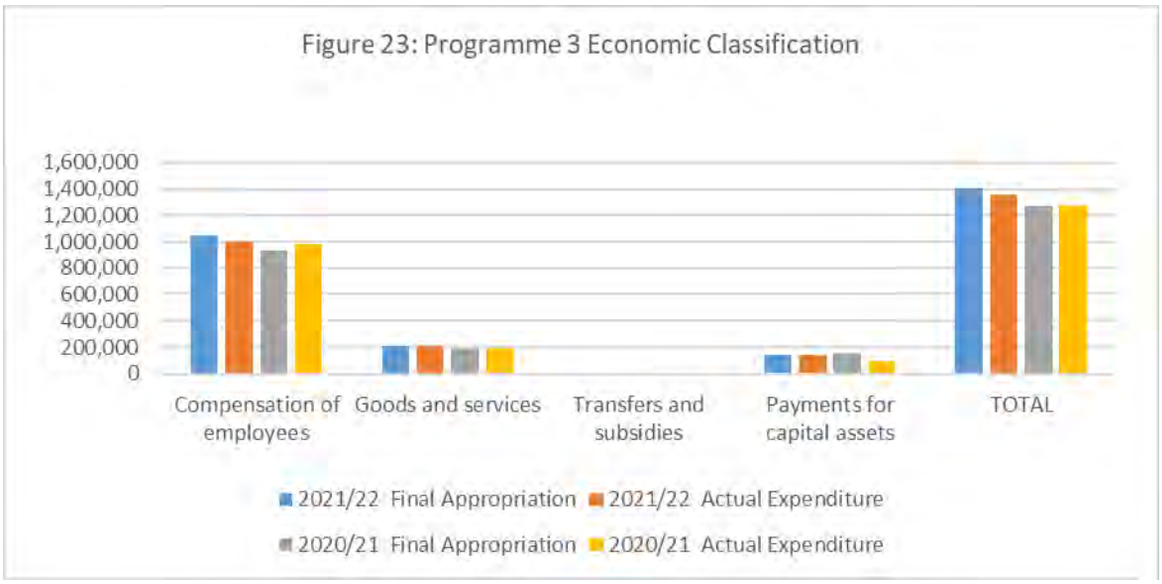
Indicator not achieved	Proposed strategies
6.5.4 Number of Patients transported on the PTV services	The programme will revise the target and adjust upwards in the next financial year.

LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

Programme 3: Emergency Medical Services	2021/22			2020/21		
	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1 **EMERGENCY TRANSPORT**	1 120 416	1 089 966	30 450	1 087 503	1 041 760	45 743
2 **PLANNED PATIENT TRANSPORT**	285 672	263 556	22 116	185 915	230 286	(44 371)
	1 406 088	**1 353 522**	**52 566**	**1 273 418**	**1 272 046**	**1 372**
Economic classification						-
Current payments	**1 263 176**	**1 210 602**	**52 574**	**1 124 485**	**1 173 637**	(49 152)
Compensation of employees	1 051 361	998 795	52 566	931 071	980 226	(49 155)
Goods and services	211 815	211 807	8	193 414	193 411	3
Transfers and subsidies	**3 792**	**3 971**	**(179)**	**1 922**	**1 921**	1
Households	3 792	3 971	(179)	1 922	1 921	1
Social benefits	3 792	3 971	(179)	1 922	1 921	1
Payments for capital assets	**139 120**	**138 949**	**171**	**147 011**	**96 488**	50 523
Machinery and equipment	139 120	138 949	171	147 011	96 488	50 523
Transport equipment	130 110	137 176	(7 066)	135 022	96 292	38 730
Other machinery and equipment	9 010	1 773	7 237	11 989	196	11 793
	1 406 088	**1 353 522**	**52 566**	**1 273 418**	**1 272 046**	**1 372**





The Programme spent at 96.3% (under by R52,566 million) after adjusting for funds shifts and virements of -R122,092 million post 2021/22 AEPRE. The programme gave up a portion of its cash flows in favour of mitigating the pressure within the clinical programmes to continue delivery of public health care services uninterrupted. This pressure in the clinical programmes having arisen from the payment of payables and accruals at the vote level of (R4.4 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2022 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.



PROGRAMME 4

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

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

4.1 PROGRAMME PURPOSE

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

Sub-Programme 4.1

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

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

Mthatha Sub-Programme 4.2

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

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

Sub-Programme 4.3

Psychiatric Mental hospital services: rendering a specialist psychiatric hospital services for people with mental illness and intellectual disability and providing a platform for training of health workers and research. The sub-programme is made of the following hospitals:

- Elizabeth Donkin Psychiatric Hospital
- Komani Psychiatric Hospital
- Tower Psychiatric Hospital – provide long-term.
- Cecilia Makiwane Hospital acute psychiatric Unit
- Holy Cross Hospital acute psychiatric Unit
- Mthatha Regional Hospital acute psychiatric Unit
- Dora Nginza Hospital: 72-hour observation Unit

SUB-PROGRAMME 4.1

Institutional outcomes

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

PROGRESS AND ACHIEVEMENTS

TABLE 4.1:

HOSPITAL NAME	ACHIEVEMENTS	PROGRESS
Cecilia Makiwane	• Appointment of Anaesthetist; Head Clinical Unit Ophthalmology (Both assumed duties) & An Orthopaedic Surgeon who is to assume duties in the new financial year, all recruitment processes being completed. • Reduced backlog for orthopaedic patients through an orthopaedic theatre marathon held on the weekend of 14th – 15th March 2022. Eighteen (18) patients were operated on in 2 days. • Extension of the service package in the surgical department which welcomed the introduction of Endoscopy services following acquisition of the appropriate equipment. • Stakeholder relations with MaTCH, Pathcare, Biomed and a visitation by German Ambassador. • Good working relations with Beyond Zero, a health partner operating in the Old Wing of CMH, resulted in a cooperation / collaboration with regards to garden services & patient administration services. • Reduced the vacancy rate to 6.8 % of vacant. • 80 % of the planned annual trainings were implemented.	• Improved focus on priority programs – TB & HIV Care through strengthening of the partnership & collaboration with MaTCH & Aquity Health. • Areas of collaboration with Health Partners further identified – Beyond Zero provided support with 10 officers assisting in records management in patient administration. • Integration of Covid-19 services to general services has also taken place & the Covid-19 vaccination site has since been closed on the 31st March 2022. The staff members have been relocated to their original areas of work. • Number of reported injuries /illnesses for which compensation have been awarded for the end of financial year annual - function centralised at head office. • A project is in place to repurpose a ward in the old building to accommodate the overflow of patients.
Frontier	• Thuthuzela Crisis Centre proceedings commenced in November 2021 and the coordinator started on the 1st of March 2022 and functional, nurses are allocated. • Pharmacy department managed to store and distribute the Covid-19 vaccines successfully for different vaccination centres in the district. • The hospital is participating successfully on the medical officer's internship programme. • The hospital is at 100% supplier payment of accruals for 2021/ 2022. • New board members are appointed for 3 years, and the board is functional. • Conducted regular top management meetings • Conducted regular meetings with Institutional Transformation Unit (ITU).	• Effective formation of team with multiple stakeholders from district for establishment of Thuthuzela Clinic. • Clinical Education Training Unit (CETU)) has started, building identified, and documents (policy and guideline) developed, • Collaboration with Home Affairs for establishment of a bigger birth registration office in the Institution in progress. • Eye clinic services established and 63 cataract operations were conducted successfully. • Dental unit initiative is in its final stage • PAIA processes have improve.
St Elizabeth	• Managed to vaccinate 1 399 clients. • Appointment of 32 Clinical staff. • Patients were seen in Oncology Unit.	• Renovation of OPD is at 50%.
Dora Nginza	• Finalised leave gratuity payments - 41 current cases finalized. • 98% compliant in terms of updating asset register. • Installation of 4 backup air conditioners for theatre from theatre 3 to 6. • New Dream Room has been opened in the Paediatric Department on the 30 March 2022. • Deputy Minister of Home Affairs attended a launch of Home Affairs Office in DNH. • Received 65 new computers that have Wi-Fi capability to assist with patients' registration, admission and discharge, capturing for clinical services on HMS2 system. • Minister of Health launched of neonatal and paediatrics department renovated by Clinic Health Access Initiative (CHAI). • Technicians and 2 artisans have been employed on a one-year contract. • A new autoclave was installed in our CSSD and major repairs to a second unit was completed.	• Clinical trade-offs of posts for critical non-clinical posts. • The repair to the main HVAC plant to theatres is now at 50%. Suppliers waiting for the delivery of the main chiller at present. • • An instrument washer was purchased and will be installed in CSSD. • Clinical Support Services trained and equipped on capturing visits on HMS2 to start process in April 2022. •
Mthatha	• Installation of perinatal solution system. • Appointed of critical specialists. • Formulation of Outreach services to 3 local clinics by the OT team. • Delivery of additional equipment.	• Visit by delegation from Republic of Lesotho Government led by NDOH Director – General – Dr. S. Buthelezi, PDoH delegation led by DDG Mrs. Mavuso and EC x-mine workers council.

CHALLENGES

TABLE 4.2:	
HOSPITAL NAME	**CHALLENGES**
Cecilia Makiwane	• Delays in payment of leave gratuities for employees who have exited the system due to non-availability of funds. • Non availability of chairpersons to chair misconduct cases / grievances. • Submission of leave to HR by various managers resulting in late or non-capturing of leave. To embark on leave reconciliation. • Waste segregation still a challenge. • Collection by BCM unreliable trucks not in working order. • Central waste storage fridges not working. • Theatre time availability continues to give a negative impact on ALOS, on surgeries performed e.g., cataracts, which is caused by reduced numbers of specialised nurses, 3 tables are used instead of 5 • Absence of a unified patient registration system negatively affect document management. • Non - functioning laundry machines 3 out of 8 working. • The sorting place which caught fire December 2020 is still awaiting renovations. • Golf carts are all still non-functional and wheelchairs insufficient to ferry patients. • Filling of non-clinical posts is still a challenge, which led to lunch picketing in support of contract workers whose contract is ending on the 31 March 2022. • Flooding in January 2022 affected the clinical service delivery. • Burst pipe affected the OPDs. • Air conditioners affected theatre time for 2 days. • Overflow of patients in the 72-hour observation unit & medical wards remain an ongoing challenge.
Frontier	• There is still a problem in separation of patients especially the mental healthcare users. • There is still drastic challenge with infrastructure for 72-hour mental health user's assessment. • Network connectivity challenges. • Cell phone with adequate data for Senior Managers needs to be prioritised due to the allocation centralised in the district. • There is still Chronic shortage of staff. • Financial audit was conducted with 3 findings. • Delays in payments of suppliers. • Pressure on Accommodation for clinical staff is still a challenge. • Payment of municipality bill is still a challenge.
St Elizabeth	• The impact of outreach at Village Clinic not yet seen as maternity is still congested. • Non availability of the new system as Delta 9 (patient registration system) was phased out. • Revenue generation challenge due to non-availability of Delta 9 to collect e.g., from Medical Aids. • X-ray machine is not fully functional due to the faulty part that is meant for spine and pelvis resulting to sending some clients to Bambisana hospital.
Dora Nginza	• Shortage of staff which negatively impact to service delivery.
Mthatha	• A challenge with Internet connectivity. • Non-availability of Desktops in some of the offices. • Non-availability of mortuary vehicle for transportation of the deceased.

Table 4.4.1: Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 4.1: Regional Hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to Actual Achievement 2021/22	Reasons for deviations
6. Quality of health services improved	Hospitals that qualify as Ideal hospitals increased	6.2.4 Ideal Hospitals status obtained rate	New indicator	0%	40%	60%	20%	Target achieved **MRH** Application for the activation of the password is awaiting confirmation and re-activation of the password by NDOH. **SRH-**Assessment conducted and captured and still waiting for the final outcome **FRH** None. Assessment was done in the 3rd quarter and report produced this quarter because of system challenges. **MH** OHSC Inspection done, awaiting results.
		Numerator: Health facilities have obtained Ideal status		0	2	3		
		Denominator: Number of hospitals		5	5	5		
	Patient satisfaction surveys conducted	6.1 4 Patient experience of care satisfaction rate	New indicator	73.7%	60%	69.4%	9.4%-	Target overachieved All facilities conducted patient surveys
		Numerator: Patient Experience of Care survey satisfied responses		32 858	21 655	15 483		
		Denominator: Patient Experience of Care survey total responses		44 594	36 092	22 317		
	Patient Safety Incident (PSI) case closure rate	6.3.2 Severity assessment code 1 incident reported within 24 hours rate	New indicator	87.8%	80%	75%	5%	Target achieved within methodological consideration of 5% margin of error.
		Numerator: Severity		394	128	458		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to Actual Achievement 2021/22	Reasons for deviations
		assessment code 1 incidents reported within 24 hours						
		Denominator: Severity assessment code 1 incident reported		449	160	610		
10. Community engagement improved	Hospitals with functional hospital boards established	10.2.2 Percentage of Hospitals with functional hospital boards	New indicator	100%	100%	60%	-40%	Target not achieved. Some hospital boards constituted recently but have not convened board meetings. The meetings will be convened in the new financial year (1st quarter).
		Numerator: Number of functional Hospital Boards		5	5	3		
		Denominator: Number of Hospitals		5	5	5		
6. Quality of health services improved	Efficiency indicators improved	6.7.2 Average length of stay	5.8 days	New indicator	5.5 days	5.8 days	0.3 days	Target achieved within methodological consideration of 5% margin of error.
		Numerator: Inpatient days + 1/2 Day patients				518 553		
		Denominator: Inpatient separations				88 740		
		6.7.7 Inpatient bed utilisation rates	73%	New indicator	75%	68.3%	-6.7%	Target not achieved Repurposing of the wards led to stopping of electives during the high number of Covid-19 infections There were previously high numbers of Covid-19 infections and as infections dropped the admission numbers decreased. De-escalation on stable patients and only emergency patients

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to Actual Achievement 2021/22	Reasons for deviations
								were attended to.
		Numerator: Inpatient days + 1/2 Day patients	557 674		581 371	518 553		
		Denominator: Inpatient beds approved - total bed days available	769 261		775 162	759 192		
		6.7.12 Expenditure per PDE	R3759	New indicator	R3 500	R3 921	R421	Target achieved within methodological consideration of 5% margin of error.
		Numerator: Expenditure - total	R2 877 852 277			R2 726 081 943		
		Denominator: Patient Day Equivalent - Total	R76 5554			R695 292		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved		Proposed strategies
10.2.2	Percentage of Hospitals with functional hospital boards	The meetings will be convened in the new financial year (1st quarter) to contribute to functionality.
6.7.7	Inpatient bed utilisation rates	Recruitment of specialists in the field of ophthalmology, orthopaedics, anaesthetic and improve availability of medical equipment and medical consumables e.g ophthalmic implants

4.2. SUB- PROGRAMME: SPECIALISED TB HOSPITALS

Sub-Programme 4.2

Institutional outcomes

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

PROGRESS AND ACHIEVEMENTS

All the TB hospitals have fully functional hospital boards.
There has been an improvement in the outcomes for e Drug-Resistant TB during the period under review

Table 4.4.2: Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 4.2: Specialised TB Hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
6. Quality of health services improved	Hospitals that qualify as Ideal hospitals increased	6.2.5 Ideal Hospitals status obtained rate	New indicator	20%	30%	0%	-30%	Target not Achieved. Although the target has not been achieved, two (2) TB hospitals managed to conduct the Ideal hospital realization status determination as planned namely, Nkqubela which attained the overall score of 61.15 and Khotsong with the overall score of 72.32.
		Numerator: Health facilities have obtained Ideal status		2	3	0		
		Denominator: Number of Regional hospitals		10	10	10-		
	Percentage of patients satisfied with their experience of care in public health facilities	6.1.5 Patient experience of care satisfaction rate	New indicator	86%	60%	86.2%	26.2%	Target overachieved The satisfaction survey was conducted in quarter 2 as it is done annually. The results of the TB hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
								are as follows: Jose Pearson - 91.5% Orsmond -93% Empilweni --75.5% Marjry Parkes - 80.2% Majorie Parish -84.1% Nkqubela - 86% Winterberg -77% Khotsong -91.8% Themba - 91.6% P.Z.Meyer - 83%
		Numerator: Patient Experience of Care survey satisfied responses		5 600	4 040	6095		
		Denominator: Patient Experience of Care survey total responses		6 543	6 674	7074		
	Patient Safety Incident (PSI) case closure rate	6.3.3 Severity assessment code 1 incident reported within 24 hours rate	New indicator	0%	80%	50%	-30%	Target not achieved. Emiplweni TB hospital reported an incident that was reported within the expected time which is 24hours.
		Numerator: Severity assessment code 1 incidents reported within 24 hours			4	1		
		Denominator: Severity assessment code 1 incident reported			5	2		
10. Improve community engagement	Hospitals with functional hospital boards established	10.2.3 Percentage of Hospitals with functional hospital boards	New indicator	100%	100%	80%	-20 %	Target not achieved The two hospitals that have inadequate functioning of the hospital boards are, Empilweni and Orsmond. The contributory factor is related to the discussions that are currently on going related to repurposing of these hospitals to render other services like mental health already Empilweni is operating as a district hospital.

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
		Numerator: Number of functional Hospital Boards		10	10	8		
		Denominator: Number of Hospitals		10	10	10		
6. Quality of health services improved	Hospital efficiencies improved	6.7.3 Average length of stay	New indicator	New indicator	60 days	41 days	19 days	Target overachieved. The main reason for the achievement of this target is related to the efficacy of the new Therapeutic agents which result in DR—TB patients culture covert from 2 weeks, compared to the old regimen when patients convert after 6 months, resulting to less number of days for admitting patients
		Numerator: Inpatient days + 1/2 Day patients				113 797		
		Denominator: Inpatient separations				2 776		
		6.7.8 Inpatient bed utilisation rate	5.8%	New indicator	60%	25.6%	-34.4	Target not achieved. The main reason for the non-achievement of this target is related to the efficacy of the new therapeutic agents which result in DR—TB patients admitted in hospital, culture covert from 2 weeks, compared to the old regimen, as patients would convert after 6months The other reason is related to the implementation of the policy for Decentralization of MDR-TB to PHC level. This model ensures that patients are screened, diagnosed and the those that are confirmed DR-TB patients, are initiation of treatment is done for all stable patients.
		Numerator: Inpatient days + 1/2 Day patients	557 674		246 365	113 797		
		Denominator: Inpatient	767 261		410 609	445 014		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
		beds approved - total bed days available						
		6.7.13 Expenditure per PDE	R3 759	New indicator	R1 800	R3 887.5	-R2 087.5	Target not achieved The main reason for the non-achievement of this target is related to the low Bed utilisation rate reported in all the TB hospital which suggest that the same number of personnel manage few patients resulting in inefficient use of resources.
		Numerator: Expenditure - total	R2 877 852 277			R458 255 800.5		
		Denominator: Patient Day Equivalent - Total	765 554			117 880		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
6.2.5 Ideal Hospitals status obtained rate	The Department will conduct a workshop on the 1ST week of June in order to orientate hospital management on the Ideal Hospital Realization Framework .
6.3.3 Severity assessment code 1 incident reported	The Department will continue to support and monitor the hospital management , ensure that Quality Improvement Plans are developed to mitigate against experiencing the same incidents.
10.2.3 Percentage of Hospitals with functional hospital boards	To fast track the repurposing of the two outstanding hospitals as Empilweni has already operation as a district hospital
6.7.13 Expenditure per PDE	The Department is in a process of repurposing TB hospitals, for example Empilweni that has been repurposed to be district hospital and Orsmond a psychiatric hospital.
10.2.3 In Patient Bed Utilization rates	In order to improve efficiencies in TB hospital, the Department is in a process of repurposing TB hospitals, for example Empilweni that has been repurposed to be district hospital and Orsmond a psychiatric hospital.

4.3. Sub – Programme: Specialised Psychiatric Hospitals

Sub- Programme Priorities

- Development of District Mental Health Specialist Teams
- Creating of Mental Health Units in District, Regional and Tertiary Hospitals
- Screening of Mental Health patients at PHC and district levels
- Re capacitation of the clinical cadre on Mental Health Programmes

Institutional outcomes

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

PROGRESS AND ACHIEVEMENTS

TABLE 4.3:		
HOSPITAL NAME	**ACHIEVEMENTS**	**PROGRESS**
• Elizabeth Donkin Psychiatric Hospital • Komani Psychiatric Hospital • Tower Psychiatric Hospital	• 157 users fully vaccinated and 13 users first doses Pfizer vaccinated. • Ideal self-Assessment conducted, achieved 89.32% overall score for EDH • Introduction of hospital governance structure members to Tower Hospital staff members. • 50 additional humidifier bottles procured for oxygen cylinders. • 30 Users taken to the Depart of Home Affairs for application of identity documents.	• Creating of Mental Health Units in District, Regional and Tertiary Hospitals. • Screening of Mental Health patients at PHC and district levels. • Capacitation of the clinical personnel on Mental Health Programmes. • Painting of Nurses Home is 90% progress by the Department of Public Works. • CCTV Cameras 60% functional. • Development of District Mental Health Specialist Teams.

CHALLENGES

TABLE 4.4:	
HOSPITAL NAME	**CHALLENGES**
• Elizabeth Donkin Psychiatric Hospital • Komani Psychiatric Hospital • Tower Psychiatric Hospital	• The project for fencing the hospital is 90% complete.

Table 4.4.3: Performance against Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 4.3 Specialized Psychiatry Hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
6. Quality of health services improved	Hospitals that qualify as Ideal hospitals increased	6.2.6 Ideal Hospitals status obtained rate	New indicator	33,3%	33%	0%	-33%	Target not achieved The hospitals did not conduct assessments except Elizabeth Donkin hospital which is still waiting for results. Underachievement attributed to infrastructural issues that are not compliant
		Numerator: Health facilities have obtained Ideal status		1	1	0		
		Denominator: Number of hospitals		3	3	3		
	Patients satisfied with experience of care in public health facilities	6.1.6 Patient experience of care satisfaction rate	New indicator	78.9%	81%	77%	4%	Target achieved within methodological considerations of 5% margin of error.
		Numerator: Patient Experience of Care survey		5 037	3 897	2 604		
		Denominator: Patient Experience of Care survey total responses		6 383	4 814	3 384		
	Patient Safety Incident (PSI) case closure rate	6.3.4 Severity assessment code 1 incident reported within 24 hours rate	New indicator	100%	80%	80%	0%	Target achieved
		Numerator: Severity assessment code 1 incidents reported within 24 hours		4	4	4	-	
		Denominator: Severity assessment code 1 incident reported		4	5	5	-	
10 Community engagement improved	Hospitals with functional hospital boards established	10.2.4 Percentage of Hospitals with functional hospital boards	New indicator	66.6%	66.6%	66.6%	0%	Target achieved.
		Numerator: Number of functional Hospital Boards		2	2	2		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/21	Planned Annual Target 2021/22	Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
		Denominator: Number of Hospitals		3	3	3		
4. Morbidity and Premature mortality due to Non-Communicable diseases reduced	Functional mental health review boards	4.4.2 District specialist mental health teams established	New indicator	0	5	0	-5	Target not achieved There was one candidate that applied for the or the Specialist posts that were advertised, department could not appoint. The department is head hunting candidates to appoint. The psychologists' posts interviews were stopped because of financial constraints.

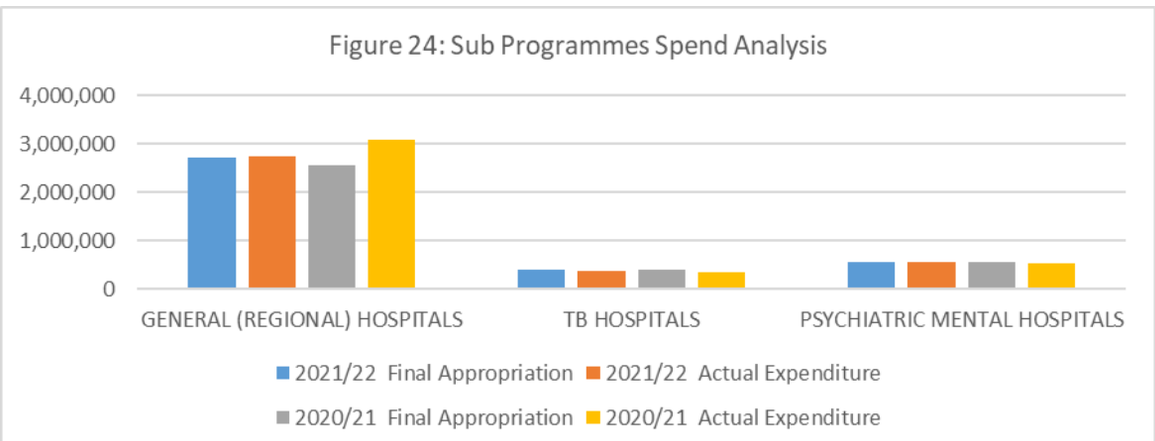
STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

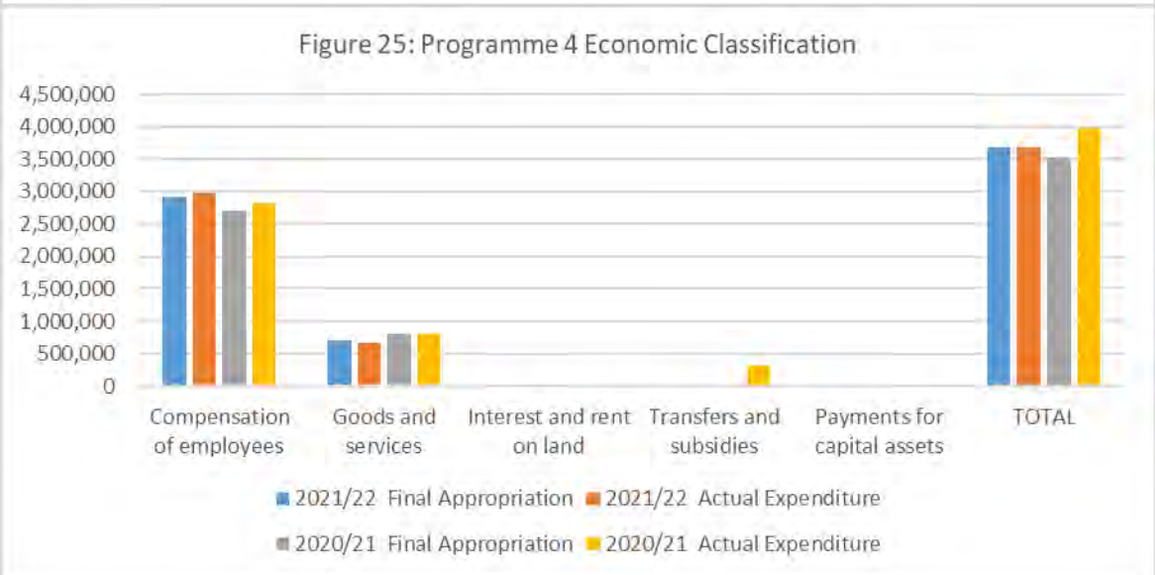
Indicator	Proposed Strategies
6.2.6 Ideal Hospitals status obtained rate	The department will provide support to the mental health facilities and attend to infrastructure issues that are not compliant.
4.4.2 District specialist mental health teams established	The department will head hunt candidates to appoint.

LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

Programme 4: Provincial Hospital Services	2021/22			2020/21		
	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1. **GENERAL (REGIONAL) HOSPITALS**	2 725 830	2 748 880	(23 050)	2 564 585	3 093 261	(528 676)
2. **TB HOSPITALS**	385 691	382 771	2 920	409 790	348 096	61 694
3. **PSYCHIATRIC MENTAL HOSPITALS**	565 603	554 702	10 901	556 294	539 008	17 286
	3 677 124	**3 686 353**	**(9 229)**	**3 530 669**	**3 980 365**	**(449 696)**
Economic classification						
Current payments	**3 633 236**	**3 646 550**	**(13 314)**	**3 506 348**	**3 650 814**	(144 466)
Compensation of employees	2 924 095	2 979 731	(55 636)	2 704 696	2 829 001	(124 305)
Goods and services	709 141	666 224	42 917	801 652	801 650	2
Interest and rent on land	-	595	(595)	-	20 163	(20 163)
Transfers and subsidies	**29 942**	**25 773**	**4 169**	**13 141**	**318 371**	(305 230)
Households	29 942	25 773	4 169	13 141	318 371	(305 230)
Social benefits	29 942	19 444	10 498	13 141	13 355	(214)
Other transfers to households	-	6 329	(6 329)	-	305 016	(305 016)
Payments for capital assets	**13 946**	**14 030**	**(84)**	**11 180**	**11 180**	-
Machinery and equipment	13 946	14 030	(84)	11 180	11 180	-
Transport equipment	5 214	7 396	(2 182)	3 654	6 547	(2 893)
Other machinery and equipment	8 732	6 634	2 098	7 526	4 633	2 893
	3 677 124	**3 686 353**	**(9 229)**	**3 530 669**	**3 980 365**	**(449 696)**





The Programme spent at 100.3% (over by R9,229 million) after adjusting for funds shifts and virements of +R189,138 million post 2021/22 AEPRE. Overspending primarily vested in compensation of employees as a result of incorrect persal link codes by and between several programmes. Goods and services pressures vested in the General Regional Hospitals sub programme, to continue the delivery of public health care services uninterrupted. The budget pressures in the programme having arisen from the payment of payables and accruals at the vote level of (R4.4 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2022 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.



PROGRAMME 5

CENTRAL & TERTIARY HOSPITALS

4.5. Sub-Programme Purpose for Central Hospitals 5.1

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

SUB-PROGRAMMES

Central Hospital: Nelson Mandela Academic Hospital.

Institutional outcomes

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

PROGRESS AND ACHIEVEMENTS

TABLE 5.1:

ACHIEVEMENTS	PROGRESS
• Registrar and subspecialty training programme continued to produce specialists. Fellows have completed sub-specialty training in the following fields as outlined below: Gynaecology x 2, Internal Medicine x 1 ,General Surgery x 1, Family Med x 9, • Appointment of multidisciplinary team members to assist in provision of high quality health services - including nurses, doctors, support staff using donor funding . • X-ray has received licence from radiation control board to install diagnostic radiology work stations to extend viewing of x-ray images both at Nelson Mandela and Bedford Units. All the quality assurance tests for radiology equipment were found to be compliant and up date, thus a licence was approved. • Development of services in line with the package of the institution: • - Child and adolescence specialist • - Feto maternal medicine • - Infertility and reproductive medicine specialist, neuro psyche specialists etc. have been employed and are offering services. • • Establishment of child and adolescence psychiatry services - first child and adolescence psychiatry services in the province. (child psychiatry unit is one of the buildings in renovation at Sir Henry Elliot Hospital . • Total implants inserted for 2021/22 = 10 • Cochlear implant rehabilitation School is offering services to both patients and their care givers (parents/guardian). A house was identified inside hospital premises and is being utilised as a mother's lodge as cochlear implant rehabilitation school requires that the care giver becomes part of the rehabilitation process. Number of students have increased from 8 to 14 now that accommodation is available. Future is for these leaners to be integrated in normal education system.	• Decentralised cancer project is continuous and a multidisciplinary team from Nelson Mandela Academic Hospital Oncology unit has a schedule of vising decentralised cancer sites for consultation of clients and thereby impacting knowledge. The team is composed of clinicians and clinical support team giving psychosocial support. The following sites have been identified for decentralising cancer care - Mthatha Regional hospital, St Barnabas, St Patricks, Madzikane Memorial hospital, St Elizabeth's Elizabeth is functional with an oncology experienced doctor , 04 oncology trained nurses and a data capturer. Pharmacist has already been trained for mixing chemotherapy . Recruitment of a medical oncologist to manage the project in in process. When St Elizabeth site is running smoothly, focus will be made on St Patricks. **Progress on NMAH Projects –** PROJECT / PROGRESS Second theatre for maternity — Contractor started in November 2021 , renovations are in progress Detailed progress in programme 8. Main oncology project : Building of bunker, purchase of Linac Machines — Project at procurement stage. Maintenance of floors, bumper rails — Contractor is on site, maintenance is in progress. Laundry — Machines have been procured. They need to be inserted first. Renovations and refurbishment will start immediately the machines have arrived. Expected date of delivery is 5 July 2022 . Sir Henry Elliot Projects PROJECT / PROGRESS Rehabilitation centre of excellence and cerebral palsy clinic — Renovations are in progress - 40% work done. Detailed progress in Program 8. Interviews were conducted for staffing the centre however appointment letters awaiting approval of annual recruitment plan for 2022/23. The orders for equipment and furniture have been done, awaiting delivery. Child psychiatry unit — Renovations are in progress. 55% work completed Detailed report in programme Program 8.

TABLE 5.1:		
ACHIEVEMENTS	PROGRESS	
	Finance	Renovations are in progress. 32% work done Detailed report is in Program 8.
	IT	Renovations are in progress 32% of work completed Detailed report in programme 8.
	Dermatology	Renovations are in progress. 48 % work completed Detailed report is in Programme 8 .

CHALLENGES

TABLE 5.2	
AREA OF CHALLENGE	CHALLENGES
Revenue generation - The institution is grossly under collecting when it comes to revenue.	• Non-availability of a reliable patient registration system. • New changes applied by Road Accident Fund - Bulk of revenue collected used to come from external funders but now an accident report is needed before any payments can be made

Human resource related challenges	• The old Organogram no longer fits the needs of the central hospital, it was reviewed, modified and is awaiting approval.
	• The delta 9 contract expired and this has led to the following challenges
	  ◦ Ineffective patient registration.
	  ◦ Difficulties with retrieval of files.
	  ◦ Inefficient revenue collection
	• Poor record management due to insufficient filling space and absence electronic filing system
	• Clinical related:
	• Backlog of operations especially Orthopaedic patients at the Bedford Orthopaedic Unit due to non-availability of human resources.

Infrastructure related challenges	• Limited space for developing new sub specialties. • Network challenge.

HOSPITAL EFFICIENCY INDICATORS HAVE BEEN MAINTAINED WITHIN NORMAL LIMITS

Table 5.3: Breakdown of efficiency indicators.

Indicator	Baseline 2020/21	Target 2021/22	ACTUAL QUARTELY OUTPUT 2021/22				2021/22 Average Performance	Reason for deviation	Corrective measure
			Quarter 1	Quarter 2	Quarter 3	Quarter 4			
ALOS-NMAH	6.6 days	8 days	7.7 days	6.7 days	6.7 days	6.6 days	7 days	The following has assisted in maintaining ALOS within acceptable limits : • Good practise • Down referral of stable patients after acute phase. • Continuous drainage back of patients to peripheral hospitals by EMS	-
ALOS-BOU	22.5 days	18 days	22 days	19.1 days	23.2 days	25.1 days	22,3 days	Lack of theatre time.	Opening of a 24 hr emergency theatre. Recruitment and employment of relevant staff members. 03 medical officers (anaesthesia) have been appointed in preparation for opening 24 hr emergency theatre. The institution is motivating for extra staff both clinical and support staff (radiographers , porters, etc.)
ALOS-MHU	33.7 days	30 days	26,2days	29 days	21.8 days	33.3 days	28 days	Target met.	-
BUR-NMAH	61.7%	83%	84%	80.70%	78.3%	75.6%	80 %	Affected by the 3rd and 4th wave of Covid-19. where elective cases were postponed and admissions were minimised .	-
BUR-BOU	71%	75%	82,9%	68,30%	82.5%	83..61%	79%	Catch up in between waves of Covid-19addressing backlog	-
BUR-MHU	66.9%	75%	58%	63,30%	50.6%	55.40%	57%	Leave of absence given to clients as part of treatment regiment .	-

Table 4.5.1: Performance against the re-tabled Annual Targets from 2021/2022 Annual Performance Plan for Sub-Programme 5.1: Central Hospital

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/2021	Planned Annual Target 2021/2022	Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
6. Quality of health services improved	Hospitals that qualify as Ideal Hospitals increased	6.2.7 Ideal Hospitals status obtained rate	New indicator	100%	100%	100%	0%	Target achieved. The institution aimed for silver status which has the following: V= 90% E= 70% I= 65% Rate = >100% Silver status Obtained: =96,81 E=92,86 I=94,38 Ideal Score= 93,6%
		Numerator: Health facilities have obtained Ideal status		1	1	1		
		Denominator: Number of hospitals		1	1	1		
	Percentage of patients satisfied with their experience of care in public health facilities	6.1.7 Patient experience of care satisfaction rate	New indicator	80%	60%	81.6%	21.6%	Target overachieved Target overachieved All units conducted patient surveys
		Numerator: Patient Experience of Care survey		69	62	2 896		
		Denominator: Patient Experience of Care survey total responses		100	103	3 548		
	Patient Safety improved	6.3.5 Severity assessment code 1 incident reported within 24 hours rate	New indicator	100%	78%	63%	-15%	Target not achieved Performance is affected by quarter 1&2 underperformance. Improvement plan has been drawn and implemented. At present there is improvement Network challenge is attended and contractor is on site
		Numerator: Severity assessment code 1		1	14	135		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/2021	Planned Annual Target 2021/2022	Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
		incidents reported within 24 hours						
		Denominator: Severity assessment code 1 incident reported		1	18	215		
10. Improve community engagement	Percentage of Hospitals with functional hospital boards	10.2.5 Percentage of Hospitals with functional hospital boards	New indicator	0%	100%	0%	-100%	Target not achieved Hospital Board has been appointed at the end of the financial year.
		Numerator: Number of functional Hospital Boards		0	1	0		
		Denominator: Number of Hospitals		1	1	1		
6. Quality of health services improved	Hospital efficiencies improved	6.7.4 Average length of stay	8days	Not measured	*8days*	8.3 days	0.3 days	Target achieved within methodological consideration of 5% margin of error.
		Numerator: Inpatient days + 1/2 Day patients	228 129			220 348		
		Denominator: Inpatient separations	28 216			26 605		
		6.7.9 Inpatient bed utilization rates	82.4%	Not measured	*83%*	80%	3%	Target achieved within methodological consideration of 5% margin of error.
		Numerator: Inpatient days + 1/2 Day patients	228 129		229 661	220 348		
		Denominator: Inpatient beds approved - total bed days available	276 700		276 700	276 700		
		6.7.14 Expenditure per PDE	R4,677	Not measured	R4,953	R4 831	R122	Target achieved The hospital has realised savings from the implementation of cost containment measures on major key cost drivers which include NHLS / SANBS / Digitalisation of Radiology procedures.
		Numerator: Expenditure - total	R1 433 055 466			R1 425 746 512		
		Denominator: Patient Day Equivalent - Total	306 429			295 148		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
6.3.5 Severity assessment code 1 incident reported within 24 hours rate	• An officer has been allocated to capture SAC incidents over the weekend hence the improvement in quarter 3 and 4. • Network cables are being revamped (contractor is on site) • Office of quality assurance has been beefed up with more contract workers to be able to monitor reporting of SAC incidents and that intervention is yielding positive results.
10.2.5 Percentage of Hospitals with functional hospital boards	• Recruitment of outstanding stakeholders according to guideline. • To convene 1st board meeting in the new financial year.

5.2. Sub-Programme Purpose for Tertiary Hospital Services

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

Sub-Programme 5.2

Institutional outcomes

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

PROGRESS AND ACHIEVEMENT

Livingstone Hospital

TABLE 5.4:	
ACHIEVEMENTS	**PROGRESS**
• s	• Implementation plan for roll-out to other departments (Paediatrics and Obstetrics and Gynaecology) are currently underway. • A "Complaints and Patient Safety Incidents" sub-committee was established that meet on a weekly basis to discuss all complaints received, identify root causes and develop improvement plans. • All existing policies and SOPs are currently being reviewed as most of the SOPs were last reviewed in 2017/2018. • Covid-19 SOPs have also been amended namely "pre-admission testing to theatre" and "amendment of staff testing policy" (see Annexure G). • An extensive process inclusive of human resource management, HPTD grant funders, head of departments and the associative dean's office ensued to identify all posts funded through HPTD and COE. • Monthly audits to be conducted within clinical domains including re-establishment of mortality & morbidity audits. • The establishment of an institutional Facebook page is currently underway; communication SOP being developed and strategies to explore improved communication are underway. • Radiography & Dietetics Student training HPCSA re-accreditation process has commenced with NMU various department. • Received 6 community service officers – Audiology, radiography, 2 Physio & Radiation oncology therapist • Mobile X-ray machine purchased and delivered in PEPH site x-ray department. • ECG machine purchased and assembled in PEPH site cardiac clinic.

CHALLENGES

TABLE 5.5:	
AREA OF CHALLENGE	**CHALLENGES**
Human resources	• Need full time supervisors for night duty for continuity & stability of care. • Shortage of permanent staff leads to poor quality of care rendered as contracts for nurses ended. • No replacement of non-clinical staff due to financial constraints e.g., resulted in health professional filling the gap, resulting in staff being disgruntled and complaining of being burned out. • Numbers of staff in theatres not easy to accommodate back logs. • Critical areas like ICU, ED & Theatre are still grossly short staffed due to resignations, deaths & retirements & no replacements.
ICT Systems	• Delta 9 project services replaced by HSM2
Hospital appearance and premises	• General cleanliness of the hospital especially the grounds & inside lifts remain a challenge despite having contract workers.
Pharmaceutical	• Drug Shortages due to account closures by non-payment of suppliers, services continue. • Fridges lack continuous temperature monitoring • No CCTV OPD Pharmacy broken in Provincial and cameras not working at the time. • Storage space inadequate to move things around esp for renal dialysate. • Provincial PTC taking too long to approve motivations (several months). • Shortage of 2 pharmacists, and general assistants for delivery of pharmacy items but ongoing services are provided
Service delivery	• Linac has been down for 8 months, resulting in 12 months waiting list of approx. 600 patients. Post the repairs and calibration of the Linac and the tank, services were further delayed by frequent electricity power dips due to cable theft. • Provisioning of sufficient linen – affected by non-delivery of boiler fuel • Low level of backup linen / emergency linen – issued due to no production at laundry

TABLE 5.5:	
AREA OF CHALLENGE	**CHALLENGES**
	• High number of theft of copper – dilapidated building and poor fencing
SCM	• Delays on payment to contractors due to Departmental cash flow problems. • Slow by SCM to award critical tenders (electrical and building) – due to Covid-19 rotational system. • Very high accruals and cash flow problems causing suppliers to supply goods late.

PROGRESS AND ACHIEVEMENTS

Frere Hospital

Sub-Programme 5.2

TABLE 5.6:	
ACHIEVEMENTS	**PROGRESS**
• Several Clinical Support Services staff facilitated in-service training to refresh and enhance staff performance. • Frere was able to attain a 94% medicine stock level and did not run out of any critical drugs. • The new lift was received for maternity unit and was successfully commissioned. This will alleviate potential litigations, as it will improve movement of patients, Linen and other supplies to the Theatre and to all other areas. • The shutter door in Oncology was fixed. • The cupboard doors in In-Patients that had fallen off were also fixed.	• Some areas of the pharmacy were painted. • Frere Management initiated a meeting with the management of BCM Billing Department to discuss the consolidation of all Frere BCM Accounts as well as to find out why the Bills are so high. The meeting agreed to consolidate only 8 out of 17 Accounts. The rest to be either closed or journalised, as they do not belong to Frere Hospital. BCM has agreed to meet with Frere Facilities Department on a weekly basis, to analyse these accounts individually until this project is complete.

Table 4.5.2: Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Sub-Programme 5.2: Tertiary Hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/2021	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to Actual Achievement 2021/22	Reasons for deviations
6. Quality of health services improved	Hospitals that qualify as Ideal Hospitals increased	6.2.8 Ideal Hospitals status obtained rate	New indicator	0%	50%	0%	-50%	Target not achieved, The hospital is finalising the issue of user account with NDOH.
		Numerator: Health facilities have obtained Ideal status		0	1	0		
		Denominator: Number of hospitals		2	2	2		
	Percentage of patients satisfied with their experience of care in public health facilities	6.1.8 Patient experience of care satisfaction rate	New indicator	72.7%	80%	80.2%	0.2%	Target achieved.
		Numerator: Patient Experience of Care survey		9 396	10 540	13 807		
		Denominator: Patient Experience of Care survey total responses		12 917	13 175	17 200		
	Patient Safety Incident (PSI) case closure rate	6.3.6 Severity assessment code 1 incidents reported within 24 hours rate	New indicator	100%	80%	72%	-8%	Target not achieved. The resignation of the QA manager Incident was not reported within 24hours as it was a police case.
		Numerator: Severity assessment code 1 incidents reported within 24 hours		123	72	34		
		Denominator: Severity assessment code 1 incident reported		123	90	47		
10. Community engagement improved	Percentage of Hospitals with functional hospital boards	10.2.6 Percentage of Hospitals with functional hospital boards	New indicator	100%	100%	50%	-50%	Target not achieved – One hospital board has not convened a board meeting due late establishment.
		Numerator: Number of functional Hospital Boards		2	2	1		
		Denominator: Number of Hospitals		2	2	2		
6. Quality of health services improved	Hospital efficiencies improved	6.7.5 Average length of stay	5.6 days	New Indicator	6 days	5.6 days	0,4 days	Target achieved.

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/2021	Planned Annual Target 2021/22	Actual Achievement 2021/22	Deviation from planned target to Actual Achievement 2021/22	Reasons for deviations
		Numerator: Inpatient days + 1/2 Day patients	488 259			430 324		
		Denominator: Inpatient separations	86 895			76 783		
		6.7.10 Inpatient bed utilisation rates	76%	New Indicator	75%	66%	-9%	Target not achieved. Many beds were allocated for Covid-19 admissions. Since the vaccination programme, hospital admissions were reduced.
		Numerator: Inpatient days + 1/2 Day patients	488 259		455 143	430 324		
		Denominator: Inpatient beds approved - total bed days available	642 105		606 858	656 038		
		6.7.15 Expenditure per PDE	R3,700	New Indicator	R3,878	R3 522	R356	Target achieved
		Numerator: Expenditure - total	R2 994 213 035			R 671 922 270		
		Denominator: Patient Day Equivalent - Total	809 313			758 675		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
6.2.8 Ideal Hospitals status obtained rate	Ideal Hospitals status determination is planned to be done in the first quarter of 2022/23.
6.3.6 Severity assessment code 1 incidents reported within 24 hours rate	Allocate staff members responsible for capturing and reporting on this indicator.
10.2.6 Percentage of Hospitals with functional hospital boards	Prioritize the convening of the hospital board meetings.
6.7.10 Inpatient bed utilisation rates	Appoint necessary specialists to be able to admit patients that need tertiary services.

5.3. SUB- PROGRAMME SPECIALISED (PSYCHIATRIC) TERTIARY HOSPITAL

Sub-programme purpose

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

Sub-Programmes

Specialised Tertiary Hospitals

- Fort England (specialised psychiatric Hospital)

Institutional outcomes

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

PROGRESS AND ACHIEVEMENTS

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

Table 4.5.3: Performance against the re-tabled Annual Targets from 2021/2022 Annual Performance Plan for Sub-Programme 5.3: Specialized Psychiatry Hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/2021	Planned Annual Target 2021/2022	Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
6. Quality of health services improved	Hospitals that qualify as Ideal hospitals increased	6.2.9 Ideal Hospitals status obtained rate	New indicator	0%	100%	0%	-100%	Target not achieved. The planned Ideal Hospital Assessment for Q4 2021/22 didn't take place due to user account challenge.
		Numerator: Health facilities have obtained Ideal status		0	1	0		
		Denominator: Number of hospitals		1	1	1		
	Percentage of patients satisfied with their experience of care in public health facilities	6.1.9 Patient experience of care satisfaction rate	New indicator	86.7%	80%	84.1%	4.1%	Target achieved
		Numerator: Patient Experience of Care survey		1 369	1 314	1 130	-	-
		Denominator: Patient Experience of Care survey total responses		1 578	1 642	1 343	-	-
	Patient Safety Incident (PSI) case closure rate	6.3.7 Severity assessment code 1 incident reported within 24 hours rate	New indicator	0%	80%	100%	20%	Target overachieved due to prompt reporting
		Numerator: Severity assessment code 1 incidents reported within 24 hours		0	4	3		
		Denominator: Severity assessment code 1 incident reported		0	5	3		
10. Community engagement improved	Percentage of Hospitals with functional hospital boards	10.2.7 Percentage of Hospitals with functional hospital boards	New indicator	100%	100%	100%	0%	Target achieved
		Numerator: Number of functional Hospital Boards		1	1	1		
		Denominator: Number of Hospitals		1	1	1		

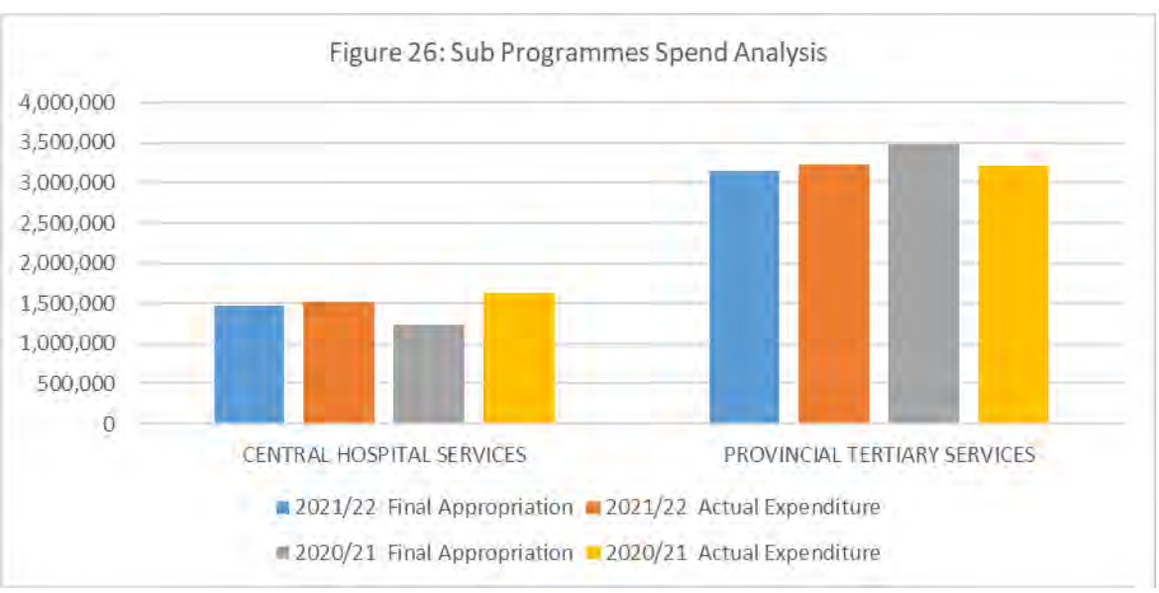
STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

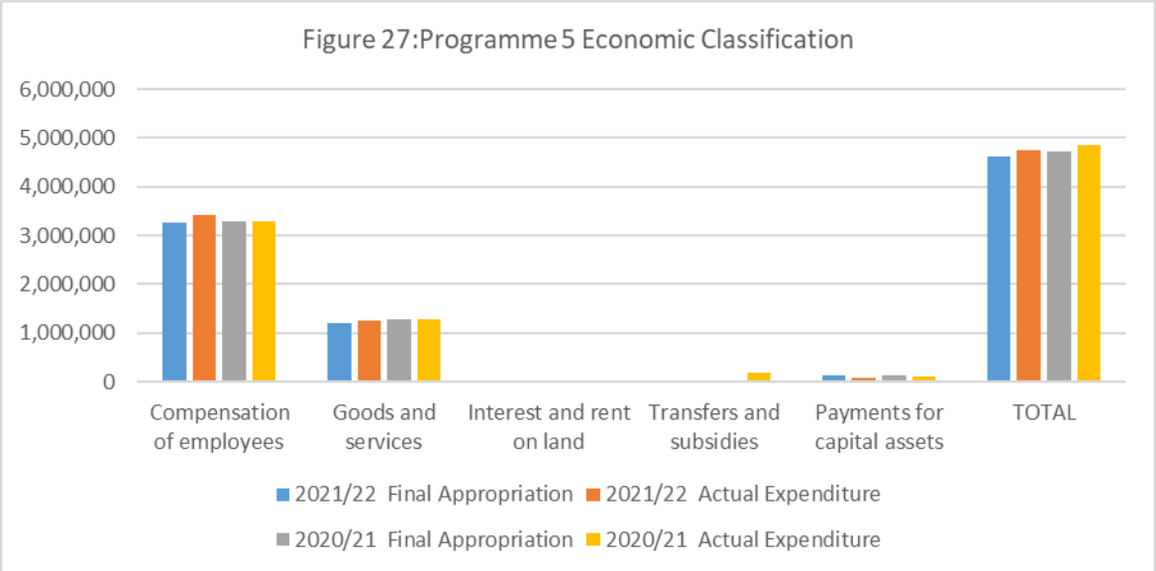
Indicator not achieved	Proposed strategies
6.2.9 Ideal Hospitals status obtained rate	To conduct ideal clinic status determination in the 1st quarter of 2022-23

LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 5: CENTRAL HOSPITAL SERVICES

Programme 5: Central Hospital Services	2021/22			2020/21		
	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1. **CENTRAL HOSPITAL SERVICES**	1 473 430	1 521 690	(48 260)	1 232 187	1 636 775	(404 588)
2. **PROVINCIAL TERTIARY SERVICES**	3 155 294	3 229 836	(74 542)	3 486 670	3 208 628	278 042
	4 628 724	**4 751 526**	**(122 802)**	**4 718 857**	**4 845 403**	**(126 546)**
Economic classification						-
Current payments	**4 461 820**	**4 657 936**	**(196 116)**	**4 560 000**	**4 564 702**	**(4 702)**
Compensation of employees	3 267 222	3 409 840	(142 618)	3 277 917	3 277 916	1
Goods and services	1 194 598	1 247 909	(53 311)	1 282 083	1 282 084	(1)
Interest and rent on land	-	187	(187)	-	4 702	(4 702)
Transfers and subsidies	**27 409**	**23 202**	**4 207**	**29 596**	**173 977**	**(144 381)**
Households	27 409	23 202	4 207	29 596	173 977	(144 381)
Social benefits	27 409	17 712	9 697	-	10 943	(10 943)
Other transfers to households	-	5 490	(5 490)	29 596	163 034	(133 438)
Payments for capital assets	**139 495**	**70 388**	**69 107**	**129 261**	**106 724**	**22 537**
Buildings and other fixed structures	-	-	-	4 466	3 849	617
Buildings	-	-	-	4 466	3 849	617
Machinery and equipment	139 495	70 388	69 107	124 795	102 875	21 920
Transport equipment	3 500	5 190	(1 690)	-	3 631	(3 631)
Other machinery and equipment	135 995	65 198	70 797	124 795	99 244	25 551
	4 628 724	**4 751 526**	**(122 802)**	**4 718 857**	**4 845 403**	**(126 546)**





The Programme spent at 102.7% (over by R122,802 million) after adjusting for funds shifts and virements of +R17 million post 2021/22 AEPRE. Overspending primarily vested in compensation of employees as a result of incorrect persal link codes by and between several programmes. Goods and services pressures vested in the Central Hospital Service (-R48,260 million) and Provincial Tertiary Services (-R74,542 million) sub programmes, to continue the delivery of public health care services uninterrupted. The budget pressures in the programme having arisen from the payment of payables and accruals at the vote level of (R4.4 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2022 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.



PROGRAMME 6

HEALTH SCIENCES AND TRAINING (HST)

4.6. PROGRAMME 6: HEALTH SCIENCES AND TRAINING (HST)

6.1 Programme Purpose

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

Institutional outcomes

- 6. Quality of health services improved.

PROGRESS AND ACHIEVEMENTS

TABLE 6.1: PROGERAMME: 6.1 LILITHA NURSING COLLEGES

Planned activity	Output Indicator	Planned Target	Progress report
To ensure accreditation for New Nursing Programme	No. of new nursing programmes accredited to the colleges	8	Higher Certificate in Nursing accredited by SANC, now under evaluation by Council for Higher Education (CHE). Diploma in Nursing accredited by SANC, now under evaluation by CHE Draft curriculum content and framework for 1- year Advanced Midwifery developed. Introductory visits in EL Main Campus and Sub - Campuses viz; Tafalofefe, Madwaleni and Nessie Knight as well St Barnabas Sub- Campus under Mthatha Main Campus conducted by the Acting Principal for situational analysis.
	Number of nursing students continuing with nursing academic qualifications	577	College Graduation was held for students who were certified as follows: - • 4-year diploma – 312 • bridging course – 120 • 1year Midwifery - 93 • Post Basic diplomas - 200 **Total graduated – 725**
			Basic Course – 4-year Diploma - -1st years – 25 out of 32 passed these are repeaters -2nd year – 88 out of 99 passed -3rd years – 35 out of 98 passed **-4th years – 66 out of 78 passed**
			College Examination Board meeting conducted for quality assurance of examination results for the outgoing academic year. Draft Standard Operating Procedure for the Recruitment and Selection Policy developed. One Day Supply Chain Management (SCM) training conducted for campuses: 4 Campus Heads and one SCM Personnel, Five (5) Academic staff members from Central Office and Campuses trained on introductory Curriculum Development and Review in preparation for the implementation of new programs. Procurement and distribution of office stationery for central office and all campuses. Facilitated the Post Graduate Diploma program curriculum planning session for the transformation process in view of DHET requirements. Facilitated the ICT meeting with stakeholders for establishment of the College ICT platform in preparation for the new programs' implementation. Determined and submitted costed priority posts for the College for departmental ARP implementation.
	Governance		EXCO (College Sub - Committee) meeting held and discuss governance issues. College meeting held to examine academic matters. College Council meeting held as planned. Provincial Lecturers Forum meeting held. PSRC Annual Congress held to elect new PSRC structure. Cost containment committee meetings conducted in Campuses and District level.
	Summative Assessment		Summative examination papers for this year`s academic year submitted to Examination Registration Office.
	Training		507 students trained on vaccination program, Cost containment committee meetings conducted in Campuses and District level. Student placement planning and review meetings held.

2021 MAIN EXAMINATION RESULTS STATISTICS – PER CAMPUS – AFTER RE- EXAMINATION

TABLE 6.2: EAST LONDON CAMPUS

LEVEL	NO. REG	NO. WROTE	NO. PASSED	% PASSED	NO. FAILED	% FAILED	RE-EXAM	% RE-EXAM	EXCLUDED	ABSCOND/ RESIGNED/ TERMINATED	DEATH
1ST	3	3	2	67	0	0	1	3	0	0	0
2ND	131	128	95	74	7	5	13	10	0	2 TERMINATED	0
3RD	95	89	75	84	6	7	5	6	1	2 AGROTAT 4 ABSCONDED 1 YEAR NULL	1
4TH	94	93	87	94	0	0	5	5	0	0	0

TABLE 6.3: LUSIKISIKI CAMPUS

LEVEL	NO. REG	NO. WROTE	NO. PASSED	% PASSED	NO. FAILED	% FAILED	RE-EXAM	% RE-EXAM	EXCLUDED	ABSCOND/ RESIGNED	DEATH
1ST	2	2	1	50	0	0	0	0	1	0	0
2ND	84	83	74	89	3	4	2	2	3	1 AEGROTAT	0
3RD	75	75	59	79	12	16	1	2	2	0	0
4TH	75	74	72	97	0	0	1	1	0	1 AEGROTAT	1

TABLE 6.4: MTHATHA CAMPUS

LEVEL	NO. REG	NO. WROTE	NO. PASSED	% PASSED	NO. FAILED	% FAILED	RE-EXAM	% RE-EXAM	EXCLUDED	ABSCOND/ RESIGNED	DEATH
1ST	10	9	6	67	0	0	2	22	1	1 RESIGNED	0
2ND	128	127	97	76	5	5	12	12	13	1 RESIGNED	0
3RD	104	104	82	79	14	13	5	5	3	0	0
4TH	77	77	74	96	0	0	3	4	0	0	0

TABLE 6.5: QUEENSTOWN CAMPUS

LEVEL	NO. REG	NO. WROTE	NO. PASSED	% PASSED	NO. FAILED	% FAILED	RE-EXAM	% RE-EXAM	EXCLUDED	ABSCOND/ RESIGNED	DEATH
1ST	12	11	9	81	0	0	0	0	2	1 ABSCONDED	0
2ND	118	118	96	81	5	4	9	8	7	1 AEGROTAT	0
3RD	107	105	93	89	10	10	1	1	1	2 ABSCONDED	0
4TH	61	61	53	87	0	0	6	10	0	2 AGROTAT	0

TABLE 6.6: PORT ELIZABETH

LEVEL	NO. REG	NO. WROTE	NO. PASSED	% PASSED	NO. FAILED	% FAILED	RE-EXAM	% RE-EXAM	EXCLUDED	ABSCOND RESIGNED	DEATH
1ST	9	7	7	100	0	0	0	0	0	1 RESIGNED	1
2ND	101	99	81	82	5	5	8	8	5	2 RESIGNED	0
3RD	100	98	85	87	2	2	8	8	3	2 RESIGNED	0
4TH	78	78	66	85	1	1	10	13	1	0	0

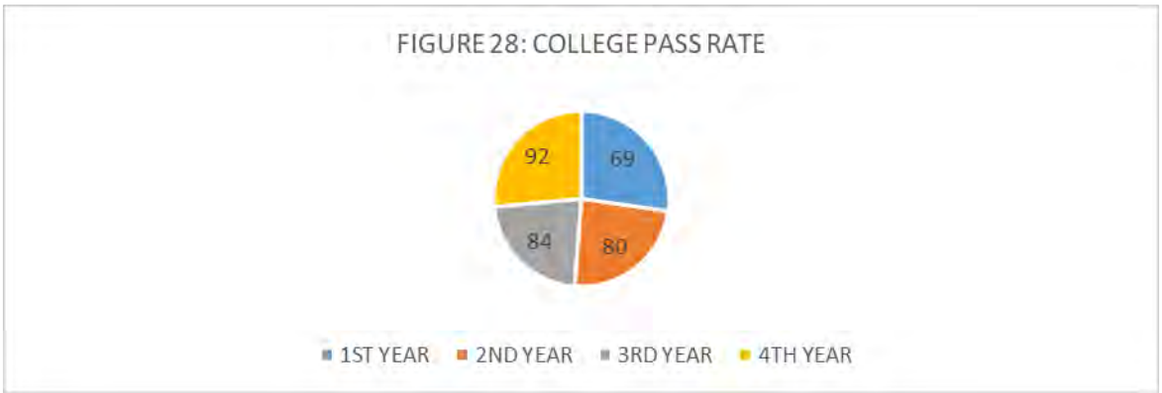
TABLE 6.7: COLLEGE EXAMINATION STATISTICS – 2021 MAIN EXAMS

LEVEL	NO. REG	NO. WROTE	NO. PASSED	% PASSED	NO. FAILED	% FAILED	NO RE-EXAM	% RE-EXAM	NO. EXCLUDED	ABSCOND/TERM/ RESIGNED/SICK	DEATH
1ST	36	32	25	69	0	0	3	9	4	3 RES/ABSCO	2
2ND	562	555	443	80	25	5	44	8	37	5 RESIG/ 4 AEG	0
3RD	481	471	394	84	44	9	20	4	10	8 RES/ABSCO	1 DEATH/1 NUL
4TH	385	383	352	92	1	1	25	7	1 (DNW)	3 AEGROTAT	1

TABLE 6.8: COLLEGE POST BASIC PROGRAMS STATISTICS – 2020/21 – 2022 MAIN RESULTS

PROGRAMME	REGISTERED	WROTE	PASSED	% PASSED	FAILED	% FAILED	RE-EXAM	% RE-EXAM
Child Nursing	5	5	4	80	0	0	1	20
Critical Care	6	6	6	100	0	0	0	0
Operating Theatre	1	1	1	100	0	0	0	0
Midwifery & Neonatal Care	2	2	2	100	0	0	0	0

FIGURE 28: COLLEGE PASS RATE



PROGERAMME: 6.2 EMS COLLEGE

The Eastern Cape College of Emergency Care (ECCOEC) in conjunction with Nelson Mandela University (NMU) submitted the Curriculum for the Higher Certificate: EMC to the Council for Higher Education in the 1st quarter and received feedback from CHE that the program meets the accreditation requirement with conditions which requires clarification before the program commences.

The college was however informed by Nelson Mandela University that a 2022 intake was not possible due to the fact that feedback from South African Qualifications Authority (SAQA) as well as Health Professions Council of South Africa (HPCSA) was still outstanding. The college is continuing to prepare for HPCSA accreditation.

During the 3rd quarter submissions for replacement of vacancies has been approved by the HOD and is awaiting advertisement from the recruitment office. In addition to the process as stated with Nelson Mandela University, the college is also exploring the possibility of being accredited as an Institution of Higher Learning. This process is still in the early developmental phase. Majority of the 2nd quarter was devoted to planning and implementing a Provincial Roadshow for EMS staff. The roadshow was used to sensitise EMS staff regarding a Training Needs Analysis which will be conducted through the National School of Government as well as the process which the college will be following to fully implement the National Emergency Care Education and Training (NECET) policy and EMS staff migration into the new Emergency Care Sub-Framework.

The first 5 Basic Life Support (BLS) for HCP Instructors were trained within the 3rd quarter who in turn has trained a total of 12 ECDOH health care workers as part of their instructor development, in the 4th quarter an additional 15 BLS for HCP instructors were trained and by the end of the 4th quarter a total of 102 health care provers were trained in BLS skills.

In the 3rd quarter, the rescue department has commenced with the 10-month Rescue Technician program consisting of advanced rescue modules, 18 EMS staff members are currently doing the course. The Rescue Technician program will continue into the 2nd quarter of the 2022- 2023 financial year. An ESMOE - IT refresher course was presented to 24 master trainers and 16 new providers in the 3rd quarter. The course is aimed at assisting EMS staff to decrease mother and child mortality due to obstetric emergencies while in transportation.

During the 4th quarter the college presented an Emergency Medical Dispatch course to 25 EMS Call Centre staff. The course aims to equip call center staff to deal with the unique circumstance within an Emergency Medical Call Centre. The CPD department presented CME sessions to a total of 156 EMS staff members over the period of reporting.

PROGERAMME: 6.3 BURSARIES

Health Professionals students receiving bursaries

- During the financial year 2021/22, the department continues to support students pursuing various health science and related studies in South Africa and in Cuba.

Health Professionals Students in South African Universities:

- In total, the ECDOH supported a total of 335 bursary holders in South African universities. A total of 110 students completed their studies during this period whilst 9 students left the programme.
- The Department also supports 133 medical students under the Nelson Mandela – Fidel Castro Medical Scholarship Programme.
- Twenty-five (25) students returned from Cuba for their final Clinical Training in August 2021.
- A total of 79 students completed their studies during the 4th quarter whilst 1 student left the programme

Bursaries awarded to 1st Year Medical Students

- There were no new bursaries awarded in the 2021/22 Financial Year
- The tables below show the breakdown of the funded bursars per field of study and gender.

Table 6.9: Local Universities

FIELD	TOT	F	M
Bachelor of Dietetics	3	3	0
Bachelor of Orthotics & Prosthesis	4	4	0
Bachelor of Occupational Therapy	7	7	0
Bachelor of Optometry	1	0	1
Bachelor of Oral Hygiene	2	2	0
Bachelor of Pharmacy	15	8	7
Bachelor of Physiotherapy	5	5	0
Bachelor Clinical Medical Practice	6	5	1
Bachelor Dentistry	22	14	8
Clinical Psychology	1	0	1
Emergency Medical Care	4	1	3
MBChB	228	127	101
Radiography	16	12	4
Bachelor of Speech Therapy	21	14	7
TOTAL	**335**	**202**	**133**

Table 6.10: Nelson Mandela – Fidel Castro Medical Programme

FIELD	TOT	F	M
MBChB	133	49	84

PROGERAMME: 6.4 OTHER TRAINING (SKILLS DEVELOPMENT)

TABLE 6.11: YOUTH PROGRAMMES

	Total Intake	Total Females	Total Males	Disabilities	Youth
Pharmacy Assistants (Employed)	86	52	34	0	35
Pharmacy Assistants (Unemployed)	155	117	38	0	113
TVET Learners	242	206	36	0	226
Internships	70	47	23	1	59
	553	**422**	**131**	**1**	**433**

TABLE 6.12: TRAINEESHIP PROGRAMME

TVET LEARNERS			ARTISAN DEVELOPMENT			
ANNUAL INTAKE OF TVET LEARNERS	MALES	FEMALES	Q4 APPRENTICE	COURSES	MALES	FEMALES
254 (HWSETA FUNDED)	40	214	17 Artisans	Plumbing	10	7
			11 Artisans	Carpentry	9	2
			11 Clinical Engineers	Electrical	6	5

TABLE 6.13: SKILLS DEVELOPMENT PROGRAMMES

TYPE OF INTERVENTION	DELIVERY MODEL	PLANNED TARGET	ACTUAL	MALE	FEMALE	VARIENCE	EXPLANATION
Non Pivotal Trainings	In-Service Training	13044	9458	2092	7366	3586	Breakdown in reporting patterns by Districts
Pivotal Training Programmes	Outsourced Trainings	7890	1549	514	1035	6341	Delays Procurement Processes & capacity issues due to rotation resulting from Covid-19
NSG SCM Related Trainings	NSG – FACE TO FACE	20	20	6	14	0	
NSG E-Recruitment Trainings	NSG – FACET TO FACE	13	13	7	6	0	
NSG Avoiding Irregular and Fruitless Expenditure	NSG -	18	18	9	9	0	
Recruitment and Selection	NSG -	26	26	9	17	0	
CIP 6-12	NSG -	104	104	24	80	0	
Integrated Customer Care (Batho Pele Principles, Patient Care, Patient Safety and Patient Rights)	OUTSOURCED	75	66	31	35	9	9 delegates had personal difficulties.
		21 190	**11 254**	**2 692**	**8562**	**9 936**	

TABLE 6.14: PROGERAMME: 6.4 PERFOMANCE MANAGEMENT AND DEVELOPMENT (PMDS)

	LEVELS	1 April 2021 - 31 March 2022			
		TOTAL NO. OF EMPLOYEES	NO. OF AGREEMENTS SIGNED	OUTSTANDING	% PMDS COMPLIANCE
OVERALL	L 1-8	33390	29222	4168	88%
	L9-12	7894	6653	1241	84%
	L13-16	92	67	25	73%
	TOTAL	41376	35942	5434	87%

TABLE 6.15: IYM BY PROGRAMME, SUB PROGRAMME & ECONOMIC CLASSIFICATION

Budget Allocated	Total Expenditure	% Spent
202,639	179,132	88%

TABLE 6.16: Bursaries Budget and Expenditure

SKILLS LEVY BUDGET EXPENDITURE REPORT 2021_22 FINANCIAL YEAR							Variance Explanation
BUDGET ITEM	BUDGET ALLOCATED	EXPENDITURE	EXP %	COMMITMENTS	COM%	AVAILABLE BALANCE	
COMPENSATION OF EMPLOYEES	37 589 730,00	3 744 886,53	9,96	-	9,96	33 844 843,47	Interns Intake was not approved at PCMT Level
GOODS AND SERVICES	75 507 606,00	39 499 643,96	52,31	14 444 861,50	71,44	21 653 574,38	Delays in Procurement , payments not approved at PCCC
MACHINERY & EQUIPMENT	937 000,00	90 346,47	9,64	108 588,66	21,23	738 064,87	Delays caused by Lack of a Transversal Contract
DEPARTMENTAL AGENCIES& ACCOUNTS	13 149 000,00	13 058 000,00	99,31	-	99,31	91 000,00	Payment of accruals
	127 183 336,00	**56 392 876,96**	**44,34**	**14 553 450,16**	**55,78**	**56 327 482,72**	

TABLE 6.17: Health Professions and Development Training Component

Economic Classifications	Budget (R'000)	Expenditure (R'000)	% Spent (%)
Compensation of Employees	**233 223**	**236 257**	**101**
Goods and Services	**22 489**	**16 875**	**75**
Household	**0**	**255**	
Capital	**6 715**	**5 593**	**83**
Total	**262 427**	**258 980**	**97**

TABLE 6.18: Statutory Human Resources Component

Economic Classifications	Budget (R'000)	Expenditure (R'000)	% Spent (%)
Compensation of Employees			
Interns	**196 761**	**233 282**	**119**
Comm Serves	**0**		
Total	**196 761**	**233 282**	**119**

Continued payment of Interns not supposed to be under the Grant led to gross over expenditure under the Grant. Journals to the amount of R24 million were done to break the even.

HUMAN RESOURCE AND TRAINING GRANT

Benefiting facilities could not have spent their budget allocated under both G&S and M&E due challenges related to the department owing suppliers and in return, these suppliers refused to deliver equipment and other goods and services. The remaining budget was taken up to COE to offset the over expenditure.

TABLE 6.19:			
Economic Classifications	**Budget (R'000)**	**Expenditure (R'000)**	**% Spent (%)**
Compensation of Employees	429 984	469 539	109
Goods and Services	22 489	16 875	75
Household	0	255	
Capital	6 715	5 593	83
Total	**459 188**	**492 262**	**107**

TABLE 6.20: LIST OF REGISTRARS WHO COMPLETED THEIR TRAINING DURING 2021/22

No	INSTITUTION	NAME	DISCIPLINE	GENDER	RACE
1	LIVINGSTONE	SALIE M.Z	SURGERY	M	W
2	LIVINGSTONE	SIKO KP	INTERNAL MEDICINE	M	A
3	LIVINGSTONE	KAPP JJ	INTERNAL MEIDCINE	M	W
4	LIVINGSTONE	OXLYE OXLAND J	INTERNAL MEDICINE	M	W
5	LIVINGSTONE	BRYANS ML	OPHTHALMOLOGY	M	W
6	LIVINGSTONE	VAN NIEKERK TE	OPHTHALMOLOGY	M	W
7	LIIVNGSTONE	ARKELL CJF	ORTHOPAEDICS	M	W
8	LIVINGSTONE	MANYATHI SL	DERMATOLOGY	F	A
9	LIVINGSTONE	PEZISA PH	DERMATOLOGY	F	A
10	LIVINGSTONE	PASIO RC	EMERGENCY MEDICINE	F	W
11	LIVINGSTONE	LUTTICH LM	EMERGENCY MEDICINE	F	W
12	DORA NGINZA	MTSHENGU N	PSYCHIATRY	M	A
13	DORA NGINZA	MGUGA A	OBS &GYNAE	M	A
14	DORA NGINZA	XIPU AN	PAEDIATRICS	M	A
15	DORA NGINZA	DLAKAVU A	PAEDIATRICS	M	A
16	DORA NGINZA	EDWIN R	PAEDIATRICS	F	W
17	DORA NGINZA	NYABASHE Z	PAEDIATRICS	M	A
18	DORA NGINZA	BIKANI N	O& G	M	A
19	DORA NGINZA	DLULANI S	O & G	M	A
20	DORA NGINZA	LUDIDI MM	O & G	M	A
21	DORA NGINZA	MANDAHA MV	O&G	M	A
22	DORA NGINZA	NDLELA MS	O&G	M	A
23	DORA NGINZA	MGUGA AN	O&G	M	A
24	NELSON MANDELA	KOKOSE B	ENT	M	A
25	NELSON MANDELA	QUTA NP	O&G	M	A
26	NELSON MANDELA	MATETA-SILWANA	PSYCHIATRY	F	A
27	NELSON MANDELA	SIQITHI MJULELWA	PAEDIATRICS	F	A
28	NELSON MANDELA	LOTZ JDK	FAMILY MEDICINE	M	W
29	NELSON MANDELA	MILLER A	FAMILY MEDICINE	M	W
30	NELSON MANDELA	GIBSON DB	FAMILY MEDICINE	M	W
31	NELSON MANDELA	SCOTCHER PC	FAMILY MEDICINE	M	W
32	NELSON MANDELA	MZIKWANA- HYERA	PEADIATRICS	F	A
33	FRERE HOSPITAL	DE VILLIERS S	ORTHOPAEDICS	M	W
34	FRERE HOSPITAL	KRETZMAN H G	GENERAL SURGERY	M	W
35	FRERE HOSPITAL	GAROUFALIAS ED	ANESTHETICS	F	W
36	FRERE HOSPITAL	KLOPPER FGJ	ENT	M	W

Table 4.6.1: Performance against the re-tabled Annual Targets from 2021/2022 Annual Performance Plan for Programme 6-Health Sciences and Training Hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/2021	Planned Annual Target 2021/2022	Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
6. Quality of health services improved	Qualified and competent staff	6.4.6 Number of registrars trained	New indicator	New indicator	20	24	4	Target overachieved. The Actual Output of Registrars who completed their training included both funded under the Grant and other sources of funding, e.g. ES, NTSG.
		6.4.7 Number of nurses trained on post basic courses	New indicator	New indicator	195	12	-183	Target not achieved as there is no new intake during the period under review. These are direct entries to SANC who are repeaters of some papers of Child Health and Critical Care courses.
		6.4.8 Number of EMS Practitioners enrolled in Emergency care degree	New indicator	New indicator	16	11	-5	Target not achieved. Bursaries have been awarded as follow: 4 x BEMC NMU 1 x Dip Medi Clinic 1 x H Cert Netcare 5 x Preparatory Program Maritzburg College Not many EMS staff have direct entry into the degree program and rely on RPL for access. RPL for access had limited slots available at NMU for the 2022 academic year.

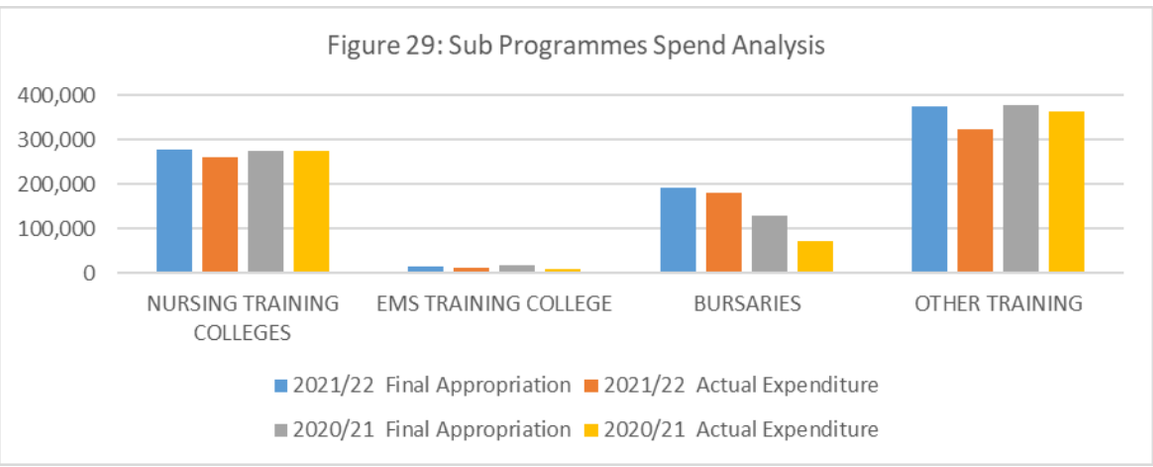
STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

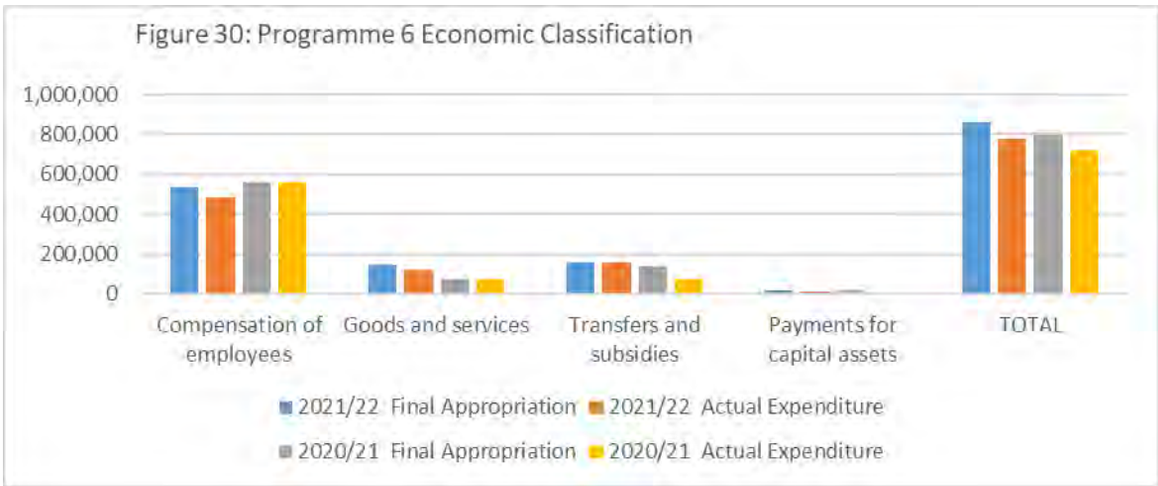
Indicator	Proposed intervention
6.4.7 Number of nurses trained on post basic courses	• Installation of Student Management system. • Improvement of infrastructure in teaching and learning facilities. • Setting up of functional and uninterrupted ICT systems to enhance learning including e-Learning facilities • Improvement of human resource capacity -Filling of leadership positions in campuses. • Strengthening capacity of libraries. • Well-equipped simulation laboratories.
6.4.8 Number of EMS Practitioners enrolled in Emergency care degree	• Increase number of EMS intake and bursary holders. • Finalize curriculum development by complying will all CHE & HPCSA requirement. • Fill critical positions at the EMS college.

LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

Programme 6: Health Sciences and Training	2021/22			2020/21		
	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1. **NURSING TRAINING COLLEGES**	277 329	259 301	18 028	273 211	275 481	(2 270)
2. **EMS TRAINING COLLEGE**	14 996	11 960	3 036	16 109	9 892	6 217
3. **BURSARIES**	192 639	179 132	13 507	127 632	72 463	55 169
4. **OTHER TRAINING**	374 609	324 366	50 243	378 306	362 261	16 045
	859 573	**774 759**	**84 814**	**795 258**	**720 097**	**75 161**
Economic classification						-
	683 263	**606 611**	**76 652**	**639 610**	**639 598**	
Current payments						**12**
Compensation of employees	536 476	483 560	52 916	561 710	561 706	4
Goods and services	146 787	123 051	23 736	77 900	77 892	8
Transfers and subsidies	**160 183**	**156 311**	**3 872**	**136 422**	**74 263**	**62 159**
Departmental agencies and accounts	13 149	13 075	74	13 058	-	13 058
Social security funds	-	17	(17)	-	-	-
Departmental agencies	13 149	13 058	91	13 058	-	13 058
Households	147 034	143 236	3 798	123 364	74 263	49 101
Social benefits	2 000	2 771	(771)	1 993	2 240	(247)
Other transfers to households	145 034	140 465	4 569	121 371	72 023	49 348
Payments for capital assets	**16 127**	**11 837**	**4 290**	**19 226**	**6 236**	**12 990**
Machinery and equipment	16 127	11 837	4 290	19 226	6 236	12 990
Transport equipment	1 884	3 073	(1 189)	3 725	2 007	1 718
Other machinery and equipment	14 243	8 764	5 479	15 501	4 229	11 272
	859 573	**774 759**	**84 814**	**795 258**	**720 097**	**75 161**





The Programme spent at 90.1% (under by R84,814 million) after adjusting for funds shifts and virements of -R74,921 million post 2021/22 AEPRE. The programme gave up a portion of its cash flows in favour of mitigating the pressure within the clinical programmes to continue delivery of public health care services uninterrupted. This pressure in the clinical programmes having arisen from the payment of payables and accruals at the vote level of (R4.4 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2022 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.



PROGRAMME 7

HEALTH CARE SUPPORT SERVICES (HCSS)

4.7. PROGRAMME 7: HEALTH CARE SUPPORT SERVICES (HCSS)

7.1 Programme Purpose

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

Transversal Health Services consists of:

- The orthotic & prosthetic (O&P) services sub-programme, which has three existing O&P centers. The centers are based within the three hospitals namely the PE Provincial hospital, in East London at Frere hospital, and in Mthatha at Bedford Orthopaedic hospital. The prescriptions received from medical professionals and the referrals especially from the outreach programme determine the need for the service.
- Rehabilitation, laboratory, social work and radiological services are rendered at all Hospitals and/or community health centers.

Pharmaceutical Services is responsible for

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

Institutional outcomes

- 3. Morbidity and Premature mortality due to Communicable diseases reduced.
- 6. Quality of health services improved.

PROGRESS REPORT AND ACHIEVEMENTS

During this reporting period Transversal Health Management Services had identified the following priority areas:

Rehabilitation and Disabilities

- Establishment of centres of excellence for the Management of Cerebral Palsy (CP).
- Fully fledged staffing of the centres of excellence.
- Fully equipped and functional centres of excellence.
- Strengthen outreach clinics for rehabilitation services with the assistants of District Managers.

Orthotics and Prosthetics

- In house training of the Orthopaedic Foot Technicians.
- Facilitation of the appointment of the Chief MOP for Frere Hospital.

Laboratory Services

- Strengthen the establishment of functional BLUCS and HTC at District and Hospital Level monitoring the usage. Of blood and Laboratory services.
- Review the gate keeping rules.
- Point of Care Testing (POCT) policy signed and implemented.
- Facilitation of the Appointment of the Provincial Lab coordinator.
- Coordination of laboratory services in the districts without lab coordinators

Radiological Services

- Facilitation of the roll out of the Picture Archiving Communication System (PACS).

Transversal Health Services Programmes

Rehabilitation Services

Wheelchairs and Hearing Aids

The program has achieved over achieved the planned targets for provision of wheelchairs and hearing aids. The over achievement is necessitated by the partnership developed between the Department Latter Day Saints (LDS) charities.

The LDS went to an extent of rolling over the project of donating wheelchairs and training of Therapists to the Central and the Eastern regions and more Therapists now are capacitated to prescribe which increases the number of eligible recipients.

A total of 105 specialized wheelchairs for children with Cerebral Palsy were delivered and issued to the patients. The outreach wheelchair seating clinics assisted at lot in making sure that patients receive their devices on time and those leaving in hard to reach areas have equitable access to these devices.
Wheelchair outreach seating clinics are continuing in the western districts every 2nd Friday of the month. This contributed to the positive achievement of targets during this financial year.

Sixty-one (61) health facilities in the Province are conducting the wheelchair seating clinics on a weekly basis.

TABLE 7.1: Summary of devices issued

Devices	QUARTER				TOTAL
	1	2	3	4	
Wheelchairs	383	563	539	495	**1 980**
Hearing aids	245	382	335	410	**1 372**
Crutches	3 455	4 501	6 475	6 041	**20 472**
Other walking aids	390	573	489	1 009	**2 461**

TABLE: 7.2: Closing stock of assistive devices

Devices	QUARTER				TOTAL
	1	2	3	4	
Wheelchairs on stock	340	649	450	734	**734**
Hearing aids on stock	236	1349	720	643	**643**

Laryngectomy voice prosthesis surgical procedures were done at Frere and Livingstone hospitals to seven patients by the Speech Therapists and Ear Nose and Throat specialist in this reporting period. These prostheses assist with the rehabilitation of voice/speech post tracheostomy.

Medico-legal intervention

Procurement of three specialised and custom made vehicles to accommodate Cerebral Palsy children, care-givers and wheelchairs in the management of Cerebral Palsy at Nelson Mandela Academic (NMAH), Cecilia Makiwane (CMH) and Dora Nginza hospitals were completed in this financial year. The Department of Health is working closely with the department of Transport. The delivery of the vehicles is expected in the first quarter of 2022/23.

Renovations at the Nelson Mandela Academic Hospital (St Henry Elliot building) for the establishment of a centre of excellence for the management of Cerebral Palsy is in progress.

The recruitment process for the critical posts for cerebral palsy management at NMAH and Cecelia Makiwane hospital was completed, appointment of personnel will be effected in the new financial year.

Training

The ECDOH has awarded three tenders to service providers over a period of three years for the Basic and Intermediate wheelchair seating training as well as Cerebral Palsy management courses in preparation for the medico-legal intervention. During this reporting period, 48 Therapists trained on Basic wheelchair sitting; 16 trained on intermediate sitting; 48 on Cerebral Palsy management, 24 of the 48 are therapists from the identified centres of excellence.

90% of the permanently employed Occupational Therapists and Physiotherapists are trained in basic wheelchair seating, the Province has sufficient skills. The aim of the training is to improve the skills for Therapists with the management of Cerebral Palsy.

Cerebral Palsy

Forty-three (43) health facilities have functional Cerebral Palsy (CP) management clinics with 1 902 patients on the database. The province continues to maintain an electronic database for recording of all CP children that are seen at the various health facilities. Verification of cases before claims are paid is being conducted by the rehabilitation health professionals, dieticians and social workers under the coordination of the Special Litigation Unit in the Office of the Premier (OTP).

Orthotics and Prosthetics Services

During the 2021/2022 financial year a total of 11 486 (including) patients were seen. Out of that 11 486 patients, 535 patients were fitted with new prostheses, 7 148 orthoses were fitted. There were 112 outreach visits conducted and a total of 893 patients were seen during these visits. From the 893 patients, 670 orthoses were fitted, 53 patients were eligible for new prostheses and 40 patients were eligible for custom made orthoses and were measured/casted.

The table 7.3 below shows the summary of the above services.

	QUARTER				TOTAL
	1	2	3	4	
TOTAL PATIENTS SEEN	2 564	3 175	3 375	2372	11 486
PROSTHESES FITTED	163	148	120	104	535
ORTHOSES FITTED	2 073	1 317	2 173	1 585	7 148
TOTAL OUTREACH VISITS	7	16	44	45	112
TOTAL NUMBER OF PATIENTS SEEN AT OUTREACH	66	108	461	258	893
OUTREACH PATIENTS FITTED WITH PREFABRICATED ORTHOSES	29	77	376	188	670
OUT REACH PATIENTS MEASURED FOR PROSTHESES	9	29	12	3	53
OUT REACH PATIENTS MEASURED FOR ORTHOSES	14	7	16	3	40

In this reporting period the programme also received a donation of the state of the art equipment for manufacturing prostheses, from the partner the Latter Day Saints (LDS). This equipment has contributed in the department's increased statistics, meaning more beneficiaries could receive the prostheses.

Laboratory services

Four the laboratory coordinators and 2 e-GK officers were trained as master trainers by the NDOH on Antigen Testing and HIVSSD in the month of March 2022. The advantage of this training is to capacitate health professionals including laboratory coordinators with Antigen testing skills to be able to train others. These health professionals play a significant role in the monitoring of Laboratory and Blood Services including cost savings.

A donation from the NDoH of 3 104 boxes (with 25 tests in each box) of Covid-19 Antigen test kits was received on the 24/08/2021and utilised throughout the 3rd quarter. The roll out of the Antigen tests to the Community Health Centres (CHCs) and communities to improve the access to Covid-19 testing at Primary Health Care level was conducted.

Covid-19 tests with turn around time less than 48 hours during the 3rd quarter NHLS performance was at 90% and exceeded the planned target of 80% by 10%, however the scenario had declined in July due to the pick-up of the 3rd Wave.

Since the inception of the Antigen- tests more people could be tested, diagnosed and management of the symptoms could be effected timeously.

Radiological Services

The Picture Archiving Communication System (PACS) installation is at 100% at Cecilia Makiwane hospital, at Frere Hospital is currently at 85%; at Livingstone Tertiary Hospital is at 70%. The PACS installation was rolled over to Khotsong TB and Frontier hospitals. 2 Lodox Machines for Forensic Services were procured for New Brighton and Mthatha Forensic Pathology Services. 2 new Digital Mobile X-ray equipment were procured and delivered for Taylor Bequest - Mt Fletcher

and St Elizabeth hospitals. 32 Radiological community service health professionals were placed in different districts in the Province.

PHARMACEUTICAL SERVICES

During this reporting period Pharmaceutical Services had identified the following priority areas:

- Improving patient access to medicines through Central Chronic Medicines Dispensing and Distribution (CCMDD).
- Availability of Pharmaceuticals (medicines, PPE, COVID -19 Vaccines) at health institutions at all material times.
- Roll out Electronic Stock Management and Reporting System i.e. RxSolution and SVS.
- Support COVID-19 Vaccination Programme.

Central Chronic Medicines Dispensing and Distribution (CCMDD)

During this reporting period, the CCMDD programme continued to expand to reach more clients in more wards around the province. There were 283 525 active patients who collected their medicines packs through the CCMDD programme.

The table 7.4 below depicts the number of active patient per district.

DISTRICT	QUARTER			
	1	2	3	4
Alfred NZO	40 193	40 780	43 181	43 757
Amathole	42 460	45 509	47 181	46 707
Buffalo City	41 885	43 087	45 932	46 552
Chris Hani	37 882	39 649	42 124	42 030
Joe Gqabi	7 408	7 749	8 120	8 723
Nelson Mandela Bay	10 341	9 794	10 079	9 280
Oliver Tambo	73 310	74 762	77 651	78 367
Sarah Baartman	7 359	7 755	8 101	8 409
Province	**260 838**	**269 085**	**282 303**	**283 525**

The CCMDD programme forms part of the department's flagship programmes and it continues to be the departmental strategy to reduce patient numbers at health facilities. The programme achieved a steady increase of clients throughout the year while retaining the old clients on the programme. The increase in the number of patients from quarter 1 to quarter 4 was 22 687. The programme noted a decline in Q4 on performance in Amathole, BCM, Chris Hani and Nelson Mandela Bay (NMB). The reason for the declines was due to non-renewal of prescriptions at health facilities. Interventions were put in place to ensure that there is active monitoring of prescription renewal furthermore the programme collaborated with Eastern Cape Regional Training Centre (EC-RTC) in conducting in-service training for prescribers on rational medicine prescribing.

Medicine Availability

The department monitors medicine availability using a mobile phone-based stock visibility Stock Visibility Solution (SVS) and a desktop application RxSolution. These systems strengthen inventory management within health facilities.

The Stock Visibility Solution

The stock visibility solution (SVS) is a mobile application that healthcare professionals use to monitor and report on stock levels for ARVs, TB medication and vaccines. Personal Protective equipment (PPE), COVID-19 vaccines and medicines used in managing COVID-19 patients were also added to the list of items tracked using SVS.

SVS makes information available in real-time at any geographic location via the web based dashboard. In this way SVS provides alerts and reports for the benefit of various levels of supply chain management to inform resupply and reorder levels. SVS achieved 100% coverage of Primary Health Care facilities in the province.

Table 7.5 below presents the provincial SVS performance with regards to reporting compliance and availability of reported items during this reporting period.

Item	Target	Achievement
PPE Availability	80%	86.5%
Medicine Availability	80%	86,1%

Medicines availability target was achieved despite challenges with suppliers not being able to meet the demands for certain stock items and the impact of COVID-19 pandemic on global supply chain systems for items that are imported.

Furthermore, in partnership with the Global Health Supply Chain Program – Technical Assistance (GHSC-TA) the department introduced a project to build capacity of pharmacy personnel in managing their minimum and maximum stock levels of essential medicines. This project supports timeous replenishment of essential medicines while it has a potential of reducing wastage through overstocking and reduce out of stock situations.

RxSolution

RxSolution is a desktop application that supports inventory management within public health facilities.
It is an integrated tool that supports pharmacists and program managers to better manage their inventory of medicines and plan future procurement.

RxSolution has been installed in 90 hospitals across the province. It is used effectively in 71 hospitals (79%) while 19 Hospitals (21%) not using Rx Solution. The most common reason for not using Rx Solution is staff turnover, where trained personnel leave the facility. An RxSolution rollout plan has been developed and during this reporting period 2 online trainings on Rx Solution were conducted.

Pharmaceutical Depots

The depots are also responsible for procurement, warehousing and distribution of medicines in the province. ECDOH pharmaceutical depots drive medicine availability within the province for all health programmes. During this reporting period the depots have been able to achieve 76.1% of essential medicine availability. This was short of the 80% annual target because a few other products such as injectable family planning products were in short supply, though available. This was exacerbated by the departments inability to pay medical suppliers timeously due to fiscal constraints. Certain suppliers e.g. Barrs, Resmed, Unimed, Biotech, Aspen and Sanofi suspended the department's account and would not supply any medicines until payments were made.

Additionally, the department has embarked on a plan to achieve efficient procurement and payment medicines as well as goods & services through the introduction of a Provincial Medicine Procurement Unit (PMPU).

This PMPU is a shared centralized administrative provincial unit that is responsible for managing the processes related to the ordering, replenishment and distribution of all medicines in the province to reduce lead times and wastage in the supply chain and ultimately reduce risk for the department.

COVID-19 Vaccination Roll-out programme

During the reporting period, the department supported by DG Murray Trust (DGMT) and TB- HIV Care ensured an effective and efficient procurement, storage, distribution of COVID-19 vaccines and related consumable items. An informed push system of COVID-19 vaccines and related ancillaries was introduced and this resulted in a stable availability of vaccines for the vaccination programme.

In collaboration with developmental partners, pharmaceutical services were able to develop tools for planning and forecasting the provincial demand for COVID-19 vaccines and related consumables. There is daily monitoring of provincial stock levels to identify potential shortages and intervene where necessary. DGMT also led the recruitment process of 4 x Basic Pharmacist Assistants which were placed at the 2 Pharmaceutical depots for a fixed period from January to March 2022. Their contracts however ended on 31 March 2022 and DGMT Completed their end-of-contract assessments.

Personal Protective Equipment

The province through the depots procured and distributed personal protective equipment (PPE). The availability of PPE was increasing steadily from the low levels reported in quarter 1 to the 88,7% reported at the end quarter 4, with average annual availability of 86.5%

Compliance with South African Pharmacy Council

The South Africa Pharmacy Council (SAPC) which is a statutory council requires that) requires that health facilities are compliant with Good Pharmacy Practice (GPP) standards to ensure that the public and patients are offered quality pharmaceutical services from health facilities.

The table 7.6 below indicates the EC pharmacies' compliance status: -

District	Hospital Pharmacies	CHC Pharmacies	Grade A	Grade B	Grade C	Grade D
Alfred Nzo	7	2	4	2	3	0
Amathole	13	1	12	0	2	0
BCM	5	4	9	0	0	0
Chris Hani	14	0	12	1	1	0
Joe Gqabi	8	0	5	0	3	0
Nelson Mandela	8	10	15	1	1	1
OR Tambo	13	1	10	1	3	0
Sarah Baartman	12	1	12	1	0	0
Medical Depot			1		1	0
TOTAL	**80**	**19**	**80**	**6**	**14**	**1**

Status of EC Pharmacies compliance with SAPC

- 101 public health facility pharmacies are licensed and recorded with SAP.
- 80 (79%) of these pharmacies attaining Grade A rating. This means the upon inspection the pharmacy premises were found to comply with most of the Good Pharmacy Practice standards and have obtained an overall score of 90 - 100%.
- The Orsmond TB is closed and therefore it is given a grade D. This grade is given when a pharmacy is found to be not in operation, has closed.
- 57 (56%) pharmacies are accredited as training facilities i.e. where pharmacist's assistants and pharmacist interns can be trained.
- The 2021 outstanding annual fees of R620 516.02 for pharmacy premises and for registered Responsible Pharmacists (RP) were paid to South African Pharmacy Council.

Pharmaceutical Services Personnel

The department continues to ensure the availability of adequately skilled pharmacy personnel in all our health facilities. Pharmacists and pharmacy support personnel contributes significantly in the provincial efforts to achieve health outcomes by ensuring availability and safe use of quality assured medicines.

During this period 250 learners registered for training as Basic & Post Basic Pharmacist's Assistants in our health facilities. 46 Pharmacists Interns were selected to commence their internship programme from January 2022 subject to them passing their final examinations.

The department benefits from the national allocation of community service pharmacists as part of bringing pharmacy services to underserved communities. 66 Pharmacists joined the department from January 2022 for purposes of performing their 12 months' community service.

Table 4.7.1: Performance against the originally tabled Annual Targets from 2021/23 Annual Performance Plan for Programme 7: Health Care Support Services

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/21	Planned Annual Target 2021/22	*Actual Achievement 2021/2022 until date of re-tabling	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
3. Morbidity and Premature mortality due to Communicable diseases reduced	Monitor the NHLS	3.5.9 Percentage COVID-19tests with turnaround time (<48hours)	New indicator	55.1%	80%	98.5%	8.5%	The target overachieved by 8.48%. The increase in the number of Rapid tests done whereby results are obtained within minutes reduced the load of tests for the laboratories.	The performance of this indicator is dependent on NHLS systems together with its evidence for performance. It is against this background the department is removing this indicator in 2021/22 APP to NHLS.
		Numerator		266 218	199 610	28 543			
		Denominator		482 992	249 511	28 985			
	Availability of medicine in depos and facilities	6.4.15 Number of active patients on CCMDD	New Indicator	283 353	312 500	282 303	-30 197	Target not achieved. This was due to a generalised reduction in the rate of prescriptions renewal which reduced the number of people with active prescriptions.	The NDOH has made an amendment on this indicator and it has significantly affected the programme's ability to achieve the target of 312 000 by the year end. By Mid-year the programme was below the annual targeted achievement of 2021/22 financial year. Likelihood target will not be achieved if it is not amended to align with national target.

Table 4.7.2: Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Programme 7: Health Care Support Services

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/21	Planned Annual Target 2021/22	*Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
6. Quality of health services improved	Availability of assistive devices in primary health care	6.4.9 Wheelchair issued adult 19 years and older rate	New Indicator	63.5%	30%	59,3%	29,3%	Target overachieved. The program has exceeded the planned target of 30% by achieving 59.32% in the wheelchairs issued to adult 19 + yrs. The contributing factor is the donation of wheelchairs from our Partner LDS.
		Numerator: Wheelchairs issued to adults 19 years and older		1397	750	1 483		
		Denominator: Wheelchairs required 19 years and older		2200	2 500	2 500		
		6.4.10 Wheelchair issued child 0-18 years rate	New Indicator	103%	70%	165,6%	95,6%	Target overachieved. The contributing factor here is the additional budget for the special project to manage the Medico legal litigations for Cerebral Palsy Children.
		Numerator: Wheelchairs issued children 0 - 18 years		310	210	497		
		Denominator: Wheelchairs required by children 0 - 18 years		300	300	300		
		6.4.11 Hearing aid issued adult 19 years and older rate	New Indicator	113.72%	35%	85,3%	50,8%	Target overachieved. The contributing factor being the ncrease of the number of facilities with audiology services since 2021. There is still stock of 643 Hearing Aids that are available on the shelves awaiting the processing of the moulds by the laboratories outside our facilities.
		Numerator: Hearing aid issued to adults 19 years and older		1251	420	1 030		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/21	Planned Annual Target 2021/22	*Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
		Denominator: Hearing aid required by adults19 years and older		1100	1 200	1 200		
		6.4.12 Hearing aid issued child 0-18 years rate	New Indicator	26.5%	35%	68,4%	33,3%	Target overachieved. The programme has stock readily available Patients only wait for the processing of ear moulds as they are done by the laboratories outside the institutions. The overachievement is also attributed to the audiology equipment procured from the Medico legal special budget.
		Numerator: Hearing aid issued to children 0 - 18 years		239	175	342		
		Denominator: Hearing aid required by children 0 - 18 years		900	500	500		
3. Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	Facilities supported by centrally procuring the Personal Protective Equipment; Monitor facilities to prevent stock-outs. Stock visibility system utilised to monitor stock levels in facilities Protocols on rational use of PPE developed.	3.5.10 Percentage Personal Protective Equipment availability in facilities	New Indicator	87.4%	90%	86.3%	3.7%	Target achieved within methodological consideration of 5% margin of error. Improved procurement processes. Weekly monitoring of PPE availability across all facilities. Weekly follow-ups to non-reporting facilities resulted in improved PPE reporting and availability thereof.
		Numerator: Number of PPE available per facility		7		6.9		
		Denominator: Total number of PPE available in the essential list		8		8		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 2020/21	Planned Annual Target 2021/22	*Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
6. Quality of health services improved	Availability of medicine in depos and facilities	6.4.13 Percentage Order fulfilment for essential drugs at depot	73,1%	76.2%	80%	76.15%	3.85%	Target achieved within methodological consideration of 5% margin of error. Payment constraints leading to the suspension of accounts. Some suppliers failed to meet the contractual obligations of providing adequate quantities of medicines.
		Numerator: Number of orders fulfilled completely	90 475	374 422	550 624	438 502	112 122	
		Denominator: Number of orders received x 100	123 735	491 347	688 280	575 736	112 554	
		6.4.14 Percentage of availability of essential medicine at facilities.	New Indicator	88,8%	80%	86.1%	6.1%	Target overachieved due to weekly monitoring of medicine availability via SVS across all facilities. Weekly follow-ups to non-reporting facilities resulted in improved medicine reporting and availability.
		Numerator: Number of essential medicines out of stock		71	64	68.9		
		Denominator: Total number of essential medicines		80	80	80	-	
		6.4.15 Number of active patients on CCMDD	New Indicator	283 353	281 250	283 525	2 275	Target overachieved through the use of SyNCH which is a software that supports improved access to chronic medicines through electronic prescribing and monitoring of patient medicine parcel collection.

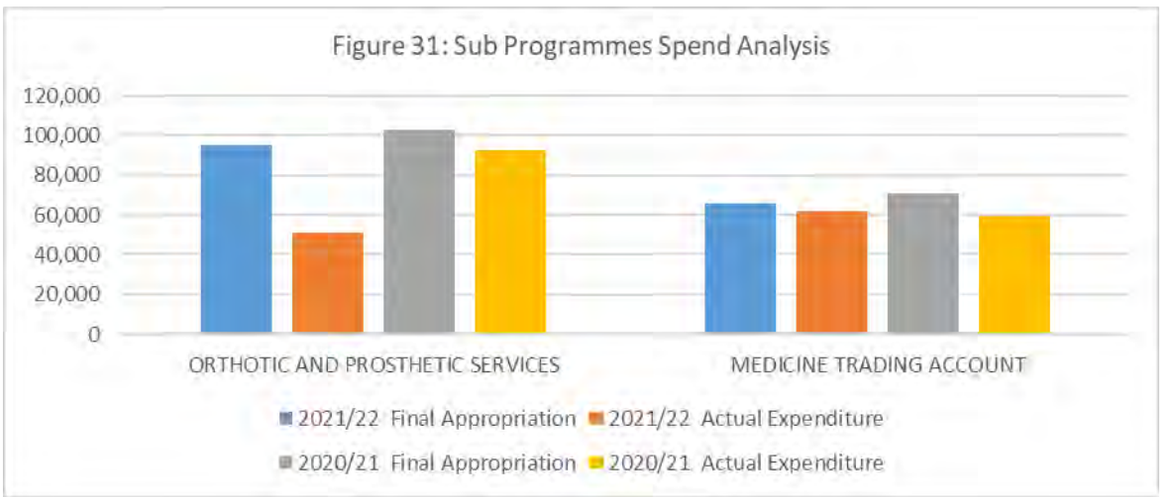
STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

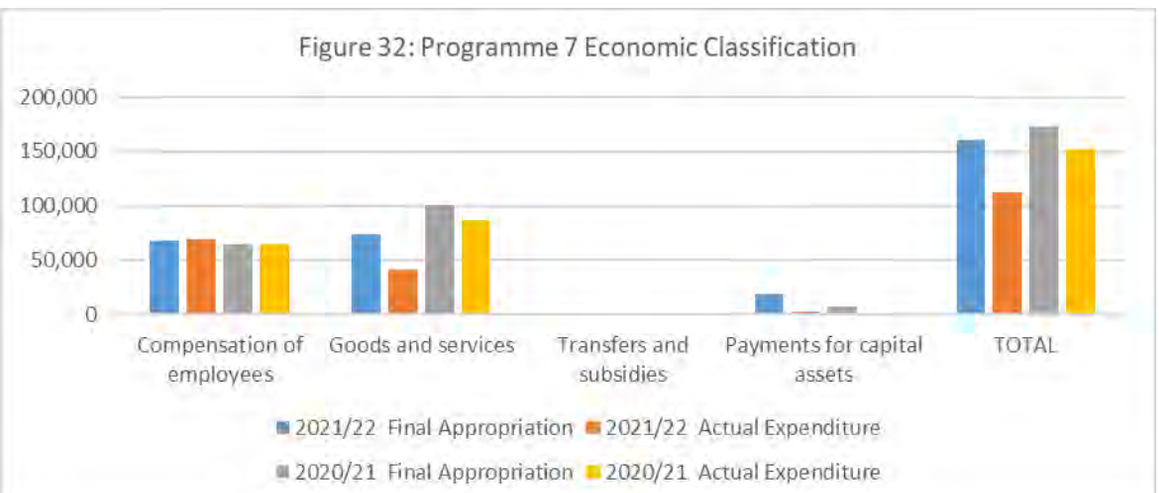
Indicator not achieved	Proposed strategies
N/A	N/A

LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

Programme 7: Health Care Support Services	2021/22			2020/21		
	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1. **ORTHOTIC AND PROSTHETIC SERVICES**	95 247	50 920	44 327	102 899	92 668	10 231
2. **MEDICINE TRADING ACCOUNT**	65 639	62 066	3 573	70 957	59 719	11 238
	160 886	**112 986**	**47 900**	**173 856**	**152 387**	**21 469**
Economic classification						-
Current payments	**142 304**	**110 469**	**31 835**	**165 990**	**151 460**	**14 530**
Compensation of employees	68 045	69 782	(1 737)	64 907	64 908	(1)
Goods and services	74 259	40 687	33 572	101 083	86 552	14 531
Transfers and subsidies	**-**	**39**	**(39)**	**200**	**76**	**124**
Households	-	39	(39)	200	76	124
Social benefits	-	39	(39)	200	76	124
Payments for capital assets	**18 582**	**2 478**	**16 104**	**7 666**	**851**	**6 815**
Machinery and equipment	18 582	2 478	16 104	7 666	851	6 815
Transport equipment	(2 179)	260	(2 439)	1 329	227	1 102
Other machinery and equipment	20 761	2 218	18 543	6 337	624	5 713
	160 886	**112 986**	**47 900**	**173 856**	**152 387**	**21 469**





The Programme spent at 70.2% (under by R47,900 million) after adjusting for funds shifts and virements of -R13,510 million post 2021/22 AEPRE. The underspend is attributable to the department budgeting for the first time ever for the mandate of a "public healthcare remedy" for the provision of healthcare services in the public healthcare sector in medico-legal claims. The defences have envisaged the development of the common law to allow for a "public healthcare defence" and an "undertaking to pay defence" to be raised in medico-legal claims against the state. This is premised on the approach that if the department is required to continue to pay claims on the basis of full, up-front payment of estimated future medical and other expenses this will, in time, overwhelm the ECDoH's capacity to meet its health service delivery obligations.

The programme gave up a portion of its cash flows in favour of mitigating the pressure within the clinical programmes to continue delivery of public health care services uninterrupted. This pressure in the clinical programmes having arisen from the payment of payables and accruals at the vote level of (R4.4 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2022 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.



PROGRAMME 8

HEALTH FACILITIES MANAGEMENT

4.8. PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM)

8.1 Programme Purpose

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

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

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

The programme comprises of four (4) directorates to ensure that it delivers to its mandate effectively and efficiently. These directorates are:

- Infrastructure Planning
- Infrastructure Programme Delivery
- Health Technology
- Engineering & Technical Support Services

Institutional outcomes

- 6. Quality of health services improved

PROGRESS REPORT AND ACHIEVEMENTS

Directorate: Infrastructure Planning

- The purpose of this directorate is to provide infrastructure planning services.

Progress and Achievements

The departmental Infrastructure Planning submitted the User Asset Management Plan (UAMP) to the Provincial Treasury in June 2021. The UAMP document serves as the basis for all future health infrastructure projects to be implemented in the next 10 years. The same document was submitted through Provincial Treasury to National Department of Health and National Treasury for bidding purposes in terms of budget requirements for the next ten years. The UAMP formed basis for the Infrastructure Programme Management Plan (IPMP) which is a 3-year proposal for funding / budget requirements for the MTEF period for health infrastructure service delivery projects. The IPMP was submitted to Provincial Treasury in August 2021.

Service Level Agreements (SLAs) between Implementing Agents and the department towards management and delivery of health infrastructure projects were concluded. Monthly monitoring meetings with Implementing Agents were held to look at progress of infrastructure projects either at planning or works stages.

Planning meetings for erection of new and replacement, upgrading, refurbishment and renovation of health facilities were conducted with Implementing Agents (IAs) namely, Department of Public Works and Infrastructure (DPW&I) and Coega Development Corporation (CDC). During these meetings and interactions, the following were achieved during 2021/22 financial year:

Procurement of Built Environment Professional Service Providers to do the designs, construction bid documents and Project Management of several Strategic Infrastructure Projects**.**
A total of 6 PSP bids were approved by the Bid Specification Committee for the following Strategic Infrastructure Projects to be implemented over the MTEF:

i. Infrastructure alterations and additions at Cecilia Makiwane Hospital, to accommodate the Mental Health Unit, Cerebral Palsy centre for excellence, Family Medicine and Nurse Training Centre.
ii. Infrastructure alterations and additions at Dora Nginza Hospital in NMM, to accommodate the Cerebral Palsy Centre for excellence, new Casualty Centre and a Ward for Mental Health Users with infectious diseases.
iii. Infrastructure alterations and additions at Empilweni Hospital in NMM, to accommodate district hospital services, including maternity, theatres and new casualty centre.

iv. Infrastructure Alterations and additions at Orsmond TB Hospital in NMM, to accommodate Sub - acute Mental Health Users.
v. Infrastructure alterations and additions at Kwazakele CHC in NMM, to improve functionality in terms of the new service delivery model.
vi. Infrastructure alterations and additions at the Central CHC at PE Provincial Hospital in NMB, to improve functionality in terms of the new service delivery model.

*These bids will be advertised as soon as the moratorium on the advertising of bids is lifted by National Treasury.

Condition Assessment of Health Facilities.

The Infrastructure Planning Unit was appraised by the appointed Implementing Agent, Coega Development Corporation, of the approach and methodology of doing these assessments over the MTEF as described in the submitted Concept Report. The outcome of these assessments will assist the Department with their strategic decision-making process in terms of infrastructure interventions and investments.

Application for funding from National Treasury BFI (Budget Fund for Infrastructure).

The Infrastructure Planning Unit was appraised by the appointed Implementing Agent, Coega Development Corporation, of the progress of the BFI application process and received confirmation that the St Elizabeth's Hospital Core Block Project meets the applicable criteria for qualification for the fund application. The application process has continued with the aim of meeting the April/May 2022 deadline for this project.

Initiation of Infrastructure Projects allocated to Implementing Agent, Department of Public Works & Infrastructure.

The Infrastructure Department issued to the Department of Public Works & Infrastructure, the following instructions:

vii. Instruction to proceed with the preparation of the Concept Stage 2 report for the project known as the "Construction of the new Molteno Clinic" (Replacement of a mud structure).
viii. Instruction to proceed with the preparation of the construction bid document, design documentation Stage 4, for the Frontier Hospital Health Professional Accommodation project (including Lilitha College of Nursing students).
ix. Instruction to proceed with the preparation of the Concept Stage 2 report for the project known as the "Infrastructure improvements to all EMS bases".
x. Instruction to proceed with the preparation of the Concept Stage 2 report for the project known as the "New 100-bed Greenville Hospital"
xi. Instruction to proceed with the preparation of the construction bid document, design documentation stage 4, for the project known as the "Provision of Health Professional Accommodation at Tayler Bequest Hospital, Mt Fletcher".
xii. Instruction to proceed with the preparation of the construction bid document, design documentation stage 4, for the project known as the "Completion of Fencing Contracts in BCM & Amathole".
xiii. Instruction to proceed with the preparation of the construction bid document, design documentation Stage 4, for the project known as the "alterations and additions at Lady Grey Hospital, Joe Gqabi District".
xiv. Instruction to proceed with the preparation of the construction bid document, design documentation stage 4, for the project known as the "All Saints Hospital Phase 1 & 2 Infrastructure improvements to Health Professional Accommodation and Gateway Clinic".
xv. Instruction to proceed with the preparation of the construction bid document, design documentation stage 4, for the project known as the "alterations and additions at NG Dlukulu Clinic, Sarah Baartman district".
xvi. Instruction to proceed with the preparation of the concept stage 2 report for the project known as the "alterations and additions at St Lucy's Hospital".
xvii. Instruction to proceed with the preparation of the construction bid document, design documentation stage 4, for the project known as the "Nessie Knight Hospital Infrastructure improvements to existing buildings, including Health Professional Accommodation (Lilitha College of Nursing)" and OPD Casualty".
xviii. Instruction to proceed with the preparation of the Construction Bid document, Design documentation Stage 4, for the project known as the "Alterations and additions at NG Dlukulu Clinic, Sarah Baarthman district".
xix. Review of stage 3 design development report for Grey Hospital Repairs and Renovations in BCM. (Amendments to the report and scope required.)

The Department had a total of 89 projects (buildings) at planning stage. These include replacement of dilapidated primary health care facilities (including mud clinic structures) as well as hospitals that require structural improvements. With the limited human resource capacity at Department of Public Works & Infrastructure, the Department has not been able to accelerate planning, design as well as procure service providers that results in delaying service delivery to the needy communities.

A total of 29 projects were at design stage at DPW&I and these are classified as follows:

- Hospital Upgrades – 5

Table: 8.1 – Hospital Upgrades

No	Project Name	District
1.	Greenville Hospital	Alfred Nzo
2.	Nessie Knight Hospital	OR Tambo
3.	Molteno Hospital X-Ray	Chris Hani
4.	Elliot Hospital	Chris Hani
5.	Cofimvaba Hospital	Chris Hani

- Primary Health Care Facilities/Clinics – New & Replacement - 15

Table 8.2: Clinics – New & Replacements

No	Project Name	District
1.	Balfour Clinic	Amathole
2.	Xhorha Mouth Clinic	Amathole
3.	Rabula Clinic	Amathole
4.	Cebe Clinic	Amathole
5.	New Lands Clinic	Buffalo City Metro
6.	Unit P Clinic	Buffalo City Metro
7.	Greenfields Clinic	Buffalo City Metro
8.	Lower Didimana Clinic	Chris Hani
9.	Manzana Clinic	Chris Hani
10.	Linge Clinic	Chris Hani
11.	Pilani Clinic	Chris Hani
12.	Ndofela Clinic	Joe Gqabi
13.	Thembisa Clinic	Joe Gqabi
14.	Ugie Clinic – (temporary clinic)	Joe Gqabi
15.	Molteno Clinic	Chris Hani

- Health Facilities – Repairs & Renovations - 9

Table 8.3: Health Facilities – Repairs & Renovations

No	Project Name	District
1.	Mt. Ayliff & Maluti EMS Bases	Alfred Nzo
2.	Matubeni Clinic	Alfred Nzo
3.	Butterworth Hospital	Amathole
4.	Tower Hospital	Amathole
5.	Grey Hospital	Buffalo City Metro
6.	BCM Fencing Program	Buffalo City Metro
7.	Haytor Clinic	Chris Hani
8.	Molteno Clinic	Chris Hani
9.	Rodana Eyethu Clinic	Chris Hani

Directorate: Infrastructure Programme Delivery

- The purpose of this directorate is to manage the delivery of the infrastructure programmes.

Progress and Achievements

During the previous financial year, 2020/21, the Health Facilities Management (HFM) Programme through the Department of Public Works & Infrastructure implemented a total of 85 projects at 61 facilities in response to the Covid-19 pandemic. The estimated cost of the 85 projects was R590 million. These projects would yield 2 468 isolation bed spaces on completion.

- **Of the 85 projects, a total of 79 projects were completed in 2020/21 financial year at a cost of R342 million. These projects provided a total of 2029 Covid-19 Isolation bed spaces.**
- A total of four (4) projects were carried over to this financial year, 2021/22, and are currently at advanced stages of construction with a combined cost of R248 million. Upon completion, these projects will yield a total of 290 Covid-19 isolation bed spaces.
- One (1) project namely, Mthatha Airport Hanger with an award value of R5.7 million was the only non-health facility with a total of 81 beds.
- The cumulative expenditure to date on the 85 projects is R511million.
- A total of 152 local SMMEs have been subcontracted on various projects. The total value of work that has been subcontracted to local SMMEs is a sum of R48 million. These figures will increase as more work is being done.

A total of sixteen (16) projects were completed during April 2021 to March 2022. The names of Health Facilities are:

Table 8.4: Completed Projects

District	Facility Name	Scope of Works	Contract Value
Alfred Nzo	Taylor Bequest Hospital	Provision of outpatient dept., screening and testing area	R24 923 284.73
Amathole	Victoria Hospital	Upgrading of staff accommodation	R19 900 000.00
Amathole	Tafalofefe Hospital	Upgrading of water and sanitation	R24 900 000.00
Amathole	Madwaleni Gateway Clinic	Upgrading of a Gateway Clinic	???
Buffalo City Metro Municipality	Grey Hospital	Refurbishment and Renovations of Staff Accommodation	R16 000 000.00
Chris Hani	Mjanyana Hospital	Phase 2 - Upgrading of Staff Accommodation	R92 403 508.77
Chris Hani	Mjanyana Hospital	Improvements to Pharmacy, OPD, Casualty and pedestrian access	R5 162 267.25
Chris Hani	Mdanjelwa Clinic	Upgrading of staff accommodation	???
Chris Hani	Mjanyana Clinic	Upgrading of staff accommodation	???
Joe Gqabi	Burgersdorp Hospital	Refurbishment of an existing building to available Covid-19 beds	R3 536 556.26
Sarah Baartman	KwaNonzwakazi Clinic	Refurbishment & Renovation of Clinic	R6 903 424.00
Sarah Baartman	Majorie Parish TB Hospital	Emergency Repairs and Renovations of the hospital	???
OR Tambo	St Elizabeth Hospital	Phase A: Lilitha College of Nursing & Student Centre	R 246 919 350.00
		Phase B: Paediatrics, Kitchen & Laundry	
OR Tambo	Dr Malizo Mpehle Hospital	Rehabilitation of existing structure to avail Covid-19 beds	R 4 948 162.20
OR Tambo	Nessie Knight Hospital	Phase 3 - Construction of New Health Professional Accommodation	R105 303 830.00
OR Tambo	Flagstaff CHC	Construction of a New Community Health Centre	R173 283 657.00

The following Covid-19projects are Under Construction

Table 8.5: Projects Under Construction – Covid-19 Projects

District	Project Name	Contract Value	Expenditure	Status
OR Tambo	Sir Henry Elliot Hospital (100 Bed)	R48 365 042	R39 197 897	The contractor is busy with finishes and will complete in April 2022. The Department of Health has started with commissioning.
BCM	Frere Hospital (100 bed)	R48 818 261	R34 390 498	The Contractor is far behind schedule but has started with roofing of the 3rd Block. Roofing on one block is still outstanding. The DPW&I has reinforced its management of the project.
Joe Gqabi	Mlamli Hospital	R43 769 699	R34 732 854	Practical completion is scheduled for 13 April 2022.
Joe Gqabi	Taylor Bequest Hospital - Mount Fletcher	R28 595 250	R 1 456 648	Practical completion is scheduled for 26 January 2023.

Below is a detailed report per district on health infrastructure projects implemented by the department throughout the province.

Alfred Nzo District

The following projects were underway and progressing well:

- Construction of a new 100 bedded TB health facility namely Khutsong Hospital is underway and progressing well. The project is 96% complete. The budget allocated for this project this current financial year is a total of R45.3 million. The project is expected to be completed in the second quarter of the 2022/23 financial year.
- Construction of Sipetu Hospital is underway and progressing well; at 92% complete stage. A sum of R198.4 million is allocated towards this project for this financial year. The project expected completion date is second quarter of the 2022/23 financial year.
- Replacement of Meje CHC is on site and progressing well. The project is 85% complete. A total of R85.3 million was set aside for this project during this financial year. The project is expected to be completed in first quarter of the 2022/23.

Amathole District

- Tafalofefe Hospital Water & Sanitation reached Practical Completion Stage in January 2022. Final Completion of the project is due in May 2022. The cost of the project is R24.9 million
- Madwaleni Hospital Gateway Clinic reached final completion stage
- Upgrading of staff accommodation at Victoria hospital in Alice was at works completion stage. The total value of the project is a total of R19.9 million.
- Construction of staff accommodation and gateway clinic at Tafalofefe hospital is underway. The cost of the project is R25 million.

Buffalo City Metropolitan Municipality District

- Renovations and Repairs of Bisho hospital at cost of R7.5 million. The project was terminated due to slow progress by the contractor. A replacement contractor is being procured.
- Renovations and Repairs of Nontyatyambo Community Health Centre was in progress at cost of R3 million. Percentage of work done is 40%.
- SCM to review contractors notice of termination, in lieu of non-payment and negotiate for contractors to proceed.
- Construction of a new CHC in Unit P Mdantsane Project has been deferred due to no suitable site yet confirmed
- Refurbishments and Renovations to staff accommodation at Grey Hospital has reached Close Out Stage. Project achieved works completion on 17 February 2022. Final account is in draft form.
- Lorraine & Northdene Frere Hospital (Repairs and renovations to staff accommodation), the project is on hold due to ongoing legal matters.
- Three (3) Fencing and Guardhouses Project was terminated. The projects will be re-tendered.
- Lilitha College: East London - Maintenance and renovation work to the existing three storey office blocks - Project has achieved final completion. Final account has been signed.
- Empilweni Gompo CHC - Repairs & Renovations has achieved final completion. Final account has been signed.

Chris Hani District

- Construction works at Mjanyana hospital Phase 2 comprising of housing for health professionals was100% complete. Handover and commissioning FIDPM Stage 6 has reached 90% completion.
- Cradock Hospital Repairs and Renovations underway. Work done was 80% complete. SMME had left the site due to delayed payments.
- All Saints Hospital Phase 1 – Contract with the service provider was terminated due to poor performance. A replacement contractor is being procured and the tender documentation has been completed. Tender advertisement of this bid is expected in the 2nd quarter of the 2022/2023 Financial year.
- All Saints Hospital Phase 2 which comprises of staff housing has reached Tender Documentation stage (FIPDM 4). Tender advertisement of this bid is expected in the 2nd Quarter of 2022/2023 financial year.
- Frontier Hospital Health Professionals accommodation has reached Tender Documentation stage (FIPDM 4). Tender advertisement of this bid is expected in the 2nd Quarter of 2022/2023 financial year.

Joe Gqabi District

- Urgent repairs and maintenance of buildings at Empilisweni hospital was underway and 81% of work had been carried out. The contractor defaulted and has been terminated. The project was reinitiated with the DPW&I as the new Implementing Agent (IA) to complete outstanding works. Tender advertisement for the procurement of a Contractor is expected in the 1st Quarter of the 2022/2023 FY.
- Construction of staff accommodation at Empilisweni Hospital is underway and 37% of work had been completed on site. The contractor defaulted and has been terminated. The project was reinitiated with the DPW&I as the new IA to complete outstanding works. Tender advertisement for the procurement of a Contractor is expected in the 1st Quarter of the 2022/2023 FY.
- Upgrading of Ndofela clinic is underway and 60% of work had been completed on site. The contractor defaulted and has been terminated. Critical outstanding services (provision of water, electricity and sewer works) have been completed by the ECDOH utilising the decentralised hospital fund. The outstanding items will be included in the scope of work under Phase 2: New Ideal Clinic project. The project was initiated with the DPW&I. Tender advertisement for the procurement of Professional Service providers is expected in the 1st Quarter of the 2022/2023 FY.
- Guardhouse and Pharmacy upgrades at Steynsburg hospital is underway and FIDPM 90% complete. The contractor defaulted and has been terminated. The project was reinitiated with the DPW&I as the new Implementing Agent to complete outstanding works. Tender advertisement for the procurement of a Contractor is expected in the 1st Quarter of the 2022/2023 financial year.
- Provision of temporary clinical parkhome structures for Ugie clinic reached tender documentation stage. Tender advertisement for the procurement of a Contractor is expected in the 1st Quarter of the 2022/2023 financial year.
- Provision of Temporary Clinical Parkhome structures for Tembisa Clinic reached Tender Documentation stage. Tender advertisement for the procurement of a Contractor is expected in the 1st Quarter of 2022/23 financial year.
- Provision of a new entrance & guardhouse, Accidents and Emergencies, Outpatients, and Pharmacy Department at Lady Grey Hospital reached tender documentation stage. The project was reinstated with the DPW&I as the new Implementing Agent. Tender advertisement for the procurement of a contractor is expected in the 1st quarter of the 2022/2023 FY.
- Provision of Doctor and Health Professional accommodation at Taylor Bequest Hospital – Mount Fletcher reached tender documentation stage. The project was reinstated with the DPW&I as the new Implementing Agent. Tender advertisement for the procurement of a Contractor is expected in the 1st Quarter of the 2022/2023 FY.
- Water and Sanitation Project at Empilisweni Hospital has reached close out stage.
- Mlamli Hospital Water and Sanitation project reached close out stage.

Nelson Mandela Bay Metropolitan District

- Upgrading of Livingstone Hospital CSSD and the Cathlab achieved 50% completion. However, the Cathlab section has achieved 100% completion and has since been handed over.
- Upgrading of Leticia Bam CHC has achieved 70% completion.
- Renovations and repairs of at least 17 primary health care facilities was at tender stage, but 12 facilities will have to be re-advertised.

OR Tambo District

- Construction of Flagstaff CHC reached final completion stage in November 2021. Preparation of Final Account is being finalized.
- Construction of St Elizabeth new Paediatric ward, Lilitha Colleges of Nursing and laundry enabling works for moving paediatrics and kitchen services had reached practical completion stage at the end of April 2021. The Final Completion

of the project is expected at the end on the 30 June 2022. The contract value of the project was R246 million. The project was official handed over by the Honourable MEC for Health, Ms. N. Meth, in October 2021. Final Account is being finalized.

- Upgrading of staff accommodation at Nessie Knight Hospital reached practical completion stage in September 2021. Another replacement contractor was handed over the site in early February 2022 for a two (2) months contract to undertake the remaining external works. The contractor is behind schedule and has been served with a notice of default. A budget of R25 million was allocated for the current financial year.
- Renovations and Repairs of Canzibe hospital achieved 85% completion. The project is currently on halt due a dispute on site. Meanwhile, the Department has resolved to cancel the contract, for which preparations are underway to procure a replacement contractor.
- Construction of a Mental Unit at St. Barnabas Hospital is implemented by the Coega Development Corporation. The project is being delayed because of a defaulting contractor. Coega Development Corporation is in the process of procuring a new replacement contractor. Preparation of Tender Documentation for the remaining works has been concluded. Procurement processes will proceed as soon as the current suspension to tender by National Treasury is lifted.
- Rehabilitation of Nursing Accommodation and Depot at Mthatha General hospital was 95% complete. A total budget allocation of R11.8 million this financial year. The project is on halt due dispute on site. The dispute is being resolved.
- One (1) project for Covid-19namely, Mthatha General Hospital - Provision of new Isolation Ward (100 beds) was underway.

Sarah Baartman District

- Renovations of Bhongweni Clinic are in progress and 80% of works have been completed.
- Replacement of roof at Andries Vosloo hospital was placed on hold.
- Relocation of Misgund Clinic from the current premises on hold.
- Erection of walkways and refurbishment of nurses' call station on hold.
- Refurbishment of bathrooms, consulting rooms, waiting areas, stores, pharmacy etc at PZ Meyer and Aberdeen hospitals as well as several primary health care facilities on hold.

Provision of Accommodation for Health Professionals

A total of 172 Bed Spaces were created for Health Professionals on 9 completed projects and 1 partially completed projects out of the 33 projects over the 2020/2021 FY up to 30 June 2021 at the following facilities:

- Mpindweni Clinic – Alfred Nzo (3 bed spaces)
- Grey Hospital – BCM (28 bed spaces)
- Mjanyana Hospital (Partial completion) – Chris Hani District (21 bed spaces)
- Butterworth Hospital – Amathole District (20 bed spaces)
- Tafalofefe Hospital – Amathole District (30 bed spaces)
- Victoria Hospital – Amathole District (20 bed spaces)
- Dr Malizo Mpehle & Zithulele Hospital (20 bed spaces)
- Marjorie Parish TB Hospital - Sarah Baarthman District (6 bed spaces)
- Bumbane Clinic – OR Tambo District (4 bed spaces)
- Nessie Knight Hospital (Partial completion) – OR Tambo (18 bed spaces)

The Total Investment Value of the above-mentioned nine (9) completed and (1) partially completed projects is R257 million.
There is currently one (1) active project with a contractor on site at Mjanyana Hospital where a further 55 bed spaces will be delivered through the refurbishment of existing housing stock and construction of new units. This project reached practical completion date in January 2022. The Investment value for these additional 55 bed spaces is R67 million.

The Department through its Implementing Agent, Department of Public Works, is in the process of procuring Service Providers to complete works that were previously left incomplete by defaulting building contractors. A further 439 bed spaces will be delivered when these previous incomplete projects (total = 9) are completed over the MTEF at the following facilities:

- Greenville Hospital – ANZ District (12 bed spaces)
- Lorraine North Dene Frere Hospital – BCM District (26 bed spaces)
- All Saints Hospital Phase 1 – Chris Hani District (6 bed spaces)
- All Saints Hospital Phase 2 - Chris Hani District (17 bed spaces)
- Ndofela Clinic – Joe Gqabi – (2 bed spaces)
- Empilisweni Hospital Phase 1 – Joe Gqabi District (86 bed spaces)
- Isilimela Hospital Phase 1 – OR Tambo District (12 bed spaces)
- Mthatha General Hospital – OR Tambo District (223 bed spaces)
- Nessie Knight Hospital Upgrade Phase 3 – OR Tambo District (55 bed spaces)
- The investment value for the above mentioned nine (9) incomplete projects is R237 million.

There are a further 14 projects at various stages of planning. These projects can on implementation realise and additional 516 bed spaces with an estimated investment value of R707 million rand. These projects have found expression in the User-Asset Management Plan which is a guiding document to inform the bidding process. These projects can then only be implemented once budget for these projects has been allocated.

Directorate: Health Technology (HT)

- The purpose of the Health Technology Directorate is to direct, monitor specifications, procurement, use and maintenance of health technology in health facilities.

During the period under review, the Health Technology Directorate achieved as follows:

- Procurement of 1x Dental Chair at Glen Grey hospital.
- Procurement of 6 x VSM's for Willem Stahl hospital
- Procurement of medical accessories for medical equipment in various hospitals in Alfred Nzo and OR Tambo
- Procurement of hospital beds, trauma trollies and vaccine fridges and mobile X-Ray unit for Joe Gqabi hospitals
- Provision of basic equipment and medical furniture at Tafalofefe Clinic and Stutterheim hospital such as Vital Signs Monitors, Exam Couches and Suction units.
- Provision of Anaesthetic machine at Bisho Hospital and Diagnostic sets and Thermometers at Empilweni Gompo CHC.
- Procurement of anaesthetic machine for Andries Vosloo hospital.
- Procurement of Hospital furniture for various hospitals (8x cylinder trolleys, 2x instrument trolleys, 7x dressing trolleys, 15x Foot stools, 2x Linen trolley, 7x Examination couches) for Sarah Baartman Hospitals
- Procurement and Delivery of 2 Forensic x-ray machines for Mthatha and New Brighton Forensic Mortuaries.
- Procurement of 11 mobile X-ray Units for various hospitals namely, All Saints, Taylor Bequest, Uitenhage, Cradock, Empilisweni, SS Gida, Grey, Nompumelelo, Empilweni and Holy Cross hospitals.
- Repairs and maintenance of dental equipment in various facilities to the value of R723 912.32 in the Chris Hani district
- Repairs and maintenance of dental equipment in various facilities to the value of R545 954.81 in the Nelson Mandela Bay Metro Health district.
- Repairs and maintenance of dental equipment in various facilities to the value of R801 807.95 in the Sarah Baartman District
- Procurement of 4x high flow oxygen therapy for Dora Nginza Hospital to the value of R983 981.68 in the Nelson Mandela Bay Metro district
- Procurement of 24 Footstools, 16 dressing trolleys and 4 linen carriers for Chris Hani clinics to the value of R65 294.79
- Repairs to dental equipment at Sarah Baartman district CHCs were carried out successfully
- Provision of Dental Equipment, Video Colonoscope and Video Larascope, Surgical Drills and Perinatal System to support Digitization of Maternal records at Cecilia Makiwane Hospital
- Procurement of a PACS system, Perinatal System in support of Digitization of maternal records, Ventilators and Monitors for the Paeds ICU
- Khutsong Hospital was provided with linen to at R0.8 million and a PACS/ RIS package at R1.2 million
- Perinatal System was installed to support the Digitization of Maternal records to a value of R3.7 million at Mthatha General Hospital.

The following projects were commissioned by HT Directorate to date:

- Frontier Hospital
- Mthatha General Hospital
- St. Elizabeth Hospital
- Khutsong Hospital
- Cecilia Makiwane Hospital
- Nyaniso CHC
- Flagstaff CHC

Servicing and Maintenance of dental equipment has been achieved in the Primary Healthcare Facilities and some district hospitals in the following health districts namely.

- Joe Gqabi District
- Amathole District
- Buffalo City Metropolitan Municipality and
- Alfred Nzo District

Servicing and maintenance of radiology equipment has been achieved in the Primary Healthcare Facilities and some district hospitals in the following Health Districts namely.

- OR Tambo District
- Alfred Nzo District

- Amathole District
- Sarah Baartman

Replacement and Provision of the following critical diagnostic and therapeutic equipment was procured, delivered, and commissioned in the Hub and Spoke prioritised facilities:

- ECGs
- Vital Monitors
- Autoclaves
- Phototherapy Lights
- Infant Warmers
- Ultrasonic Nebulisers
- Ultrasounds
- Theatre Lights

Distribution of donated Oxygen Concentrators (40), Flow meters (200) and Regulators (60) to Hub and Spoke facilities. Further support was granted to the vaccination sites with provision of 300 Vital Signs Monitors and 1000 Pulse Oximeters to support the track and tracing programme. Provision of medical furniture such as beds, mattresses, bedside lockers etc was achieved in some facilities.

Covid-19– Support

- All Regional and Tertiary hospitals and the VW Field hospital have wall mounted oxygen points and bulk VIE oxygen tanks which are kept operational 24 hours. Monitoring of tank supplies are done by a telemetry on-line system by AFROX.
- The VW Field Hospital with Bulk Oxygen tank, with 244 bed spaces with wall mounted oxygen points was commissioned in July 2020
- 2 Regional / Specialised hospitals received additional oxygen points during 2020/21.
- Additional oxygen points were installed at Orsmond TB Hospital and Dora Nginza Hospital during 2020/21.
- Oxygen tanks and wall mounted oxygen points were installed at 33 health facilities namely,
  - Grey Hospital
  - Mthatha General Hospital
  - Sir Henry Elliot Hospital
  - Sir Henry Elliot Hospital
  - Butterworth Hospital
  - Victoria Hospital
  - Bhisho Hospital
  - Settlers Hospital (Port Alfred)
  - Cloete Joubert Hospital
  - Taylor Bequest Matatiele
  - Dr. Malizo Mpehle Hospital
  - St. Barnabas Hospital
  - Mt. Ayliff Hospital
  - Nkqubela TB Hospital
  - Steynsburg Hospital
  - Empilisweni Hospital
  - Holy Cross Hospital
  - Isilimela Hospital
  - Stutterheim Hospital
  - Cathcart Hospital
  - Glen Grey Hospital
  - All Saints Hospital
  - Cofimvaba Hospital

Directorate: Engineering & Technical Support Services

- **The purpose of Engineering & Technical Support Services is to guide, manage & oversee implementation of maintenance and related Engineering and Technical Support Services.**

During the period under review, the following interventions were implemented:

- Concluded scheduled maintenance contracts for maintenance of generators, boilers, lifts, laundry, kitchen and autoclaves.
- Replaced lifts at Frere hospital and 3 lifts at Livingstone hospital.

- Replaced generators at Nelson Mandela Academic Hospital.
- Provision of water carting and desludging services through the Call Centre.
- A total of 27 000 calls were received since the Call Centre takeover and 9 232 in the past 12 months,
    - Close to 23 000 calls were responded to and this excludes building maintenance.

Upgrading of water and sanitation plant upgrades was at procurement stage for the following hospitals namely,

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

Professional Service Providers were appointed by Department of Public Works & Infrastructure to complete the implementation of the upgrading of water and sanitation plant for All Saints hospital.

Below is a list of term contracts for maintenance of generators, boilers, lifts, laundry, kitchen and autoclaves.

Table 8.6: Scheduled Maintenance Term Contracts for Plant & Machinery

District	Project Description	Award Amount	Type of Contract	Contract Period	Comments
Alfred Nzo and OR Tambo	Scheduled maintenance of boilers for cluster 1 Alfred Nzo and OR Tambo District	R 18 117 090,26	NEC 3 Term Services Contract	24 Months	On-going
Nelson Mandela Bay and Sarah Baartman	Scheduled maintenance of boilers for cluster 4 Nelson Mandela Bay Metro and Sarah Baartman	R 16 499 668,70	NEC 3 Term Services Contract	24 Months	On-going
Amathole	Scheduled maintenance of Generators at Amathole District	R 11 913 727,45	NEC 3 Term Services Contract	24 Months	On-going
Buffalo City	Scheduled maintenance of Generators at Buffalo City metro	R 8 461 304,40	NEC 3 Term Services Contract	24 Months	On-going
Joe Gqabi	Scheduled maintenance of Generators at Joe Gqabi District	R 4 762 787,10	NEC 3 Term Services Contract	24 Months	On-going
Nelson Mandela Bay	Scheduled maintenance of Generators at Nelson Mandela Bay Metro	R 10 282 190,25	NEC 3 Term Services Contract	24 Months	On-going
Sarah Baartman	Scheduled maintenance of Generators at Sarah Baartman District	R 9 060 222,10	NEC 3 Term Services Contract	24 Months	On-going
Alfred Nzo	Scheduled maintenance of Generators at Alfred Nzo District	R 5 623 465,50	NEC 3 Term Services Contract	24 Months	On-going
Chris Hani Eastern Cape	Scheduled maintenance of Generators at Chris Hani District Scheduled Maintenance of OTIS Lifts Eastern Cape	R 13 229 324,76 R 8 999 372,15	NEC 3 Term Services Contract SLA	24 Months 36 Months	Extended to January 2022 Ending 31 October 2021
Eastern Cape	Scheduled Maintenance of KONE Lifts Eastern Cape	R 1 759 249,38	SLA	36 Months	Ending 31 October 2022
Eastern Cape	Scheduled Maintenance of Schindler Lifts Eastern Cape	R 2 368 736,33	SLA	36 Months	Ending 31 October 2023
Alfred Nzo	Scheduled Maintenance to Kitchen Equipment Alfred Nzo	R 3 374 003,40	NEC 3 Term Services Contract	24 Months	Awaiting Order
Amathole	Scheduled Maintenance to Kitchen Equipment Amathole	R 6 157 451,50	NEC 3 Term Services Contract	24 Months	On-going
Buffalo City	Scheduled Maintenance to Kitchen Equipment Buffalo City	R 5 166 218,60	NEC 3 Term Services Contract	24 Months	On-going
Chris Hani	Scheduled Maintenance to Kitchen Equipment Chris Hani	R 7 472 670,68	NEC 3 Term Services Contract	24 Months	On-going
Sarah Baartman	Scheduled Maintenance to Kitchen Equipment Sarah Baartman	R 5 649 042,08	NEC 3 Term Services Contract	24 Months	On-going
Alfred Nzo	Scheduled Maintenance to Laundry Equipment Alfred Nzo	R 4 623 181,27	NEC 3 Term Services Contract	24 Months	On-going
Joe Gqabi	Scheduled Maintenance to Laundry Equipment Joe Gqabi	R 5 324 127,43	NEC 3 Term Services Contract	24 Months	On-going
Nelson Mandela Bay	Scheduled Maintenance to Laundry Equipment Nelson Mandela Bay	R 5 793 105,60	NEC 3 Term Services Contract	24 Months	On-going
Sarah Baartman	Scheduled Maintenance to Laundry Equipment Sarah Baartman	R 6 416 541,44	NEC 3 Term Services Contract	24 Months	On-going
Amathole District	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Amathole DM	R 8 388 307,32	NEC 3 Term Services Contract	24 Months	On-going
Buffalo City	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Buffalo City DM	R 8 813 095,64	NEC 3 Term Services Contract	24 Months	On-going
Joe Gqabi	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Joe Gqabi DM	R 5 601 395,77	NEC 3 Term Services Contract	24 Months	On-going
Nelson Mandela Bay	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Nelson Mandela Bay DM	R 9 808 433,63	NEC 3 Term Services Contract	24 Months	On-going
OR Tambo	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - OR Tambo DM	R 13 765 709,97	NEC 3 Term Services Contract	24 Months	On-going
Sarah Baartman	Scheduled Maintenance to Various Autoclave, Sterilizer and Bed Pan Washer Equipment - Sarah Baartman DM	R 5 864 489,53	NEC 3 Term Services Contract	24 Months	On-going

Table 4.8.1 Performance against the re-tabled Annual Targets from 2021/22 Annual Performance Plan for Programme 8-Health Facilities Management

Outcome (as per SP 2021/22-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 202021	Planned Annual Target 2021/22	Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
6. Quality of health services improved	Health facilities with major refurbishment or rebuild	6.6.1 Number of planned health facilities with major refurbishment	1	2	3	3	0	Target achieved. Three (3) health facilities with major refurbishment projects were completed. These are: St. Elizabeth Hospital Lilitha College, Student Centre, Paeds, Kitchen and Laundry completed. Nessie Knight Hospital New Health Professionals' Accommodation completed Flagstaff CHC completed.

Outcome (as per SP 2021/22-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 202021	Planned Annual Target 2021/22	Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
		6.6.2 Number of Health facilities with minor refurbishment	38	30	15	6	-9	Target not achieved. Six (6) facilities with minor refurbishment completed Mjanyana Hospital Pharmacy, OPD Casualty Mjanyana Clinic Staff Accommodation Mdanjelwa Clinic Staff Accommodation KwaNonzwakazi Clinic Majorie Parish TB Hospital Dr. Malizo Mpehle Hospital Nine (9) could not be completed due to delays on site where contactors failed to achieve the milestones in terms of the contracts for which extension of time is allowed. Termination of contracts have been instituted for Contractors who failed due to poor performance. Further delays were also experienced with implementation of projects in the IDMS Planning and Procurement cycles where projects have been allocated to Implementing Agents for implementation.

Outcome (as per SP 2021/22-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 202021	Planned Annual Target 2021/22	Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
	Health facilities with major refurbishment or rebuild or repurposed for COVID management Increase the capacity for isolation, high care and Intensive care beds in existing hospitals Increase isolation, high care capacity in field	6.6.3 Number of Major renovations or upgrades completed at facilities	New Indicator	2	4	4	0	Target achieved; four (4) projects were completed. These are: Victoria Hospital Staff Accommodation Grey Hospital Staff Accommodation Mjanyana Hospital Staff Accommodation Tafalofefe Hospital Water and Sanitation Upgrade

Outcome (as per SP 2021/22-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 202021	Planned Annual Target 2021/22	Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
	hospitals	6.6.4 Number of Minor renovations or upgrades completed at facilities	New Indicator	30	4	3	-1	Target not achieved. Three (3) projects where minor repairs were carried were completed. These are: Burgersdorp Hospital Repairs All Saints Hospital Emergency Repairs and Renovations Komani Hospital Emergency Repairs Phase 1 Under-achievement was due to delays on site where contactors failed to achieve the milestones in terms of the contracts for which extension of time is allowed. Termination of contracts have been instituted for Contractors who failed due to poor performance. Further delays were also experienced with implementation of projects in the IDMS Planning and Procurement cycles where projects have been allocated to Implementing Agents for implementation.

Outcome (as per SP 2021/22-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 202021	Planned Annual Target 2021/22	Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
		6.6.5 Number of additional High Care bed spaces and beds at existing hospitals	New Indicator	375	150	0	-150	Target not achieved due to the change in approach to dealing with Covid-19patients the target was reduced to Nil as the resources to manage ICU beds is not available, and due to the downward trend of Covid infections.
		6.6.6 Number of additional isolation beds at existing hospitals	New Indicator	750	500	26	-474	Target not achieved due to delays on site on 3 Covid projects, namely, Sir Henry Elliot Hospital (100 beds), Mlamli Hospital (100 beds) and Frere Hospital (100 beds). All three projects have expenditure of R112.2 million and are nearing completion.
		6.6.7 Number of Regional and Tertiary Hospitals fitted with additional oxygen points at beds	New Indicator	2	9	0	-9	Target not achieved due to delays on site on 3 Covid projects, namely, Sir Henry Elliot Hospital (100 beds), Mlamli Hospital (100 beds) and Frere Hospital (100 beds). All three projects have expenditure of R112.2 million and are nearing completion.

Outcome (as per SP 2021/22-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2019/20	Audited Actual Performance 202021	Planned Annual Target 2021/22	Actual Achievement 2021/2022	Deviation from planned target to Actual Achievement 2021/2022	Reasons for deviations
		6.6.8 Number of District Hospitals fitted with additional oxygen points at beds	New Indicator	9	30	0	-30	Target not achieved due to delays on site on 3 Covid projects, namely, Sir Henry Elliot Hospital (100 beds), Mlamli Hospital (100 beds) and Frere Hospital (100 beds). All three projects have expenditure of R112.2 million and are nearing completion.

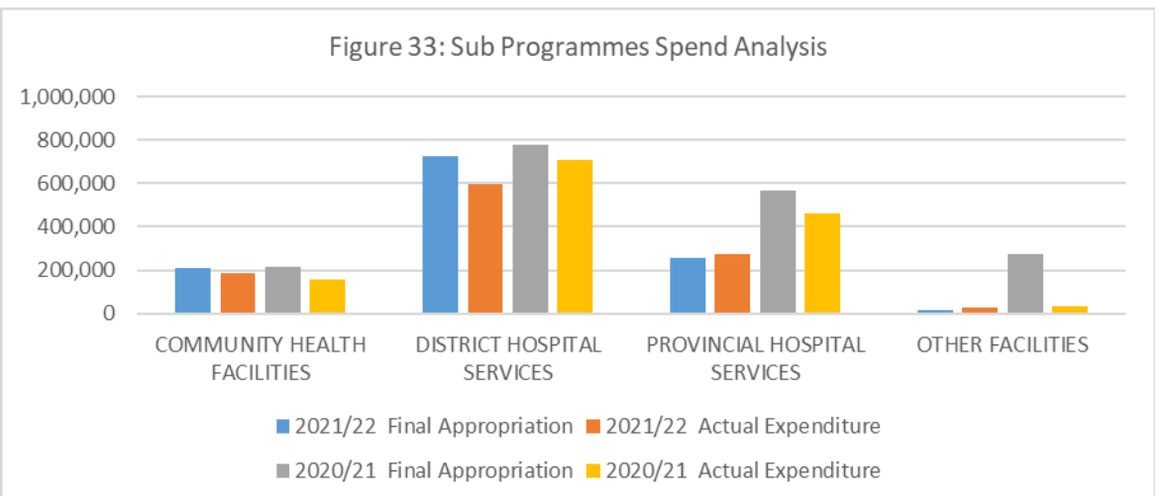
STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

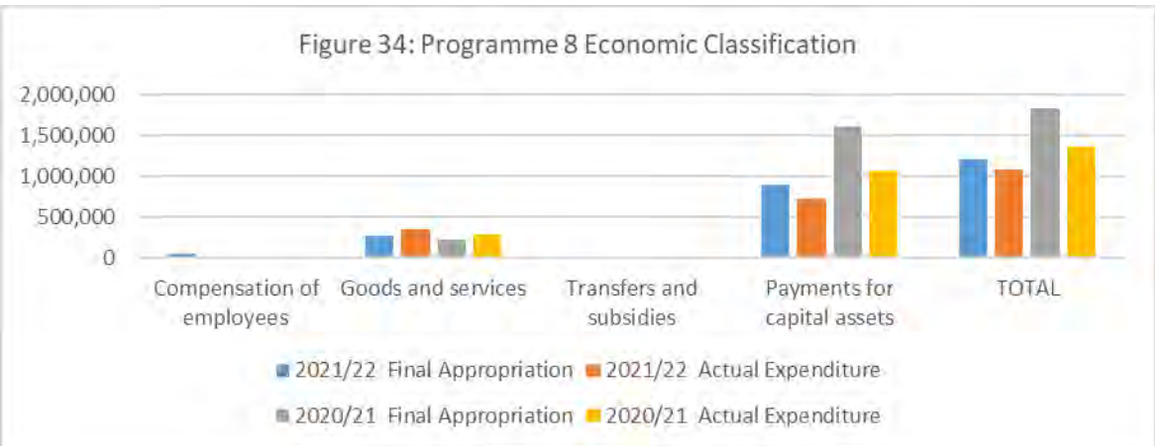
Indicator	Proposed intervention
6.6.2 Number of Health facilities with minor refurbishment	Measures have been put in place by Department of Public Works and Infrastructure to complete the project during the next financial year 2022/23.
6.6.4 Number of Minor renovations or upgrades completed at facilities	Measures have been put in place by Department of Public Works and Infrastructure to complete the project during the next financial year 2022/23.
6.6.6 Number of additional Isolation bed spaces and beds at existing hospitals	Measures have been put in place by Department of Public Works and Infrastructure to complete the project during the next financial year 2022/23.
6.6.7 Number of Regional and Tertiary Hospitals fitted with additional oxygen points at beds	Measures have been put in place by Department of Public Works and Infrastructure to complete the project during the next financial year 2022/23.
6.6.8 Number of District Hospitals fitted with additional oxygen points at beds	Measures have been put in place by Department of Public Works and Infrastructure to complete the project during the next financial year 2022/23.

LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

	Programme 8: Health Facilities Management	2021/22			2020/21		
		Final Appropriation	Actual Expenditure	(Over) / Under Expenditure	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
	Sub programme						
1	**COMMUNITY HEALTH FACILITIES**	207 869	186 906	20 963	217 618	158 168	59 450
2	**DISTRICT HOSPITAL SERVICES**	726 163	595 470	130 693	777 075	707 280	69 795
3	**PROVINCIAL HOSPITAL SERVICES**	254 000	275 833	(21 833)	566 235	459 877	106 358
4	**OTHER FACILITIES**	18 231	29 704	(11 473)	275 748	32 565	243 183
		1 206 263	**1 087 913**	**118 350**	**1 836 676**	**1 357 890**	**478 786**
	Economic classification						-
	Current payments	**311 964**	**374 535**	**(62 571)**	**231 965**	**299 494**	**(67 529)**
	Compensation of employees	43 184	22 754	20 430	18 403	18 401	2
	Goods and services	268 780	351 781	(83 001)	213 562	281 093	(67 531)
	Transfers and subsidies	**-**	**5**	**(5)**	**7**	**6**	**1**
	Households	-	5	(5)	7	6	1
	Social benefits	-	4	(4)	7	6	1
	Other transfers to households	-	1	(1)	-	-	-
	Payments for capital assets	**894 299**	**713 373**	**180 926**	**1 604 704**	**1 058 390**	**546 314**
	Buildings and other fixed structures	707 417	575 252	132 165	1 321 606	929 914	391 692
	Buildings	707 417	575 252	132 165	1 321 606	929 914	391 692
	Machinery and equipment	186 882	138 121	48 761	283 098	128 476	154 622
	Other machinery and equipment	186 882	138 121	48 761	283 098	128 476	154 622
		1 206 263	**1 087 913**	**118 350**	**1 836 676**	**1 357 890**	**478 786**





The Programme spent at 90.2% (under by R118,350 million) after adjusting for funds shifts and virements of -R100,000 million post 2021/22 AEPRE. The programme gave up a portion of its cash flows in favour of mitigating the pressure within the clinical programmes to continue delivery of public health care services uninterrupted. This pressure in the clinical programmes having arisen from the payment of payables and accruals at the vote level of (R4.4 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2022 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

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

Since the end of December 2019, COVID-19 has rapidly spread from Wuhan, China to over 190 countries globally within a matter of a few months. South Africa recorded its first case on the 5th March 2020 and the Eastern Cape province recorded its first confirmed case on the 11 March 2020. A national state of disaster was declared by the state president, His Excellency, President Cyril Matamela Ramaphosa on the 15th March 2020. This was followed by a 6 weeks' national lockdown from the 27 March 2020. To date, there has been four periods of increased transmission in Eastern Cape; the first wave (June 2022- August 2020), second wave (December 2020 – February 2021), third wave (May 2021 to September 2021), 4th wave (December 2021 – January 2022). All the previous waves started in the Metros and they were the epi-centres of the pandemic with Nelson Mandela Bay Metro leading in the number of COVID-19 infections. The 4th wave saw the introduction of the Omicron variant of SARS-CoV-2 virus, which was more transmissible but less virulent compared to the other previous variants. The peak was reached quickly in the 4th wave however the number of hospitalizations and deaths was much lower in the fourth wave. The Omicron variant is still in circulation up to date, with its sub-variants, Omicron (BA.2) dominated from February (86%), and March (80%). The prevalence of BA.4 increased from 0.3% to 28%, and BA.5 from 1.0% to 16% from February to March 2022 (NGS-SA, April 2022).

With the changes in the regulations for COVID-19, was deemed important to expand efforts on vaccination, improving case detection (including increasing the testing rate), risk communication and community engagement to ensure the reinforcement of the use of non-pharmaceutical interventions in congregate setting. Additionally, the province needed to continue with surveillance activities to be able to detect any clusters or signs of increased transmission at all levels, to promptly respond and break the transmission

The vaccination programme was introduced in the province in February 2021 under the Sisonke trial, targeting frontline health workers. The study used the Janssen AD26.Cov. S vaccine. This was the only available vaccines n South Africa with proven safety and efficacy for the public. Introduction of the vaccines was aimed at protecting the health workers against COVID-19 infection and protect them from severe COVID19 infection especially during the winter season. the next phase of the rollout was introduced in May 2021, targeting the elderly over the age of 60 years. The department focused on the building capacity especially strengthening cold chain management and also vaccine safety systems.

The department has been continuing in its efforts to contain the spread of SARS-CoV-2 in the province, supported by various provincial department and other stakeholders in public health. The provincial strategy has been focused at reducing the risk of COVID-19 resurgence through early detection and reinforcement of COVID-19 prevention interventions at community level. Having learnt from the previous year and regular reviewing our strategies through the intra-action review (IAR), we were able to better respond to resurgences in this financial year. The introduction of the COVID-19 vaccination programme in February 2021 added to the arsenal of weapons in the fight against the devastating effects of COVID019 infection. The department further embarked on a programme to reset and recover from the losses in health outcomes due to the COVID-19 over the previous financial year, the department has seen losses in treatment outcomes for HIV, TB and other non-communicable diseases. Hospital also had a major backlog in elective surgeries as theatre time was limited due to the high levels of infection among health workers during the previous financial year.

The province had initiate to reset and recovery the health system as the 2020/21 financial year was marked by a significant scale down of services as part of responding to the COVID19 pandemic. The lessons learnt from COVID-19 response would be used to strengthen the platform for the future. COVID-19 has now been recognised as an endemic disease, shifting away from the initial status of a pandemic.

Epidemiology

At the end of the financial year, the province recorded a cumulative total of 345 084 cases of SARS-CoV-2 since the first case of OCVID19 was confirmed in the province. 41,7% of these cases were amongst males, with women accounting for 58,3%. The cumulative total number of death was 16 582 which is equivalent to a case fatality rate of 4,8% since the beginning of the pandemic in 2020. The recovery rate was 95,0% at the end of the financial year.

The table 4.9.1 present the number of cases, recoveries, total deaths and case fatality rate.

District	Cases	Recoveries	Total deaths	Case Fatality Rate (%)
Alfred Nzo	12 105	11 216	880	10
Amathole	28 066	26 684	1 375	7
Buffalo City Metro	63 261	60 179	3 009	4,8
Chris Hani	31 721	29 200	2 497	7,9
Joe Gqabi	14 461	13 546	872	6,0
Nelson Mandela Metro	116 351	111 127	4 892	4,2
OR Tambo	31 439	31 441	1 852	5,9
Sarah Baartman	43 727	42 475	1 207	2,8
Imported and unspecified	3 953	3 952	-	-
EASTERN CAPE	**345 084**	**327 922**	**16 587**	**4,8**

The highest case fatality rate was observed in Chris Hani (7,9%) and Alfred Nzo (7,3%), and the lowest was in Sarah Baartman (2,8%).

The table 4.9.2 present the number of cases and deaths by months in the 2021/22 financial year.

Month	Cases	Deaths	Case Fatality Rate
Apr-21	626	56	8,9
May-21	1 906	94	4,9
Jun-21	9 072	260	2,9
Jul-21	22 852	957	4,2
Aug-21	45 255	1 181	2,6
Sep-21	15 859	889	5,6
Oct-21	1 644	193	11,7
Nov-21	887	41	4,6
Dec-21	29 700	484	1,6
Jan-22	17 937	670	3,7
Feb-22	2 262	142	6,3
Mar-22	1 622	205	3,5
TOTAL	**149 622**	**5 172**	**5.04**

The total number of death reported in this financial year was 5 172, which is equivalent to 5,04%. Most deaths occurred in the month of August 2021 with the least number of death reported in November 2021.

The department worked with partners such as Right to Care, the World Health Organization (WHO), and the National Institute of Communicable Diseases (NICD) to conduct a rapid review of mortality among COVID-19 patients who died in public sector hospitals between March 2020 – February 2021. the review sought to understand health system and patient related factors contributing to in-hospital COVID-19 deaths, as well as best practices that would assist in mitigating COVID-19 related mortality. The study reviewed 129 filed of COVID-19 mortalities in three district hospitals and 2 regional hospitals.

The median age of COVID-19 mortalities was 61 years of age with half of the deaths reviewed being 60 years or older. The main findings were:

- Median time between symptoms onset and admission was 6 days. About 4% of the clients presented more than 2 weeks after symptoms onset.
- Hypertension was the most common comorbidity described, followed by Diabetes Mellitus and HIV.

The report recommended the following interventions:

- Strengthen COVID-19 Risk Communication and Community Engagement)
- Strengthen community case management
- Strengthen clinical vigilance:
- Enforce and monitor daily assessment to enable timely detection and management of deterioration: including over weekends and public holidays.
- Early detection and appropriate management of comorbities: including development and implementation of protocols for initial assessment and screening of non-communicable diseases.

These recommendations were implemented through the 2021 financial year and a commitment was made to continue with routine mortality reviews, identify modifiable factors contributing to mortality.

VACCINATION ROLL-OUT PROGRAMME

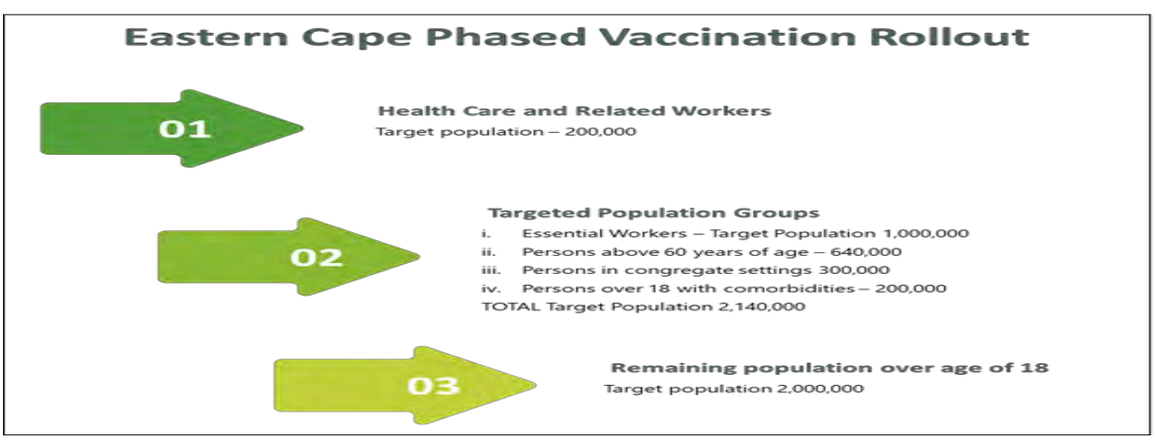
One intervention to prevent ongoing Covid-19 transmission and reduce mortality and morbidity is effective vaccination. The World Health Organisation (WHO) approved the first vaccine in November 2020, with further vaccine approvals subsequently.

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

Provincial Structures

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

Implementation of the Vaccination roll-out programme had to be implemented in three phases as outlined figure 35 below: -

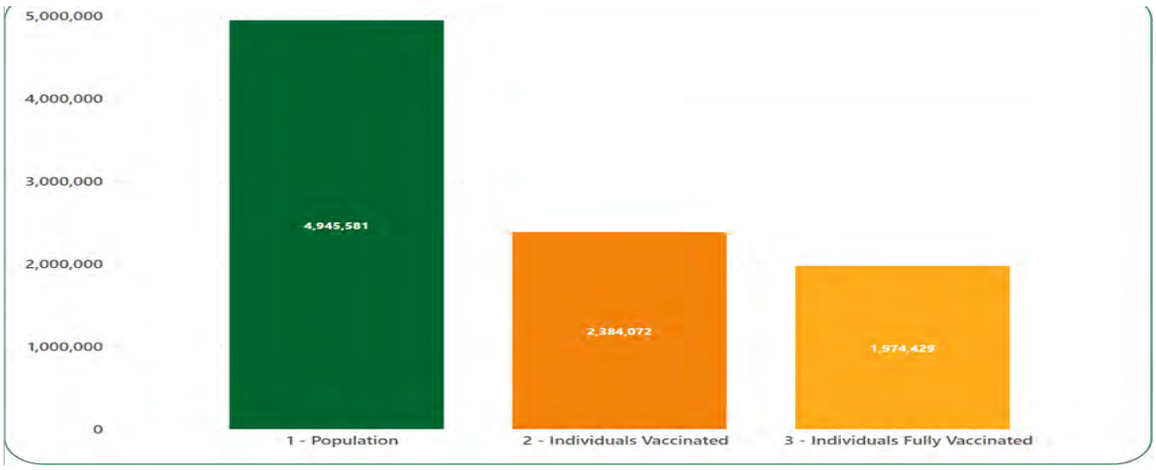


The Province started the roll-out of the Vaccination programme on the 17th of February 2021. The Programme started with Health Care Workers through the early access Sisonke implementation study. Through the Sisonke implementation study, a total of forty-five thousand five hundred and forty-three (45 543) which translates to (83.4%) Health Care Workers were vaccinated, against the target of Fifty-four thousand six hundred and twenty-six (54 626) Public Health Care workers, of which forty-five thousand and forty-five health Care Workers (45 045), were fully vaccinated and that translates to, 82.4%% vaccination coverage.

Phase 2 Vaccination roll-out started in June 2021, the approach to the implementation of the roll-out was age based prioritising 60years and above individuals, as they are the most vulnerable group that can develop severe disease, hospitalisation and even death when they have contracted Covid-19. The second phase also included 50 years above individuals.

Third phase started on the 1st of September 2021, focusing on 18years -49years age category. As of the 31st of March 2021/2022 financial year the department administered, 3 497 542. Individuals vaccinated, 2 384 599 (48.2%) of which, 1 980 666 are fully vaccinated (40%), female to male ratio 60%:40%.

The figure 36 below reflects Individuals Vaccinated cascade by the 31 March 2021/2022 financial year



As part of ramping up vaccination and working towards achieving 70% target by end March 2022, the department is focusing in O.R. Tambo and Nelson Mandela Metro as they both have the largest population with the lowest vaccination coverage The two districts are performing below the provincial coverage which is 48.2% vaccination coverage of the eligible population that is 12 years and above. The department is implementing a hybrid model which ensures that vaccines are taken closer to the people through outreach teams as well as the use fixed sites in order to increase access to vaccination. This approach has ensured that the province can reach the far flung areas, work places, retail sector, churches, SASSA pay points, Sports activities and any form gatherings to target persons eligible for vaccination.

INTERVENTIONS IMPLEMENTED BY THE PROVINCE TO SUPPORT VACCINATION

The department of health in partnership with the Political leaders, Traditional Leaders, Religious Leaders, Business sector, Development Partners, Solidarity Fund, Institutions of Higher Learning, sector departments including local government are implementing different service delivery models in order to reach everyone eligible for vaccination in the province. As a result of this partnership, the province implemented a very successful Vaccination programme as it received an award from the Honourable president in October for attaining the first position in the country for improved performance on the Vaccination programme.

The province has observed a decline in the uptake of the vaccination which can be attributed to vaccine hesitancy, myths related to vaccination among other factors. Targeted interventions are being implemented to increase the vaccination uptake among the 18 years -34 years. In order to increase vaccination in the province, the department is implementing the integration of Vaccine into routine Health Services.

The unparalleled experience in the delivery of routine immunisations places the Primary Health Care facilities in a strong position to respond to the prompt needs of COVID-19 vaccination. Even if the current epidemic proved to be short-lived, integrating of COVID-19 vaccination into PHC is an opportunity for empowering the role of PHC in responding to future epidemics and health emergencies. Moreover, in the midst of a crisis, broader health needs such as vaccinations, reproductive, maternal and child health, mental health, and treatment for chronic diseases should not be overlooked. Doing so will only add insult to injury, leaving millions more vulnerable to preventable and treatable illness

Table 4.9.3: Progress on Institutional Response to the COVID-19 Pandemic

BUDGET PROGRAMME	INTERVENTION	GEOGRAPHIC LOCATION (PROVINCIAL / DISTRICT / LOCAL MUNICIPALITY) (WHERE POSSIBLE)	NO. OF BENEFICIARIES (WHERE POSSIBLE)	DISSAGREGATION OF BENEFICICIARIES (WHERE POSSIBLE)	TOTAL BUDGET ALLOCATION PER INTERVENTION	BUDGET SPENT PER INTERVENTION	COMMITMENTS	IMMEDIATE OUTCOMES
					R'000	R'000	R'000	
Administration					27 207	463		
District Health Services					1 113 988	915 313		
Emergency Medical Service					500	-		
Provincial Hospital Services					131 225	225 662		
Central Hospital Services					236 963	185 477		
Health Sciences & Training					1 733	-		
Health Care Support Services					500	121		
Health Facilities Management					250 830	226 973		
Total					**1 762 947**	**1 554 010**		

The Department's budget allocation for the Covid-19 response during the financial year ended 31 March 2022 is R1,763 billion of which R1,554 billion was spent and R83,608 million in commitments [Administration R996 (R'000); District Health Services R29,514 (R'000); Emergency Medical Service R41 (R'000); Provincial Hospital Services R36 (R'000); Central Hospital Services R37,290 (R'000); Health Science & Training; Health Care Support Services R1,824 (R'000); Health Facilities Management R13,907 (R'000) - as further summarised in the ensuing three tables as follows:-

Table 4.9.4:

PROGRAMME	CURRENT BUDGET	YEAR TO DATE		BUDGET AVAILABLE	% SPENT
		COMMITTED	ACTUAL		
Administration	27 207	996	463	25 748	2
District Health Services	1 113 988	29 514	915 313	169 156	82
Emergency Medical Service	500	41	-	459	-
Provincial Hospital Services	131 225	36	225 662	(94 474)	172
Central Hospital Services	236 963	37 290	185 477	14 196	78
Health Science & Training	1 733	-	-	1 733	-
Health Care Support Serv	500	1 824	121	(1 445)	24
Health Facilities Management	250 830	13 907	226 973	9 950	90
TOTAL	**1 762 947**	**83 608**	**1 554 010**	**125 322**	**88**

Table 4.9.5:

FUND SOURCE:	CURRENT BUDGET	YEAR TO DATE		BUDGET AVAILABLE	% SPENT
		COMMITTED	ACTUAL		
COVID-19 COMPONENT	184 648	1 878	185 165	(2 391)	100
COVID-19 DISASTER RESPONSE GRANT	-	1 824	14	(1 838)	-
COVID-19 FUNDS	-	0	9 965	(9 965)	-
COVID-19 RESPONSE FUNDS	1 380 426	66 860	1 181 379	132 188	86
HEALTH FACILITY REVIT GRANT	58 470	-	126 487	(68 017)	216
HIV&AIDS COMPONENT	-	10 838	(5 270)	(5 568)	-
NATIONAL TERTIARY SERVICES GRANT	-	548	523	(1 072)	-
VOTED FUNDS	139 403	1 661	55 756	81 986	40
TOTAL	**1 762 947**	**83 608**	**1 554 010**	**125 322**	**88**

Table 4.9.6:

ECONOMIC CLASSIFCATION:	CURRENT BUDGET	YEAR TO DATE		BUDGET AVAILABLE	% SPENT
		COMMITTED	ACTUAL		
Compensation of Employees	1 132 484	-	1 078 237	54 244	95
Goods and Services	346 373	56 051	238 141	52 180	69
Households (HH)	-	-	354	(355)	-
Buildings & Other Fix Structures	197 873	-	164 106	33 766	83
Machinery and Equipment	86 216	27 557	73 172	(14 513)	85
TOTAL	**1 762 947**	**83 608**	**1 554 010**	**125 322**	**88**

Correction of prior period error

Misallocations were identified during the current year which have been corrected above to more accurately disclose the expenditure on the Covid-19 response during 2020/21, summarised as follows: -

Table 4.9.7:

	2021/22	2020/21		
	R'000	Amount bef error correction R'000	Prior period error R'000	Restated amount R'000
COVID 19 Response Expenditure				
Compensation of employees	1,078,237	646,967	318,247	965,214
Goods and Services	238,141	635,058	NA	635,058
Transfers and Subsidies	354	-	86	86
Expenditure for Capital Assets	237,278	437,777	1,011	438,788
TOTAL	**1,554,070**	**1,719,802**	**379,344**	**2,039,146**

5. TRANSFER PAYMENTS

5.1.Transfer payments to public entities

Not applicable

5.2.Transfer payments to all organisations other than public entities

Name of Transferee	Type of Organisation	Purpose for which the funds were used	Did the dept comply with s38 (1) (j) of the PFMA	Amount transferred (R'000)	Amount spent by the entity	Reasons for the funds unspent by the entity
Health & Welfare SETA	SETA	Training	Yes	13,058	13,058	n/a
Leave Gratuity	Natural Persons	Leave Grauity	Yes	140,388	140,388	n/a
Bursaries (Non-Employee)	Natural Persons	Bursary no non-employees	Yes	140,464	140,464	n/a
Claims Against State (Cash)	Natural Persons	Medico-Legal claims	Yes	38,683	38,683	n/a
Total				**32,593**	**332,593**	

6. CONDITIONAL GRANTS

6.1.Conditional grants and earmarked funds paid

The table below detail the conditional grants and ear marked funds paid for the period 1 April 2021 to 31 March 2022.

NATIONAL TERTIARY SERVICES CONDITIONAL GRANT	
Department who transferred the grant	**Health (Vote 16)**
Purpose of the grant	Ensure provision of tertiary health services in South Africa, to compensate tertiary facilities for the additional costs associated with provision of these services
Expected outputs of the grant	Provision of designated central and national tertiary services in 4 facilities as per Service Level Agreement between the Province (ECDoH) and the National Department of Health (NDoH) Focusing on the following targeted health information indicators: Number of inpatient separations Number of day patient separations Number of outpatients first attendances Number of outpatient follow-up attendances Number of inpatient days Average length of stay by facility (tertiary) Bed utilisation rate by facility (all levels of care)
Actual outputs achieved	The grant was utilised to maintain and develop 44 tertiary services across the province: 36 Services at Nelson Mandela Academic Hospital 40 Tertiary Services at Livingstone Hospital 40 Tertiary Services at Frere Hospital 1 Tertiary Service at Fort England Specialised Psychiatric Hospital Notable outputs would also include: Development of the Nelson Mandela Central Hospital Sir Henry, Oncology, Cochlear and Urology units set to be commissioned in 2021-2022. Procured Medical and Allie Equipment for the various benefiting specialties, which nclude digital mobile x-rays, theatre tables, brachytherapy radiation equipment, and other equipment. Supported the National initiative to fight COVID-19 with the reprioritisation of funds to procure life saving devices, ventilators, cpaps, bipaps, sanitising equipment and consumables, personal protective equipment (ppe) and other medical supplies. Digital X-rays were procured for all three tertiary facilities.
Amount per amended DORA (R'000)	R1,101,960

NATIONAL TERTIARY SERVICES CONDITIONAL GRANT	
Department who transferred the grant	**Health (Vote 16)**
Amount received (R'000)	R1,101,960
Reasons if amount as per DORA was not received	N/A
Amount spent by the department (R'000)	1,045,792
Reasons for the funds unspent by the entity	The grant overall spent at a level of 95%. The grant underspent by 56,168, which is due to lead time delivery delays for equipment, procured mainly from abroad. Delays were due mainly to the Russia / Ukraine shipping lane delays, inclusive of Covid-19 backlog delays and the global shortage of microchips affecting digital based equipment. The amount has been requested for roll-over in the next financial year.
Reasons for deviations on performance	There were reductions in separations due to the Covid-19 restrictions on elective surgeries.
Measures taken to improve performance	The departments have developed catch-up plans as we transition from a Pandemic to and Endemic state of the Covid-19 Disaster. The current measures have been employed to improve performance: - Meetings with NDOH coordinators for guidance and strategic direction. - Improved procurement planning in particular formulation of specifications and formation of the Provincial HTEC Committee. - The grants present opportunities to strengthen sustainable outreach to reduce the high inflow of primary healthcare patients.
Monitoring mechanism by the receiving department	The service load is more than the available resources resulting in more patients being serviced, with an impact on the equitable share budget. The tertiary services platform has been developing over the past +5 years, whilst the NTSG fund has not grown to cater for this development. The current measures have been employed to improve performance: ✓ Meetings with NDOH coordinators for guidance and strategic direction. ✓ Technical Support from Provincial Treasury. ✓ Contribute towards the Supply Chain Management reform within the province ✓ Improved procurement planning in particular formulation of specifications and formation of the Provincial HTEC Committee. The grants present opportunities to strengthen sustainable outreach to reduce the high inflow of primary healthcare patients.

Applications for conditional grant rollovers from the 2021-22 to the 2022-23 financial year have been made amounting to R54,742 million for the National Tertiary Services Grant. The bulk of the National Tertiary Services Grant application is in respect of medical & allied equipment and computer equipment which have had to be shipped from international manufacturers, supply chains, including logistics, having been adversely affected by by COVID19 induced backlogs etc. This essential life saving equipment used for various tertiary level medical interventions through prioritisation for the development and modernization of the service.

HUMAN RESOURCES, TRAINING AND DEVELOPMENT CONDITIONAL GRANT	
Department who transferred the grant	**Health (Vote 16)**
Purpose of the grant	• To appoint statutory positions in the health sector for systematic realisation of human resources for health strategy and phased-in of National Health Insurance; • Support provinces to fund service costs associated with clinical training and supervision of health science trainees on the public service platform.
Expected outputs of the grant	• Number and percentage of statutory posts funded from this grant (per category and discipline) and other funding sources; • Number and percentage of registrar's posts funded from this grant (per discipline) and other funding sources; • Number and percentage of specialist's posts funded from this grant (per discipline) and other funding sources; • Number and percentage of other health professionals (clinical and allied) appointed (total by district, category and by discipline); • Number of posts needed per funded categories; • To report on the number of clinical supervisors associated with clinical training and supervision of students, funded on the public health service delivery platform: o number of specialists o number of registrars o number of medical officers o number of clinical associates o number of postgraduates o number of clinical supervisors/trainers per category in nursing, emergency medical services (EMS) and allied health and pharmacy o number of grant administration staff
Actual outputs achieved	• 36 Registrars have passed and are qualified Medical Specialists in the financial year 2021/2022 • 1 last Doctor of Pharmacy students have graduated in the year 2021/2022 (Postgraduates)
Amount per amended DORA (R'000) **Other adjustments**	R426,081 R33,107
Amount received (R'000)	R459 188
Reasons if amount as per DORA was not received	Full amount received
Amount spent by the department (R'000)	R459 081
Reasons for the funds unspent by the entity	Insignificant under-spend of R107k
Reasons for deviations on performance	• Incorrect linkages of personnel not supposed to be paid under the Statutory Human Resource and Training Grant – journals have been implemented; • Over expenditure experienced because of additional Medical Interns appointed in July 2021 under the Statutory Human Resource Component; • Inability to spend G&S and M&E budget due to Suppliers refusing to deliver because the Department was owing to them big monies; • Budget misallocations – journals implemented to correct the anomaly. • The Unit had an annual target of 10 Medical Officers, 1 was on baseline at Butterworth Hospital and has resigned at the end of the financial year. 9 Medical Officer posts were vacant in the 2021/2022 because of the following reasons: i. Incomplete qualification documents by applicants; ii. Non - availability of vacant & funded posts by facilities; iii. Medical officer's untimely resignations. • 10 Medical Officer Posts are now vacant. The Annual Recruitment Plan has been submitted to advertise the posts for the 2022/2023 financial year.
Measures taken to improve performance	• Better planning and intense follow up on service delivery units where the conditional grant funding gets spent. • Constant monitoring and support visits to benefiting institutions to improve both financial and non-financial performance.
Monitoring mechanism by the receiving department	• Adherence to reporting requirements of DORA, including inter alia In-Year-Monitoring reporting and monitoring processes, monthly certification of predetermined objectives, and ongoing reviews by National Department Grant Managers (support visits by NDOH).

HUMAN RESOURCES, TRAINING AND DEVELOPMENT CONDITIONAL GRANT	
Department who transferred the grant	**Health (Vote 16)**
	• Institutional quarterly visits by Provincial HPTD Office.

HIV, TB, MALARIA AND COMMUNITY OUTREACH CONDITIONAL GRANT	
Department who transferred the grant	**Health (Vote 16)**
Purpose of the grant	To enable the health sector to develop and implement an effective response to HIV and AIDS and Tuberculosis; to fund Community Outreach Services; prevention and protection of health workers of exposure to hazards in the workplace.
Expected outputs of the grant	Number of new patients started on ART • Total number of patients on ART remaining in care • Number of male condoms distributed • Number of female condoms distributed • Number of exposed infants HIV positive at 10 weeks Polymerase Chain Reaction (PCR) test • Number of clients tested for HIV (including antenatal) • Number of medical male circumcisions performed • Number of patients on ART initiated on Isoniazid Preventative Therapy • Number of adherence clubs • Number of patients participating in adherence clubs
Actual outputs achieved: HIV/AIDS	No of Male condoms distributed
	No of Female condoms distributed
	No of HTA intervention sites
	No of Peer educators receiving stipends
	Male Urethritis Syndrome treated - new episode
	No of Individuals who received an HIV service or referral at High Transmission Area sites
	No of Individuals from key populations reached with individual/ small group HIV prevention interventions designed for the target population
	No of active Lay counsellors on stipend
	No of clients tested (including antenatal)
	No of health facilities offering MMC
	No of MMC performed
	No of sexual assault cases offered ARV prophylaxis
	No of antenatal clients initiated on ART
	No of Exposed infants HIV positive at 10 weeks Polymerase Chain Reaction (PCR) test
	No of new patients started on treatment
	No of patients on ART remaining in care
	No of HIV positive clients screened for TB
	No of HIV positive clients started on IPT
	No of Doctors trained on HIV/AIDS, TB, STIs and other chronic diseases
	No of Nurses trained on HIV/AIDS, TB, STIs and other chronic diseases
	No of Non-professional trained on HIV/AIDS, TB, STIs and other chronic diseases
Actual outputs achieved: COS	Number of CHWs receiving a stipend
	Number of CHWs trained
	Number of OTLs trained
	Number of HIV defaulters traced
	Number of TB defaulters traced
Actual outputs achieved: TB Control	TB symptom clients screened in facility rate (under 5yrs and 5 yrs and older)
	Number of patients tested for TB using Xpert
	Number of eligible HIV positive patients tested for TB using urine lipoarabinomannan assay
	Client 5yrs and older start on treatment rate
	TB Rifampicin Resistant confirmed treatment start rate
	Number of eligible clients initiated on Delaminid containing regimen
Amount per amended DORA (R'000)	R3,116,477
Amount transferred (R'000)	R3,116,477
Reasons if amount as per DORA was not transferred	N/A.
Amount spent by the department (R'000)	R3,056,338
Reasons for the funds unspent by the entity	R60, 139m not spent. This underspend relates to the Oncology Services Component within the CONDITIONAL GRANT HIV, TB, COS, MALARIA & HPV whereby the Oncology

HIV, TB, MALARIA AND COMMUNITY OUTREACH CONDITIONAL GRANT	
Department who transferred the grant	**Health (Vote 16)**
	project (planned bunker (building & fixed structures) at NMAH). Roll-over of these funds made for next FY.
Monitoring mechanism by the transferring department	Bi-Annual Departmental performance reviews Monthly IYM financial variance report (DORA) Quarterly non-financial performance report (DORA)
Applications for conditional grant rollovers from the 2021-22 to the 2022-23 financial year have been made amounting to R60 million for the Oncology Component of the HIV, TB, Malaria and Community Outreach Grant. The HIV, TB, Malaria and Community Outreach Grant application is in respect of the significant procurement process undertaken by the Department within the financial year to secure the appointment of a service provider for the turnkey planning, design, construction, supply and installation of an Oncology Unit Linear Particle Accelerator (LINAC) and Bunker Unit (Radiotherapy Department) at the Department's Nelson Mandela Academic Hospital.	

HEALTH FACILITY REVITALISATION CONDITIONAL GRANT	
Department who transferred the grant	**Health (Vote 16)**
Purpose of the grant	• To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, health technology, organisational development systems and quality assurance. • To enhance capacity to deliver health infrastructure
Expected outputs of the grant	• Number of new facilities completed • Number of facilities maintained • Number of facilities upgraded, and renovated • Number of facilities commissioned
Actual outputs achieved	• A total of sixteen (16) projects were completed during April 2021 to March 2022. Detailed list of outcomes is described in section 8 – Capital Investments.
Amount per amended DORA (R'000) **Rollover**	R685,588 R0
Amount received (R'000)	R685,588
Reasons if amount as per DORA was not received	N/A
Amount spent by the department (R'000)	R685,510
Reasons for deviations on performance	R78 thousand, negligible amount
Measures taken to improve performance	Cashflows continue to be monitored on a monthly basis to ensure alignment.
Monitoring mechanism by the receiving department	• All projects included those funded are looked after by the Departmental team of engineering professionals. On a monthly basis, these professionals conduct project site visit. Thereafter, they produce monthly financial and non-financial reports.

EXPANDED PUBLIC WORKS PROGRAMME INCENTIVE GRANT	
Department who transferred the grant	**Health (Vote 16)**
Purpose of the grant	To incentivise provincial Departments to expand work creation efforts through the use of labour-intensive delivery methods in the following identified focus areas, in compliance with the Expanded Public Works Programme guidelines: • road maintenance and the maintenance of buildings. • low traffic volume roads and rural roads. • other economic and social infrastructure. • tourism and cultural industries. • sustainable land-based livelihoods. • waste management
Expected outputs of the grant	Number of people employed and receiving income through the EPWP Increased average duration of the work opportunities created
Actual outputs achieved	41 Young people continued to be employed by the Department, through the EPWP Grant. They were employed as plumbers and artisans and were placed at various health facilities in the Province.
Amount per amended DORA (R'000)	R1.960
Amount received (R'000)	R1.960
Reasons if amount as per DORA was not received	N/A
Amount spent by the Department (R'000)	R1.621
Reasons for the funds unspent by the entity	The reason for the under-expenditure was due to the incorrect allocations on the Persal System as well as the incorrectly allocated EPWP budget
Reasons for deviations on performance	N/A
Measures taken to improve performance	Persal allocations for expenditure allocations have been reviewed and corrected and is monitored on a monthly basis.
Monitoring mechanism by the receiving Department	Monthly reports are received on the payment and progress in respect of the on-job training opportunities provided to young people.

EPW INCENTIVE SOCIAL CLUSTER CONDITIONAL GRANT	
Department who transferred the grant	**Health (Vote 16)**
Purpose of the grant	• To incentivize the provincial Social sector Departments identified in 2015 Social Sector EPWP Log-frame to increase job creation by focusing on the strengthening and expansion of social service programmes that have employment potential.
Expected outputs of the grant	• Number of beneficiaries benefiting from the Grant. • Increased number of people tracked and traced back to the system. • Improved and strengthened referral pathway. • Decreased number of people who are lost to follow. • Adherence to treatment improved. • Improved access to health services.
Actual outputs achieved	• 301 beneficiaries contracted and benefited from the Grant
Amount per amended DORA (R'000)	R14 033
Amount received (R'000)	R14 033
Reasons if amount as per DORA was not received	N/A
Amount spent by the department (R'000)	R13 995
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.

NATIONAL HEALTH INSURANCE CONDITIONAL GRANT	
Department who transferred the grant	**Health (Vote 16)**
Purpose of the grant	To achieve Universal Health Access through the phased implementation of National Health Insurance (NHI) and to improve access to quality health care services.
Expected outputs of the grant	• Improve Doctor Coverage in PHC Facilities • Improve Access to Support Services Practitioners in PHC Level • Improve Payment of Contracted Health Practitioners • Programme Monitoring and Evaluation
Actual outputs achieved	• Improve Doctor Coverage in PHC Facilities - 18 Sessional Doctors Contracted • Improve Access to Support Services Practitioners in PHC Level – Not Achieved • Improve Payment of Contracted Health Practitioners – 100% Achieved • Programme Monitoring and Evaluation – 100% Achieved
Amount per amended DORA (R'000)	R41,272
Amount received (R'000)	R41,272
Reasons if amount as per DORA was not received	Full amount received
Amount spent by the Department (R'000)	R41,574
Reasons for the funds unspent by the entity	N/A there was no underspend
Reasons for deviations on performance	There were challenges with the recruitment of support service practitioners and hence the funds were re-channelled to the recruitment of Doctors.
Measures taken to improve performance	Better planning and intense follow up on service delivery units where the conditional grant funding gets spent.

7. DONOR FUNDS

7.1 Donor Funds Received

The table below details the donor funds received during for the period 1 April 2021 to 31 March 2022

Name of donors (Donations received in kind)	National Department of Health Right to Care Siemens Fouche Swart Solidarity Response fund USAID OK furniture
Full amount of the funding	R18 658 469
Period of the commitment	2021/2022 financial year
Purpose of the funding	National Department of Health – RX Solution: Electronic Stock Management Solution Right to Care – Medical Male Circumcision Siemens – Covid 19 response Fouche Swart – No conditions attached Solidarity Response fund – Covid 19 response USAID – Covid 19 response OK furniture – TVs for patients
Expected outputs	Each donor had set-out deliverables which were agreed with the Department in line with project objective
Actual outputs achieved	As the per the Close-out Report for donation
Amount received (R'000)	R18 658 469
Amount spent by the department (R'000)	Not applicable
Reasons for the funds unspent	Not applicable
Monitoring mechanism by the donor	Monitoring is done at programme level

8. CAPITAL INVESTMENT

8.1 Capital investment, maintenance and asset management plan

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

- Infrastructure projects which have been completed in the current year and the progress in comparison to what was planned at the beginning of the year. Provide reasons for material variances (2% variance).

Plans to close down or down-grade any current facilities.

- For the year under review, Programme 8 HFM started with the implementation of re-purposing of health facilities in Nelson Mandela Bay Health District and the budget has been allocated for further infrastructure improvements over the MTEF in alignment with the strategic plans of the Health department. Empilweni TB Hospital in Gqeberha has started with rep-purposing into a District Hospital, and Orsmond TB Hospital in Kariega has also started with re-purposing into sub-acute Mental Health facility.

Progress made on the maintenance of infrastructure.

The budget for planned and adhoc maintenance for Infrastructure for the year under review was R478,917 million which includes the following:

- Head Office Maintenance Management – R 271,356m
- Decentralised Maintenance Management - R 144,261m – Actual Expenditure R53,365
- Private, Public Partnership Maintenance Management R 63,3m – Actual expenditure R NIL
- The expenditure achieved was R389,955 million which represents a 81% expenditure. (Breakdown expenditure per element)

- The reason for the deviation on Head Office Maintenance management expenditure was because of the slow process of getting scheduled maintenance contracts in place due to the lack of technical capacity in both the Department of Health and Department of Public Works.
- The reason for the deviation on Decentralised Maintenance management expenditure was because of the lack of capacity in both SCM and Facilities Management in districts and facilities.

Developments relating to the above that are expected to impact on the department's current expenditure.

There is a risk that the trend of under expenditure will continue for the following reasons:

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

Details as to how asset holdings have changed over the period under review, including information on disposals, scrapping and loss due to theft.

- The details of the change in the asset holdings for the period under review is reflected in the immovable assets register which is updated on a quarterly basis and reflected in the Annual Financial Statements.

Measures taken to ensure that the department's asset register remained up to date during the period under review.

- The immovable asset register is updated on a quarterly basis and is audited annually by the Auditor General.

The current state of the department's capital assets, for example what percentage is in good, fair or bad condition.

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

Major maintenance projects that have been undertaken during the period under review.

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

Progress made in addressing the maintenance backlog during the period under review, for example, has the backlog grown or become smaller? Is the rate of progress according to plan? If not why, and what measures were taken to keep on track.

- Of the total number of 1028 Capital Assets, 64% meets the minimum operating criteria in terms of the functional performance index (Functionality & Condition), 36% doesn't meet the minimum operating criteria. The current maintenance backlog is estimated to be R6,697 billion and is R 1,532 billion more than the previous year which represents an increase of 22,8% over ten years. The Department submits as part of the bidding process to Provincial Treasury the User Asset Management Plan (U-Amp – 10 Year Infrastructure Plan) which illustrates the budget required to address the Maintenance backlogs. On receipt of the U-Amp, Provincial Treasury responds with issuance of the Budget allocations for the MTEF. These allocations inform the Infrastructure Program Management Plan (IPMP – 3 Year Infrastructure Plan) which is constrained and does not fully address the needs as reflected in U-Amp. However, the emphasis in the budget has been to move away from building new facilities and rather maintenance and rehabilitate the available facilities.

Table 8.1 below shows a list of infrastructure projects that are currently in progress and when are they expected to be completed.

Project Name	Project Estimated End Date	Milestone Reached (IRM)
COVID-19 DPW&I_ Taylor Bequest Hospital Phase 1: New 30 Bed Isolation Facility & Impro	2023/03/31	Construction 1% - 25%
Greenville Hospital - Upgrades and additions to theatres, maternity, pharmacy,	2022/06/29	Construction 1% - 25%
Nelson Mandela Academic Hospital - Urgent Repairs and Maintenance Works	2022/11/30	Construction 1% - 25%
Nessie Knight Hospital Upgrade Phase 4 - Refurbishment and Renovation of Hospital Buildings	2024/03/29	Construction 1% - 25%
Nontyatyambo CHC: Urgent repairs and maintenance	2023/03/24	Construction 1% - 25%
Nyaniso CHC Phase 2: Construction of CHC and External Services.	2024/03/29	Construction 1% - 25%
Isilimela Hospital Upgrade Phase 1 - Refurbishment of Existing Staff Accomodation	2024/05/31	Construction 26% - 50%
Letitia Bam - Renovation and refurbishment of existing facility	2023/11/30	Construction 26% - 50%
Tafalofefe Hospital Phase 03: Accommodation and Building Repairs	2023/05/31	Construction 26% - 50%
Empilisweni Hospital Phase 1. - Temporary Staff Accommodation (Provision of Park Homes)	2022/08/31	Construction 26% - 50%
Fencing & Guardhouses BC Metro Project 2	2023/03/31	Construction 26% - 50%
Bhisho Hospital: Urgent repairs and maintenance	2024/03/29	Construction 51% - 75%
Bhongweni Clinic Phase 1 - Renovations & Extensions	2023/03/31	Construction 51% - 75%
DPW - Close out of COVID-19 Projects - HFRG	2022/11/30	Construction 51% - 75%
Fencing & Guardhouses Alfred Nzo DM Project 1	2022/06/30	Construction 51% - 75%
Ndofela Clinic - Clinic Upgrade and Refurbishment	2023/06/30	Construction 51% - 75%
Canzibe Hospital Upgrade Phase 1 - Urgent Maintenance and Repairs Works	2024/03/29	Construction 76% - 99%
Fencing & Guardhouses Amathole Project 1- SCMU3-16/17-0194-HO	2023/03/31	Construction 76% - 99%
Fencing & Guardhouses Amathole Project 2	2022/06/30	Construction 76% - 99%
Fencing & Guardhouses NM Bay Metro / Sarah Baartman DM Project 1	2023/03/31	Construction 76% - 99%
Fencing & Guardhouses NM Bay Metro / Sarah Baartman DM Project 2	2023/03/31	Construction 76% - 99%
Khambi Clinic - New Replacement Clinic and Staff Accomodation	2022/05/04	Construction 76% - 99%
Khotsong Hospital Phase 3 : The construction of the main hospital buildings and staff housing	2024/10/28	Construction 76% - 99%

Project Name	Project Estimated End Date	Milestone Reached (IRM)
Meje CHC Phase 2: Construction of CHC, site works & services	2022/11/30	Construction 76% - 99%
Mpindweni Clinic - Completion of partially construction clinic (by donor)	2023/06/30	Construction 76% - 99%
Mthatha General Hospital - Rehabilitation of Mthatha Nursing Accomodation and Medical Depot	2023/09/29	Construction 76% - 99%
Nessie Knight Hospital Upgrade Phase 3: New Health Professional Accommodation	2023/06/30	Construction 76% - 99%
Nkwenkwana Clinic - Replacement of existing clinic	2023/05/09	Construction 76% - 99%
Sipetu Hospital: Construction of Main Hospital	2022/06/29	Construction 76% - 99%
St Barnabas Hospital - New Psychiatric Unit, Refurbishment and Renovation of Existing Staff Houses	2024/05/31	Construction 76% - 99%
Victoria Hospital - Accommodation Refurbishment and Various Civil Works	2023/07/31	Construction 76% - 99%
Fencing & Guardhouses Amathole DM & BC Metro Project 2	2025/03/31	Construction 76% - 99%
Fencing & Guardhouses BC Metro Project 1	2023/03/31	Construction 76% - 99%
Cwele Clinic - New Replacement Clinic and Staff Accomodation	2022/10/31	Construction Started
Project Management Services (IA) ES	2023/03/31	Construction Started
Relocatable Health Professional Accommodation - Phase 1 Dr Malizo Mpehle & Zitulele Hospital	2022/06/08	Construction Started
SS Gida Hospital - Renovations & refurbishments	2024/04/30	Construction Started
Empilweni Gompo- Urgent repairs and maintenance	2023/03/31	Handed Over
Komani Psychiatric Hospital: Infrastructure Improvements to Ward 15 and 2 houses	2022/03/31	Handed Over
Empilisweni Hospital Phase 2 - Urgent Repairs and Maintenance	2023/03/31	Closed Out
DPW - Close out of Historical Projects	2023/05/31	Closed Out
Sipetu District Hospital - Phase 1 Bulk earthworks, Bulk Services and Temporary Accommodation	2014/03/20	Closed Out
All Saints Hospital: Phase 1 - Upgrade of Staff Accommodation	2024/03/20	Tender
Cradock Hospital - Infrastructure Improvements, maintenance work to existing hospital	2024/03/29	Tender
Livingstone Hospital - Renovations To Cathlab and CSSD	2023/03/31	Tender
Madwaleni main hospital Phase 1: New CSSD Complex, Maternity Wards and Mortuary	2024/12/31	Tender

Table 8.2: BUDGET ANALYSIS BY NATURE OF INVESTMENT

	2021/2022			2020/2021		
Infrastructure projects	Final Appropriation	Actual Expenditure	(over)/under Expenditure	Final Appropriation	Actual Expenditure	(over)/under Expenditure
New and replacement assets	281,421	401,367	-119,946	599 203	446 818	152 385
Existing infrastructure assets						
- Upgrades and additions	55,687	53,501	2,186	128 508	67 024	61 484
- Rehabilitation, renovations and refurbishments	370,305	171,295	199,011	780 171	445 098	335 073
- Maintenance and repairs	478,917	389,955	88,962	264 450	271 422	-6 872
- Non-Infrastructure	327,494	125,058	202,436	342 550	197 600	144 951
Infrastructure transfer				0	0	0
Total	**1,513,824**	**1,141,176**	**372,648**	**2 114 881**	**1 427 961**	**686 920**
Current	806,401	515,013	291,398	607 000	469 022	138 078
Capital	707,413	626,163	81,350	1 507 881	958 940	548 842
Total	**1,513,824**	**1,141,176**	**372,648**	**2 114 881**	**1 427 961**	**686 920**



PART C
GOVERNANCE

1. INTRODUCTION

The Department of Health has put in place mechanisms and systems in place to maintain the highest ethical standards of governance to enhance management of public finance in compliance with public Finance Management Act (PFMA) and its regulations. To improve oversight and good governance, the Department has established statutory structures like Risk Management Committee and an Independent Audit Committee in compliance with PFMA.

2. RISK MANAGEMENT

Risk Management Policy Framework and Strategy

The Department's risk management processes are based on Risk Management documentation that is approved i.e. Risk Management Policy/ Framework that incorporates the department's objectives, legislative requirements, definition of the risk appetite and risk tolerance, etc. The Accounting Officer takes responsibility for risk management as outlined in the National Treasury Public Sector Risk Management Framework and the PFMA. The Director: Risk Management Services is the appointed risk champion for the Department. An established Risk Management Committee chaired by an independent chairperson sits on a quarterly basis.

To systematically respond to key risks, the Department adopts an Enterprise-wide Risk Management (ERM) approach. The application of the ERM approach ensures the alignment with full Governance principles with emphasis on the Combined Assurance model. Management fully understands all serious risks and how they can be managed. The management of risk has been operationalized and entrenched in the work- plans of senior management to ensure an incorporated system of risk management. Furthermore, the Department also has an approved Risk Management Charter (Terms of Reference) which clearly describes the composition of the Risk Management Committee and the responsibility of members and is updated on an annual basis.

Progress on Risk Management

For the 2021/22 year the risk management team had an approved risk management plan approved by the accounting officer and the RMC chairperson. For the year under review, the Risk Management Unit worked in line with activities outlined on the plan.

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

Risk Management Committee (RMC)

The Department has an established RMC, which operates in terms on an approved RMC Charter. The RMC Charter is reviewed annually. All the planned quarterly Risk Committee meetings sat as required in order to review the operational plan and activities of the Risk Management Unit (RMU). An independent RMC Chairperson was appointed and ensured that the Audit Committee was updated on serious issues identified and progress was made in alleviating identified risks. The risk committee on a quarterly basis reports to the audit committees. On an annual basis the Internal Audit component audits the Risk Management function of the Department and to date no adverse findings have been found.

The activities of Risk Management were reviewed by Provincial Treasury on a quarterly basis and positive feedback was obtained. The Strategic Risk Assessment Workshops are held on an annual basis whereby senior personnel across the department participate to ratify existing risks and incorporate new emerging risks. The Strategic Risk Assessment Workshop is facilitated by an external professional risk specialist.

3. FRAUD AND CORRUPTION

In terms of the Eastern Cape anti-corruption strategy the Province and the Eastern Cape Health Department has implemented a zero tolerance approach towards fraud and corruption activities. The department in terms of the anti-corruption strategy has implemented a Fraud Prevention Policy. In addition, the Fraud Unit performs activities in terms of an approved implementation plan.

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

Upon completion of a forensic investigation, once the occurrence of Fraud and corruption is confirmed the relevant employee(s) who have been identified to have participated in such acts are subjected to internal disciplinary processes and where a prima facie evidence of criminal conduct is confirmed, criminal cases are registered with the South African Police Services. The Department makes use of a panel of eighteen highly experienced forensic investigating firms to assist the unit in the investigation of fraud and corruption cases.

During the 2021/2022 Financial year progress made on fraud and corruption cases was as follows:

DESCRIPTION	Financial Year 2020/2021	Financial Year 2021/2022
Brought over from previous Financial Year	31	16
Add: Cases received during the year under review	15	16
Less: Finalised Cases	30	10
Active Cases	16	22
STATUS OF ACTIVE CASES		
- Referred to SAPS/SIU	5	6
- Referred to Labour	0	3
- Investigation completed (finalising report)	06	7
- Not fraud related	0	0
Cases still under investigation	05	6
TOTAL CASES (Closing)	16	22

Every quarter the Fraud Management Unit (FMU) is invited to case review meetings at the Office of the Premier (OTP) whereby completed cases that were reported to the National Anti-Corruption Hotline (NACH) are forwarded to the Public Service Commission (PSC). Due to the onslaught of Covid-19, Fraud Awareness Campaigns were suspended.

For the 2022/23 year, the Fraud Management Unit (FMU) will continue the monitoring of recommendations highlighted in the investigation reports. On an ongoing basis the Fraud Management Unit (FMU) will continue to work closely with Quality Assurance, Risk Management and Internal Audit units to promote continuous management of fraud risks in the department.

4. MINIMISING CONFLICT OF INTEREST

The department has successfully managed to minimize conflict of interests in the year under review. No new contracts/ tenders were awarded to the ECDOH employees and at the end of the year, the department had zero conflict. This been achieved through rigorous monitoring of the CSD and where employees with registered companies have been identified by the department, Provincial Treasury has been approached to remove those companies from the database of suppliers.

The Department adheres to a strict code of conduct and is complying with the revised Public Service Regulations that introduces the prohibition of employees conducting business with government or being a director of a public or private company conducting business with government.

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.1 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 had again achieved 100% SMS compliance with the disclosure process, which is part of the Code of Conduct. Whilst the compliance at other levels is still a challenge, the department, like all other departments, has allocated this function to the Risk Management Unit so as to ensure that proper strategies are put in place and the management of compliance to the Code of Conduct is adhered to. As part of ensuring adherence, all cases of breach have been referred to the Labour Relations unit. Included in the cases referred to the Labour Relations unit are financial misconduct cases.

6. HEALTH SAFETY AND ENVIRONMENTAL ISSUES

The Eastern Cape department of health is still facing a challenge of diseases related to the social determinants of health. In particular, the districts that are affected are, Alfred Nzo, Amathole, Chris Hani and O.R.Tambo these diseases are mostly reported in, O.R.Tambo, Alfred Nzo and Joe Gqabi.

Poverty, unemployment, poor education, housing, poor access to piped water and sanitation are the social determinants of health that characterize the Eastern Cape Province, in particular the districts of Alfred Nzo, Amathole, Chris Hani and OR Tambo. Eastern Cape has the highest level of unemployment in the country at 43.8% followed by the Free State Province at 35.6%. The increases level of poverty in the province has resulted in the province experiencing a challenge of severe acute Malnutrition as the province reported a high case fatality rate of 9.7% against the target of 8% with Alfred Nzo and O.R.Tambo reporting the highest case fatality rate at 11.5% and 10.5% respectively, during the period under review. Lack of Piped water and sanitation resulted in the province reporting an overall Diarrhoea Case Fatality rate of 3.4% against the target of 2.7%.

7. PORTFOLIO COMMITTEES

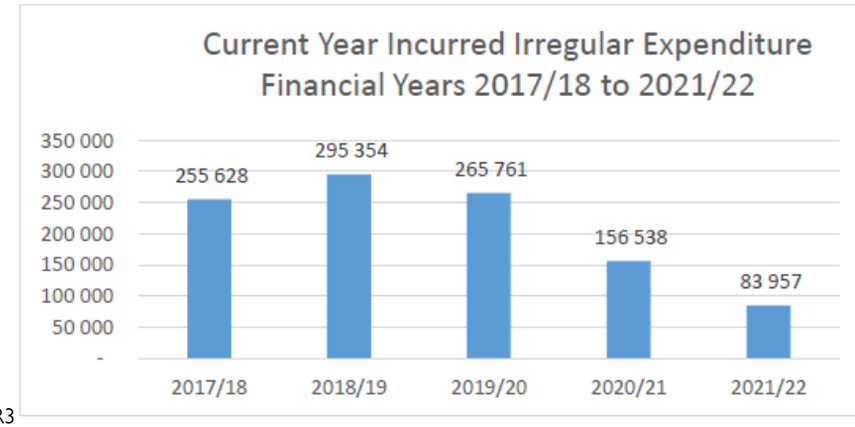
In line with the programme of the Eastern Cape Legislature, the department appeared at least seven times before the Portfolio Committee on Health, to address the Committee on a range of issues. The dates are as follows

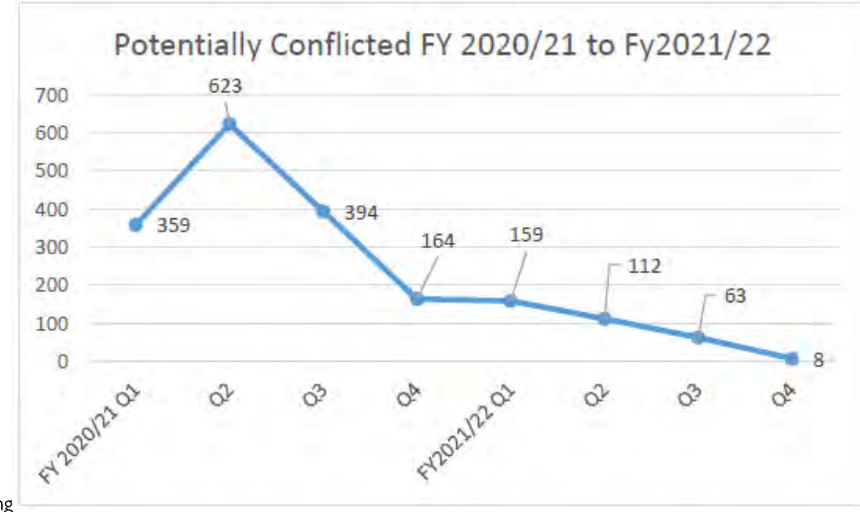
DATE FOR PORFOLIO COMMITTEE MEETINGS	ISSUES FOR CONSIDERATION
22 April 2021	Consideration of the 2021/22 budget vote
28 April 2021	Consideration of the 2021/22 budget vote(special slot)
07 May 2021	Consideration of the 2021/22 budget vote
13 May 2021	Consideration of the 2021/22 budget vote
20 May 2021	Consideration of the 2021/22 budget vote
08 Nov 2021	Consideration both 2020/21 Annual Report and 2021/22 Half – year Financial Oversight Report
09 Nov 2021	Consideration both 2020/21 Annual Report and 2021/22 Half – year Financial Oversight Report
16 Nov 2021	Consideration of the 2020/21 Annual Report
23 Nov 2021	Consideration meeting to update and submit outstanding reports
31 March 2022	Consideration of the 2022/23 budget vote
07 April 2022	Consideration of the 2022/232 budget vote
11 April 2022	Consideration of the 202/23 Budget Vote

8. SCOPA RESOLUTIONS

Date of SCOPA meetings:

- 23 August 2021
- 24 August 2021
- 10 December 2021 (postponed)
- 04 April 2022

THESE ARE 2020/21 SCOPA RESOLUTIONS: -				
Resolution No.	**Subject**	**Details**	**Response by the department**	**Resolved (Yes/No)**
a)	Effective and appropriate steps were not taken to prevent irregular expenditure amounting to R161,7 million, as disclosed in note 26 to the annual financial statements, as required by section 38(1)(c)(ii) of the PFMA and Treasury Regulation 9.1.1. The irregular expenditure is as a result of weak contract management, by non-compliance with supply chain management legislation, conflict of interest and irregular expenditure declared in previous periods. This is a recurring finding.	The Department must put the following preventative controls in place to manage the irregular expenditure: ➢ Due diligence should be exercised to review bids before approval to mitigate against potential irregular expenditure. ➢ Provincial Treasury should be consulted to provide SCM officials with trainings on contract management and proper application of applicable legislation.	The department had an opening balance of  R3 7,976 million for the 2020/21 financial year with R161,7m declared as incurred for the 2020/21 year. Eighty-five percent (85%) of these were related to the extension of contracts. The Department implemented interventions to deal with the prior year's irregular expenditure to strengthen contracts management and controls related to SCM. The outcome has been a consistent decrease in irregular expenditure being incurred, as a result (see graph below of current year IE incurred for each year 2017/18 to date: The 2020/21 year was a 41% improvement on the 2019/20 IE and the 2021/22 is a further 46% improvement on the 2020/21 year. The four issues that resulted in the R83,957m IE of the 2021/22 year all arose from the prior year's (2020/21) extension of contracts. All have been replaced with 36month contracts and the IE for the April 2022 thus far is thus zero to date. Nonetheless, the Department has resolved to remove the GM: Supply Chain Management from the Bid Adjudication Committee for the 2022/23 financial year to conduct the review processes before bids are presented to the BAC for award. This process will help clarify any matters before presentation of Bid Evaluation Committee reports. The Department is working on establishing long term contracts to ensure review processes are done for majority of the spend in the department. The Supply Chain Management workshop was conducted in August 2021 with the districts and facilities, as the delegations have decentralised functions. The Department has commenced the roll out of SCM	No

THESE ARE 2020/21 SCOPA RESOLUTIONS: -				
Resolution No.	**Subject**	**Details**	**Response by the department**	**Resolved (Yes/No)**
		➢ The Department should be emphatic on the seriousness of declaring business interests by implementing consequence management against those that have been found to have conflict of interest.	 training through Provincial Treasury. The Department will work together with Provincial Treasury to increase consultations on matters which might result in the department incurring irregular expenditure. During the 2021/22 financial year, the Department did not incur irregular expenditure as a result of purchase orders issued to conflicted Suppliers. In addition; the Department managed to systematically reduce the number of potentially conflicted officials to zero through the assistance of Provincial Treasury. The eight potentially conflicted for 2021/22: four were removed from the CSD and four were sessional Drs. The findings by AG however remain a possible risk due to the limitations of the CSD system and inability to identify employees of the State working for departments or entities which do not use the PERSAL system.	
		➢ All cases of irregular expenditure must be investigated immediately upon discovery and		

THESE ARE 2020/21 SCOPA RESOLUTIONS: -				
Resolution No.	**Subject**	**Details**	**Response by the department**	**Resolved (Yes/No)**
		investigations must be finalised within 90 days.	STATS FOR 2020/21 AND 2021/22 CONSEQUENCE MANAGEMENT RELATING TO IRREGULAR EXPENDITURE: The department will implement this recommendation fo ll new matters. The cases of irregular expenditure are referred to the internal control unit to determine whether they need to be referred to the labour relations unit or for further investigation through	

STATUS	R'000	No of cases	%
Balance 2021/03/31	197 189	241	
Disciplinary Process (DP) finalised	163 224	207	86%
Awaiting DP	11 893	19	8%
Under investigation	5 307	11	5%
Invalid-removed from the balance	16 764	4	2%
	197 188	**241**	**100%**
Submitted to PT for condonation	137 180	131	54%

Split as follows:	**DP Sanction**	**No of cases**	
Written warning	69 705	94	
DP withdrawn	67 475	37	
Total submitted	**137 180**	**131**	54%
Balance not submitted	**60 008**	**110**	46%

Split as follows:	**Status**	**No of cases**
DC finalised-To be submitted	7 795	14
Under assessment and determination	30 697	87
Invalid- Removed from balance	21 515	9
	60 007	**110**

THESE ARE 2020/21 SCOPA RESOLUTIONS: -				
Resolution No.	**Subject**	**Details**	**Response by the department**	**Resolved (Yes/No)**
			<table><tr><th>Status</th><th>R'000</th><th>No of cases</th></tr><tr><td>IE incurred -current year</td><td>83 957</td><td>53</td></tr><tr><td>Submitted to PT</td><td>60 150</td><td>26</td></tr><tr><td>Referred to Employee Relations</td><td>3 952</td><td>8</td></tr><tr><td>Under assessment</td><td>19 853</td><td>19</td></tr><tr><td></td><td>83 955</td><td>53</td></tr></table> the fraud management un t. This is in terms of the new National Treasury Irregular Expenditure framework. There is a backlog of cases that the department is endeavouring to clear within the 90 days, but there has been some progress in the past year as the department focussed on consequence management. There has been a significant reduction in IE for the 2021/22 financial year to R83,957m with only eight cases needing to be referred to labour relations for further management thus far; the 19 cases are still being assessed.	
b)	Effective and appropriate steps were not taken to prevent unauthorised expenditure amounting to R1,02 billion, as disclosed in note 10 to the annual financial statements, as required by section 38(1)(c)(ii) of the PFMA and Treasury Regulation 9.1.1. The unauthorised expenditure disclosed in the financial statements arose as a result of the overspending of the department's vote and main divisions	The overspending in this Department has started threatening the potential liquidity of the whole province due to Medico Legal Claims. There is a need for prompt implementation and monitoring of the Medico Legal Strategy in order to address challenges at root level.	The Integrated ML Strategy is being implemented and the HOD Health coordinates the monthly performance reporting of the OTP, PT and Health to the Cabinet Budget Committee sub-committee and to the cabinet committee monthly. <u>Background</u> In March 2020 the PFMA section 18-2-g intervention was launched by the Provincial Treasury. Initially the focus of the intervention was to determine the root causes of the liquidity challenges experienced by the Eastern Cape Department of Health (ECDOH). The primary root caused was ultimately determined to be the barrage of 393 Medico Legal claims against the Department amounting to R3.47b. Most of these claims were never funded resulting in an equal amount of accruals accumulating in the financial of the Department. In September 2020 the Medico Legal Claim Project team were established to oversee a number of streams established addressing various weaknesses in the ECDOH that was identified as major contributing factors to the Medico Legal claims. The work of these streams is now integrated into the broader Health Turnaround Strategy (HTS). The purpose of the Health Turnaround Strategy is to guide the department towards the goal of healthy communities, families and individuals served by a digitally enabled, data driven, quality health and care service. With strategic partnerships and collaboration, this envisaged health system will promote health, prevent disease, and provide quality curative, rehabilitative and palliative care. The aim of the Integrated medico-legal Intervention pillar is to stem the outflow of funds through medico-legal settlements and implement an integrated approach to managing and preventing medico-legal claims. The integrated medical legal strategy has four strategic objectives: a) **To stop the outflow of funds** that is caused by writs of execution when there is non-payment of medico-legal settlements. The public health defence launched in November 2021 is a key legal strategy being laid before the Courts, to provide for the care of children with cerebral palsy at identified rehabilitation centres of excellence, rather than making large, upfront medico legal settlements that does not always go to the beneficiary. b) To ensure a **tactical defence against medico-legal claims and a coordinated approach** to managing claims. The department is assisted by the Specialized Litigation Unit of the Office of the Premier. c) To **strengthen the administrative processes associated with medico-legal case management**. The pilot for securing historical patient records has been completed at Frere Hospital during 2021/22. This will be rolled out in the MTEF at the 28 highly litigated hospitals.	No

THESE ARE 2020/21 SCOPA RESOLUTIONS: -				
Resolution No.	**Subject**	**Details**	**Response by the department**	**Resolved (Yes/No)**
	within the vote. This is a recurring finding.		d) To **prevent future medico-legal claims**: a. By improving the quality of clinical services to women mothers and children b. By conducting forensic investigations into suspected fraudulent medico-legal activities, over-reach in billing, and Trust Funds irregularities. The Medico-legal Investigation Unit of the Provincial Treasury is leading this initiative. Criminal cases are now being lodged in alleged fraudulent cases. This will act as a deterrent to unscrupulous attorneys. Both the below court proceedings have together provided temporary relief and contributed to a significantly reduced payment of medico-legal settlements in the 2021/2022 financial year. The projected R1billion additional payment for medico-legal settlements has been effectively contained in this financial year to a payment of R38million. **STAY OF WRITS APPLICATIONS DEFENCE** ECDoH, PT and OTP launched an application to provide for staggered payments instead of upfront lump sum payments. In terms of this application to court, the EC Province is requesting that **current judgement debts be paid in instalments with a R 500 000 initial instalment and thereafter annually** in an amount as determined by the PT, over a **period ranging from 12 months to 8 years**. This is to alleviate the burden on the budget. The Writs Application court case proceeded in the Grahamstown High Court from 11-14 April 2022, with Advocate Bawa SC representing the State. The judgment in this matter is still pending. The department is now embarking on payment of the instalment for all other cases whilst waiting for the final judgment on the writs applications. All other cases except those of Nonxuba will be processed on /or before the 31 May 2022 as per the advice by our legal team At the end of January 2022, there were **51 orders granted against the Department with a total value of R322, 6 million**. Three partial payments of R500 000.00 each have been made by the department to the **total value of R1.5 million since 01 December to 31 March 2022**. R38 million has **been paid in total during the 2021/22 financial year**, which occurred prior to the afore-mentioned order. **PUBLIC HEALTH CARE DEFENCE** The department is working closely with the Specialised Legal Unit (SLU) at OTP and PT to improve the legal management of cases. Pre-trial processes for the **Noyila Case** in pursuit of the Constitutional Public Health Defence, were initiated on the 11 November 2021, with the **full trial commencing on the 16th November 2021**. The Department is represented by Senior Counsel, Alan Dodson. The Head of Department took the stand, along with the Rehabilitation and Provincial Treasury factual witnesses. The matter was postponed and reconvened before the court 11-29 April 2022. The State expert witness and factual witness took the stand, and the State also cross-examined the opposing counsel expert. Several important concessions had to be made by their expert witness due to the thorough preparation by Senior Counsel, assisted by the Departmental team pre- and during trial. The Noyila matter has been postponed to 29 August 2022 and will continue for 2 weeks. In these instances, the department seeks to offer services to CP children in lieu of the lump sum payments and undertakes to pay where the State does not provide a particular service. The department is working tirelessly to ensure readiness of these CP units as this is one of key success factors for the Province in its bid to provide service in lieu of future medical care expenses.	

THESE ARE 2020/21 SCOPA RESOLUTIONS: -				
Resolution No.	**Subject**	**Details**	**Response by the department**	**Resolved (Yes/No)**
			Outcome of the Claim Payment Data Project The service provider, Ernest & Young (E&Y) were appointed in June 2021 and the work was complete in March 2022. The Claim Payment Data Project assisted the Section 18(2)(g) intervention through the capture of important information to be used for the analysis of medico-legal litigation information so that **trends and patterns could be identified**. These results were intended to inform and guide the intervention as it continues to **make systemic improvements** within the clinical, legal and administrative environments of EC Health. The final database, signed off by E&Y, showed: • 372 of the 413 claims relate to medico-legal payments. • The total value of payments was R3,472,809,288.27 and reduces to R3,451,181,000.02 for medico-legal only. • 191 Claims were identified for further review to determine possible accountability for clinical negligence and • 116 Claims were identified for review to determine possible accountability for administrative and/or legal negligence. The Medico-Legal Unit (MIU) is a virtual structure created as part of the Section 18-2-g intervention and has been created under the supervision of the Treasury Forensic Audit Unit (FAU). It has a limited lifespan responsible for investigating decided matters, with three focus areas: • **Category 1**: Referred Cases – Investigating cases where there is prima facie evidence of	

THESE ARE 2020/21 SCOPA RESOLUTIONS: -				
Resolution No.	**Subject**	**Details**	**Response by the department**	**Resolved (Yes/No)**

Cat	FY	Name of Project	Description	Outcome
1	20/21	Pinini Matter	Allegation that an DOH employee touted for an Attorney	Employee cleared
1	21/22	Analyse Historical Claims	Capture 412 paid medico-legal claims worth R3.4b and source missing information for e-Liability register.	Capturing completed – eLiability to be updated a total of 393 cases has been identified as medico legal.
1	21/22	Analysis of Historical Claims	Updating eLiability with information from the capture of 393 paid medico-legal claims worth R3.4bn.	Updated eLiability with results
2	19/20	PAIA claims	Created a database of 13000 lines of PAIA claims paid to identify fraudulent claims (Input information for future investigations)	**2 Cases Opened** (Madeira CAS 266/03/2020 & CAS 267/03/2020), **PAIA cases dropped from 60/dayu to 2/day**
2	20/21	Cost Orders	Fieldwork to assist with finalising 43 medico-legal investigations (Emanating from PAIA claims)	**10 cases to be opened, affidavits being drafted** - target date 30 Apr 2022
2		Investigate Cost Orders	Investigation ±80 cost orders relating to 4 attorney firms	**Referral to DPCI in progress**. **Finalising complainant affidavits** to be presented to DOH SG.
2		Investigate Cost Orders	Investigation ±300 cost orders relating to **12 attorney firms**	Targeted completion date 31 May 2022
3	21/22	Investigate Trust Cases	Investigation of **220 trust cases** to assess flow of benefits to claimants	Trust cases review completed – 82 Cases flagged for further investigation
3		Investigate Trust Cases	Referral of 25 attorneys to LPC for misconduct (delayed registration of trusts)	Targeted completion date 31 May 2022

Intial criminality in cases

- **Category 2**: Cost Orders – Investigating excessive legal costs (aka Overreaching)
- **Category 3**: Medico Legal Trusts: Beneficiaries not receiving benefits awarded

The work of the Medico-legal Investigation Unit (MIU) of PT continues with the Forensic Audit unit (FAU) mainly making use of outsourced resources, supervised by the FAU team, referred to as Forensic Service Providers (FSPs). The FAU also conducts investigations, referred to as

THESE ARE 2020/21 SCOPA RESOLUTIONS: -				
Resolution No.	**Subject**	**Details**	**Response by the department**	**Resolved (Yes/No)**
			insourcing. Work completed to date:	
c)	The financial statements submitted for auditing were not prepared in accordance with the prescribed financial reporting framework as required by section 40(1) (b) of the PFMA. Material misstatements identified by the auditors in the submitted financial statements were not adequately corrected, which resulted in the financial statements receiving a qualified audit opinion.	Evidence of trainings conducted on officials charged with the responsibility of compiling Financial Statements must be submitted within 30 days of adopting this report. The submission should include reasons why misstatements identified by the Auditor-General were not corrected before the financial statements were closed off.	Departmental training on the AFS plan and processes occurred on 29 March 2022. The 2021/22 Modified Cash Standards training was received on 21 April 2022 from Provincial Treasury. The reason why misstatements identified by the AG were not corrected before the AFS were closed was due to the misstatements contained in the contingent liabilities register, which eventually resulted in the qualification. The contingent liability correction was planned and progress on the plan was monitored on a weekly basis during the 2021/22 financial year.	No
d)	There was insufficient evidence that the performance of the programmes funded by the National Tertiary Services Grant was evaluated, as required by section 11(6) (a) of Dora.	The rotation of officials' work schedules because of Covid-19 can never be an acceptable reason for lack of monitoring and evaluation. The Department must hold the line managers responsible for that line function accountable and consequence management must be applied.	The importance of complying fully with the reporting requirements is acknowledged and will henceforth, be closely adhered to. The Department has since been back on line and is fully complying with the reporting requirements as per section **12(5) of Dora**. The delayed report submission was discussed with the national department of health, and reports were submitted unapproved in mitigation and were eventually approved and submitted after the year end closure. Proof of submission attached.	Yes
e)	There was insufficient appropriate evidence that the	A report on the reinstatement of the trainee artisans and clinical engineers must be	The process of reinstating the artisans and clinical engineering technicians was initiated; adverts and interviews were done. Some of the trainees have been appointed but others were not concluded hence the delay in submitting the report. We further requested for an extension to conclude the process and further compiled a detailed report on the recruitment process. The importance of complying fully with the reporting requirements is acknowledged and will henceforth, be closely monitored and adhered to. The	Yes

THESE ARE 2020/21 SCOPA RESOLUTIONS: -				
Resolution No.	**Subject**	**Details**	**Response by the department**	**Resolved (Yes/No)**
	performance of the programmes funded by the Health Facility Revitalization Grant, the National Health Insurance Grant, and the Expanded Public Works Programme Integrated Grant was evaluated, as required by section 12(5) of Dora.	submitted to the Committee within 30 days of adopting the report. The Department must further implement consequence management against the officials responsible for the contravention of section 12(5) of Dora.	Department has since been back on line and is fully complying with the reporting requirements as per section **12(5) of Dora**. Since July 2021, the consequence management committee, chaired by the Accounting Officer, has met regularly to track financial and non-financial misconduct cases. This marked improvement in tracking consequence management cases will, in this year, see system maturity through consolidation of all related matters i.e. financial disclosures, employee doing business with the state, financial misconduct as well as general misconduct.	
f)	Payments were not made within30 days or an agreed period after receipt of an invoice as required by Treasury Regulation 8.2.3. This is a recurring finding.	This finding has resulted in the increase of the Departments' payables and accruals. The Department must continue to implement diligently the Medico legal Strategy to improve its liquidity. The Provincial Treasury must consider the possibility of a partial takeover of certain functions within this Department until significant change is realised.	As indicated above, the department identified critical areas of intervention. The Department has also worked on bolstering its internal capacity to manage medico-legal claims. The department has advertised for the Legal Panel of Service Providers to bolster the capacity of SLU and also Office of the State Attorney in Mthatha. The advert has since closed,however, the Concourt decision on government bids has also affected the finalisation of this process. The department is now approaching the National Treasury for exemption. The approval of extension for NRF Contract has ensured stability in management of the cases that are already in the courts. Direction on the government bids has a huge impact on ECDOH's ability to diversify its support from external service providers	No
g)	Bid documentation for procurement of commodities designated for local content and production, did not stipulate the minimum threshold for local production and content as required by the	Decentralisations of functions to districts and facilities should have been immediately trailed by a roll out of trainings and workshops to make certain that functions are performed as legislated.	Supply Chain Management conducts workshops for employees and suppliers across the Districts. The SCM function in the department has a vacant posts which can contribute to weaknesses in some of the processes. Provincial Treasury previously conducted a study into the vacancy rate within SCM and the report presented affirmed the risk identified by the Department. The Department has, however, through the SMS rationalization process identified opportunities to fill critical Head Office SCM vacancies, whilst the ARP 2022/23 is being used to fill posts within facilities and districts. The service delivery optimization engagement that will be commencing in 2022/23 will also address restructuring the service delivery platform so that there is optimal distribution and use of available resources; and digitilisation to introduce efficiencies and minimize labour intensive manual processes. Training interventions were done and includes the capacitation of Interns who are not permanently employed by the Department.	Yes

THESE ARE 2020/21 SCOPA RESOLUTIONS: -				
Resolution No.	**Subject**	**Details**	**Response by the department**	**Resolved (Yes/No)**
	2017 preferential procurement regulation 8(2).		The Department uses the weekly procurement requests to review compliance to minimize the impact of staff shortages. The workshops were conducted for the 2021/22 financial year and scheduled for the current year in September 2022. The Department has resolved to review the capacitation across the Chief Financial Officer branch to analyse possibility of shared services as a result of the high vacancy rate and required deliverables.	
h)	Some of the contracts were extended or modified without the approval of a properly delegated official as required by section 44 of the PFMA and Treasury Regulations 8.2.1 and 8.2.2. Similar non-compliance was also reported in the prior year. These positions (Contracts Management) have been vacant for more than two financial periods and the approval of contracts by officials not properly delegated places the Department at risk of corrupt practices.	An application to the PCMT must be submitted to have the positions funded and advertised. This should be treated as a matter of urgency.	Two officials have been identified through the SMS rationalization process to be deployed into these two Head Office Positions.	Yes
i)	The Department's compliance monitoring processes were not effective to ensure compliance with legislation.	Controls must be reviewed quarterly to test effectiveness. These tests should also be used to identify capacity and skills gaps within the Department and	Internal Audit Control Unit within finance is being capacitated to review the internal financial policies and controls on a regular basis. This involves re-orientating them from a pre-audit outlook to be more internal policy and control review focused to anticipate risks and therefore inform strategies and operational direction.	No

<table>
<tr><th colspan="5">THESE ARE 2020/21 SCOPA RESOLUTIONS: -</th></tr>
<tr><th>Resolution No.</th><th>Subject</th><th>Details</th><th>Response by the department</th><th>Resolved (Yes/No)</th></tr>
<tr><td></td><td></td><td>workshops and training must then be facilitated as such.</td><td></td><td></td></tr>
<tr><td>a)</td><td>Unauthorized expenditure arose through the settlement of unbudgeted medico-legal claims, including interest by the Department amounting to R921.438 million (R919.081 million are medico legal claims paid for the 2020/21 year) and COE overspending by a net amount of R173.46 million.

This was caused by the first 2020/21 adjusted budget wage freeze of R1.017 billion cushioned by R742.820 million, resulting in a net reduction of COE equitable share of R274.803 million. There was also a net reduction of COE equitable share of R449.90 million during the same adjustment budget which caused pressure on the COE baseline – which had a</td><td>The Committee recommends that the Department of Health unauthorized expenditure for the 2018/19 (R648.647 million), 2019/20 (R598.224 million) and 2020/21 (R1.018.215 billion) financial years, amounting in total to R2.265.086 billion be deferred and considered again after a period of 12 months, largely due to the incomplete forensic investigations, as already highlighted above.</td><td>The Department continues working closely with Provincial Treasury to complete its forensic investigations, which is currently summarized as follows:-

In March 2020 the PFMA section 18-2-g intervention was launched by the Provincial Treasury. Initially the focus of the intervention was to determine the root causes of the liquidity challenges experienced by the Eastern Cape Department of Health (ECDOH).

The primary root caused was ultimately determined being the barrage of 393 Medico Legal claims against the Department amounting to R3.47 billion. Most of these claims were never funded resulting in an equal amount of accruals accumulating in the financial of the Department.

In September 2020 the Medico Legal Claim Project team was established to oversee a number of streams established addressing various weaknesses in the Department that were identified as major contributing factors to the Medico Legal claims.

The Medico-Legal Unit (MIU) is a virtual structure created as part of the Section 18-2-g intervention and has been created under the supervision of the Treasury Forensic Audit Unit (FAU). A project called the “Historical Payment project” was initiated, recently renamed the “Claim Payment Data Project” with the objective to appoint a service provider to analyse all available records to determine the status of records and what information is available which will engage the MIU to assign the cases to the various investigation categories.

The service provider (EY) was appointed in Jun 2021 and the work was complete in March 2022. The Claim Payment Data Project assisted the Section 18(2)(g) intervention through the capture of important information to be used for the analysis of medico-legal litigation information so that trends and patterns could be identified. These results were intended to inform and guide the intervention as it continues to make systemic improvements within the clinical, legal and administrative environments of the Department.

The final database, signed off by EY, showed only 372 of the 413 claims relate to medico-legal payments. The total value of payments was R3, 472,809,288 and reduces to R3,451,181,000 for medico-legal only. As much as the database in its current format contains key statistical information linked to evidence in the form of court orders and judgements, there remains an element of incompleteness due to not all the files containing the judgements.

To understand the nature of the court orders and guide the analysis, the FAU performed an in-house detailed review of the database to answer specific questions, which was to form the basis for scoping a Phase 2 of the “Claim Payment Data Review” project to specially identify the reasons for “loosing” the cases. Of the original 413 payments 372 medico-legal claims, with no records found for 10 claims (worth R2, 499,319). The 362 remaining claims could be summarised as follows (Called “the 6 questions analysis”):
<table>
<tr><th>#</th><th>Query</th><th>Yes</th><th>No</th></tr>
<tr><td>1</td><td>For how many of these claims paid were made pursuant to final court orders?</td><td>314</td><td>48</td></tr>
<tr><td>2</td><td>For how many of these final court orders was a detailed judgement given?</td><td>20</td><td>294</td></tr>
<tr><td>3</td><td>For how many of these were the merits defended?</td><td>214</td><td>100</td></tr>
<tr><td>4</td><td>For how many of these was the quantum defended?</td><td>220</td><td>94</td></tr>
<tr><td>5</td><td>For how many were settled i.e. the number of cases where a settlement offer was made to resolve the merits and the quantum simultaneously?</td><td>71</td><td>243</td></tr>
<tr><td>6</td><td>For how many of the cases in para 4.5 above was the Accounting Officer’s approval obtained prior to a settlement being reached?</td><td>7</td><td>64</td></tr>
</table></td><td>No</td></tr>
</table>

<table>
<tr><th colspan="5">THESE ARE 2020/21 SCOPA RESOLUTIONS: -</th></tr>
<tr><th>Resolution No.</th><th>Subject</th><th>Details</th><th>Response by the department</th><th>Resolved (Yes/No)</th></tr>
<tr><td></td><td>significant effect on the operations of the Department by cutting against fixed personnel that were already on the payroll.</td><td></td><td>
A reconciliation of the above to identify the claims that require further investigation is as follows:
<table>
<tr><td>Total number of Claims</td><td>413</td></tr>
<tr><td>Not Medico Legal (according to EY)</td><td>(20)</td></tr>
<tr><td>Medico Legal Claims (as per EY)</td><td>393</td></tr>
<tr><td>Not Medico Legal Claims (since revised by ECDOH)</td><td>(21)</td></tr>
<tr><td>Medico Legal Claims within Scope</td><td>372</td></tr>
<tr><td>No Supporting Documentation</td><td>(10)</td></tr>
<tr><td>Analysed i.t.o. 6 Questions above</td><td>362</td></tr>
<tr><td>Less Interim Judgements (Open Cases)</td><td>(48)</td></tr>
<tr><td>Analysed i.t.o. Questions 2 to 6 above</td><td>314</td></tr>
<tr><td>Merits and quantum defended (To be recommended to SCOPA as legitimate court orders and to be analysed further in Phase 2 for clinical negligence)</td><td>(191)</td></tr>
<tr><td>Conceded for some or other reason</td><td>123</td></tr>
<tr><td>Merits & Quantum conceded with SG approval</td><td>(7)</td></tr>
<tr><td>To be investigated for Administrative or Legal Negligence</td><td>116</td></tr>
</table>
In summary, 191 Claims were identified for further review to determine possible accountability for clinical negligence and 116 Claims were identified for review to determine possible accountability for administrative and/or legal negligence.

The total amount paid pursuant to final court orders for 362 medico-legal matters has been calculated as R3,281,677,019. This amount has been calculated to comprise R3,187,051,283 of capital amounts awarded and R111,907,566 of interest paid due to late payment of the capital amounts.

Phase 2 analysis of the documentation will answer the following questions:
<table>
<tr><td>i</td><td>How and why did each claim happen?</td></tr>
<tr><td>ii</td><td>Who was involved?</td></tr>
<tr><td>iii</td><td>What accountability systems have been invoked by DOH, and if not, why not?</td></tr>
<tr><td>iv</td><td>Where merits were conceded without the Accounting Officer's approval, who made the decision to settle?</td></tr>
</table>
Provincial Treasury estimates the Phase 2 of the "Claim Payment Data Review" project will take 125 working days (6 months). The process has been initiated to obtain authorisation to initiate this project.
</td><td></td></tr>
</table>

9. PRIOR MODIFICATIONS TO AUDIT REPORTS

The 2020/21 audit outcome included a qualification on the opening balance of the Contingent liabilities. In the auditor's opinion the register that supports the disclosure of the opening balance was not adequately maintained resulting in an understatement of the amount disclosed in the Annual Financial Statements of R 1,97 billion.

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

The 2021/22 Integrated Audit Improvement Strategy (IAIS) encompassed financial and performance information improvements in the department and not just specific previous audit qualifications. The Audit Improvement Plan (AIP) was required by Provincial Treasury on a monthly basis, it was based on the previous audit report and was a separate but a complementary document to the IAIS. The IAIS was comprised of the AIP; AOPO; Information Systems Audit (ISA); Medical Records, Infrastructure, Radiology Equipment and Maternal; Standing Committee on Public Accounts (SCOPA) recommendations; Financial Management Capability Maturity Model (FMCMM) and the Annual and Interim Financial Statements (IFS) Plan.

The IAIS assigned specific responsibilities to GMs + DMs + CEOs in the department with time frames and reporting framework. The GMs, DMs and CEOs were vested with authority and are in strategic positions to implement, monitor and report vertically (to DDGs and SG) and report horizontally, hence they were the drivers and implementers of the IAIS.

Nature of qualification, disclaimer, adverse opinion and matters of noncompliance	Financial year in which it first arose	Progress made in clearing / resolving the matter
Inadequate maintenance of the contingent liability register	2018/19	Controls have improved, the register has been digitised with claim documentation scanned onto the system. Differences in interpretation of the departmental accounting policy were however still raised by the AG.
38. The financial statements submitted for auditing were not prepared in accordance with the prescribed financial reporting framework as required by section 40(1)(b) of the PFMA. Material misstatements identified by the auditors in the submitted financial statements were not adequately corrected, which resulted in the financial statements receiving a qualified opinion.	2018/19	This finding was due to the above qualification on the contingent liabilities. It will be resolved once the qualification is resolved.
37. Specific information systems were not implemented to enable the monitoring of progress made towards achieving targets, core objectives and service delivery as required by public service regulation 25(1)(e)(i) and (iii).	2016/17	Controls have improved, the matter had however not been cleared by the end of 2021/22
42.Some of the contracts were extended or modified without the approval of a properly delegated official as required by section 44 of the PFMA and treasury regulations 8.2.1 and 8.2.2	2017/18	Controls have improved, and the matter been cleared by the end of 2021/22
34. Effective and appropriate steps were not taken to prevent unauthorised expenditure	2018/19	The matter had not been cleared by the end of 2021/22 due to funding shortages
35. Effective and appropriate steps were not taken to prevent irregular expenditure, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1 . The majority of the irregular expenditure was caused by non-compliance with supply chain management legislation.	2020/21	Controls have improved, the matter had however not been cleared by the end of 2021/22
36. Payments were not made within 30 days or an agreed period after receipt of an invoice, as required by treasury regulation 8.2.3	2017/18	The matter had not been cleared by the end of 2021/22 due to funding shortages
39. I was unable to obtain sufficient appropriate audit evidence that the performance of the programmes funded by the National Tertiary Services Grant was evaluated, as required by section 11(6)(a) of the Division of Revenue Act (Act 4 of 2020)	2020/21	Controls have improved, and the matter been cleared by the end of 2021/22
40. I was unable to obtain sufficient appropriate audit evidence that the performance of the programmes funded by the Health Facility Revitalization Grant, the National Health Insurance Grant and Expanded Public Works	2020/21	Controls have improved, and the matter been cleared by the end of 2021/22

Nature of qualification, disclaimer, adverse opinion and matters of noncompliance	Financial year in which it first arose	Progress made in clearing / resolving the matter
Programme Integrated Grant was evaluated, as required by section 12(5) of the Division of Revenue Act (Act 4 of 2020).		
41. In some instances, bid documentation for procurement of commodities designated for local content and production, did not stipulate the minimum threshold for local production and content as required by the 2017 Procurement Regulation 8(2).	2020/21	Controls have improved, and the matter been cleared by the end of 2021/22

10. INTERNAL CONTROL UNIT

The Internal Control Unit (ICU) continued to support the Chief Financial Officer (CFO) in discharging his duties in terms of Chapter 2 of National Treasury Regulations. This function is beginning to find more traction in the department which started by the direct reporting and support to the CFO, providing it with much needed independence and objectivity to conduct its work without hindrance or interference from line management. This has bolstered the confidence to embark on exploring projects which have not been there before like the introduction of a risk-based approach to financial reporting with the purpose of achieving a clean audit in the future.

The ICU is of the view that a more proactive approach, rather than the reactive approach of responding to audit findings by means of the Audit Improvement Plan, (much as this has its own importance in tracking audit findings), but there is a need to understand the regulatory environment followed by the compliance obligations the accounting officer responsibilities in terms of the PFMA,1999 as amended, which then assists in identifying and assessing compliance risks. As a start to achieve this the unit has drafted and presented to management an Internal Control Framework(IC) and a Compliance Charter.

The IC framework is aimed at providing a broader perspective on internal controls with the main focus on preventative controls and elements that contribute to the effectiveness of such controls. The target for now is financial management including SCM as the focus is more on the financial reporting framework to achieve the fair presentation of financial statements in accordance with generally recognised accounting practice (GRAP- Section 40(4)(b) of the PFMA). The Compliance Charter mainly highlights the status and authority of the pre-audit function which monitors compliance of financial transactions to the regulatory requirements.

In terms of the above the aim is to reduce and ultimately eliminate incidents of financial misconduct in the form of irregular, fruitless and wasteful expenditure. However, when these have occurred, the ICU ensures that there is consequence management against those who violated the applicable legislation that resulted in the irregular expenditure.

The table below illustrates trends of irregular expenditure over the past five years:

	Y1	Y2	Y3	Y4	Y5
RECONCILIATION FOR YEAR ENDED	2017/18	2018/19	2019/20	2020/21	2021/22
OPENING BALANCE	64.299	283.015	81.109	397.976	197.186
INCURRED	237.563	228.560	338.115	161.572	82.227
PRIOR YEAR IRREGULAR EXPENDITURE	11.081	13.104	72.354	5.034	20.975
CURRENT YEAR IRREGULAR EXPENDITURE	255.628	295.354	265.761	156.538	83.957
ADJUSTMENTS	29.146	79.898	-	-	22.705
CONDONATIONS	18.847	430.466	14.167	362.362	205
RECOVERY	-	-	7.081	-	-
CLOSING BALANCE	283.015	81.109	397.976	197.186	279.208

The main driver of irregular expenditure for the department, about 80% of the balance, relates to contracts extended above the 15% threshold set by National Treasury as per Instruction Note 3 of 2016/17. The Instruction Note requires that extensions in excess of 15% of the original value of the contract must be approved by the relevant treasury. The irregular expenditure is incurred due to continued payments to service providers whilst awaiting the treasury approval which in most cases is not granted.

The other main driver are deviations, about 15% of the balance, which do not meet the requirements stipulated in Treasury Regulation 16A6.4 on the impracticality to invite competitive bids. Such deviations were mainly due to procurement of

surgical implants using a deviation granted by Provincial Treasury whose period expired before the finalisation of the bidding process for new contracts. This affected the three Tertiary Hospitals, i.e. Frere, Livingstone and Nelson Mandela Academic Hospitals. Another significant deviation resulted from a Public-Private Partnership (PPP) involving the Port Alfred and Settlers Hospitals. The private partner to the PPP pulled off from the contract without a warning and this left the hospitals having to continue paying service providers without valid contracts in place hence taking the deviation route to enable continued procurement and payment to avoid the disruption of critical health services.

The table above depicts a declining trend in the incurrence of irregular expenditure year on year over the past five-year period, from R273,563 million in 2017/18 to R82 227 million in the year under review,2021/22. The bulk of the irregular expenditure incurred in Year 5 does not represent new irregular expenditure, but an overlap of payments from incidents discovered in the previous year, where multi-year contracts were still being extended. In addition to this as at 31 March 2022, the department had applied to Provincial Treasury for condonation of an amount of R205 133 million (from the closing balance as depicted in 2021/22 of R279 208m) where investigations and consequence management processes were already finalised. Prior year condonations amounted to R363 million as shown in the reconciliation of the 2020/21 financial year. The section of financial information in this annual report will indicate the final figure of irregular expenditure as a disclosure note to the audited annual financial statements.

The Internal Control Unit can confirm that the department has strengthened preventative controls in the Supply Chain Management (SCM) environment to reduce and eventually eliminate incidents of irregular expenditure as evidenced by the declining trend of incurrence. The ICU continues to monitor SCM processes through being involved as support and guidance in the bid evaluation processes, the pre-audit of procurement transactions prior to being processed in the procurement system, LOGIS, issuing of circulars and providing workshops on the prevention of irregular expenditure.

Other controls that can be highlighted are the weekly scheduled sittings of the Bid Adjudication Committee (BAC) meetings thus monitoring and preventing the potential areas of irregular expenditure occurring. The management of contracts for security services, which has been a major source of irregular expenditure has greatly improved through monitoring of procurement plan implementation. The scheduled Consequence Management Committee meetings chaired by the Accounting Officer, wherein the potential areas of irregular expenditure are discussed ensuring that there is effective and appropriate implementation of consequence management that enables the condonation by Provincial Treasury.

Fruitless and wasteful expenditure (F&WE) incurred in the current financial year amounted to R4,384 million with the bulk of this being interest on late payments to service providers. Due to settlement of unbudgeted court orders for medico-legal claims, the budget of the department gets depleted earlier than anticipated resulting in the delay of payments to other service providers.

An audit adjustment of the fruitless and wasteful expenditure balance was made in the financial year under review to correct the classification of interest paid with the medico-legal settlements. The department had previously disclosed this amount as fruitless and wasteful expenditure under assessment and determination as it was awaiting legal opinion from the State Attorney to confirm liability of officials. This is required in terms of treasury regulation 12.2.2 which requires that the accounting officer seeks legal opinion from the State Attorney if uncertain about liability in law.

The table below shows the interest incurred by the department on the settlement of medico-legal claims over the years which has been brought forward to the financial year under review.

11. INTERNAL AUDIT AND AUDIT COMMITTEES

INTERNAL AUDIT

The internal audit function operates independently and unimpeded by operational management. This is achieved through the function reporting administratively to the Accounting Officer & Head of Department and functionally to the Audit Committee.

Internal Audit has unrestricted access to all records and employees of the Department, including the Member of Executive Council, Head of Department & Accounting Officer, Members of the Audit Committee as well as Executive and Top Management. Following all audits conducted, as and when necessary, Internal Audit recommends improvements in the systems of internal control and accounting practices based on audits conducted. The plans take cognisance of the relative degrees of risk of each function or aspect of the department.

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

The Unit has conducted its activities in terms of an approved Internal Audit Plan, with most of the activities being assurance reviews. In total, twenty-two (22) reviews were planned and, as at year-end, the audit plan was substantially completed. The plan was developed based on a risk assessment process, which was conducted with management of the Department. The scope, timing of activities and sites visited were agreed with management prior to the commencement of the audits. The plan received the endorsement of the Audit Committee but was amended as and when necessary, during the year to consider specific requests made by Executive Management.

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

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

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

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

12. AUDIT COMMITTEE REPORT

Introduction

We are pleased to present our report for the year ended 31 March 2022.

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

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

Structure of Meetings

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

Meetings of the Committee were held as scheduled and planned using the virtual platform.

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

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

After serving as Audit Committee chairman for the last six years, Ms. I Kriel resigned on the 2nd February2022 to pursue other endeavours. Management expressed appreciation for the valuable input and guidance provided by her during her tenure. Similarly, Member Dr. T Mjekevu retired on the 31 May 2022. Ms. Loren Smith was appointed as Acting Audit Committee Chairperson on the 3 February 2022

The Department is in the process of filling the vacancies.

The following is a schedule of meetings attended by the committee members for the year ended31 March 2022

Committee members and meetings

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

The individual members satisfy the requirements to serve as members of an Audit Committee as provided in section 76 and 77 of the PFMA and have adequate knowledge and experience. The composition of the committee and the attendance at the meetings by its members for the period 1 April 2021 to 31 March 2022 are set out below. The committee meets quarterly.

The members are:

Name	Qualifications	Internal or external	If internal, position in the department	Date appointed
Ms Ingrid Kriel (Chairperson)	*CA (SA)*	External	N/A	1 April 2021, Resigned 02 February 2022
Ms Loren Smith (Acting Chairperson) *	*CA (SA), RA*	External	N/A	1 April 2021
Ms Refiloe Khwela *	*CA (SA)*	External	N/A	1 April 2021
Dr Thobekile Mjekevu #	*MBChB*	External	N/A	1 April 2021, Retired 31 May 2022
Mr VuyolwethuTshangana*	B Proc; LLM	External	N/A	1 April 2021

* The members were appointed in May 2018 and are now serving their second term having been reappointed in April 2021

Dr T Mjekevu retired on the 31 May 2022 after serving two full terms.

Members I Kriel and Dr T Mjekevu had served their full two terms but were granted an extension to August 2021 and later May 2022 to allow the department time to fill vacancies and allow for a seamlesstransition to the new Committee.

Committee meetings were held as below:

Member	06/04/2021	11/06/2021	26/05/2021	27/05/2021	27/08/2021	19/11/2021	10/03/2022	30/03/2022
Ms. Ingrid Kriel (Chairperson)	√	√	√	√	√	√	Resigned	Resigned
Ms Loren Smith	√	√	√	X	√	√	√	√
Ms. Refiloe Khwela	√	√	√	√	√	√	√	√
Dr Thobekile Mjekevu	√	√	√	√	√	√	√	√
Mr Vuyolwethu Tshangana	√	√	√	√	√	√	√	√

Key

√ = Present

X = Apology

Audit Committee Responsibility

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

The Audit Committee assists management in discharging its duties by independently monitoring and advising on the adequacy and effectiveness of governance, controls, and risk management. These include internal financial and operational controls to ensure that assurance services and functions enable an effective control environment and that these support the integrity of information produced incompliance with applicable legal and regulatory requirements.

During the 2022 financial year, the Department was recovering from the effects of the COVID 19 pandemic where, its agility and responsiveness to adapt its processes and controls had been tested tounprecedented levels. While evaluating, monitoring, and mitigating risks brought about by the COVID-19 Pandemic, the Audit Committee continued to exercise oversight to ensure business continuity is maintained.

Duties and responsibilities

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

EXECUTION OF FUNCTIONS

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

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

External Auditors

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

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

Internal Audit

The Committee has performed the following during the year under review:

- Reviewed and evaluated the effectiveness of the internal audit, financial risk management andother compliance functions.
- Considered the effectiveness and independence of the internal audit function, its impact as a third line of assurance and monitored adherence to the annual internal audit plan.
- Reviewed the continued embedment of the third line of defence as a central reporting functionand its effective positioning within the Department.
- Reviewed the performance of the Chief Audit Executive and confirmed that she had the requisite skill, experience, human resources, and budgetary support from the Department to successfully execute her mandate in the year under review.
- Confirmed/Approved the Internal Audit Charter and Internal Audit Plan.
- Recommended the Audit Committee Charter to the Accounting Officer for approval.
- Ensured the responsiveness of the Internal Audit coverage plan to the outcome of riskassessment and the three-year rolling plan.
- Reviewed the reports of Internal Audit detailing their concerns from audits conducted and the appropriateness of responses from management.

- Monitored the activities of the internal audit function, including its annual work programme, coordination with the external auditors, the reports of significant recommendations and the responses of management to these recommendations.
- Monitored and reviewed the staffing, work plan, resources, and activities of the internal audit function.
- Obtained appropriate evidence to satisfy ourselves that the finance function fulfilled its mandateappropriately.
- Reviewed the critical matters raised by Internal Audit function, obtained, and evaluatedmanagement's action plans to address those matters and assessed the adequacy of actions toresolve the issues appropriately and sustainably.
- Reviewed the results of the external quality assurance review performed on the function, to validate that the governance, processes, and management thereof and ensured the quality of work delivered by the function is at the requisite level as required by International Standards for the Professional Practice of Internal Auditing.
- Considered the effectiveness of the combined assurances provided by all the lines of assurance, through a review of management's representations and attestations, reports from the risk and compliance function and other similar second lines of assurance, together with anevaluation of the assurance of third lines, namely external and internal audit functions
- Considered the organisational and functional independence of Internal Audit and is satisfied that Internal Audit has the necessary standing and authority to discharge its responsibilities.
- The Committee has similarly considered the effectiveness of the Internal Audit Function and adherence to the annual internal audit plan and are satisfied that the Internal Audit Function isoperating effectively and that it has addressed the risks pertinent to the Department in its audits.The Internal Audit function has adhered to the approved Internal Audit plans and has completedthe 2021/22 Annual Internal Audit Plan as approved by the Audit Committee.

We have met with Internal Audit and management in between scheduled normal committee meetings to receive updates on how the department is managing the additional risks posed by the COVID-19 Pandemic. Meetings were also held with Internal Audit to ensure that the function executed its duties effectively and objectively from management. At its quarterly meetings, the Committee reviewed the summary reports presented by Internal Audit, including management responses and action plans, and are satisfied with the quality of recommendations put forth. We are similarly satisfied with the content and quality of quarterly reports prepared and issued by the internal auditors of the Department during the year under review.

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

Due to the State of Disaster and COVID-19 Pandemic, contact training sessions were cancelled for most part of 2022 and contact sessions were only held in the fourth quarter of 2022

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

The Committee continues to be concerned at the lack of Information Technology (IT) and Clinical Capacity within the Unit. The Committee has thus advised the Department to consider supporting Internal Audit with co-sourced capacity to ensure these critical business processes find space in the internal plan in future years.

The Audit Committee is satisfied that the Internal Audit Function maintains an effective internal quality and assurance program that covers all aspects of the Internal Audit Activity.

This was confirmed by an external quality review (QAR) conducted on the Internal Audit Activity (IAA) by an external assessor in February 2022 where the ECDoH (IAA) received yet again a Generally Confirms (GC) rating which is the highest rating of conformance to be awarded.

The Committee will continue to monitor measures put in place by the Department to ensure maintenance of quality standards, sufficient audit coverage and adequate provision of skills and capacity to conduct the audit reviews.

Financial Statements, accounting practices and other financial matters

- Reviewed the Annual Financial Statements and Performance Information prior to submission forthe annual audit and approval by the Superintendent General.
- Commented and advised on the going concern status of the Department and the quality andreliability of monthly in year and monitoring reports submitted to Provincial Treasury.

- Reviewed reports and advised on measures to ensure the effectiveness of the internal controlsystems.
- Reviewed management reports to obtain assurance on adequacy, reliability and accuracy of thefinancial information provided to management and other users of such information.
- Provided advice on accounting and auditing concerns identified because of internal and externalaudits.
- Evaluated measures in place to ensure the Department's compliance with legal and regulatoryprovisions.

The Audit Committee has similarly:

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

Effectiveness of Internal Control

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

- Reviewed the appropriateness of financial reporting to ensure fair and balanced reporting is achieved, including submissions and presentations by management on the results, significant financial transactions, critical accounting judgements and assumptions, as well as views by both Provincial Treasury and the Auditor General on key audit matters and internal auditors onkey financial and other controls.
- Assessed the effectiveness of internal financial control systems.
- Reviewed the effectiveness of the internal audit function.
- Ensured the risk areas of the Departments' operations are covered in the scope of internal andexternal audits.
- Ensured adequacy, reliability and accuracy of financial information and accounting practicesprovided by management for users of such information.
- Responded and provided advice on accounting and auditing concerns identified by internal andexternal audits.
- Conducted reviews to ensure the Department complies with legal and regulatory provisions.
- Exercised oversight over the activities of the internal audit function, including its annual workprogramme.
- Maintained oversight to ensure that the Department cooperates with external auditors.
- Conducted reviews and provided advice on reports pertaining to significant findings and theresponses of management to specific recommendations.
- Conducted reviews and exercised oversight to ensure independence and objectivity of both theinternal and external auditors.

Performance Information Systems

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

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

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

The Committee remains concerned that the Department does not have adequate systems in place for the management of accruals and accounts payable. The committee notes the improvements which have been introduced with regards to management of the legal liability register and the conclusions reached with the staggering of payments to claimants.

The Committee is also concerned that the Logis project, which is aimed at automating the asset register, could not be finalised during the period under review. Asset Management remains a critical risk for the Committee, and we will continue to monitor the Departments' processes until the register is transferredto Logis and is fully automated. Similarly, automation of the leave register is a key focus for the Audit Committee, and we will continue to monitor reports on leave

automation in our quarterly meetings.

COVID-19 Pandemic

As COVID-19 remained at the top of the agenda, the Audit Committee continued to provide the stewardship required to navigate the Department through the associated uncertainties. The difficultiesof running a department during a pandemic tested the Department, however the Management Team led from the front, making decisions to protect communities and employees and to enable the Department to be more flexible and responsive.

Apart from health adaptations, the Department put in place governance measures such as new policiesand practices to manage the health, welfare and livelihoods of employees and communities as they navigated the new normal.

The Audit Committee continues to monitor the pandemic's effects and is comfortable that the incidencenumbers and the death rate have reduced significantly. The Committee is satisfied with the current treatment of the disease where it is now no longer a pandemic but has become a norm within the population and people are being taught how to live with it.

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

- Reviewed the Departments' comprehensive plan to deal with medico legal matters.
- Reviewed Supply Chain Policies put in place to enhance quick and agile procurement andadherence thereto.
- Monitored and advised on the strained fiscal budget of the department including dealing andreporting on the unauthorised expenditure brought about by unbudgeted medico legal claims.
- Ensuring the MOU entered between Office of the Premier, Provincial Treasury and theDepartment of Health is signed and implemented to reduce the risk of medico legal claims.
- Ensuring a framework and strategy for the Department is finalised, implemented, and reportedupon.
- Clarity is provided with regards to the management of the legal liability register, includingestablishment of a dedicated team to manage inputs and managing the database.
- Ensuring that the M&E unit is adequately resourced to ensure adequacy, accuracy andreliability of performance data produced and reported.
- Ensure there is adequate capacity for the investigation of irregular and fruitless and wasteful expenditure to so that investigations are done timeously, and monies are recovered where necessary.
- The Department develops an Asset Management Strategy that will respond to the its strategicobjectives and goals, such as providing guidelines on the utilisation and maintenance of strategic assets at facilities to minimize disruptions which could have a negative impact on service delivery.
- The Department manages the impact of the implementation of the NHI System, as it has beenidentified as one of the significant risks of the Department and this needs to be monitored carefully as the impact of this is extensive and will affect the core functions of the Department.
- The Audit Committee receives regular updates on measures put in place to deal with the risksof the Coronavirus Pandemic.
- Critical posts, particularly in areas that are flooded with medical negligence matters, are filledas soon as possible.
- Document management is automated and archiving processes are improved.
- Performance management is improved to ensure sustainable outcomes in the managementof and reporting on performance information.
- Significant effort and resources are put in place to further enhance the control improvementsto ensure a clean audit result is realised.
- The Mental Health Strategy together with the recommendations of the Ombudsman's reportare implemented.
- Officials are held accountable of the audit outcomes in respect of their line functions; and
- For the next year, controls are improved further in terms of both adequacy and effectiveness.

As mandated by the Audit Committee, Internal Audit has:

- Developed a Three Year Strategic and Annual Operational Plan.
- Conducted audits to test the effectiveness of key controls identified and agreed to withmanagement.
- 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 improvementprogram.
- Responded timeously to special requests emanating from management pertaining to specialrequests for review of certain processes.
- Conducted follow up audits and reported to the Audit Committee on the progress made bymanagement towards implementing remedial actions recommended by Internal Audit; and
- Developed and implemented a quality assurance and improvement program.

In-Year Monitoring and Monthly/Quarterly Report

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

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

Risk Management Function

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

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

The Audit Committee also reviewed the following reports:

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

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

Finance Function

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

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

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

Internal Financial Controls

The Committee has:

- Reviewed reports, prepared by internal audit, on the effectiveness of risk management, governance, and system of internal financial controls.
- Reviewed the report from the forensic services function on the result of forensic investigationsconducted in the period under review and their financial impact as they pertain to financial reporting.
- Considered the reports from management on fraud and information technology risks.
- Reviewed the reports of the external auditors detailing the findings arising from their audit andconsidered the appropriateness of the responses from management.
- Assessed the revenue assurance control environment and related revenue leakage exposure for the Department.
- Reviewed fraud and whistleblowing reports and ensured that appropriate management action is taken with regards to the control environment and consequence management.
- Engaged management to obtain assurance of medico legal claims and their impact on the financial health of the Department the Committee is however not satisfied with the interaction the Department has had with Provincial Treasury pertaining to its going concern, the overdraftfacility granted and the use thereof.
- Reviewed the accounting policy for medico legal claims and are satisfied with the accounting treatment proposed, however concern has been noted that the accounting policy is not being fully implemented.

- Considered the structures put in place to manage the incidence of medico legal claims and howthe various committees' function.
- Performed certain high-level technical reviews and provided advise and judgment on the accounting treatment and disclosure of certain key transactions.

Although certain weakness in internal financial controls have been reported by Internal Audit in theirreports, the Committee does not consider these control weaknesses to have resulted in actual material financial loss, fraud, or material errors.

Based on its assessment, the Committee is of the view that the Departments' system of Internal Controls, Internal Audit and Risk Management are effective and that the financial controls form a sound and reliable basis for preparation of reliable financial statements.

Evaluation of Annual Financial Statements

Special Audit Committee meetings were held on the 25 May 2022 and 30 May 2022 to review the draftfinancial statements and annual report to be presented to Provincial Treasury and the Auditor Generalon the 31st May 2022. The Committee performed a high-level review of the financial statements that was based on enquiry from the Chief Financial Officer as to the completeness, accuracy and validity of balances and transactions within the financial statements. In addition, the accounting policies were reviewed, and recommendations made, as necessary. Following this Audit Committee review of the financial statements, recommendations were made concerning adjustments that were required to the format as well as the presented figures.

Evaluation of Performance Information

The Audit Committee has reviewed the format, content and statutory requirements for compliance pertaining to the preparation of the Annual Report. The committee has also reviewed and commented on the alignment of indicators to make sure they are measurable and relate to the services provided bythe Department.

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

The key focus areas for 2022 will be:

- Monitoring the IT strategy, ensuring that it addresses the needs of the Department adequately.
- Monitoring the Department's relationship with SITA, the service level agreement and advisingon the Department's migration to HMS2.
- Monitoring implementation of the medico legal policy to ensure the contingent liability is recognised correctly in the accounting records.
- Ensuring use of best practice to ensure staggered payment in the event of settlement of medicolegal claims.
- Monitoring and advising on the budget and spending of the Department.
- Engaging Provincial Treasury to enforce budgeting for medico legal claims.
- Maintain focus on the enhancement of controls to reduce cyber risks, fraud risks and non- adherence to controls.
- Monitoring the Internal Audit Quality Assurance & Improvement Program to ensure they maintain the "Generally Conforms" rating and this relating translates further in the reviews andvalue add provided by Internal Audit.

Auditor General South Africa

The Audit Committee has met with the Auditor General to ensure that there is common understandingbetween the Committee, Auditor General and the Department.

The Committee accepts that the Auditor General South Africa finalised their report dated 31 July 2022,however we are of the opinion that their report would have been modified in certain respects should time have been allowed for auditing. The Committee will monitor the next years audit to ensure that pre-pandemic auditing is performed at the various facilities to ensure additional administrative burden relating to the audit is prevented and timelines are met for submission of information.

Conclusion

The Committee therefore accepts the report of the Auditor General South Africa on the annual financialstatements, and are of the opinion that the annual financial statements should be accepted and read together with the report of the Auditor General. The Committee will continue to monitor processes to ensure plans are developed and implemented for an improved audit result going forward.



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Ms. Loren Smith CA (SA), RA
Chairperson of the Audit Committee
Eastern Cape Department of Health
31 July 2022

13. B-BBEE COMPLIANCE PERFORMANCE INFORMATION

Has the Department / Public Entity applied any relevant Code of Good Practice (B-BBEE Certificate Levels 1 – 8) with regards to the following:		
Criteria	**Response Yes / No**	**Discussion (include a discussion on your response and indicate what measures have been taken to comply)**
Determining qualification criteria for the issuing of licences, concessions or other authorisations in respect of economic activity in terms of any law?	N/A	
Developing and implementing a preferential procurement policy?	Yes	The Department has in place the Supply Chain Management Policy and Procedure Framework. The Policy is developed in line with the provisions of the Preferential Procurement Policy Regulations 2017.
Determining qualification criteria for the sale of state-owned enterprises?	N/A	
Developing criteria for entering into partnerships with the private sector?	N/A	
Determining criteria for the awarding of incentives, grants and investment schemes in support of Broad Based Black Economic Empowerment?	N/A	



PART D

HUMAN RESOURCE MANAGEMENT

1. INTRODUCTION

1.1 The status of human resources in the department

During the period, the Department employed 40,864 employees of which 60% are health professionals. In terms of the employment equity profile of the Department there are 99 persons with disability and 45% per cent of senior management positions are held by females. The department had a vacancy rate of 12,8%.

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

1.2 Organisational Development

The Department has conducted an analysis of its current organisational structure during this reporting period and established that the proposed Structure exceeds the available budget and therefore ought to reconfigure itself. This reality necessitated that the department withhold the implementation of the approved 2018 Macro Structure as well as finalisation of the Micro Structure.

Whilst the department has undertaken the review of its organisational structure and gave consideration to various alternatives it will still ensure effective and efficient delivery of Health Care services to the Province. To this effect, the department has since introduced the Service Optimization Project in order to maximise efficiencies and ensure delivery of better patient quality of care. All opportunities for the department pertaining to the Service Optimization Project has been identified, mapped out for approval and implementation through the proposed organisational structure.

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

1.3 Recruitment

The department managed to appoint eight thousand eight hundred and twenty-eight (8828) employees in the last period. In the same year, the department appointed two thousand nine hundred forty-nine (2949) C19 Contract Workers to assist to reduce the surge of COVID-19 as well as to assist in the vaccination rollout in the province.

The department appointed the new Head of the Department in the month of August 2021 and advertised five (5) Chief Executive Officer for the Regional and Tertiary Hospitals. This will ensure stability and continuity in the services rendered in the respective facilities.

2. HUMAN RESOURCES OVERSIGHT STATISTICS

3.1. Personnel related expenditure

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

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

Table 3.1.1 Personnel expenditure by programme for the period **1 April 2021 and 31 March 2022**

Programme	Total Expenditure (R'000)	Personnel Expenditure (R'000)	Training Expenditure (R'000)	Professional and Special Services Expenditure (R'000)	Personnel Expenditure as a % of Total Expenditure	Average Personnel Cost per Employee (R'000)
PRG1: ADMINISTRATION	768,147	395,812	0	0	51.53%	564
PRG2: DISTRICT HEALTH SERVICES	15,094,877	10,117,843	0	0	67.03%	311
PRG3: EMERGENCY MEDICAL SERVICES	1,353,522	998,795	0	0	73.79%	405
PRG4: PROVINCIAL HOSPITAL SERVICE	3,686,353	2,979,731	0	0	80.83%	374
PRG5: CENTRAL HOSPITAL SERVICES	4,751,526	3,409,840	0	0	71.76%	512
PRG6: HEALTH SCIENCES & TRAINING	774,759	483,560	0	0	62.41%	229
PRG7: HEALTH CARE SUPPORT SERVICES	112,986	69,782	0	0	61.76%	394
PRG8: HEALTH FACILITIES MANAGEMENT	1,087,913	22,754	0	0	2.09%	340
TOTAL	**27,630,083**	**18,478,117**	**0**	**0**	**66.88%**	**351**

Table 3.1.2 Personnel costs by salary band for the period 1 April 2021 and 31 March 2022

Salary Band	Personnel Expenditure including Transfers (R'000)	% of Total Personnel Cost	Average Personnel Cost per Employee (R)	Total Personnel Cost for Department including Goods and Services (R'000)	Number of Employees
01 Lower skilled (Levels 1-2)	988,476	5.30%	193,099	18,637,215	5,119
02 Skilled (Levels 3-5)	3,982,721	21.37%	271,895	18,637,215	14,648
03 Highly skilled production (Levels 6-8)	4,874,676	26.16%	431,731	18,637,215	11,291
04 Highly skilled supervision (Levels 9-12)	6,251,439	33.54%	911,953	18,637,215	6,855
05 Senior management (Levels >= 13)	111,151	0.60%	1,292,453	18,637,215	86
09 Other	106,120	0.57%	495,888	18,637,215	214
10 Contract (Levels 1-2)	4,808	0.03%	126,526	18,637,215	38
11 Contract (Levels 3-5)	389,115	2.09%	631,680	18,637,215	616
12 Contract (Levels 6-8)	439,192	2.36%	443,628	18,637,215	990
13 Contract (Levels 9-12)	863,571	4.63%	860,988	18,637,215	1,003
14 Contract (Levels >= 13)	5,457	0.03%	1,364,250	18,637,215	4
19 Periodical Remuneration	5,648	0.03%	313,778	18,637,215	18
20 Abnormal Appointment	526,100	2.82%	44,517	18,637,215	11,818
TOTAL	**18,548,474**	**99.52%**	**351,964**	**18,637,215**	**52,700**

Table 3.1.3 Salaries, Overtime, Home Owners Allowance and Medical Aid by programme for the period 1 April 2021 and 31 March 2022

HOA means Housing Allowance

Programme	Salaries (R'000)	Salaries as a % of Personnel Costs	Overtime (R'000)	Overtime as a % of Personnel Costs	HOA (R'000)	HOA as a % of Personnel Costs	Medical Aid (R'000)	Medical Aid as a % of Personnel Costs	Total Personnel Cost per Programme (R'000)
PRG1: ADMINISTRATION	332,765	82%	1,166	0.29%	12,072	2.97%	17,269	4.25%	406,675
PRG2: DISTRICT HEALTH SERVICES	8,332,105	82%	222,854	2.19%	342,279	3.36%	452,397	4.44%	10,186,670
PRG3: EMERGENCY MEDICAL SERVICES	652,078	65%	162,915	16.22%	41,298	4.11%	74,349	7.40%	1,004,173
PRG4: PROVINCIAL HOSPITAL SERVICE	2,618,471	78%	234,156	6.94%	100,364	2.97%	151,225	4.48%	3,374,776
PRG5: CENTRAL HOSPITAL SERVICES	2,364,311	77%	302,590	9.82%	74,001	2.40%	114,924	3.73%	3,080,736
PRG6: HEALTH SCIENCES & TRAINING	378,088	77%	59,246	12.02%	7,718	1.57%	10,223	2.07%	492,911
PRG7: HEALTH CARE SUPPORT SERVICES	57,230	81%	275	0.39%	2,595	3.70%	3,663	5.22%	70,226
PRG8: HEALTH FACILITIES MANAGEMENT	17,762	84%	-	0.00%	809	3.84%	193	0.92%	21,049
TOTAL	**14,752,810**	**79%**	**983,202**	**5.28%**	**581,136**	**3.12%**	**824,243**	**4.42%**	**18,637,216**

Table 3.1.4 Salaries, Overtime, Home Owners Allowance and Medical Aid by salary band for the period 1 April 2021 and 31 March 2022

Salary Band	Salaries (R'000)	Salaries as a % of Personnel Costs	Overtime (R'000)	Overtime as a % of Personnel Costs	HOA (R'000)	HOA as a % of Personnel Costs	Medical Aid (R'000)	Medical Aid as a % of Personnel Costs	Total Personnel Cost per Salary Band (R'000)
01 Lower skilled (Levels 1-2)	728,921	74%	3,999	0.40%	85,827	8.68%	87,401	8.84%	988,753
02 Skilled (Levels 3-5)	2,931,864	73%	156,598	3.91%	238,202	5.95%	316,711	7.91%	4,005,793
03 Highly skilled production (Levels 6-8)	3,914,907	80%	81,328	1.66%	162,590	3.32%	276,734	5.65%	4,899,175
04 Highly skilled supervision (Levels 9-12)	4,943,247	79%	551,575	8.79%	91,622	1.46%	141,983	2.26%	6,275,402
05 Senior management (Levels >= 13)	97,812	86%	-	0.00%	2,325	2.05%	779	0.69%	113,269
09 Other	104,719	99%	333	0.31%	153	0.14%	348	0.33%	106,173
10 Contract (Levels 1-2)	4,732	98%	-	0.00%	18	0.37%	40	0.83%	4,808
11 Contract (Levels 3-5)	388,358	98%	445	0.11%	73	0.02%	29	0.01%	394,372
12 Contract (Levels 6-8)	438,183	99%	493	0.11%	73	0.02%	122	0.03%	442,293
13 Contract (Levels 9-12)	667,112	77%	188,431	21.79%	254	0.03%	96	0.01%	864,812
14 Contract (Levels >= 13)	5,198	93%	-	0.00%	-	0.00%	-	0.00%	5,601
19 Periodical Remuneration	5,648	100%	-	0.00%	-	0.00%	-	0.00%	5,648
20 Abnormal Appointment	522,108	98%	-	0.00%	-	0.00%	-	0.00%	531,117
TOTAL	**14,752,809**	**79%**	**983,202**	**5.28%**	**581,137**	**3.12%**	**824,243**	**4.42%**	**18,637,216**

3.2. Employment and Vacancies

Table 3.2.1 Employment and vacancies by programme as on 31 March 2022

Programme	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Employees Additional to the Establishment
PRG1: ADMINISTRATION, Permanent	736	654	11%	1
PRG2: DISTRICT HEALTH SERVICES, Permanent	27,440	23,654	14%	1,021
PRG2: DISTRICT HEALTH SERVICES, Temporary	155	155	0%	2
PRG3: EMERGENCY MEDICAL SERVICES, Permanent	2,843	2,454	14%	-
PRG4: PROVINCIAL HOSPITAL SERVICE, Permanent	8,086	7,274	10%	193
PRG4: PROVINCIAL HOSPITAL SERVICE, Temporary	27	27	0%	-
PRG5: CENTRAL HOSPITAL SERVICES, Permanent	6,655	5,887	12%	531
PRG5: CENTRAL HOSPITAL SERVICES, Temporary	23	23	0%	-
PRG6: HEALTH SCIENCES & TRAINING, Permanent	684	537	21%	-
PRG7: HEALTH CARE SUPPORT SERVICES, Permanent	194	172	11%	1
PRG8: HEALTH FACILITIES MANAGEMENT, Permanent	29	27	7%	5
TOTAL	**46,872**	**40,864**	**13%**	**1,754**

Table 3.2.2 Employment and vacancies by salary band as on 31 March 2022

Salary Band	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Employees Additional to the Establishment
01 Lower Skilled (Levels 1-2), Permanent	5,916	5,119	13%	39
02 Skilled (Levels 3-5), Permanent	16,650	14,648	12%	67
03 Highly Skilled Production (Levels 6-8), Permanent	12,889	11,289	12%	90
03 Highly Skilled Production (Levels 6-8), Temporary	2	2	0%	-
04 Highly Skilled Supervision (Levels 9-12), Permanent	8,439	6,850	19%	33
04 Highly Skilled Supervision (Levels 9-12), Temporary	5	5	0%	-
05 Senior Management (Levels >= 13), Permanent	106	86	19%	1
09 Other, Permanent	16	16	0%	1
09 Other, Temporary	198	198	0%	2
10 Contract (Levels 1-2), Permanent	38	38	0%	-
11 Contract (Levels 3-5), Permanent	616	616	0%	-
12 Contract (Levels 6-8), Permanent	990	990	0%	697
13 Contract (Levels 9-12), Permanent	1,003	1,003	0%	823
14 Contract (Levels >= 13), Permanent	4	4	0%	1
TOTAL	**46,872**	**40,864**	**13%**	**1,754**

Table 3.2.3 Employment and vacancies by critical occupations as on 31 March 2022.

Critical Occupation	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Employees Additional to the Establishment
ADMINISTRATIVE RELATED, Permanent	513	445	13%	8
AGRICULTURE RELATED, Permanent	1	1	0%	-
ALL ARTISANS IN THE BUILDING METAL MACHINERY ETC., Permanent	221	157	29%	-
AMBULANCE AND RELATED WORKERS, Permanent	2,738	2,354	14%	-
ARCHITECTS TOWN AND TRAFFIC PLANNERS, Permanent	3	3	0%	-
ARTISAN PROJECT AND RELATED SUPERINTENDENTS, Permanent	19	16	16%	-
AUXILIARY AND RELATED WORKERS, Permanent	671	544	19%	5
BIOCHEMISTRY PHARMACOL. ZOOLOGY & LIFE SCIE.TECHNI, Permanent	1	1	0%	-
BOILER AND RELATED OPERATORS, Permanent	51	44	14%	-
BUILDING AND OTHER PROPERTY CARETAKERS, Permanent	105	91	13%	-
BUS AND HEAVY VEHICLE DRIVERS, Permanent	19	19	0%	-
CARTOGRAPHIC SURVEYING AND RELATED TECHNICIANS, Permanent	2	2	0%	-
CASHIERS TELLERS AND RELATED CLERKS, Permanent	1	1	0%	-
CHEMISTS, Permanent	43	43	0%	-
CIVIL ENGINEERING TECHNICIANS, Permanent	1	1	0%	-
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC., Permanent	4,717	4,161	12%	52
CLIENT INFORM CLERKS(SWITCHB RECEPT INFORM CLERKS), Permanent	210	183	13%	-

Critical Occupation	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Employees Additional to the Establishment
COMMUNICATION AND INFORMATION RELATED, Permanent	67	47	30%	-
COMPOSITORS TYPESETTERS & RELATED PRINTING WORKERS, Permanent	3	3	0%	-
COMPUTER PROGRAMMERS., Permanent	1	-	100%	-
CONSERVATION LABOURERS, Permanent	3	3	0%	-
DENTAL PRACTITIONERS, Permanent	190	160	16%	18
DENTAL PRACTITIONERS, Temporary	4	4	0%	-
DENTAL TECHNICIANS, Permanent	5	5	0%	-
DENTAL THERAPY, Permanent	25	18	28%	-
DIETICIANS AND NUTRITIONISTS, Permanent	159	137	14%	14
DIETICIANS AND NUTRITIONISTS, Temporary	1	1	0%	-
DIPLOMATS, Permanent	1	1	0%	-
ELECTRICAL AND ELECTRONICS ENGINEERING TECHNICIANS, Permanent	6	6	0%	-
EMERGENCY SERVICES RELATED, Permanent	36	36	0%	-
ENGINEERING SCIENCES RELATED, Permanent	3	3	0%	1
ENGINEERS AND RELATED PROFESSIONALS, Permanent	26	26	0%	3
ENVIRONMENTAL HEALTH, Permanent	26	23	12%	3
FARM HANDS AND LABOURERS, Permanent	9	9	0%	-
FINANCE AND ECONOMICS RELATED, Permanent	173	141	18%	1
FINANCIAL AND RELATED PROFESSIONALS, Permanent	76	64	16%	1
FINANCIAL CLERKS AND CREDIT CONTROLLERS, Permanent	403	345	14%	-
FIRE FIGHTING AND RELATED WORKERS, Permanent	1	1	0%	-
FOOD SERVICES AIDS AND WAITERS, Permanent	639	550	14%	3
FOOD SERVICES WORKERS, Permanent	5	5	0%	-
HANDYMEN, Permanent	1	1	0%	-
HEAD OF DEPARTMENT/CHIEF EXECUTIVE OFFICER, Permanent	16	10	38%	-
HEALTH SCIENCES RELATED, Permanent	383	333	13%	1
HOME-BASED PERSONAL CARE WORKERS, Permanent	1	1	0%	-
HOUSEHOLD AND LAUNDRY WORKERS, Permanent	889	766	14%	9
HOUSEHOLD FOOD AND LAUNDRY SERVICES RELATED, Permanent	5	4	20%	-
HOUSEKEEPERS LAUNDRY AND RELATED WORKERS, Permanent	16	15	6%	-
HUMAN RESOURCES & ORGANISAT DEVELOPM & RELATE PROF, Permanent	48	44	8%	-
HUMAN RESOURCES CLERKS, Permanent	283	247	13%	1
HUMAN RESOURCES RELATED, Permanent	233	197	15%	-
INFORMATION TECHNOLOGY RELATED, Permanent	16	14	13%	-
INSPECTORS OF APPRENTICES WORKS AND VEHICLES, Permanent	3	2	33%	-
LANGUAGE PRACTITIONERS INTERPRETERS & OTHER COMMUN, Permanent	33	25	24%	-
LEGAL RELATED, Permanent	4	4	0%	-
LIBRARIANS AND RELATED PROFESSIONALS, Permanent	2	1	50%	-
LIBRARY MAIL AND RELATED CLERKS, Permanent	76	68	11%	-
LIFE SCIENCES RELATED, Permanent	3	1	67%	-
LIGHT VEHICLE DRIVERS, Permanent	176	163	7%	-

Critical Occupation	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Employees Additional to the Establishment
LOGISTICAL SUPPORT PERSONNEL, Permanent	103	84	18%	-
MATERIAL-RECORDING AND TRANSPORT CLERKS, Permanent	198	171	14%	1
MECHANICAL ENGINEERING THECHNICIANS, Permanent	3	3	0%	1
MEDICAL PRACTITIONERS, Permanent	2,416	2,124	12%	676
MEDICAL PRACTITIONERS, Temporary	175	175	0%	2
MEDICAL RESEARCH AND RELATED PROFESSIONALS, Permanent	5	4	20%	-
MEDICAL SPECIALISTS, Permanent	273	209	23%	-
MEDICAL SPECIALISTS, Temporary	18	18	0%	-
MEDICAL TECHNICIANS/TECHNOLOGISTS, Permanent	50	47	6%	-
MEDICAL TECHNICIANS/TECHNOLOGISTS, Temporary	3	3	0%	-
MESSENGERS PORTERS AND DELIVERERS, Permanent	783	682	13%	3
MIDDLE MANAGERS, Permanent	1	1	0%	-
MOTOR VEHICLE DRIVERS, Permanent	40	34	15%	3
NURSING ASSISTANTS, Permanent	5,942	5,353	10%	8
OCCUPATIONAL THERAPY, Permanent	216	163	25%	45
OCCUPATIONAL THERAPY, Temporary	1	1	0%	-
OPTOMETRISTS AND OPTICIANS, Permanent	12	6	50%	-
ORAL HYGIENE, Permanent	24	18	25%	-
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS, Permanent	1,588	1,329	16%	23
OTHER ADMINISTRATIVE POLICY AND RELATED OFFICERS, Permanent	342	292	15%	5
OTHER INFORMATION TECHNOLOGY PERSONNEL., Permanent	92	83	10%	-
OTHER OCCUPATIONS, Permanent	57	57	0%	1
PHARMACEUTICAL ASSISTANTS, Permanent	9	9	0%	-
PHARMACISTS, Permanent	1,091	966	11%	129
PHARMACISTS, Temporary	2	2	0%	-
PHARMACOLOGISTS PATHOLOGISTS & RELATED PROFESSIONA, Permanent	1	1	0%	-
PHYSICISTS, Permanent	5	5	0%	-
PHYSIOTHERAPY, Permanent	249	199	20%	57
PROBATION WORKERS, Permanent	1	1	0%	-
PROFESSIONAL NURSE, Permanent	13,382	11,629	13%	591
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS, Permanent	88	68	23%	15
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS, Temporary	1	1	0%	-
QUANTITY SURVEYORS & RELA PROF NOT CLASS ELSEWHERE, Permanent	1	1	0%	-
RADIOGRAPHY, Permanent	454	402	11%	34
RISK MANAGEMENT AND SECURITY SERVICES, Permanent	3	3	0%	-
ROAD WORKERS, Permanent	2	1	50%	-
SAFETY HEALTH AND QUALITY INSPECTORS, Permanent	18	15	17%	-
SECRETARIES & OTHER KEYBOARD OPERATING CLERKS, Permanent	1,226	1,130	8%	2
SECURITY GUARDS, Permanent	17	17	0%	1
SECURITY OFFICERS, Permanent	1	1	0%	-
SENIOR MANAGERS, Permanent	115	89	23%	-

Critical Occupation	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Employees Additional to the Establishment
SHOEMAKERS, Permanent	3	3	0%	-
SOCIAL SCIENCES RELATED, Permanent	5	4	20%	-
SOCIAL WORK AND RELATED PROFESSIONALS, Permanent	150	128	15%	-
SPEECH THERAPY AND AUDIOLOGY, Permanent	126	73	42%	20
STAFF NURSES AND PUPIL NURSES, Permanent	3,976	3,542	11%	17
STUDENT NURSE, Permanent	7	-	100%	-
SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHERS, Permanent	20	11	45%	-
TRADE LABOURERS, Permanent	205	152	26%	-
TRADE RELATED, Permanent	6	4	33%	-
TOTAL	**46,872**	**40,864**	**13%**	**1,754**

3.3. Filling of SMS Posts

The tables in this section provide information on employment and vacancies as it relates to members of the Senior Management Service by salary level. It also provides information on advertising and filling of SMS posts, reasons for not complying with prescribed timeframes and disciplinary steps taken.

Table 3.3.1 SMS post information as on 31 March 2022

SMS Level	Total number of funded SMS posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
Director-General/ Head of Department	-	-	0%	-	0%
Salary Level 16	1	1	100%	-	0%
Salary Level 15	4	3	75%	1	25%
Salary Level 14	22	17	77%	5	23%
Salary Level 13	80	66	83%	14	18%
Total	**107**	**87**	**81%**	**20**	**19%**

Table 3.3.2 SMS post information as on 30 September 2021

SMS Level	Total number of funded SMS posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
Director-General/ Head of Department	-	-	0%	-	0%
Salary Level 16	1	1	100%	-	0%
Salary Level 15	4	3	75%	1	25%
Salary Level 14	22	17	77%	5	23%
Salary Level 13	80	66	83%	14	18%
Total	**107**	**87**	**81%**	**20**	**19%**

Table 3.3.3 Advertising and filling of SMS posts for the period 1 April 2021 and 31 March 2022

SMS Level	Advertising	Filling of Posts	
	Number of vacancies per level advertised in 6 months of becoming vacant	Number of vacancies per level filled in 6 months of becoming vacant	Number of vacancies per level not filled in 6 months but filled in 12 months
Director-General/ Head of Department	0	0	0
Salary Level 16	1	1	0
Salary Level 15	1	0	1
Salary Level 14	3	0	3
Salary Level 13	15	0	15
Total	**20**	**0**	**19**

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 2021 and 31 March 2022

Reasons for vacancies not advertised within six months
N/A

Reasons for vacancies not filled within twelve months
Rationalisation & Service Optimization Project as a Strategic Intent of the Department to ensure maximisation of efficiencies negatively affected filling of vacant posts within the stipulated periods. Furthermore, the Department has to be mindful of the risk of advertising and filling the posts meanwhile the post may be filled through the process of person to post matching within the available resources. The mere fact that the department was busy populating its organisational structure on one hand and embarking on recruitment and selection of new officials to fill vacancies when the process of rationalisation was also looked at. Rationalisation and Service Optimization Project were both introduced in the light of the constrained financial outlook of the Department and had to ensure efficiency and effectiveness in the process of implementation.

Table 3.3.5 Disciplinary steps taken for not complying with the prescribed timeframes for filling SMS posts within 12 months for the period 1 April 2020 and 31 March 2021

Reasons for vacancies not advertised within six months

Reasons for vacancies not filled within six months

3.4. Job Evaluation

Within a nationally determined framework, executing authorities may evaluate or re-evaluate any job in his or her organisation. In terms of the Regulations all vacancies on salary levels 9 and higher must be evaluated before they are filled. The following table summarises the number of jobs that were evaluated during the year under review. The table also provides statistics on the number of posts that were upgraded or downgraded.

Table 3.4.1 Job Evaluation by Salary band for the period 1 April 2021 and 31 March 2022

Salary Band	Number of Posts on Approved Establishment	Number of Jobs Evaluated	% of Posts Evaluated by Salary Bands	Number of Posts Upgraded	% of Upgraded Posts Evaluated	Number of Posts Downgraded	% of Downgraded Posts Evaluated
01 Lower Skilled (Levels 1-2)	5,916.00	-	0.00%	-	0.00%	-	0.00%
02 Skilled (Levels 3-5)	16,650.00	-	0.00%	-	0.00%	-	0.00%
03 Highly Skilled Production (Levels 6-8)	12,891.00	-	0.00%	-	0.00%	-	0.00%
04 Highly Skilled Supervision (Levels 9-12)	8,444.00	-	0.00%	-	0.00%	-	0.00%
05 Senior Management Service Band A	79.00	-	0.00%	-	0.00%	-	0.00%
06 Senior Management Service Band B	22.00	-	0.00%	-	0.00%	-	0.00%
07 Senior Management Service Band C	4.00	-	0.00%	-	0.00%	-	0.00%
08 Senior Management Service Band D	1.00	-	0.00%	-	0.00%	-	0.00%
09 Other	214.00	-	0.00%	-	0.00%	-	0.00%
10 Contract (Levels 1-2)	38.00	-	0.00%	-	0.00%	-	0.00%
11 Contract (Levels 3-5)	616.00	-	0.00%	-	0.00%	-	0.00%
12 Contract (Levels 6-8)	990.00	-	0.00%	-	0.00%	-	0.00%
13 Contract (Levels 9-12)	1,003.00	-	0.00%	-	0.00%	-	0.00%
14 Contract Band A	3.00	-	0.00%	-	0.00%	-	0.00%
17 Contract Band D	1.00	-	0.00%	-	0.00%	-	0.00%
TOTAL	**46,872.00**	**-**	**0.00%**	**-**	**0.00%**	**-**	**0.00%**

The following table provides a summary of the number of employees whose positions were upgraded due to their post being upgraded. The number of employees might differ from the number of posts upgraded since not all employees are automatically absorbed into the new posts and some of the posts upgraded could also be vacant.

Table 3.4.2 Profile of employees whose positions were upgraded due to their posts being upgraded for the period 1 April 2021 and 31 March 2022.

Gender	African	Asian	Coloured	White	Total
Female	0,00	0,00	0,00	0,00	0,00
Male	0,00	0,00	0,00	0,00	0,00
TOTAL	**0,00**	**0,00**	**0,00**	**0,00**	**0,00**

The following table summarises the number of cases where remuneration bands exceeded the grade determined by job evaluation. Reasons for the deviation are provided in each case.

Table 3.4.3 Employees with salary levels higher than those determined by job evaluation by occupation for the period 1 April 2021 and 31 March 2022

Occupation	Number of Employees	Job Evaluation Level	Remuneration Level	Reason for Deviation	No of Employees in Department
Not Applicable in 2021/22	0,00	0,00	0,00	0,00	
TOTAL	**0,00**	**0,00**	**0,00**	**0,00**	

Table 3.4.4 Profile of employees who have salary levels higher than those determined by job evaluation for the period 1 April 2021 and 31 March 2022.

Gender	African	Asian	Coloured	White	Total
Female	0,00	0,00	0,00	0,00	0,00
Male	0,00	0,00	0,00	0,00	0,00
TOTAL	**0,00**	**0,00**	**0,00**	**0,00**	**0,00**
Employees with a Disability	0,00	0,00	0,00	0,00	0,00

3.5. Employment Changes

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

Table 3.5.1 Annual turnover rates by salary band for the period 1 April 2021 and 31 March 2021.

Salary Band	Number of Employees at Beginning of Period	Appointments	Terminations	Turnover Rate
01 Lower Skilled (Levels 1-2) Permanent	5,328	29	119	2.20
02 Skilled (Levels 3-5) Permanent	14,722	810	588	4.00
03 Highly Skilled Production (Levels 6-8) Permanent	11,558	544	934	8.10
03 Highly Skilled Production (Levels 6-8) Temporary	1	1	-	-
04 Highly Skilled Supervision (Levels 9-12) Permanent	6,967	430	706	10.10
04 Highly Skilled Supervision (Levels 9-12) Temporary	6	-	1	16.70
05 Senior Management Service Band A Permanent	69	-	4	5.80
06 Senior Management Service Band B Permanent	18	-	-	-
07 Senior Management Service Band C Permanent	3	-	-	-
08 Senior Management Service Band D Permanent	1	-	-	-
09 Other Permanent	92	-	3	3.30
09 Other Temporary	104	199	82	78.80
10 Contract (Levels 1-2) Permanent	3	35	-	-
11 Contract (Levels 3-5) Permanent	1,219	4,034	3,935	322.80
12 Contract (Levels 6-8) Permanent	895	1,954	1,356	151.50
13 Contract (Levels 9-12) Permanent	983	788	737	75.00
14 Contract Band A Permanent	2	3	1	50.00
17 Contract Band D Permanent	-	1	-	-
TOTAL	**41,971**	**8,828**	**8,466**	**20.20**

Table 3.5.2 Annual turnover rates by critical occupation for the period 1 April 2021 and 31 March 2022.

Critical Occupation	Number of Employees at Beginning of Period	Appointments	Terminations	Turnover Rate
ADMINISTRATIVE RELATED Permanent	479	15	47	9.80
AGRICULTURE RELATED Permanent	1	-	-	-
ALL ARTISANS IN THE BUILDING METAL MACHINERY ETC. Permanent	145	23	10	6.90
AMBULANCE AND RELATED WORKERS Permanent	2,502	128	177	7.10
ARCHITECTS TOWN AND TRAFFIC PLANNERS Permanent	3	-	-	-
ARTISAN PROJECT AND RELATED SUPERINTENDENTS Permanent	14	2	-	-
AUXILIARY AND RELATED WORKERS Permanent	596	36	69	11.60
BIOCHEMISTRY PHARMACOL. ZOOLOGY & LIFE SCIE.TECHNI Permanent	1	-	-	-

Critical Occupation	Number of Employees at Beginning of Period	Appointments	Terminations	Turnover Rate
BOILER AND RELATED OPERATORS Permanent	46	-	2	4.30
BUILDING AND OTHER PROPERTY CARETAKERS Permanent	94	1	4	4.30
BUS AND HEAVY VEHICLE DRIVERS Permanent	19	-	-	-
CARTOGRAPHIC SURVEYING AND RELATED TECHNICIANS Permanent	2	-	-	-
CASHIERS TELLERS AND RELATED CLERKS Permanent	1	-	-	-
CHEMISTS Permanent	45	-	2	4.40
CIVIL ENGINEERING TECHNICIANS Permanent	1	-	-	-
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC. Permanent	4,298	55	182	4.20
CLIENT INFORM CLERKS(SWITCHB RECEPT INFORM CLERKS) Permanent	191	10	10	5.20
COMMUNICATION AND INFORMATION RELATED Permanent	55	75	75	136.40
COMMUNITY DEVELOPMENT WORKERS Permanent	1	1	1	100.00
COMPOSITORS TYPESETTERS & RELATED PRINTING WORKERS Permanent	1	2	-	-
CONSERVATION LABOURERS Permanent	5	-	2	40.00
DENTAL PRACTITIONERS Permanent	167	29	36	21.60
DENTAL PRACTITIONERS Temporary	-	4	-	-
DENTAL SPECIALISTS Permanent	1	-	1	100.00
DENTAL TECHNICIANS Permanent	5	-	-	-
DENTAL THERAPY Permanent	17	1	1	5.90
DIETICIANS AND NUTRITIONISTS Permanent	145	21	26	17.90
DIETICIANS AND NUTRITIONISTS Temporary	-	1	-	-
DIPLOMATS Permanent	1	-	-	-
ELECTRICAL AND ELECTRONICS ENGINEERING TECHNICIANS Permanent	5	-	-	-
EMERGENCY SERVICES RELATED Permanent	42	6	6	14.30
ENGINEERING SCIENCES RELATED Permanent	3	-	-	-
ENGINEERS AND RELATED PROFESSIONALS Permanent	21	5	-	-
ENVIRONMENTAL HEALTH Permanent	21	17	15	71.40
FARM HANDS AND LABOURERS Permanent	11	-	2	18.20
FINANCE AND ECONOMICS RELATED Permanent	144	-	3	2.10
FINANCIAL AND RELATED PROFESSIONALS Permanent	64	-	-	-
FINANCIAL CLERKS AND CREDIT CONTROLLERS Permanent	358	4	17	4.70
FIRE FIGHTING AND RELATED WORKERS Permanent	1	-	-	-
FOOD SERVICES AIDS AND WAITERS Permanent	575	2	25	4.30
FOOD SERVICES WORKERS Permanent	5	-	-	-
HANDYMEN Permanent	1	-	-	-
HEAD OF DEPARTMENT/CHIEF EXECUTIVE OFFICER Permanent	11	4	5	45.50
HEALTH SCIENCES RELATED Permanent	379	10	51	13.50
HOME-BASED PERSONAL CARE WORKERS Permanent	1	-	-	-
HOUSEHOLD AND LAUNDRY WORKERS Permanent	794	9	33	4.20
HOUSEHOLD FOOD AND LAUNDRY SERVICES RELATED Permanent	4	-	-	-
HOUSEKEEPERS LAUNDRY AND RELATED WORKERS Permanent	17	-	2	11.80
HUMAN RESOURCES & ORGANISAT DEVELOPM & RELATE PROF Permanent	49	-	5	10.20
HUMAN RESOURCES CLERKS Permanent	271	2	22	8.10

Critical Occupation	Number of Employees at Beginning of Period	Appointments	Terminations	Turnover Rate
HUMAN RESOURCES RELATED Permanent	197	20	20	10.20
INFORMATION TECHNOLOGY RELATED Permanent	14	-	-	-
INSPECTORS OF APPRENTICES WORKS AND VEHICLES Permanent	2	-	-	-
JUDGES Permanent	-	1	1	-
LANGUAGE PRACTITIONERS INTERPRETERS & OTHER COMMUN Permanent	26	14	14	53.80
LEGAL RELATED Permanent	1	5	2	200.00
LIBRARIANS AND RELATED PROFESSIONALS Permanent	1	-	-	-
LIBRARY MAIL AND RELATED CLERKS Permanent	66	5	3	4.50
LIFE SCIENCES RELATED Permanent	3	-	2	66.70
LIGHT VEHICLE DRIVERS Permanent	168	4	8	4.80
LOGISTICAL SUPPORT PERSONNEL Permanent	86	6	8	9.30
MATERIAL-RECORDING AND TRANSPORT CLERKS Permanent	173	1	4	2.30
MECHANICAL ENGINEERING THECHNICIANS Permanent	3	-	-	-
MEDICAL PRACTITIONERS Permanent	2,068	789	689	33.30
MEDICAL PRACTITIONERS Temporary	91	170	75	82.40
MEDICAL RESEARCH AND RELATED PROFESSIONALS Permanent	4	-	-	-
MEDICAL SPECIALISTS Permanent	210	34	35	16.70
MEDICAL SPECIALISTS Temporary	15	19	7	46.70
MEDICAL TECHNICIANS/TECHNOLOGISTS Permanent	41	12	6	14.60
MEDICAL TECHNICIANS/TECHNOLOGISTS Temporary	3	3	-	-
MESSENGERS PORTERS AND DELIVERERS Permanent	707	4	29	4.10
MIDDLE MANAGERS Permanent	1	-	-	-
MOTOR VEHICLE DRIVERS Permanent	34	-	2	5.90
NURSING ASSISTANTS Permanent	5,694	2,297	2,255	39.60
OCCUPATIONAL THERAPY Permanent	169	57	65	38.50
OCCUPATIONAL THERAPY Temporary	1	-	-	-
OPTOMETRISTS AND OPTICIANS Permanent	6	1	-	-
ORAL HYGIENE Permanent	19	1	1	5.30
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS Permanent	1,410	88	166	11.80
OTHER ADMINISTRATIVE POLICY AND RELATED OFFICERS Permanent	317	2	24	7.60
OTHER INFORMATION TECHNOLOGY PERSONNEL. Permanent	87	1	5	5.70
OTHER OCCUPATIONS Permanent	71	33	46	64.80
PHARMACEUTICAL ASSISTANTS Permanent	9	-	-	-
PHARMACISTS Permanent	967	192	186	19.20
PHARMACISTS Temporary	-	2	-	-
PHARMACOLOGISTS PATHOLOGISTS & RELATED PROFESSIONA Permanent	1	-	-	-
PHYSICISTS Permanent	6	-	1	16.70
PHYSIOTHERAPY Permanent	196	63	55	28.10
PROBATION WORKERS Permanent	1	-	-	-
PROFESSIONAL NURSE Permanent	11,745	2,319	2,075	17.70
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS Permanent	68	18	15	22.10
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS Temporary	1	1	1	100.00

Critical Occupation	Number of Employees at Beginning of Period	Appointments	Terminations	Turnover Rate
QUANTITY SURVEYORS & RELA PROF NOT CLASS ELSEWHERE Permanent	1	-	-	-
RADIOGRAPHY Permanent	419	51	63	15.00
RISK MANAGEMENT AND SECURITY SERVICES Permanent	3	-	-	-
ROAD WORKERS Permanent	1	-	-	-
SAFETY HEALTH AND QUALITY INSPECTORS Permanent	16	-	1	6.30
SECRETARIES & OTHER KEYBOARD OPERATING CLERKS Permanent	1,136	47	54	4.80
SECURITY GUARDS Permanent	20	-	2	10.00
SECURITY OFFICERS Permanent	1	-	-	-
SENIOR MANAGERS Permanent	95	2	7	7.40
SHOEMAKERS Permanent	3	-	-	-
SOCIAL SCIENCES RELATED Permanent	3	-	-	-
SOCIAL SCIENCES SUPPLEMENTARY WORKERS Permanent	1	-	-	-
SOCIAL WORK AND RELATED PROFESSIONALS Permanent	137	56	55	40.10
SPEECH THERAPY AND AUDIOLOGY Permanent	76	25	26	34.20
STAFF NURSES AND PUPIL NURSES Permanent	3,584	2,020	1,615	45.10
SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHERS Permanent	13	-	2	15.40
TRADE LABOURERS Permanent	163	2	10	6.10
TRADE RELATED Permanent	4	-	-	-
TOTAL	**41,971**	**8,828**	**8,466**	**20.20**

Table 3.5.3 Reasons why staff left the department for the period 1 April 2021 and 31 March 2022.

Termination Type	Number	% of Total Resignations	% of Total Employment	Total	Total Employment
01 Death, Permanent	263	3.11%	0.64%	8,466	40,864
02 Resignation, Permanent	1,511	17.85%	3.70%	8,466	40,864
02 Resignation, Temporary	19	0.22%	0.05%	8,466	40,864
03 Expiry of contract, Permanent	5,771	68.17%	14.12%	8,466	40,864
03 Expiry of contract, Temporary	63	0.74%	0.15%	8,466	40,864
06 Discharged due to ill health, Permanent	28	0.33%	0.07%	8,466	40,864
07 Dismissal-misconduct, Permanent	36	0.43%	0.09%	8,466	40,864
09 Retirement, Permanent	774	9.14%	1.89%	8,466	40,864
09 Retirement, Temporary	1	0.01%	0.00%	8,466	40,864
TOTAL	**8,466**	**100.00%**	**20.72%**	**8,466**	**40,864**

Table 3.5.4 Promotions by critical occupation for the period 1 April 2021 and 31 March 2022.

Occupation	Number of Employees at Beginning of Period	Promotions to another Salary Level	Salary Level Promotions as a % of Employees by Occupation	Progressions to another Notch within a Salary Level	Notch Progression as a % of Employees by Occupation
ADMINISTRATIVE RELATED	479	-	0.00%	458	95.62%
AGRICULTURE RELATED	1	-	0.00%	1	100.00%
ALL ARTISANS IN THE BUILDING METAL MACHINERY ETC.	145	-	0.00%	148	102.07%
AMBULANCE AND RELATED WORKERS	2,502	-	0.00%	2,651	105.96%
ARCHITECTS TOWN AND TRAFFIC PLANNERS	3	-	0.00%	3	100.00%
ARTISAN PROJECT AND RELATED SUPERINTENDENTS	14	-	0.00%	14	100.00%
AUXILIARY AND RELATED WORKERS	596	2	0.34%	537	90.10%
BIOCHEMISTRY PHARMACOL. ZOOLOGY & LIFE SCIE.TECHNI	1	-	0.00%	1	100.00%
BOILER AND RELATED OPERATORS	46	-	0.00%	46	100.00%
BUILDING AND OTHER PROPERTY CARETAKERS	94	-	0.00%	93	98.94%
BUS AND HEAVY VEHICLE DRIVERS	19	-	0.00%	19	100.00%
CARTOGRAPHIC SURVEYING AND RELATED TECHNICIANS	2	-	0.00%	2	100.00%
CASHIERS TELLERS AND RELATED CLERKS	1	-	0.00%	1	100.00%
CHEMISTS	45	-	0.00%	44	97.78%
CIVIL ENGINEERING TECHNICIANS	1	-	0.00%	1	100.00%
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC.	4,298	-	0.00%	4,212	98.00%
CLIENT INFORM CLERKS(SWITCHB RECEPT INFORM CLERKS)	191	2	1.05%	184	96.34%
COMMUNICATION AND INFORMATION RELATED	55	-	0.00%	47	85.45%
COMMUNITY DEVELOPMENT WORKERS	1	-	0.00%	-	0.00%
COMPOSITORS TYPESETTERS & RELATED PRINTING WORKERS	1	-	0.00%	1	100.00%
CONSERVATION LABOURERS	5	-	0.00%	4	80.00%
DENTAL PRACTITIONERS	167	-	0.00%	164	98.20%
DENTAL SPECIALISTS	1	-	0.00%	1	100.00%
DENTAL TECHNICIANS	5	-	0.00%	5	100.00%
DENTAL THERAPY	17	-	0.00%	19	111.76%
DIETICIANS AND NUTRITIONISTS	145	-	0.00%	142	97.93%
DIPLOMATS	1	-	0.00%	1	100.00%
ELECTRICAL AND ELECTRONICS ENGINEERING TECHNICIANS	5	-	0.00%	5	100.00%
EMERGENCY SERVICES RELATED	42	-	0.00%	41	97.62%
ENGINEERING SCIENCES RELATED	3	-	0.00%	3	100.00%
ENGINEERS AND RELATED PROFESSIONALS	21	-	0.00%	22	104.76%
ENVIRONMENTAL HEALTH	21	-	0.00%	22	104.76%
FARM HANDS AND LABOURERS	11	-	0.00%	10	90.91%
FINANCE AND ECONOMICS RELATED	144	-	0.00%	149	103.47%
FINANCIAL AND RELATED PROFESSIONALS	64	-	0.00%	73	114.06%
FINANCIAL CLERKS AND CREDIT CONTROLLERS	358	-	0.00%	351	98.04%
FIRE FIGHTING AND RELATED WORKERS	1	-	0.00%	1	100.00%
FOOD SERVICES AIDS AND WAITERS	575	-	0.00%	559	97.22%

Occupation	Number of Employees at Beginning of Period	Promotions to another Salary Level	Salary Level Promotions as a % of Employees by Occupation	Progressions to another Notch within a Salary Level	Notch Progression as a % of Employees by Occupation
FOOD SERVICES WORKERS	5	-	0.00%	5	100.00%
HANDYMEN	1	-	0.00%	1	100.00%
HEAD OF DEPARTMENT/CHIEF EXECUTIVE OFFICER	11	-	0.00%	10	90.91%
HEALTH SCIENCES RELATED	379	-	0.00%	348	91.82%
HOME-BASED PERSONAL CARE WORKERS	1	-	0.00%	1	100.00%
HOUSEHOLD AND LAUNDRY WORKERS	794	-	0.00%	794	100.00%
HOUSEHOLD FOOD AND LAUNDRY SERVICES RELATED	4	-	0.00%	4	100.00%
HOUSEKEEPERS LAUNDRY AND RELATED WORKERS	17	-	0.00%	16	94.12%
HUMAN RESOURCES & ORGANISAT DEVELOPM & RELATE PROF	49	-	0.00%	46	93.88%
HUMAN RESOURCES CLERKS	271	-	0.00%	252	92.99%
HUMAN RESOURCES RELATED	197	1	0.51%	198	100.51%
INFORMATION TECHNOLOGY RELATED	14	-	0.00%	14	100.00%
INSPECTORS OF APPRENTICES WORKS AND VEHICLES	2	-	0.00%	2	100.00%
LANGUAGE PRACTITIONERS INTERPRETERS & OTHER COMMUN	26	-	0.00%	26	100.00%
LEGAL RELATED	1	-	0.00%	1	100.00%
LIBRARIANS AND RELATED PROFESSIONALS	1	-	0.00%	1	100.00%
LIBRARY MAIL AND RELATED CLERKS	66	-	0.00%	68	103.03%
LIFE SCIENCES RELATED	3	-	0.00%	2	66.67%
LIGHT VEHICLE DRIVERS	168	-	0.00%	161	95.83%
LOGISTICAL SUPPORT PERSONNEL	86	-	0.00%	84	97.67%
MATERIAL-RECORDING AND TRANSPORT CLERKS	173	-	0.00%	171	98.84%
MECHANICAL ENGINEERING THECHNICIANS	3	-	0.00%	3	100.00%
MEDICAL PRACTITIONERS	2,159	13	0.60%	2,155	99.81%
MEDICAL RESEARCH AND RELATED PROFESSIONALS	4	-	0.00%	4	100.00%
MEDICAL SPECIALISTS	225	5	2.22%	220	97.78%
MEDICAL TECHNICIANS/TECHNOLOGISTS	44	-	0.00%	47	106.82%
MESSENGERS PORTERS AND DELIVERERS	707	-	0.00%	703	99.43%
MIDDLE MANAGERS	1	-	0.00%	1	100.00%
MOTOR VEHICLE DRIVERS	34	-	0.00%	34	100.00%
NURSING ASSISTANTS	5,694	-	0.00%	5,253	92.26%
OCCUPATIONAL THERAPY	170	-	0.00%	163	95.88%
OPTOMETRISTS AND OPTICIANS	6	-	0.00%	6	100.00%
ORAL HYGIENE	19	-	0.00%	17	89.47%
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS	1,410	-	0.00%	1,337	94.82%
OTHER ADMINISTRATIVE POLICY AND RELATED OFFICERS	317	3	0.95%	295	93.06%
OTHER INFORMATION TECHNOLOGY PERSONNEL.	87	-	0.00%	82	94.25%
OTHER OCCUPATIONS	71	-	0.00%	60	84.51%
PHARMACEUTICAL ASSISTANTS	9	-	0.00%	9	100.00%
PHARMACISTS	967	4	0.41%	979	101.24%
PHARMACOLOGISTS PATHOLOGISTS & RELATED PROFESSIONA	1	-	0.00%	1	100.00%
PHYSICISTS	6	-	0.00%	5	83.33%

Occupation	Number of Employees at Beginning of Period	Promotions to another Salary Level	Salary Level Promotions as a % of Employees by Occupation	Progressions to another Notch within a Salary Level	Notch Progression as a % of Employees by Occupation
PHYSIOTHERAPY	196	-	0.00%	192	97.96%
PROBATION WORKERS	1	-	0.00%	1	100.00%
PROFESSIONAL NURSE	11,745	314	2.67%	11,651	99.20%
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS	69	-	0.00%	66	95.65%
QUANTITY SURVEYORS & RELA PROF NOT CLASS ELSEWHERE	1	-	0.00%	1	100.00%
RADIOGRAPHY	419	1	0.24%	414	98.81%
RISK MANAGEMENT AND SECURITY SERVICES	3	-	0.00%	4	133.33%
ROAD WORKERS	1	-	0.00%	1	100.00%
SAFETY HEALTH AND QUALITY INSPECTORS	16	-	0.00%	15	93.75%
SECRETARIES & OTHER KEYBOARD OPERATING CLERKS	1,136	-	0.00%	1,142	100.53%
SECURITY GUARDS	20	-	0.00%	17	85.00%
SECURITY OFFICERS	1	-	0.00%	1	100.00%
SENIOR MANAGERS	95	-	0.00%	100	105.26%
SHOEMAKERS	3	-	0.00%	3	100.00%
SOCIAL SCIENCES RELATED	3	1	33.33%	3	100.00%
SOCIAL SCIENCES SUPPLEMENTARY WORKERS	1	-	0.00%	-	0.00%
SOCIAL WORK AND RELATED PROFESSIONALS	137	1	0.73%	125	91.24%
SPEECH THERAPY AND AUDIOLOGY	76	-	0.00%	71	93.42%
STAFF NURSES AND PUPIL NURSES	3,584	16	0.45%	3,490	97.38%
SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHERS	13	-	0.00%	13	100.00%
TRADE LABOURERS	163	-	0.00%	156	95.71%
TRADE RELATED	4	-	0.00%	4	100.00%
TOTAL	**41,971**	**363**	**0.86%**	**41,084**	**97.89%**

Table 3.5.5 Promotions by salary band for the period 1 April 2021 and 31 March 2022.

Salary Band	Number of Employees at Beginning of Period	Promotions to another Salary Level	Salary Level Promotions as a % of Employees by Salary Band	Progressions to another Notch within a Salary Level	Notch Progression as a % of Employees by Salary Band
01 Lower Skilled (Levels 1-2), Permanent	5,328	-	0.00%	5,159	96.83%
02 Skilled (Levels 3-5), Permanent	14,722	18	0.12%	14,860	100.94%
03 Highly Skilled Production (Levels 6-8), Permanent	11,558	154	1.33%	11,635	100.67%
03 Highly Skilled Production (Levels 6-8), Temporary	1	-	0.00%	1	100.00%
04 Highly Skilled Supervision (Levels 9-12), Permanent	6,967	181	2.60%	6,941	99.63%
04 Highly Skilled Supervision (Levels 9-12), Temporary	6	-	0.00%	5	83.33%
05 Senior Management (Levels >= 13), Permanent	91	-	0.00%	108	118.68%
09 Other, Permanent	92	-	0.00%	7	7.61%
09 Other, Temporary	104	-	0.00%	-	0.00%
10 Contract (Levels 1-2), Permanent	3	-	0.00%	38	1266.67%
11 Contract (Levels 3-5), Permanent	1,219	-	0.00%	401	32.90%
12 Contract (Levels 6-8), Permanent	895	9	1.01%	894	99.89%
13 Contract (Levels 9-12), Permanent	983	1	0.10%	1,030	104.78%
14 Contract (Levels >= 13), Permanent	2	-	0.00%	5	250.00%
TOTAL	**41,971**	**363**	**0.86%**	**41,084**	**97.89%**

3.6. Employment Equity

Table 3.6.1 Total number of employees (including employees with disabilities) in each of the following occupational categories as on 1 April 2021 and 31 March 2022.

Occupational Category	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White	Total
01 - SENIOR OFFICIALS AND MANAGERS	43	0	1	44	0	47	5	2	54	4	102
02 - PROFESSIONALS	1505	132	119	1756	304	2229	255	102	2586	470	5116
03 - TECHNICIANS AND ASSOCIATE PROFESSIONALS	2266	147	4	2417	44	9714	1291	30	11035	422	13918
04 - CLERKS	849	55	1	905	12	2373	137	3	2513	44	3474
05 - SERVICE SHOP AND MARKET SALES WORKERS	2625	256	5	2886	63	7816	461	1	8278	102	11329
07 - CRAFT AND RELATED TRADE WORKERS	126	13	0	139	12	34	0	0	34	0	185
08 - PLANT AND MACHINE OPERATORS AND ASSEMBLERS	228	19	0	247	5	8	1	0	9	0	261
09 - LABOURERS AND RELATED WORKERS	2108	113	1	2222	26	3978	215	0	4193	30	6471
99 - UNKNOWN	2	0	0	2	1	5	0	0	5	0	8
TOTAL	**9,752**	**735**	**131**	**10,618**	**467**	**26,204**	**2,365**	**138**	**28,707**	**1,072**	**40,864**
TABLE 6.1B - Total number of Employees with disabilities											
I	**Male, African**	**Male, Coloured**	**Male, Indian**	**Male, Total Blacks**	**Male, White**	**Female, African**	**Female, Coloured**	**Female, Indian**	**Female, Total Blacks**	**Female, White**	**Total**
Employees with disabilities	40	6	0	46	3	40	6	0	46	4	99

Table 3.6.2 Total number of employees (including employees with disabilities) in each of the following occupational bands as on 31 March 2022.

Occupational Band	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White	Total
01 Top Management, Permanent	2	0	0	2	0	2	0	0	2	0	4
02 Senior Management, Permanent	35	1	2	38	5	35	1	1	37	2	82
03 Professionally qualified and experienced specialists and mid-management, Permanent	1262	137	84	1483	233	4090	600	70	4760	374	6850
03 Professionally qualified and experienced specialists and mid-management, Temporary	0	0	0	0	0	3	0	0	3	2	5
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	2157	232	9	2398	71	7443	973	22	8438	382	11289
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	0	0	0	0	0	0	0	0	0	2	2
05 Semi-skilled and discretionary decision making, Permanent	3847	243	2	4092	50	9925	502	3	10430	76	14648
06 Unskilled and defined decision making, Permanent	1681	76	0	1757	10	3216	132	0	3348	4	5119
07 Not Available, Permanent	5	1	1	7	2	7	0	0	7	0	16
07 Not Available, Temporary	96	4	7	107	23	50	1	0	51	17	198
08 Contract (Top Management), Permanent	0	0	0	0	0	0	1	0	1	0	1
09 Contract (Senior Management), Permanent	3	0	0	3	0	0	0	0	0	0	3
10 Contract (Professionally Qualified), Permanent	345	21	25	391	69	326	47	31	404	139	1003
11 Contract (Skilled Technical), Permanent	209	13	1	223	4	596	84	11	691	72	990
12 Contract (Semi-Skilled), Permanent	105	7	0	112	0	478	24	0	502	2	616
13 Contract (Unskilled), Permanent	5	0	0	5	0	33	0	0	33	0	38
TOTAL	**9752**	**735**	**131**	**10618**	**467**	**26204**	**2365**	**138**	**28707**	**1072**	**40864**

Table 3.6.3 Recruitment for the period 1 April 2021 and 31 March 2022.

Occupational Band	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Inadian	Female, Total Blacks	Female, White	Total
03 Professionally qualified and experienced specialists and mid-management, Permanent	114	10	7	131	25	209	36	4	249	25	430
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	85	6	1	92	1	386	47	2	435	16	544
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	0	0	0	0	0	0	0	0	0	1	1
05 Semi-skilled and discretionary decision making, Permanent	128	2	0	130	1	655	23	0	678	1	810
06 Unskilled and defined decision making, Permanent	6	1	0	7	0	22	0	0	22	0	29
07 Not Available, Temporary	99	4	6	109	18	55	0	0	55	17	199
08 Contract (Top Management), Permanent	0	0	0	0	0	0	1	0	1	0	1
09 Contract (Senior Management), Permanent	3	0	0	3	0	0	0	0	0	0	3
10 Contract (Professionally qualified), Permanent	273	15	16	304	43	291	31	21	343	98	788
11 Contract (Skilled technical), Permanent	344	16	1	361	4	1342	153	12	1507	82	1954
12 Contract (Semi-skilled), Permanent	630	24	0	654	3	3251	118	0	3369	8	4034
13 Contract (Unskilled), Permanent	5	0	0	5	0	30	0	0	30	0	35
TOTAL	**1687**	**78**	**31**	**1796**	**95**	**6241**	**409**	**39**	**6689**	**248**	**8828**

Table 3.6.4 Promotions for the period 1 April 2021 and 31 March 2022.

Occupational Band	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White	Total
01 Top Management, Permanent	2	0	0	2	0	1	0	0	1	0	3
02 Senior Management, Permanent	50	1	3	54	7	40	1	1	42	2	105
03 Professionally qualified and experienced specialists and mid-management, Permanent	1303	140	85	1528	228	4289	617	78	4984	382	7122
03 Professionally qualified and experienced specialists and mid-management, Temporary	0	0	0	0	0	3	0	0	3	2	5
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	2269	240	9	2518	72	7770	1013	21	8804	395	11789
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	0	0	0	0	0	0	0	0	0	1	1
05 Semi-skilled and discretionary decision making, Permanent	4021	249	2	4272	52	9970	505	3	10478	76	14878
06 Unskilled and defined decision making, Permanent	1701	76	0	1777	10	3236	132	0	3368	4	5159
07 Not Available, Permanent	4	0	1	5	1	1	0	0	1	0	7
08 Contract (Top Management), Permanent	0	0	0	0	0	0	1	0	1	0	1
09 Contract (Senior Management), Permanent	4	0	0	4	0	0	0	0	0	0	4
10 Contract (Professionally qualified), Permanent	331	28	23	382	92	340	51	36	427	130	1031
11 Contract (Skilled technical), Permanent	209	9	0	218	2	574	61	3	638	45	903
12 Contract (Semi-skilled), Permanent	67	4	0	71	0	321	7	0	328	2	401
13 Contract (Unskilled), Permanent	5	0	0	5	0	33	0	0	33	0	38
TOTAL	**9966**	**747**	**123**	**10836**	**464**	**26578**	**2388**	**142**	**29108**	**1039**	**41447**

Table 3.6.5 Terminations for the period 1 April 2021 and 31 March 2022.

Occupational Band	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Inadian	Female, Total Blacks	Female, White	Total
02 Senior Management, Permanent	2	1	0	3	0	1	0	0	1	0	4
03 Professionally qualified and experienced specialists and mid-management, Permanent	114	10	7	131	24	445	49	6	500	51	706
03 Professionally qualified and experienced specialists and mid-management, Temporary	0	0	0	0	0	0	0	0	0	1	1
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	173	12	1	186	3	610	83	4	697	48	934
05 Semi-skilled and discretionary decision making, Permanent	186	11	0	197	1	356	28	1	385	5	588
06 Unskilled and defined decision making, Permanent	51	2	0	53	0	65	1	0	66	0	119
07 Not Available, Permanent	1	0	0	1	1	1	0	0	1	0	3
07 Not Available, Temporary	36	0	0	36	9	30	0	0	30	7	82
09 Contract (Senior Management), Permanent	0	0	0	0	1	0	0	0	0	0	1
10 Contract (Professionally qualified), Permanent	227	19	12	258	68	270	32	24	326	85	737
11 Contract (Skilled technical), Permanent	190	10	0	200	1	967	138	4	1109	46	1356
12 Contract (Semi-skilled), Permanent	608	21	0	629	3	3160	135	1	3296	7	3935
TOTAL	**1588**	**86**	**20**	**1694**	**111**	**5905**	**466**	**40**	**6411**	**250**	**8466**

Table 3.6.6 Disciplinary action for the period 1 April 2021 and 31 March 2022

Disciplinary Action	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Inadian	Female, Total Blacks	Female, White	Total
FINAL WRITTEN WARNING	5	0	0	5	0	2	0	0	2	0	7
NO OUTCOME	4	1	0	4	0	2	0	0	2	0	7
SUSPENDED WITHOUT PAYMENT	4	0	0	4	0	3	0	0	3	0	7
TOTAL	**13**	**1**	**0**	**13**	**0**	**7**	**0**	**0**	**7**	**0**	**21**

Table 3.6.7 Skills development for the period 1 April 2021 to 31 March 2022.

Occupational Category	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White	Total
Legislators, Senior Officials and Managers	98	28	10	**136**	14	273	23	8	**304**	17	471
Professionals	1224	98	21	**1343**	118	2823	302	33	**3158**	242	4861
Technicians and Associate Professionals	328	32	26	**386**	31	2786	122	25	**2933**	59	3409
Clerks	210	98	30	**338**	19	579	40	30	**649**	31	1037
Service and Sales Workers	320	12	16	**348**	22	249	120	16	**385**	22	777
Skilled Agriculture and Fishery Workers	323	13	9	**345**	15	421	21	9	**451**	1	812
Craft and related Trades Workers	0	0	0	**0**	0	0	0	0	**0**	0	0
Plant and Machine Operators and Assemblers	7	2	1	**10**	3	4	1	1	**6**	1	20
Elementary Occupations	0	0	0	**0**	0	0	0	0	**0**	0	0
Employees with disabilities	132	21	8	**161**	2	356	43	0	**399**	0	562
TOTAL	**2642**	**304**	**121**	**3067**	**224**	**7491**	**672**	**122**	**8285**	**373**	**11949**

3.7. Signing of Performance Agreements by SMS Members

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

Table 3.7.1 Signing of Performance Agreements by SMS members as on 31 May 2021

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	1	100%
Salary Level 16	0	0	0	0%
Salary Level 15	4	3	1	33%
Salary Level 14	22	17	10	59%
Salary Level 13	80	71	43	61%
Total	**107**	**92**	**55**	**60%**

Table 3.7.2 Reasons for not having concluded Performance agreements for all SMS members as on 31 March 2022

Reasons

The reasons for not having concluded Performance Agreements for all SMS members border on non-compliance in terms of the policy. However on making inquiries the SMSs would highlight disagreements with their supervisors.

Table 3.7.3 Disciplinary steps taken against SMS members for not having concluded Performance agreements as on 31 March 2022

No disciplinary steps were taken to SMS Members who failed to contract on time, as most of them highlighted disagreements which were not resolved

Table 3.7.4 - Performance Related Rewards by Salary Band for Senior Management Service

Salary Band	Number of Beneficiaries	Number Of Employees	% Of Total Within Salary Band	Total Cost (R'000)	Average Cost Per Employee (R)	Total Cost As A % Of The Total Personnel Expenditure	Personnel Cost SMS (R'000)
Band A	0	68	0	0	0	0	86222
Band B	0	17	0	0	0	0	24258
Band C	0	3	0	0	0	0	5082
Band D	0	2	0	0	0	0	3308
TOTAL	**0**	**90**	**0**	**0**	**0**	**0**	**118870**

3.8. Performance Rewards

To encourage good performance, the department has granted the following performance rewards during the year under review. The information is presented in terms of race, gender, disability, salary bands and critical occupations (see definition in notes below).

Table 3.8.1 Performance Rewards by race, gender and disability for the period 1 April 2021 and 31 March 2022.

Race and Gender	Number of Beneficiaries	Number of Employees	% of Total within Group	Total Cost (R'000)	Average Cost per Employee (R)
African, Female	1	26164	0	11	10905
African, Male	0	9712	0	0	0
Asian, Female	0	138	0	0	0
Asian, Male	0	131	0	0	0
Coloured, Female	0	2359	0	0	0
Coloured, Male	0	729	0	0	0
Total Blacks, Female	**1**	**28661**	**0**	**11**	**10905**
Total Blacks, Male	**0**	**10572**	**0**	**0**	**0**
White, Female	0	1068	0	0	0
White, Male	0	464	0	0	0
Employees with a disability	0	99	0	0	0
TOTAL	**1**	**40864**	**0**	**11**	**10905**

Table 3.8.2 Performance Rewards by salary band for personnel below Senior Management Service for the period 1 April 2021 and 31 March 2022.

Salary Band	Number of Beneficiaries	Number of Employees	% of Total within Salary Band	Total Cost (R'000)	Average Cost per Employee (R)
01 Lower Skilled (Levels 1-2)	0	5119	0	0	0
02 Skilled (Levels 3-5)	0	14648	0	0	0
03 Highly Skilled Production (Levels 6-8)	1	11291	0	11	10905
04 Highly Skilled Supervision (Levels 9-12)	0	6855	0	0	0
09 Other	0	214	0	0	0
10 Contract (Levels 1-2)	0	38	0	0	0
11 Contract (Levels 3-5)	0	616	0	0	0
12 Contract (Levels 6-8)	0	990	0	0	0
13 Contract (Levels 9-12)	0	1003	0	0	0
TOTAL	**1**	**40774**	**0**	**11**	**10905**

Table 3.8.3 Performance Rewards by critical occupation for the period 1 April 2021 and 31 March 2022.

Critical Occupation	Number of Beneficiaries	Number Of Employees	% Of Total Within Occupation	Total Cost (R'000)	Average Cost per Employee (R)
FINANCIAL CLERKS AND CREDIT CONTROLLERS	0	345	0	0	0
HOUSEHOLD FOOD AND LAUNDRY SERVICES RELATED	0	4	0	0	0
HUMAN RESOURCES CLERKS	0	247	0	0	0
SECURITY OFFICERS	0	1	0	0	0
HOUSEHOLD AND LAUNDRY WORKERS	0	766	0	0	0
ORAL HYGIENE	0	18	0	0	0
MESSENGERS PORTERS AND DELIVERERS	0	682	0	0	0
ALL ARTISANS IN THE BUILDING METAL MACHINERY ETC.	0	157	0	0	0
HUMAN RESOURCES & ORGANISAT DEVELOPM & RELATE PROF	0	44	0	0	0
RISK MANAGEMENT AND SECURITY SERVICES	0	3	0	0	0
BIOCHEMISTRY PHARMACOL. ZOOLOGY & LIFE SCIE.TECHNI	0	1	0	0	0
SAFETY HEALTH AND QUALITY INSPECTORS	0	15	0	0	0
LIFE SCIENCES RELATED	0	1	0	0	0
BOILER AND RELATED OPERATORS	0	44	0	0	0
SOCIAL SCIENCES RELATED	0	4	0	0	0
LOGISTICAL SUPPORT PERSONNEL	0	84	0	0	0
FINANCE AND ECONOMICS RELATED	0	141	0	0	0
FOOD SERVICES WORKERS	0	5	0	0	0
CHEMISTS	0	43	0	0	0
OPTOMETRISTS AND OPTICIANS	0	6	0	0	0
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS	0	1329	0	0	0
HOUSEKEEPERS LAUNDRY AND RELATED WORKERS	0	15	0	0	0
AUXILIARY AND RELATED WORKERS	0	544	0	0	0
OTHER OCCUPATIONS	0	57	0	0	0
LEGAL RELATED	0	4	0	0	0
FINANCIAL AND RELATED PROFESSIONALS	0	64	0	0	0
BUILDING AND OTHER PROPERTY CARETAKERS	0	91	0	0	0
PROBATION WORKERS	0	1	0	0	0
OCCUPATIONAL THERAPY	0	164	0	0	0
HOME-BASED PERSONAL CARE WORKERS	0	1	0	0	0
MEDICAL TECHNICIANS/TECHNOLOGISTS	0	50	0	0	0
EMERGENCY SERVICES RELATED	0	36	0	0	0
RADIOGRAPHY	0	402	0	0	0
DIPLOMATS	0	1	0	0	0
ARCHITECTS TOWN AND TRAFFIC PLANNERS	0	3	0	0	0
ADMINISTRATIVE RELATED	1	445	0	11	10905
COMMUNICATION AND INFORMATION RELATED	0	47	0	0	0
SECRETARIES & OTHER KEYBOARD OPERATING CLERKS	0	1130	0	0	0
PHYSICISTS	0	5	0	0	0

Critical Occupation	Number of Beneficiaries	Number Of Employees	% Of Total Within Occupation	Total Cost (R'000)	Average Cost per Employee (R)
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC.	0	4161	0	0	0
LIBRARY MAIL AND RELATED CLERKS	0	68	0	0	0
HUMAN RESOURCES RELATED	0	197	0	0	0
DENTAL PRACTITIONERS	0	164	0	0	0
AMBULANCE AND RELATED WORKERS	0	2354	0	0	0
PHARMACEUTICAL ASSISTANTS	0	9	0	0	0
CASHIERS TELLERS AND RELATED CLERKS	0	1	0	0	0
HEAD OF DEPARTMENT/CHIEF EXECUTIVE OFFICER	0	10	0	0	0
TRADE LABOURERS	0	152	0	0	0
PHYSIOTHERAPY	0	199	0	0	0
ENVIRONMENTAL HEALTH	0	23	0	0	0
LANGUAGE PRACTITIONERS INTERPRETERS & OTHER COMMUN	0	25	0	0	0
MEDICAL PRACTITIONERS	0	2299	0	0	0
SOCIAL WORK AND RELATED PROFESSIONALS	0	128	0	0	0
CARTOGRAPHIC SURVEYING AND RELATED TECHNICIANS	0	2	0	0	0
CIVIL ENGINEERING TECHNICIANS	0	1	0	0	0
HANDYMEN	0	1	0	0	0
ROAD WORKERS	0	1	0	0	0
MATERIAL-RECORDING AND TRANSPORT CLERKS	0	171	0	0	0
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS	0	69	0	0	0
FARM HANDS AND LABOURERS	0	9	0	0	0
COMPOSITORS TYPESETTERS & RELATED PRINTING WORKERS	0	3	0	0	0
DIETICIANS AND NUTRITIONISTS	0	138	0	0	0
OTHER ADMINISTRATIVE POLICY AND RELATED OFFICERS	0	292	0	0	0
ARTISAN PROJECT AND RELATED SUPERINTENDENTS	0	16	0	0	0
FIRE FIGHTING AND RELATED WORKERS	0	1	0	0	0
INSPECTORS OF APPRENTICES WORKS AND VEHICLES	0	2	0	0	0
PROFESSIONAL NURSE	0	11629	0	0	0
BUS AND HEAVY VEHICLE DRIVERS	0	19	0	0	0
MEDICAL RESEARCH AND RELATED PROFESSIONALS	0	4	0	0	0
SENIOR MANAGERS	0	89	0	0	0
CLIENT INFORM CLERKS(SWITCHB RECEPT INFORM CLERKS)	0	183	0	0	0
SPEECH THERAPY AND AUDIOLOGY	0	73	0	0	0
PHARMACISTS	0	968	0	0	0
ENGINEERS AND RELATED PROFESSIONALS	0	26	0	0	0
MIDDLE MANAGERS	0	1	0	0	0
TRADE RELATED	0	4	0	0	0
OTHER INFORMATION TECHNOLOGY PERSONNEL.	0	83	0	0	0
DENTAL THERAPY	0	18	0	0	0
LIGHT VEHICLE DRIVERS	0	163	0	0	0
ELECTRICAL AND ELECTRONICS ENGINEERING TECHNICIANS	0	6	0	0	0
ENGINEERING SCIENCES RELATED	0	3	0	0	0

Critical Occupation	Number of Beneficiaries	Number Of Employees	% Of Total Within Occupation	Total Cost (R'000)	Average Cost per Employee (R)
MEDICAL SPECIALISTS	0	227	0	0	0
MOTOR VEHICLE DRIVERS	0	34	0	0	0
DENTAL TECHNICIANS	0	5	0	0	0
SECURITY GUARDS	0	17	0	0	0
HEALTH SCIENCES RELATED	0	333	0	0	0
FOOD SERVICES AIDS AND WAITERS	0	550	0	0	0
NURSING ASSISTANTS	0	5353	0	0	0
CONSERVATION LABOURERS	0	3	0	0	0
QUANTITY SURVEYORS & RELA PROF NOT CLASS ELSEWHERE	0	1	0	0	0
MECHANICAL ENGINEERING THECHNICIANS	0	3	0	0	0
PHARMACOLOGISTS PATHOLOGISTS & RELATED PROFESSIONA	0	1	0	0	0
SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHERS	0	11	0	0	0
INFORMATION TECHNOLOGY RELATED	0	14	0	0	0
LIBRARIANS AND RELATED PROFESSIONALS	0	1	0	0	0
SHOEMAKERS	0	3	0	0	0
AGRICULTURE RELATED	0	1	0	0	0
STAFF NURSES AND PUPIL NURSES	0	3542	0	0	0
TOTAL	**1**	**40864**	**0**	**11**	**10905**

3.9. Foreign Workers

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

Table 3.9.1 foreign workers by salary band for the period 1 April 2021 and 31 March 2022.

Salary Band	Employment at Beginning of Period	Percentage of Total at Beginning of Period	Employment at End of Period	Percentage of Total at End of Period	Change in Employment	Percentage of Total	Total Employment at Beginning of Period	Total Employment at End of Period	Total Change in Employment
Highly skilled production (Levels 6-8)	28	8	25	9	-3	6	334	282	-52
Highly skilled supervision (Levels 9-12)	294	88	246	87	-48	92	334	282	-52
Other	9	3	9	3	0	0	334	282	-52
Senior management (Levels 13-16)	1	0	1	0	0	0	334	282	-52
Skilled (Levels 3-5)	2	1	1	0	-1	2	334	282	-52
TOTAL	**334**	**100**	**282**	**100**	**-52**	**100**	**334**	**282**	**-52**

Table 3.9.2 Foreign workers by major occupation for the period 1 April 2021 and 31 March 2022.

Major Occupation	Employment at Beginning of Period	Percentage of Total at Beginning of Period	Employment at End of Period	Percentage of Total at End of Period	Change in Employment	Percentage of Total	Total Employment at Beginning of Period	Total Employment at End of Period	Total Change in Employment
Administrative office workers	2	1	2	1	0	0	334	282	-52
Craft and related trades workers	1	0	1	0	0	0	334	282	-52
Information technology personnel	2	1	0	0	-2	4	334	282	-52
Professionals and managers	328	98	278	99	-50	96	334	282	-52
Service workers	1	0	1	0	0	0	334	282	-52
Technicians and associated professionals	0	0	0	0	0	0	334	282	-52
TOTAL	**334**	**100**	**282**	**100**	**-52**	**100**	**334**	**282**	**-52**

3.10. Leave utilisation

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

Table 3.10.1 Sick leave for the period 1 January 2021 to 31 December 2021.

Salary Band	Total Days	% Days with Medical Certification	Number of Employees using Sick Leave	% of Total Employees using Sick Leave	Average Days per Employee	Estimated Cost (R'000)	Total number of Employees using Sick Leave	Total number of days with medical certification
Contract (Levels 1-2)	114	62	27	0	4	62	25975	71
Contract (Levels 3-5)	3150	81	839	3	4	2514	25975	2558
Contract (Levels 6-8)	3292	73	807	3	4	4060	25975	2389
Contract (Levels 9-12)	1560	69	364	1	4	3525	25975	1080
Highly skilled production (Levels 6-8)	55206	81	7820	30	7	79715	25975	44420
Highly skilled supervision (Levels 9-12)	29778	82	4125	16	7	83025	25975	24359
Lower skilled (Levels 1-2)	20674	81	2973	11	7	11987	25975	16667
Other	61	72	7	0	9	119	25975	44
Senior management (Levels 13-16)	197	94	31	0	6	882	25975	185
Skilled (Levels 3-5)	62301	82	8982	35	7	53369	25975	51048
TOTAL	**176333**	**81**	**25975**	**100**	**7**	**239258**	**25975**	**142821**

Table 3.10.2 Disability leave (temporary and permanent) for the period 1 January 2021 to 31 December 2021.

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)	Total number of days with medical certification	Total number of Employees using Disability Leave
Contract (Levels 3-5)	31	100	2	0	16	22	31	1295
Contract (Levels 6-8)	134	100	11	1	12	167	134	1295
Contract (Levels 9-12)	119	100	7	1	17	293	119	1295
Highly skilled production (Levels 6-8)	13954	100	428	33	33	20450	13954	1295
Highly skilled supervision (Levels 9-12)	9285	100	267	21	35	24576	9264	1295
Lower skilled (Levels 1-2)	3557	100	135	10	26	2125	3557	1295
Skilled (Levels 3-5)	13676	100	445	34	31	11752	13667	1295
TOTAL	**40756**	**100**	**1295**	**100**	**31**	**59385**	**40726**	**1295**

The table below summarises the utilisation of annual leave. The wage agreement concluded with trade unions in the PSCBC in 2000 requires management of annual leave to prevent high levels of accrued leave being paid at the time of termination of service.

Table 3.10.3 Annual Leave for the period 1 January 2021 to 31 December 2021.

Salary Band	Total Days Taken	Average per Employee	Number of Employees using Annual Leave
Contract (Levels 1-2)	135	4	32
Contract (Levels 13-16)	3	3	1
Contract (Levels 3-5)	13666	9	1588
Contract (Levels 6-8)	12600	10	1304
Contract (Levels 9-12)	11911	13	912
Highly skilled production (Levels 6-8)	257966	23	11439
Highly skilled supervision (Levels 9-12)	160293	24	6780
Lower skilled (Levels 1-2)	115446	23	5070
Other	280	31	9
Senior management (Levels 13-16)	1725	22	77
Skilled (Levels 3-5)	317672	23	14110
TOTAL	**891696**	**22**	**41322**

Table 3.10.4 Capped leave for the period 1 January 2021 to 31 December 2021.

Salary Band	Total Days of Capped Leave Taken	Average Number of Days Taken per Employee	Average Capped Leave per Employee as at End of Period	Number of Employees using Capped Leave	Total Number of Capped Leave Available at End of Period	Number of Employees as at End of Period
Contract (Levels 1-2)	R0	R0	R0	R0	R0	R0
Contract (Levels 13-16)	R0	R0	R0	R0	R0	R0
Contract (Levels 3-5)	R0	R0	R90	R0	R269	R3
Contract (Levels 6-8)	R2	R2	R103	R1	R616	R6
Contract (Levels 9-12)	R0	R0	R54	R0	R652	R12
Highly skilled production (Levels 6-8)	R374	R5	R68	R83	R82 312	R1 215
Highly skilled supervision (Levels 9-12)	R500	R6	R71	R89	R101 971	R1 440
Lower skilled (Levels 1-2)	R1	R1	R73	R1	R2 847	R39
Other	R0	R0	R10	R0	R10	R1
Senior management (Levels 13-16)	R0	R0	R64	R0	R1 715	R27
Skilled (Levels 3-5)	R92	R3	R52	R27	R41 043	R786
TOTAL	**R969**	**R5**	**R66**	**R201**	**R231 435**	**R3 529**

The following table summarise payments made to employees as a result of leave that was not taken.

Table 3.10.5 Leave pay-outs for the period 1 April 2021 and 31 March 2022.

Reason	Total Estimated Amount (R'000)	Number of Employees	Estimated Average per Employee (R)
ANNUAL - DISCOUNTING WITH RESIGNATION (WORK DAYS)	2 878,00	120,00	23 983,00
ANNUAL - GRATUITY: DEATH/RETIREMENT/MEDICAL RETIREMENT(WORK	12 671,00	420,00	30 169,00
CAPPED - GRATUITY: DEATH/RETIREMENT/MEDICAL RETIREMENT(WORK	14 593,00	143,00	102 049,00
TOTAL	**30 142,00**		
Leave Payouts (Actual) Allowance Codes - 0060, 0168, 0625, 0422, 0567, 0698, 0699, 0701	**29 967,00**	**547,00**	

3.11. HIV/AIDS & Health Promotion Programmes

Table 3.11.1 Steps taken to reduce the risk of occupational exposure.

Units/categories of employees identified to be at high risk of contracting HIV & related diseases (if any)	Key steps taken to reduce the risk
All Clinical, Clinical Support, Emergency Medical Services, Forensics, Maintenance, Laundry Staff Refuse Collectors and General Assistants at medical service delivery points are at high risk of exposure to HIV, TB, COVID-19 and other communicable diseases through direct contact with infected public / patients / colleagues, body parts and body fluids. The mode of infection includes cuts, needle pricks, handling of infected body parts, body fluids, breathing infected air and touching contaminated items of linen, utensils, and other surfaces in the course of duty.	Standard/Universal Precautions for infection control, Needle Prick protocol, Post Exposure Prophylaxis, Protective Barriers /Equipment and Personal Protective clothing – gowns, aprons, gloves, masks, visors, eye wear, etc. Special safety practices were required for COVID-19 according to the exposure risk categories of different occupational groups. These included physical distancing, rotation of non-frontline staff, hand hygiene and sanitization, special cleaning and disinfection, daily screening and testing of employees, quarantine and isolation as well as special and additional Personal Protective clothing and equipment e.g. screens and other physical barriers to prevent air droplet transmission. Other interventions include: a) Appointment of Compliance Officers and special response teams and various levels of the Department b) Staff training on infection control and standard / universal precautions and special Covid-29 safety measures. c) Warning signage and promotional material d) Reporting and investigation of occupational exposures e) Education on sharps and waste disposal. f) Trauma debriefing g) 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.	Yes		The EW Unit has 26 designated personnel: 12 EW at Districts and Hospital Complexes and 5 at Head Office (including COID unit); OHS dedicated Staff 4 in the Districts and 5 in Health Facilities. The annual operational budget for the programmes amounted to R 220 000 with R50 000 ringfenced for Compensation of Occupational Injuries and Diseases. Services have been delivered within this limited budget and with support from other programmes such as Clinical Services; HRD and external partners. EMS Directorate funds services for theirs and Forensic Pathology
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: 1. Case Management and counselling, attended to 2559 referrals with 1428 being active cases at the end of the year. 127 Trauma debriefing sessions were held with 819 employees to mitigate the impact of covid-19. 2. Prevention and Education: basic health risk assessments, HIV counselling and testing, TB screening, sport and recreation,

Question	Yes	No	Details, if yes
			Health calendar events, Life Skills (including Financial), presentations, workshops and distribution of information on various Wellness topics: 350 Sessions Reaching 4968 employees 3. Management Training and Advice: 54 Sessions reaching 329 supervisors and shop stewards 4. EW Programme Promotion, 169 sessions reaching 2877 employees 5. 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.	Yes		The Provincial Committee led by DDG: HR & CS, OHS Committees & Structures are functional 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. The policies are aligned to the DPSA Framework for Employee Health and Wellness and include: HIV, AIDS & TB Workplace Policy, Health and Productivity Management Policy, Occupational Health & Safety Policy, Wellness Management Policy,
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 and training programmes. Educational sessions include Substance Abuse, GBV and Sexual Harassment in the workplace.
7. Does the department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have achieved.	Yes		The EWP partners with GEMS and the HIV Directorate to host and promote VCT. HIV counseling; testing and PEP is also offered at Staff Health clinics. Employees testing positive are provided with counseling, referred for clinical management and assisted with COIDA claims where there is workplace exposure.
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. Indicators include the number of HCT sessions, no, of employees screened and tested, number of education and prevention sessions as well as the number of training sessions held with employees; supervisors and shop stewards,

3.12. Labour Relations

Table 3.12.1 Collective agreements for the period 1 April 2021 and 31 March 2022

SUBJECT MATTER	DATE
None	

Notes

If there were no agreements, keep the heading and replace the table with the following:

TOTAL NUMBER OF COLLECTIVE AGREEMENTS	None

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

Table 3.12.2 Misconduct and disciplinary hearings finalised for the period 1 April 2021 and 31 March 2022.

Outcomes of disciplinary hearings	Number	% of Total
Correctional counselling	0	0%
Verbal warning	0	0%
Written warning	5	5%
Final written warning	40	38%
Suspended without pay	37	35%
Fine	0	0%
Demotion	0	0%
Dismissal	15	14%
Not guilty	7	7%
Case withdrawn	5	5%
Total	104	100%

Table 3.12.3 Types of misconduct addressed at disciplinary hearings for the period 1 April 2021 and 31 March 2022.

Type of misconduct	Number	% of Total
Unauthorised Absence	14	13%
Unacceptable conduct	30	28%
Assault	9	9%
Causing damage or loss to state property	7	6.7%
Financial Misconduct	12	11.5%
Fraud	12	11.5%
Neglect of Duty	3	3%
Sexual Harassment	1	1%
Theft	14	13%
Under the influence of alcohol	2	2%
Total	104	100%

Notes

· If there were no agreements, keep the heading and replace the table with the following:

Total number of Disciplinary hearings finalised	None

Table 3.12.4 Grievances logged for the period 1 April 2021 and 31 March 2022.

Number of grievances addressed	Number	% of Total
Number of grievances resolved	28	40%
Number of grievances not resolved	42	60%
Total number of grievances lodged	**70**	**100%**

Table 3.12.5 Disputes logged with Councils for the period 1 April 2021 and 31 March 2022.

Disputes	Number	% of Total
Number of disputes upheld	82	76%
Number of disputes dismissed	26	24%
Total number of disputes lodged	**108**	**100%**

Table 3.12.6 Strike actions for the period 1 April 2021 and 31 March 2022.

Total number of persons working days lost	200
Total costs working days lost	
Amount recovered as result of no pay (R'000)	**Nil**

Table 3.12.7 Precautionary suspensions for the period 1 April 2021 and 31 March 2022.

Number of people suspended	10
Number of people whose suspension exceeded 30 days	10
Average number of days suspended	**1086**
Cost of suspension (R'000)	**R 3 133 260**

3.13. Skills development.

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

Table 3.13.1 Training needs identified for the period 1 April 2021 and 31 March 2022.05.

Occupational Category	Gender	Number of Employees at Beginning of Period	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	770	-	569	63	632
Legislators, senior officials and managers	Male	572	-	407	36	443
Professionals	Female	12 468	15	8 302	1 205	9 522
Professionals	Male	3 491	5	4 247	513	4 765
Technicians and associate professionals	Female	10 054	-	3 059	304	3 363
Technicians and associate professionals	Male	4 221	-	1 173	119	1 292
Clerks	Female	2 117	3	489	378	870
Clerks	Male	795	2	571	107	680
Service and sales workers	Female	3 728	2	1 120		1 122
Service and sales workers	Male	1 211	4	680		684
Skilled agriculture and fishery workers	Female	22	1	11		12
Skilled agriculture and fishery workers	Male	159	4	26		30
Craft and related trades workers	Female		-			0
Craft and related trades workers	Male		-			0
Plant and machine operators and assemblers	Female	533	-	16		16
Plant and machine operators and assemblers	Male	540	-	127	9	136
Elementary occupations	Female	2 988	146	88	106	340
Elementary occupations	Male	1 370	129	63	78	270
Gender sub totals	Female	32 680	-	15 877		15 877
Gender sub totals	Male	12 359	-	8 300		8 300
TOTAL		**90 078**	**311**	**45 125**	2 918	48 354

Table 3.13.2 Training provided for the period 1 April 2021 and 31 March 2022.

Occupational Category	Gender	Number of Employees at Beginning of Period	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	826	-	200	71	271
Legislators, senior officials and managers	Male	537	-	130	70	200
Professionals	Female	2 513	-	3 718	109	3 827
Professionals	Male	8 373	-	998	36	1 034
Technicians and associate professionals	Female	1 617	-	2 058	585	2 643
Technicians and associate professionals	Male	7 973	-	630	136	766
Clerks	Female	2 602	-	520	261	781
Clerks	Male	1 049	-	120	136	256
Service and sales workers	Female	3 465	-	330	254	584
Service and sales workers	Male	1 249	-	110	83	193
Skilled agriculture and fishery workers	Female	-	-	761	51	812
Skilled agriculture and fishery workers	Male	-	-	-	-	-
Craft and related trades workers	Female	18	-	-	-	-
Craft and related trades workers	Male	108	-	-	-	-
Plant and machine operators and assemblers	Female	17	-	8	-	8
Plant and machine operators and assemblers	Male	33	-	12	-	12
Elementary occupations	Female	3 416	-	-	-	-
Elementary occupations	Male	1 572	-	-	-	-
Gender sub totals	Female	14 474	-	7 595	1 331	8 926
Gender sub totals	Male	20 894	-	2 000	461	2 461
TOTAL		**70 736**	**-**	**19 190**	**3 584**	**22 774**

3.14. Injury on duty

The following tables provide basic information on injury on duty.

Table 3.14.1 Injury on duty for the period 1 April 2021 and 31 March 2022

Nature of injury on duty	Number	% of Total
Required basic medical attention only	282	43.8
Temporary Total Disablement	353	54.9
Permanent Disablement	0	0
Fatal	8	1.2
TOTAL	**643**	

3.15. Utilisation of Consultants.

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The following tables relates to information on the utilisation of consultants in the department.

In terms of the Public Service Regulations "consultant' means a natural or juristic person or a partnership who or which provides in terms of a specific contract on an ad hoc basis any of the following professional services to a department against remuneration received from any source:
The rendering of expert advice:
The drafting of proposals for the execution of specific tasks; and
The execution of a specific task which is of a technical or intellectual nature, but excludes an employee of a department.

Table 3.15.1 Report on consultant appointments using appropriated funds for the period 1 April 2021 and 31 March 2022.

Project Title	Total number of consultants that worked on the project	Duration: Work days	Contract value in Rand
Xxx	xxx	xxx	xxx

Table 3.15.2 Analysis of consultant appointments using appropriated funds, in terms of Historically Disadvantaged Individuals (HDIs) for the period 1 April 2021 and 31 March 2022.

Project Title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of Consultants from HDI groups that work on the project
Xxx	xxx	xxx	xxx

Table 3.15.3 Report on consultant appointments using Donor funds for the period 1 April 2021 and 31 March 2022.

Project Title	Total number of consultants that worked on the project	Duration: Work days	Donor and Contract value in Rand
Xxx	xxx	xxx	xxx

Table 3.15.4 Analysis of consultant appointments using Donor funds, in terms of Historically Disadvantaged Individuals (HDIs) for the period 1 April 2021 and 31 March 2022.

Project Title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of Consultants from HDI groups that work on the project
Xxx	xxx	xxx	xxx

3.16. Severance Packages.

Table 3.16.1 Granting of employee initiated severance packages for the period 1 April 2021 and 31 March 2022.



PART E

FINANCIAL INFORMATION

Report of the auditor-general to the Eastern Cape Legislature on vote no. 3: Department of Health

Report on the audit of the financial statements

Qualified opinion

1. I have audited the financial statements of the Department of Health set out on pages ... to ..., which comprise the appropriation statement, statement of financial position as at 31 March 2022, statement of financial performance, statement of changes in net assets and cash flow statement for the year then ended, as well as notes to the financial statements, including a summary of significant accounting policies.

2. In my opinion, except for the effects and possible effects of the matters described in the basis for qualified opinion section of this auditor's report, the financial statements present fairly, in all material respects, the financial position of the Eastern Cape Department of Health as at 31 March 2022, and its financial performance and cash flows for the year then ended in accordance with the Modified Cash Standard (MCS) as prescribed by the National Treasury and the requirements of the Public Finance Management Act 1 of 1999 (PFMA) and the Division of Revenue Act 9 of 2021 (Dora).

Basis for qualified opinion

Contingent liabilities

3. The department did not properly account for contingent liabilities, as required by chapter 14 of the MCS, *Provisions and contingencies*. Differences were identified between the source documentation and the contingent liability register. Furthermore, the department did not determine the best estimate of funds required to settle the obligation at the reporting date. I was unable to determine the impact of these misstatements to the current and prior year balance of contingent liabilities stated at R30,8 billion and R26 billion respectively, in note 19 to the financial statements, as it was impracticable to do so. In addition, I was unable to obtain sufficient appropriate audit evidence for the restatement of the corresponding figure of contingent liabilities as the correction could not be substantiated with supporting documents. I could not confirm these restatements by alternative means. Consequently, I was unable to determine whether any further adjustments were necessary to the current and prior year balance of contingent liabilities as stated above.

Compensation of employees

4. The department did not have adequate systems to account for other non-pensionable allowances. Stipends for contract employees were incorrectly classified as other non-pensionable allowances, resulting in an overtstatement of other non-pensionable allowances and understatement of compensative/circumstantial allowances by an undeterminable amount. Furthermore, I was unable to obtain sufficient appropriate audit evidence for other non-pensionable allowances as it was not substantiated with supporting documents. I could not confirm these by alternative means. Consequently, I was unable to determine whether any adjustments were necessary to other non-pensionable allowances stated at R3,2 billion in note 5.1 to the financial statements.

5. I was unable to obtain sufficient appropriate audit evidence for compensative/circumstantial allowances, as the department did not have adequate systems in place for retrieval of the supporting documents. I could not confirm these allowances by alternative means. Consequently, I was unable to determine whether any adjustment was necessary to compensative/circumstantial stated at R2 billion in note 5.1 to the financial statements.

Covid-19 response expenditure

6. I was unable to obtain sufficient appropriate audit evidence that management had properly accounted for the covid-19 compensation of employee expenditure, due to the non-submission of supporting documents or records in support of the disclosure note. I was unable to confirm this disclosure by alternative means. Consequently, I was unable to determine whether any adjustments were necessary to the covid-19 response expenditure stated at R1,1 billion in note 41 to the financial statements.

Context for the opinion

7. I conducted my audit in accordance with the International Standards on Auditing (ISAs). My responsibilities under those standards are further described in the auditor-general's responsibilities for the audit of the financial statements section of my report.

8. I am independent of the department in accordance with the International Ethics Standards Board for Accountants' *International code of ethics for professional accountants (including International Independence Standards)* (IESBA code) as well as other ethical requirements that are relevant to my audit in South Africa. I have fulfilled my other ethical responsibilities in accordance with these requirements and the IESBA code.

9. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my qualified opinion.

Material uncertainty relating to going concern

10. I draw attention to the matter below. My opinion is not modified in respect of this matter.

11. As disclosed in note 19 to the financial statements, the materialisation of the medico-legal claims contingent liability, which is unfunded, may lead to the department not being able to realise its assets and discharge its liabilities in the normal course of business. This poses a significant risk to the financial sustainability of the department. These events and conditions indicate that a material uncertainty exists that may cast significant doubt on the department's ability to continue as a going concern. The steps taken by management to address the risk and ensure the department's financial sustainability are also highlighted in note 19 to the financial statements.

Emphasis of matter

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

Bank overdraft

13. The department was in an overdraft position of R1 billion (2021-20: R1,1 billion) as disclosed in note 15 to the financial statements.

Other matter

14. I draw attention to the matter below. My opinion is not modified in respect of this matter.

Unaudited supplementary schedules

15. The supplementary annexures set out on pages xx to xx do not form part of the financial statements and are presented as additional information. I have not audited these schedules and, accordingly, I do not express an opinion on them.

Responsibilities of the accounting officer for the financial statements

16. The accounting officer is responsible for the preparation and fair presentation of the financial statements in accordance with the MCS as prescribed by the National Treasury and the requirements of the PFMA and Dora, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

17. In preparing the financial statements, the accounting officer is responsible for assessing the department's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the appropriate governance structure either intends to liquidate the department or to cease operations, or has no realistic alternative but to do so.

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

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

19. A further description of my responsibilities for the audit of the financial statements is included in the annexure to this auditor's report.

Report on the audit of the annual performance report

Introduction and scope

20. In accordance with the Public Audit Act 25 of 2004 (PAA) and the general notice issued in terms thereof, I have a responsibility to report on the usefulness and reliability of the reported performance information against predetermined objectives for selected programmes presented in the annual performance report. I performed procedures to identify material findings but not to gather evidence to express assurance.

21. My procedures address the usefulness and reliability of the reported performance information, which must be based on the department's approved performance planning documents. I have not evaluated the completeness and appropriateness of the performance indicators included in the planning documents. My procedures do not examine whether the actions taken by the department enabled service delivery. My procedures do not extend to any disclosures or assertions relating to the extent of achievements in the current year or planned performance strategies and information in respect of future periods that may be included as part of the reported performance information. Accordingly, my findings do not extend to these matters.

22. I evaluated the usefulness and reliability of the reported performance information in accordance with the criteria developed from the performance management and reporting framework, as defined in the general notice, for the following selected programme presented in the department's annual performance report for the year ended 31 March 2022:

Programme	Pages in the annual performance report
Programme 2 – district health services	x – x

23. I performed procedures to determine whether the reported performance information was properly presented and whether performance was consistent with the approved performance planning documents. I performed further procedures to determine whether the indicators and related targets were measurable and relevant, and assessed the reliability of the reported performance information to determine whether it was valid, accurate and complete.

24. The material findings on the usefulness and reliability of the performance information of the selected programme are as follows:

Programme 2 – district health services

3.5.6 Number of people vaccinated

25. The method of calculation for the achievement of this indicator was not clearly defined. As a result, I was unable to obtain sufficient appropriate audit evidence for the achievement of 2 356 730 people vaccinated as reported in the annual performance report. I was unable to confirm the reported achievement by alternative means. Consequently, I was unable to determine whether any adjustments were required to the reported achievement.

1.3.10 Child under 5 years pneumonia case fatality rate

26. I was unable to obtain sufficient appropriate audit evidence to support the reason for the variance between the planned target of 3% and the achievement of 3,3% reported in the annual performance report. This was due to limitations placed on the scope of my work. I was unable to confirm the reported reason for the variance by alternative means. Consequently, I was unable to determine whether any adjustments were required to the reported reasons for the variance.

Various indicators

27. I was unable to obtain sufficient appropriate evidence for the reported achievements of the indicators below. This was due to a lack of accurate and complete records. I was unable to confirm the reported achievements by alternative means. Consequently, I was unable to determine whether any adjustments were required to the reported achievements in the annual performance report for these indicators.

Indicator number	Performance indicator	Reported value
3.1.1	HIV test done – sum	1 701 524
3.1.2	HIV positive 15-24 years (excl. ANC) rate	2,2%

Various indicators

28. The achievements below were reported in the annual performance report for the listed indicators. However, some supporting evidence provided materially differed from the reported achievements, while in other instances I was unable to obtain sufficient appropriate audit evidence. In addition, I was unable to obtain sufficient appropriate audit evidence to support the reasons for variances between planned targets and the achievement reported in the annual performance report due to limitations placed on the scope of my work. I was unable to confirm the reported reasons for variances by alternative means. Consequently, I was unable to determine whether any adjustments were required to the reported achievements and the reasons for variances.

Indicator number	Performance indicator	Planned target	Reported achievement
1.3.3	Immunisation under 1 year coverage	80%	88,7%
1.3.6	Neonatal death in facility rate	10/1000	13,2/1000
1.3.11	Child under 5 years severe acute malnutrition case fatality rate	8%	9,7%
1.3.4	Measles 2nd dose coverage	80%	83,3%

Various indicators

29. The achievements reported in the annual performance report materially differed from the supporting evidence provided for the indicators listed below.

Indicator number	Performance indicator	Reported achievement
3.5.5	Case fatality rate for covid-19	4,10 per 100 0000
3.2.8	ART child - viral load suppressed rate	64%
1.3.1	Infant 1st PCR tests positive at birth rate	0,4%
3.3.6	All DS - TB client lost to follow - up rate	14,1%
1.3.2	Infant PCR test positive around 10 weeks rate	0,8%
3.2.1	ART client naïve start ART during month – sum	50 541

Various indicators

30. The achievements below were reported in the annual performance report for the listed indicators. However, some supporting evidence provided materially differed from the reported achievements, while in other instances I was unable to obtain sufficient appropriate audit evidence. This was due to a lack of accurate and complete records. I was unable to confirm the reported achievements by alternative means. Consequently, I was unable to determine whether any further adjustments were required to the reported achievements.

Indicator number	Performance indicator	Reported achievement
1.1.2	Antenatal 1st visit before 20 weeks rate	63%
1.1.3	Antenatal client start on ART rate	90,4%
1.2.2	Mother postnatal visit within 6 day rate	78,6%
1.1.1	Couple year protection rate	49%

Other matters

31. I draw attention to the matters below.

Achievement of planned targets

32. Refer to the annual performance report on pages ... to ... for information on the achievement of planned targets for the year and management's explanations provided for the under/overachievement of targets. This information should be considered in the context of the material findings on the usefulness and reliability of the reported performance information in paragraphs 24 to 30 of this report.

Adjustment of material misstatements

33. I identified material misstatements in the annual performance report submitted for auditing. These material misstatements were in the reported performance information of programme 2 – district health services. As management subsequently corrected only some of the misstatements, I raised material findings on the usefulness and reliability of the reported performance information. Those that were not corrected are reported above.

Report on the audit of compliance with legislation

Introduction and scope

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

35. The material findings on compliance with specific matters in key legislation are as follows:

Strategic planning and performance management

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

Annual financial statements, performance report and annual report

37. The financial statements submitted for auditing were not prepared in accordance with the prescribed financial reporting framework and supported by full and proper records, as required by section 40(1)(a) and (b) of the PFMA. Material misstatements identified by the auditors in the submitted financial statements were not adequately corrected and the supporting records could not be provided subsequently, which resulted in the financial statements receiving a qualified opinion.

Expenditure management

38. Effective and appropriate steps were not taken to prevent unauthorised expenditure amounting to R277,1 million, as disclosed in note 10.1 to the financial statements, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1.

39. Effective and appropriate steps were not taken to prevent irregular expenditure amounting to R104,9 million, as disclosed in note 26.1 to the financial statements, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. The majority of the irregular expenditure was caused by non-compliance with supply chain management legislation.

40. Payments were not made within 30 days or an agreed period after receipt of an invoice, as required by treasury regulation 8.2.3.

Consequence management

41. I was unable to obtain sufficient appropriate audit evidence that investigations were conducted into all allegations of financial misconduct committed by officials, as required by treasury regulation 4.1.1.

42. I was unable to obtain sufficient appropriate audit evidence that disciplinary hearings were held for confirmed cases of financial misconduct committed by officials, as required by treasury regulation 4.1.1.

43. I was unable to obtain sufficient appropriate audit evidence that allegations of theft and fraud exceeding R100 000 were reported to the South African Police Service (SAPS), as required by section 34(1) of the Prevention and Combating of Corrupt Activities Act 12 of 2004.

Other information

44. The accounting officer is responsible for the other information. The other information comprises the information included in the annual report. The other information does not include the financial statements, the auditor's report and the selected programmes presented in the annual performance report that have been specifically reported in this auditor's report.

45. My opinion on the financial statements and findings on the reported performance information and compliance with legislation do not cover the other information and I do not express an audit opinion or any form of assurance conclusion on it.

46. In connection with my audit, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements and the selected programmes presented in the annual performance report, or my knowledge obtained in the audit, or otherwise appears to be materially misstated.

47. I did not receive the other information prior to the date of this auditor's report. When I do receive and read this information, and if I conclude that there is a material misstatement therein, I am required to communicate the matter to those charged with governance and request that the other information be corrected. If the other information is not corrected, I may have to retract this auditor's report and re-issue an amended report as appropriate. However, if it is corrected this will not be necessary.

Internal control deficiencies

48. I considered internal control relevant to my audit of the financial statements, reported performance information and compliance with applicable legislation; however, my objective was not to express any form of assurance on it. The matters reported below are limited to the significant internal control deficiencies that resulted in the basis for the qualified opinion, the findings on the annual performance report and the findings on compliance with legislation included in this report.

49. Policies and procedures were not consistently implemented throughout the department. The lack of implementation of policies and procedures relating to job responsibilities by some officials at facilities and districts resulted in repeat findings being raised on performance information and compliance with key legislation.

50. Senior management created an audit action plan to improve the reporting on performance and financial information and resolve previously reported findings on non-compliance; however, the plan failed to resolve the targeted areas for improvement.

51. The department did not have an effective records management system in place to reliably account for its performance and financial information. As a result, the department continued to have challenges with the submission of documentation to support the reported performance, as well as information and records related to human resource management and contingent liabilities.

52. The department's compliance monitoring processes were not effective to ensure compliance with laws and regulations. This contributed to the repeat non-compliance findings reported.

Material irregularities

53. In accordance with the PAA and the Material Irregularity Regulations, I have a responsibility to report on material irregularities identified during the audit.

Material irregularities identified during the audit

54. The material irregularities identified are as follows:

Invoices on construction contract not paid within 30 days

55. Variation orders for the extension of time with costs were approved and paid for the upgrading of staff accommodation. The extension of time with costs arose from the suspension of work by the contractor, due to late payments by the department. These claims were paid on 19 April 2020 and 17 December 2020 and amounted to R5,7 million (VAT inclusive). This constitutes a material financial loss as well as non-compliance with treasury regulation 8.2.3.

56. The accounting officer was notified of the material irregularity on 31 August 2021 and was invited to make a written submission on the actions taken and that will be taken to address the matter. The accounting officer responded with a written submission on 22 October 2021, but has not taken any action in response to being notified of the material irregularity. I recommend that the accounting officer should take the following actions to address the material irregularity, which should be implemented by 4 November 2022:

57. The fruitless and wasteful expenditure incurred in respect of the extension of time claims should be investigated and the financial loss incurred should be quantified, in accordance with the applicable instruction note(s) issued by the National Treasury dealing with fruitless and wasteful expenditure.

58. The investigation should determine the reasons and circumstances that led to the extension of time claims for the purpose of developing and implementing an action plan to address control weaknesses.

59. Effective and appropriate disciplinary steps should be initiated without undue delay, against any official that the investigation found to be responsible, as required by section 38(1)(h) of the PFMA and in accordance with treasury regulation 9.1.3.

60. Appropriate action should be taken to determine whether the responsible official is liable by law for the losses suffered by the department for the purpose of recovery, as required by treasury regulations 9.1.4 and 12.7.1.

61. Appropriate action should be taken to ensure that the cash flow requirements of all projects, including the cash flow requirements of implementing agents, are included in the annual budget and adjustment budget of the department.

62. I will follow-up on the implementation of the planned actions, after the due date, as required by section 5A (1) of the PAA.

Other reports

63. I draw attention to the following engagements conducted by various parties which had, or could have, an impact on the matters reported in the department's financial statements, reported performance information, compliance with applicable legislation and other related

matters. These reports did not form part of my opinion on the financial statements or my findings on the reported performance information or compliance with legislation.

64. The Special Investigations Unit (SIU) investigated a number of cases relating to unfair and uncompetitive procurement processes in the current year. One investigation was finalised which resulted in the cancellation of the contract. One case is still ongoing and four were referred to the National Prosecuting Authority (NPA) and are currently being investigated by the Directorate for Priority Crime Investigation.

65. Four forensic firms were engaged to conduct investigations into the unfair disqualification of tender bids. These are still in progress at year end.

Auditor-General

East London

31 July 2022

AUDITOR-GENERAL
SOUTH AFRICA

Auditing to build public confidence

Annexure – Auditor-general's responsibility for the audit

1. As part of an audit in accordance with the ISAs, I exercise professional judgement and maintain professional scepticism throughout my audit of the financial statements and the procedures performed on reported performance information for selected programmes and on the department's compliance with respect to the selected subject matters.

Financial statements

2. In addition to my responsibility for the audit of the financial statements as described in this auditor's report, I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the department's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the accounting authority
- conclude on the appropriateness of the accounting officer's use of the going concern basis of accounting in the preparation of the financial statements. I also conclude, based on the audit evidence obtained, whether a material uncertainty exists relating to events or conditions that may cast significant doubt on the ability of the department to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements about the material uncertainty or, if such disclosures are inadequate, to modify my opinion on the financial statements. My conclusions are based on the information available to me at the date of this auditor's report. However, future events or conditions may cause a department to cease operating as a going concern
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation

Communication with those charged with governance

3. I communicate with the accounting officer regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

4. I also provide the accounting officer with a statement that I have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on my independence and, where applicable, actions taken to eliminate threats or safeguards applied.

2. ANNUAL FINANCIAL STATEMENTS

ANNUAL FINANCIAL STATEMENTS FOR THE EASTERN CAPE DEPARTMENT OF HEALTH

For the year ended
31 March 2022

Date authorised for issue: 31 July 2022

Authorised by: 

Dr Wagner
Accounting Officer – Eastern Cape Department of Health

EASTERN CAPE DEPARTMENT OF HEALTH
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ANNUAL FINANCIAL STATEMENTS

for the year ended 31 March 2022

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EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT

for the year ended 31 March 2022

Appropriation per programme

Voted funds and Direct charges	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Programme									
1 ADMINISTRATION	826,936	-	(58,789)	768,147	768,147	-	100%	662,006	651,360
2 DISTRICT HEALTH SERVICES	14,902,935	-	163,174	15,066,109	15,094,877	(28,768)	100%	14,635,485	15,075,401
3 EMERGENCY MEDICAL SERVICES	1,528,180	-	(122,092)	1,406,088	1,353,522	52,566	96%	1,273,418	1,272,046
4 PROVINCIAL HOSPITAL SERVICES	3,487,986	-	189,138	3,677,124	3,686,353	(9,229)	100%	3,530,669	3,980,365
5 CENTRAL HOSPITAL SERVICES	4,611,724	-	17,000	4,628,724	4,751,526	(122,802)	103%	4,718,857	4,845,403
6 HEALTH SCIENCES AND TRAINING	934,494	-	(74,921)	859,573	774,759	84,814	90%	795,258	720,097
7 HEALTH CARE SUPPORT SERVICES	174,396	-	(13,510)	160,886	112,986	47,900	70%	173,856	152,387
8 HEALTH FACILITIES MANAGEMENT	1,306,263	-	(100,000)	1,206,263	1,087,913	118,350	90%	1,836,676	1,357,890
Programme sub total	**27,772,914**	**-**	**-**	**27,772,914**	**27,630,083**	**142,831**	**99%**	**27,626,225**	**28,054,949**
Statutory Appropriation	**1,820**	**-**	**-**	**1,820**	**1,820**	**-**	**100%**	**1,820**	**1,820**
Member of Executive Council salary	1,820	-	-	1,820	1,820	-	100%	1,820	1,820
	-	-	-	-	-	-	0%	-	-
TOTAL	**27,774,734**	**-**	**-**	**27,774,734**	**27,631,903**	**142,831**	**99%**	**27,628,045**	**28,056,769**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT

for the year ended 31 March 2022

Voted funds and Direct charges	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Reconciliation with Statement of Financial Performance									
Add:									
Departmental receipts				-				19,965	
NRF Receipts				-				-	
Aid assistance				-				-	
Actual amounts per Statement of Financial Performance (Total Revenue)				**27,774,734**				**27,648,010**	
Add: Aid assistance					-				-
Prior year unauthorised expenditure approved without funding									
Actual amounts per Statement of Financial Performance Expenditure					**27,631,903**				**28,056,769**

EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT

for the year ended 31 March 2022

Appropriation per economic classification	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**25,955,543**	**(10,700)**	**1**	**25,944,844**	**26,127,564**	**(182,721)**	**101%**	**25,251,578**	**25,600,172**
Compensation of employees	18,479,749	(131,597)	140,003	18,488,155	18,479,937	8,218	100%	17,818,022	17,991,168
Goods and services	7,475,794	119,024	(140,003)	7,454,816	7,642,943	(188,128)	103%	7,433,556	7,553,578
Interest and rent on land	-	1,873	-	1,873	4,684	(2,811)	250%	-	55,426
Transfers and subsidies	**328,495**	**8,000**	**-**	**336,495**	**332,597**	**3,898**	**99%**	**265,529**	**1,028,660**
Departmental agencies and accounts	13,149	-	-	13,149	13,075	74	99%	13,058	-
Non-profit institutions	-	-	-	-	-	-	0%	8,495	8,495
Households	315,346	8,000	-	323,346	319,522	3,824	99%	243,976	1,020,165
Payments for capital assets	**1,490,696**	**2,700**	**(1)**	**1,493,396**	**1,171,742**	**321,654**	**78%**	**2,110,938**	**1,427,937**
Buildings and other fixed structures	707,417	60,000	-	767,417	575,252	192,165	75%	1,326,072	933,763
Machinery and equipment	783,279	(57,300)	(1)	725,979	596,490	129,489	82%	784,866	494,174
	27,774,734	**-**	**-**	**27,774,734**	**27,631,903**	**142,831**	**99%**	**27,628,045**	**28,056,769**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT

for the year ended 31 March 2022

Programme 1: ADMINISTRATION

Subprogramme: 1.1: OFFICE OF THE MEC

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**8,384**	**-**	**-**	**8,384**	**5,401**	**2,983**	**64%**	**6,949**	**5,417**
Compensation of employees	3,856	-	-	3,856	3,670	186	95%	2,842	3,937
Goods and services	4,528	-	-	4,528	1,731	2,797	38%	4,107	1,480
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**170**	**(170)**	**0%**	**-**	**10**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%	-	
Households	-	-	-	-	170	(170)	0%	-	10
Payments for capital assets	**634**	**-**	**-**	**634**	**185**	**449**	**29%**	**1,472**	**52**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	634	-	-	634	185	449	29%	1,472	52
Total	**9,018**	**-**	**-**	**9,018**	**5,756**	**3,262**	**64%**	**8,421**	**5,479**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT

for the year ended 31 March 2022

	2021/22							2020/21	
	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									
OFFICE OF THE MEC	9,018	-	-	9,018	5,756	3,262	64%	8,421	5,479
MANAGEMENT	817,918	-	(58,789)	759,129	762,391	(3,262)	100%	653,585	645,881
	826,936	**-**	**(58,789)**	**768,147**	**768,147**	**-**	**100%**	**662,006**	**651,360**
Economic classification									
Current payments	**799,962**	**(8,000)**	**(74,299)**	**717,664**	**708,601**	**9,063**	**99%**	**649,753**	**650,033**
Compensation of employees	447,478	-	(46,214)	401,264	395,812	5,452	99%	421,532	421,224
Goods and services	352,484	(9,873)	(28,085)	314,527	310,216	4,311	99%	228,221	228,220
Interest and rent on land	-	1,873	-	1,873	2,573	(700)	137%	-	589
Transfers and subsidies	**2,113**	**8,000**	**-**	**10,113**	**10,257**	**(144)**	**101%**	**3,687**	**(2,938)**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions	-	-	-	-	-	-	0%	-	-
Households	2,113	8,000	-	10,113	10,257	(144)	101%	3,687	(2,938)
Payments for capital assets	**24,861**	**-**	**15,510**	**40,371**	**49,289**	**(8,919)**	**122%**	**8,566**	**4,265**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	24,861	-	15,510	40,371	49,289	(8,919)	122%	8,566	4,265
	826,936	**-**	**(58,789)**	**768,147**	**768,147**	**-**	**100%**	**662,006**	**651,360**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT

for the year ended 31 March 2022

Subprogramme: 1.2: MANAGEMENT

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**791,578**	**(8,000)**	**(74,299)**	**709,280**	**703,200**	**6,080**	**99%**	**642,804**	**644,616**
Compensation of employees	443,622	-	(46,214)	397,408	392,142	5,266	99%	418,690	417,287
Goods and services	347,956	(9,873)	(28,085)	309,999	308,485	1,514	100%	224,114	226,740
Interest and rent on land	-	1,873	-	1,873	2,573	(700)	137%	-	589
Transfers and subsidies	**2,113**	**8,000**	**-**	**10,113**	**10,087**	**26**	**100%**	**3,687**	**(2,948)**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	2,113	8,000	-	10,113	10,087	26	100%	3,687	(2,948)
Payments for capital assets	**24,227**	**-**	**15,510**	**39,737**	**49,104**	**(9,368)**	**124%**	**7,094**	**4,213**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	24,227	-	15,510	39,737	49,104	(9,368)	124%	7,094	4,213
Total	**817,918**	**-**	**(58,789)**	**759,129**	**762,391**	**(3,262)**	**100%**	**653,585**	**645,881**

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for the year ended 31 March 2022

Programme 2: DISTRICT HEALTH SERVICES

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 DISTRICT MANAGEMENT	1,244,700	(31,103)	24,400	1,237,997	1,107,030	130,967	89%	1,115,838	1,233,777
2 COMMUNITY HEALTH CLINICS	2,838,613	50,000	90,774	2,979,387	3,196,102	(216,715)	107%	2,561,298	2,956,236
3 COMMUNITY HEALTH CENTRES	1,353,737	11,103	-	1,364,840	1,417,103	(52,263)	104%	1,317,801	1,276,808
4 COMMUNITY BASED SERVICES	596,831	-	-	596,831	585,025	11,806	98%	623,143	471,870
5 OTHER COMMUNITY SERVICES	84,171	(20,000)	-	64,171	77,412	(13,241)	121%	68,633	54,342
6 HIV/AIDS	3,116,477	-	-	3,116,477	2,851,055	265,422	91%	3,157,298	3,082,132
7 NUTRITION	39,779	-	-	39,779	30,100	9,679	76%	53,230	36,816
8 CORONER SERVICES	129,651	-	-	129,651	137,156	(7,505)	106%	112,050	124,823
9 DISTRICT HOSPITALS	5,498,976	(10,000)	48,000	5,536,976	5,693,894	(156,918)	103%	5,626,194	5,838,597
	14,902,935	**-**	**163,174**	**15,066,109**	**15,094,877**	**(28,768)**	**100%**	**14,635,485**	**15,075,401**

EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT

for the year ended 31 March 2022

Programme 2: DISTRICT HEALTH SERVICES

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Current payments	**14,579,123**	**(2,700)**	**153,174**	**14,729,597**	**14,810,440**	**(80,843)**	**101%**	**14,371,607**	**14,468,614**
Compensation of employees	10,416,285	(221,597)	-	10,194,688	10,117,843	76,845	99%	9,835,966	9,835,966
Goods and services	4,162,838	218,897	153,174	4,534,909	4,691,268	(156,359)	103%	4,535,641	4,602,676
Interest and rent on land	-	-	-	-	1,329	(1,329)	0%	-	29,972
Transfers and subsidies	**95,056**	**-**	**10,000**	**105,056**	**113,039**	**(7,983)**	**108%**	**80,554**	**462,984**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions	-	-	-	-	-	-	0%	8,495	8,495
Households	95,056	-	10,000	105,056	113,039	(7,983)	108%	72,059	454,489
Payments for capital assets	**228,756**	**2,700**	**-**	**231,456**	**171,398**	**60,058**	**74%**	**183,324**	**143,803**
Buildings and other fixed structures	-	60,000	-	60,000	-	60,000	0%	-	-
Machinery and equipment	228,756	(57,300)	-	171,456	171,398	58	100%	183,324	143,803
	14,902,935	**-**	**163,174**	**15,066,109**	**15,094,877**	**(28,768)**	**100%**	**14,635,485**	**15,075,401**

APPROPRIATION STATEMENT

for the year ended 31 March 2022

Subprogramme: 2.1: DISTRICT MANAGEMENT

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**1,101,805**	**(31,103)**	**24,400**	**1,095,102**	**976,325**	**118,777**	**89%**	**1,033,856**	**1,155,535**
Compensation of employees	920,656	(30,000)	-	890,656	842,224	48,432	95%	932,088	1,024,437
Goods and services	181,149	(1,103)	24,400	204,446	134,101	70,345	66%	101,768	131,098
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**69,971**	**-**	**-**	**69,971**	**55,826**	**14,145**	**80%**	**30,655**	**27,141**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	69,971	-	-	69,971	55,826	14,145	80%	30,655	27,141
Payments for capital assets	**72,924**	**-**	**-**	**72,924**	**74,879**	**(1,955)**	**103%**	**51,327**	**51,101**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	72,924	-	-	72,924	74,879	(1,955)	103%	51,327	51,101
Total	**1,244,700**	**(31,103)**	**24,400**	**1,237,997**	**1,107,030**	**130,967**	**89%**	**1,115,838**	**1,233,777**

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APPROPRIATION STATEMENT

for the year ended 31 March 2022

Subprogramme: 2.2: COMMUNITY HEALTH CLINICS

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**2,817,299**	**50,000**	**90,774**	**2,958,073**	**3,189,150**	**(231,077)**	**108%**	**2,554,780**	**2,953,641**
Compensation of employees	2,190,464	(120,000)	-	2,070,464	2,062,497	7,967	100%	1,804,164	1,938,663
Goods and services	626,835	170,000	90,774	887,609	1,126,653	(239,044)	127%	750,616	1,014,978
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**2,804**	**(2,804)**	**0%**	**-**	**2,121**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	-	-	-	-	2,804	(2,804)	0%	-	2,121
Payments for capital assets	**21,314**	**-**	**-**	**21,314**	**4,148**	**17,166**	**19%**	**6,518**	**474**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	21,314	-	-	21,314	4,148	17,166	19%	6,518	474
Total	**2,838,613**	**50,000**	**90,774**	**2,979,387**	**3,196,102**	**(216,715)**	**107%**	**2,561,298**	**2,956,236**

APPROPRIATION STATEMENT

for the year ended 31 March 2022

Subprogramme: 2.3: COMMUNITY HEALTH CENTRES

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**1,346,783**	**11,103**	**-**	**1,357,886**	**1,407,174**	**(49,288)**	**104%**	**1,311,527**	**1,254,152**
Compensation of employees	1,139,840	1,103	-	1,140,943	1,169,848	(28,905)	103%	1,087,502	1,025,262
Goods and services	206,943	10,000	-	216,943	237,326	(20,383)	109%	224,025	228,072
Interest and rent on land	-	-	-	-	-	-	0%	-	818
Transfers and subsidies	**-**	**-**	**-**	**-**	**2,335**	**(2,335)**	**0%**	**-**	**17,182**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	-	-	-	-	2,335	(2,335)	0%	-	17,182
Payments for capital assets	**6,954**	**-**	**-**	**6,954**	**7,594**	**(640)**	**109%**	**6,274**	**5,474**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	6,954	-	-	6,954	7,594	(640)	109%	6,274	5,474
Total	**1,353,737**	**11,103**	**-**	**1,364,840**	**1,417,103**	**(52,263)**	**104%**	**1,317,801**	**1,276,808**

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APPROPRIATION STATEMENT

for the year ended 31 March 2022

Subprogramme: 2.4: COMMUNITY BASED SERVICES

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**574,058**	**-**	**-**	**574,058**	**558,636**	**15,422**	**97%**	**579,011**	**460,222**
Compensation of employees	457,166	-	-	457,166	463,940	(6,774)	101%	462,046	372,804
Goods and services	116,892	-	-	116,892	94,693	22,199	81%	116,965	87,418
Interest and rent on land	-	-	-	-	3	(3)	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**1,009**	**(1,009)**	**0%**	**-**	**1,678**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	-	-	-	-	1,009	(1,009)	0%	-	1,678
Payments for capital assets	**22,773**	**-**	**-**	**22,773**	**25,380**	**(2,607)**	**111%**	**44,132**	**9,970**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	22,773	-	-	22,773	25,380	(2,607)	111%	44,132	9,970
Total	**596,831**	**-**	**-**	**596,831**	**585,025**	**11,806**	**98%**	**623,143**	**471,870**

APPROPRIATION STATEMENT

for the year ended 31 March 2022

Subprogramme: 2.5: OTHER COMMUNITY SERVICES

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**84,030**	**(20,000)**	**-**	**64,030**	**77,374**	**(13,344)**	**121%**	**58,482**	**54,262**
Compensation of employees	66,214	(20,000)	-	46,214	67,965	(21,751)	147%	35,695	45,924
Goods and services	17,816	-	-	17,816	9,409	8,407	53%	22,787	8,338
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	-	-	-	-	-	-	0%	-	-
Payments for capital assets	**141**	**-**	**-**	**141**	**38**	**103**	**27%**	**10,151**	**80**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	141	-	-	141	38	103	27%	10,151	80
Total	**84,171**	**(20,000)**	**-**	**64,171**	**77,412**	**(13,241)**	**121%**	**68,633**	**54,342**

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APPROPRIATION STATEMENT

for the year ended 31 March 2022

Subprogramme: 2.6: HIV/AIDS

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**3,041,320**	**(2,700)**	**-**	**3,038,620**	**2,833,663**	**204,957**	**93%**	**3,135,859**	**3,065,869**
Compensation of employees	879,779	(2,700)	-	877,079	672,626	204,453	77%	750,052	747,263
Goods and services	2,161,541	-	-	2,161,541	2,161,037	504	100%	2,385,807	2,318,606
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**183**	**-**	**-**	**183**	**405**	**(222)**	**221%**	**8,495**	**9,115**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%	8,495	8,495
Households	183	-	-	183	405	(222)	221%	-	620
Payments for capital assets	**74,974**	**2,700**	**-**	**77,674**	**16,987**	**60,687**	**22%**	**12,944**	**7,148**
Buildings and other fixed structures	-	60,000	-	60,000	-	60,000	0%	-	-
Machinery and equipment	74,974	(57,300)	-	17,674	16,987	687	96%	12,944	7,148
Total	**3,116,477**	**-**	**-**	**3,116,477**	**2,851,055**	**265,422**	**91%**	**3,157,298**	**3,082,132**

APPROPRIATION STATEMENT

for the year ended 31 March 2022

Subprogramme: 2.7: NUTRITION

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**39,456**	**-**	**-**	**39,456**	**29,756**	**9,700**	**75%**	**40,738**	**24,662**
Compensation of employees	-	-	-	-	-	-	0%	-	-
Goods and services	39,456	-	-	39,456	29,755	9,701	75%	40,738	24,662
Interest and rent on land	-	-	-	-	1	(1)	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**(1)**	**1**	**0%**	**-**	**-**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	-	-	-	-	(1)	1	0%	-	-
Payments for capital assets	**323**	**-**	**-**	**323**	**345**	**(22)**	**107%**	**12,492**	**12,154**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	323	-	-	323	345	(22)	107%	12,492	12,154
Total	**39,779**	**-**	**-**	**39,779**	**30,100**	**9,679**	**76%**	**53,230**	**36,816**

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for the year ended 31 March 2022

Subprogramme: 2.8: CORONER SERVICES

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**122,424**	**-**	**-**	**122,424**	**123,937**	**(1,513)**	**101%**	**104,741**	**116,010**
Compensation of employees	105,132	-	-	105,132	103,579	1,553	99%	84,871	97,102
Goods and services	17,292	-	-	17,292	20,358	(3,066)	118%	19,870	18,908
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**60**	**-**	**-**	**60**	**32**	**28**	**53%**	**53**	**28**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	60	-	-	60	32	28	53%	53	28
Payments for capital assets	**7,167**	**-**	**-**	**7,167**	**13,187**	**(6,020)**	**184%**	**7,256**	**8,785**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	7,167	-	-	7,167	13,187	(6,020)	184%	7,256	8,785
Total	**129,651**	**-**	**-**	**129,651**	**137,156**	**(7,505)**	**106%**	**112,050**	**124,823**

APPROPRIATION STATEMENT

for the year ended 31 March 2022

Subprogramme: 2.9: DISTRICT HOSPITALS

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**5,451,948**	**(10,000)**	**38,000**	**5,479,948**	**5,614,425**	**(134,477)**	**102%**	**5,552,613**	**5,384,261**
Compensation of employees	4,657,034	(50,000)	-	4,607,034	4,735,164	(128,130)	103%	4,679,548	4,584,511
Goods and services	794,914	40,000	38,000	872,914	877,936	(5,022)	101%	873,065	770,596
Interest and rent on land	-	-	-	-	1,325	(1,325)	0%	-	29,154
Transfers and subsidies	**24,842**	**-**	**10,000**	**34,842**	**50,629**	**(15,787)**	**145%**	**41,351**	**405,719**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	24,842	-	10,000	34,842	50,629	(15,787)	145%	41,351	405,719
Payments for capital assets	**22,186**	**-**	**-**	**22,186**	**28,840**	**(6,654)**	**130%**	**32,230**	**48,617**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	22,186	-	-	22,186	28,840	(6,654)	130%	32,230	48,617
Total	**5,498,976**	**(10,000)**	**48,000**	**5,536,976**	**5,693,894**	**(156,918)**	**103%**	**5,626,194**	**5,838,597**

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for the year ended 31 March 2022

Programme 3: EMERGENCY MEDICAL SERVICES

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 EMERGENCY TRANSPORT	1,278,131	(40,984)	(116,731)	1,120,416	1,089,966	30,450	97%	1,087,503	1,041,760
2 PLANNED PATIENT TRANSPORT	250,049	40,984	(5,361)	285,672	263,556	22,116	92%	185,915	230,286
	1,528,180	**-**	**(122,092)**	**1,406,088**	**1,353,522**	**52,566**	**96%**	**1,273,418**	**1,272,046**
Economic classification									
Current payments	**1,397,268**	**-**	**(134,092)**	**1,263,176**	**1,210,602**	**52,574**	**96%**	**1,124,485**	**1,173,637**
Compensation of employees	1,100,361	-	(49,000)	1,051,361	998,795	52,566	95%	931,071	980,226
Goods and services	296,907	-	(85,092)	211,815	211,807	8	100%	193,414	193,411
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**3,792**	**-**	**-**	**3,792**	**3,971**	**(179)**	**105%**	**1,922**	**1,921**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions	-	-	-	-	-	-	0%	-	-
Households	3,792	-	-	3,792	3,971	(179)	105%	1,922	1,921
Payments for capital assets	**127,120**	**-**	**12,000**	**139,120**	**138,949**	**171**	**100%**	**147,011**	**96,488**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	127,120	-	12,000	139,120	138,949	171	100%	147,011	96,488
	1,528,180	**-**	**(122,092)**	**1,406,088**	**1,353,522**	**52,566**	**96%**	**1,273,418**	**1,272,046**

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for the year ended 31 March 2022

Subprogramme: 3.1: EMERGENCY TRANSPORT

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**1,164,852**	**(40,984)**	**(128,731)**	**995,137**	**961,908**	**33,229**	**97%**	**955,959**	**955,782**
Compensation of employees	906,640	(40,984)	(49,000)	816,656	782,476	34,180	96%	777,994	777,994
Goods and services	258,212	-	(79,731)	178,481	179,432	(951)	101%	177,965	177,788
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**3,792**	**-**	**-**	**3,792**	**3,971**	**(179)**	**105%**	**1,922**	**1,921**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	3,792	-	-	3,792	3,971	(179)	105%	1,922	1,921
Payments for capital assets	**109,487**	**-**	**12,000**	**121,487**	**124,087**	**(2,600)**	**102%**	**129,622**	**84,057**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	109,487	-	12,000	121,487	124,087	(2,600)	102%	129,622	84,057
Total	**1,278,131**	**(40,984)**	**(116,731)**	**1,120,416**	**1,089,966**	**30,450**	**97%**	**1,087,503**	**1,041,760**

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for the year ended 31 March 2022

Subprogramme: 3.2: PLANNED PATIENT TRANSPORT

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**232,416**	**40,984**	**(5,361)**	**268,039**	**248,694**	**19,345**	**93%**	**168,526**	**217,855**
Compensation of employees	193,721	40,984	-	234,705	216,319	18,386	92%	153,077	202,232
Goods and services	38,695	-	(5,361)	33,334	32,375	959	97%	15,449	15,623
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	-	-	-	-	-	-	0%	-	-
Payments for capital assets	**17,633**	**-**	**-**	**17,633**	**14,862**	**2,771**	**84%**	**17,389**	**12,431**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	17,633	-	-	17,633	14,862	2,771	84%	17,389	12,431
Total	**250,049**	**40,984**	**(5,361)**	**285,672**	**263,556**	**22,116**	**92%**	**185,915**	**230,286**

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for the year ended 31 March 2022

Programme 4: PROVINCIAL HOSPITAL SERVICES

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 GENERAL (REGIONAL) HOSPITALS	2,496,692	-	229,138	2,725,830	2,748,880	(23,050)	101%	2,564,585	3,093,261
2 TB HOSPITALS	411,691	-	(26,000)	385,691	382,771	2,920	99%	409,790	348,096
3 PSYCHIATRIC MENTAL HOSPITALS	579,603	-	(14,000)	565,603	554,702	10,901	98%	556,294	539,008
	3,487,986	**-**	**189,138**	**3,677,124**	**3,686,353**	**(9,229)**	**100%**	**3,530,669**	**3,980,365**
Economic classification									
Current payments	**3,444,098**	**-**	**189,138**	**3,633,236**	**3,646,550**	**(13,314)**	**100%**	**3,506,348**	**3,650,814**
Compensation of employees	2,692,957	-	231,138	2,924,095	2,979,731	(55,636)	102%	2,704,696	2,829,001
Goods and services	751,141	-	(42,000)	709,141	666,224	42,917	94%	801,652	801,650
Interest and rent on land	-	-	-	-	595	(595)	0%	-	20,163
Transfers and subsidies	**29,942**	**-**	**-**	**29,942**	**25,773**	**4,169**	**86%**	**13,141**	**318,371**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions	-	-	-	-	-	-	0%	-	-
Households	29,942	-	-	29,942	25,773	4,169	86%	13,141	318,371
Payments for capital assets	**13,946**	**-**	**-**	**13,946**	**14,030**	**(84)**	**101%**	**11,180**	**11,180**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	13,946	-	-	13,946	14,030	(84)	101%	11,180	11,180
	3,487,986	**-**	**189,138**	**3,677,124**	**3,686,353**	**(9,229)**	**100%**	**3,530,669**	**3,980,365**

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for the year ended 31 March 2022

Subprogramme: 4.1: GENERAL (REGIONAL) HOSPITALS

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**2,465,221**	**-**	**229,138**	**2,694,359**	**2,718,093**	**(23,734)**	**101%**	**2,548,887**	**2,773,638**
Compensation of employees	1,994,951	-	231,138	2,226,089	2,270,538	(44,449)	102%	2,078,975	2,166,954
Goods and services	470,270	-	(2,000)	468,270	446,960	21,310	95%	469,912	586,521
Interest and rent on land	-	-	-	-	595	(595)	0%	-	20,163
Transfers and subsidies	**28,512**	**-**	**-**	**28,512**	**23,740**	**4,772**	**83%**	**11,786**	**315,865**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	28,512	-	-	28,512	23,740	4,772	83%	11,786	315,865
Payments for capital assets	**2,959**	**-**	**-**	**2,959**	**7,047**	**(4,088)**	**238%**	**3,912**	**3,758**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	2,959	-	-	2,959	7,047	(4,088)	238%	3,912	3,758
Total	**2,496,692**	**-**	**229,138**	**2,725,830**	**2,748,880**	**(23,050)**	**101%**	**2,564,585**	**3,093,261**

APPROPRIATION STATEMENT

for the year ended 31 March 2022

Subprogramme: 4.2: TB HOSPITALS

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**402,360**	**-**	**(26,000)**	**376,360**	**378,690**	**(2,330)**	**101%**	**404,687**	**343,366**
Compensation of employees	300,869	-	-	300,869	317,008	(16,139)	105%	274,412	277,328
Goods and services	101,491	-	(26,000)	75,491	61,682	13,809	82%	130,275	66,038
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**1,430**	**-**	**-**	**1,430**	**987**	**443**	**69%**	**1,355**	**1,429**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-	-		0%		
Households	1,430	-	-	1,430	987	443	69%	1,355	1,429
Payments for capital assets	**7,901**	**-**	**-**	**7,901**	**3,094**	**4,807**	**39%**	**3,748**	**3,301**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	7,901	-	-	7,901	3,094	4,807	39%	3,748	3,301
Total	**411,691**	**-**	**(26,000)**	**385,691**	**382,771**	**2,920**	**99%**	**409,790**	**348,096**

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Subprogramme: 4.3: PSYCHIATRIC MENTAL HOSPITALS

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**576,517**	**-**	**(14,000)**	**562,517**	**549,767**	**12,750**	**98%**	**552,774**	**533,810**
Compensation of employees	397,137	-	-	397,137	392,185	4,952	99%	351,309	384,719
Goods and services	179,380	-	(14,000)	165,380	157,582	7,798	95%	201,465	149,091
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**1,046**	**(1,046)**	**0%**	**-**	**1,077**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	-	-	-	-	1,046	(1,046)	0%	-	1,077
Payments for capital assets	**3,086**	**-**	**-**	**3,086**	**3,889**	**(803)**	**126%**	**3,520**	**4,121**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	3,086	-	-	3,086	3,889	(803)	126%	3,520	4,121
Total	**579,603**	**-**	**(14,000)**	**565,603**	**554,702**	**10,901**	**98%**	**556,294**	**539,008**

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for the year ended 31 March 2022

Programme 5: CENTRAL HOSPITAL SERVICES

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 CENTRAL HOSPITAL SERVICES	1,471,430	-	2,000	1,473,430	1,521,690	(48,260)	103%	1,232,187	1,636,775
2 PROVINCIAL TERTIARY SERVICES	3,140,294	-	15,000	3,155,294	3,229,836	(74,542)	102%	3,486,670	3,208,628
	4,611,724	**-**	**17,000**	**4,628,724**	**4,751,526**	**(122,802)**	**103%**	**4,718,857**	**4,845,403**
Economic classification									
Current payments	**4,432,820**	**-**	**29,000**	**4,461,820**	**4,657,936**	**(196,116)**	**104%**	**4,560,000**	**4,564,702**
Compensation of employees	3,108,222	90,000	69,000	3,267,222	3,409,840	(142,618)	104%	3,277,917	3,277,916
Goods and services	1,324,598	(90,000)	(40,000)	1,194,598	1,247,909	(53,311)	104%	1,282,083	1,282,084
Interest and rent on land	-	-	-	-	187	(187)	0%	-	4,702
Transfers and subsidies	**27,409**	**-**	**-**	**27,409**	**23,202**	**4,207**	**85%**	**29,596**	**173,977**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions	-	-	-	-	-	-	0%	-	-
Households	27,409	-	-	27,409	23,202	4,207	85%	29,596	173,977
Payments for capital assets	**151,495**	**-**	**(12,000)**	**139,495**	**70,388**	**69,107**	**50%**	**129,261**	**106,724**
Buildings and other fixed structures	-	-	-	-	-	-	0%	4,466	3,849
Machinery and equipment	151,495	-	(12,000)	139,495	70,388	69,107	50%	124,795	102,875
	4,611,724	**-**	**17,000**	**4,628,724**	**4,751,526**	**(122,802)**	**103%**	**4,718,857**	**4,845,403**

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for the year ended 31 March 2022

Subprogramme: 5.1: CENTRAL HOSPITAL SERVICES

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**1,360,576**	**-**	**14,000**	**1,374,576**	**1,494,544**	**(119,968)**	**109%**	**1,197,603**	**1,419,971**
Compensation of employees	947,532	-	39,000	986,532	1,089,427	(102,895)	110%	994,775	1,065,627
Goods and services	413,044	-	(25,000)	388,044	405,009	(16,965)	104%	202,828	350,067
Interest and rent on land	-	-	-	-	108	(108)	0%	-	4,277
Transfers and subsidies	**10,697**	**-**	**-**	**10,697**	**10,962**	**(265)**	**102%**	**13,635**	**155,637**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	10,697	-	-	10,697	10,962	(265)	102%	13,635	155,637
Payments for capital assets	**100,157**	**-**	**(12,000)**	**88,157**	**16,184**	**71,973**	**18%**	**20,949**	**61,167**
Buildings and other fixed structures	-	-	-	-	-	-	0%	4,466	3,849
Machinery and equipment	100,157	-	(12,000)	88,157	16,184	71,973	18%	16,483	57,318
Total	**1,471,430**	**-**	**2,000**	**1,473,430**	**1,521,690**	**(48,260)**	**103%**	**1,232,187**	**1,636,775**

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for the year ended 31 March 2022

Subprogramme: 5.2: PROVINCIAL TERTIARY SERVICES

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**3,072,244**	**-**	**15,000**	**3,087,244**	**3,163,392**	**(76,148)**	**102%**	**3,362,397**	**3,144,731**
Compensation of employees	2,160,690	90,000	30,000	2,280,690	2,320,413	(39,723)	102%	2,283,142	2,212,289
Goods and services	911,554	(90,000)	(15,000)	806,554	842,900	(36,346)	105%	1,079,255	932,017
Interest and rent on land	-	-	-	-	79	(79)	0%	-	425
Transfers and subsidies	**16,712**	**-**	**-**	**16,712**	**12,240**	**4,472**	**73%**	**15,961**	**18,340**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	16,712	-	-	16,712	12,240	4,472	73%	15,961	18,340
Payments for capital assets	**51,338**	**-**	**-**	**51,338**	**54,204**	**(2,866)**	**106%**	**108,312**	**45,557**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	51,338	-	-	51,338	54,204	(2,866)	106%	108,312	45,557
Total	**3,140,294**	**-**	**15,000**	**3,155,294**	**3,229,836**	**(74,542)**	**102%**	**3,486,670**	**3,208,628**

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Programme 6: HEALTH SCIENCES AND TRAINING

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 NURSING TRAINING COLLEGES	327,250	-	(49,921)	277,329	259,301	18,028	93%	273,211	275,481
2 EMS TRAINING COLLEGE	14,996	-	-	14,996	11,960	3,036	80%	16,109	9,892
3 BURSARIES	202,639	-	(10,000)	192,639	179,132	13,507	93%	127,632	72,463
4 OTHER TRAINING	389,609	-	(15,000)	374,609	324,366	50,243	87%	378,306	362,261
	934,494	**-**	**(74,921)**	**859,573**	**774,759**	**84,814**	**90%**	**795,258**	**720,097**
Economic classification									
Current payments	**748,184**	**-**	**(64,921)**	**683,263**	**606,611**	**76,652**	**89%**	**639,610**	**639,598**
Compensation of employees	601,397	-	(64,921)	536,476	483,560	52,916	90%	561,710	561,706
Goods and services	146,787	-	-	146,787	123,051	23,736	84%	77,900	77,892
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**170,183**	**-**	**(10,000)**	**160,183**	**156,311**	**3,872**	**98%**	**136,422**	**74,263**
Departmental agencies and accounts	13,149	-	-	13,149	13,075	74	99%	13,058	-
Non-profit institutions	-	-	-	-	-	-	0%	-	-
Households	157,034	-	(10,000)	147,034	143,236	3,798	97%	123,364	74,263
Payments for capital assets	**16,127**	**-**	**-**	**16,127**	**11,837**	**4,290**	**73%**	**19,226**	**6,236**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	16,127	-	-	16,127	11,837	4,290	73%	19,226	6,236
	934,494	**-**	**(74,921)**	**859,573**	**774,759**	**84,814**	**90%**	**795,258**	**720,097**

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Subprogramme: 6.1: NURSING TRAINING COLLEGES

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**320,832**	**-**	**(49,921)**	**270,911**	**253,118**	**17,793**	**93%**	**265,845**	**271,234**
Compensation of employees	293,542	-	(49,921)	243,621	229,722	13,899	94%	251,132	250,642
Goods and services	27,290	-	-	27,290	23,396	3,894	86%	14,713	20,592
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**2,000**	**-**	**-**	**2,000**	**2,534**	**(534)**	**127%**	**1,993**	**2,240**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	2,000	-	-	2,000	2,534	(534)	127%	1,993	2,240
Payments for capital assets	**4,418**	**-**	**-**	**4,418**	**3,649**	**769**	**83%**	**5,373**	**2,007**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	4,418	-	-	4,418	3,649	769	83%	5,373	2,007
Total	**327,250**	**-**	**(49,921)**	**277,329**	**259,301**	**18,028**	**93%**	**273,211**	**275,481**

EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT

for the year ended 31 March 2022

Subprogramme: 6.2: EMS TRAINING COLLEGE

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**10,466**	**-**	**-**	**10,466**	**9,521**	**945**	**91%**	**10,164**	**9,379**
Compensation of employees	8,101	-	-	8,101	7,459	642	92%	7,055	7,300
Goods and services	2,365	-	-	2,365	2,062	303	87%	3,109	2,079
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	-	-	-	-	-	-	0%	-	-
Payments for capital assets	**4,530**	**-**	**-**	**4,530**	**2,439**	**2,091**	**54%**	**5,945**	**513**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	4,530	-	-	4,530	2,439	2,091	54%	5,945	513
Total	**14,996**	**-**	**-**	**14,996**	**11,960**	**3,036**	**80%**	**16,109**	**9,892**

APPROPRIATION STATEMENT

for the year ended 31 March 2022

Subprogramme: 6.3: BURSARIES

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**47,555**	**-**	**-**	**47,555**	**38,667**	**8,888**	**81%**	**6,231**	**440**
Compensation of employees	-	-	-	-	-	-	0%	-	-
Goods and services	47,555	-	-	47,555	38,667	8,888	81%	6,231	440
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**155,034**	**-**	**(10,000)**	**145,034**	**140,465**	**4,569**	**97%**	**121,371**	**72,023**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	155,034	-	(10,000)	145,034	140,465	4,569	97%	121,371	72,023
Payments for capital assets	**50**	**-**	**-**	**50**	**-**	**50**	**0%**	**30**	**-**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	50	-	-	50	-	50	0%	30	-
Total	**202,639**	**-**	**(10,000)**	**192,639**	**179,132**	**13,507**	**93%**	**127,632**	**72,463**

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APPROPRIATION STATEMENT

for the year ended 31 March 2022

Subprogramme: 6.4: OTHER TRAINING

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**369,331**	**-**	**(15,000)**	**354,331**	**305,305**	**49,026**	**86%**	**357,370**	**358,545**
Compensation of employees	299,754	-	(15,000)	284,754	246,379	38,375	87%	303,523	303,764
Goods and services	69,577	-	-	69,577	58,926	10,651	85%	53,847	54,781
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**13,149**	**-**	**-**	**13,149**	**13,312**	**(163)**	**101%**	**13,058**	**-**
Departmental agencies and accounts	13,149	-	-	13,149	13,075	74	99%	13,058	-
Non-profit institutions				-		-	0%		
Households	-	-	-	-	237	(237)	0%	-	-
Payments for capital assets	**7,129**	**-**	**-**	**7,129**	**5,749**	**1,380**	**81%**	**7,878**	**3,716**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	7,129	-	-	7,129	5,749	1,380	81%	7,878	3,716
Total	**389,609**	**-**	**(15,000)**	**374,609**	**324,366**	**50,243**	**87%**	**378,306**	**362,261**

APPROPRIATION STATEMENT

for the year ended 31 March 2022

Programme 7: HEALTH CARE SUPPORT SERVICES

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 ORTHOTIC AND PROSTHETIC SERVICES	108,757	-	(13,510)	95,247	50,920	44,327	53%	102,899	92,668
2 MEDICINE TRADING ACCOUNT	65,639	-	-	65,639	62,066	3,573	95%	70,957	59,719
	174,396	**-**	**(13,510)**	**160,886**	**112,986**	**47,900**	**70%**	**173,856**	**152,387**
Economic classification									
Current payments	**152,304**	**-**	**(10,000)**	**142,304**	**110,469**	**31,835**	**78%**	**165,990**	**151,460**
Compensation of employees	68,045	-	-	68,045	69,782	(1,737)	103%	64,907	64,908
Goods and services	84,259	-	(10,000)	74,259	40,687	33,572	55%	101,083	86,552
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**39**	**(39)**	**0%**	**200**	**76**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions	-	-	-	-	-	-	0%	-	-
Households	-	-	-	-	39	(39)	0%	200	76
Payments for capital assets	**22,092**	**-**	**(3,510)**	**18,582**	**2,478**	**16,104**	**13%**	**7,666**	**851**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	22,092	-	(3,510)	18,582	2,478	16,104	13%	7,666	851
	174,396	**-**	**(13,510)**	**160,886**	**112,986**	**47,900**	**70%**	**173,856**	**152,387**

EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT

for the year ended 31 March 2022

Subprogramme: 7.1: ORTHOTIC AND PROSTHETIC SERVICES

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**87,509**	**-**	**(10,000)**	**77,509**	**48,716**	**28,793**	**63%**	**96,562**	**92,153**
Compensation of employees	26,097	-	-	26,097	23,532	2,565	90%	23,949	20,348
Goods and services	61,412	-	(10,000)	51,412	25,184	26,228	49%	72,613	71,805
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	-	-	-	-	-	-	0%	-	-
Payments for capital assets	**21,248**	**-**	**(3,510)**	**17,738**	**2,204**	**15,534**	**12%**	**6,337**	**515**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	21,248	-	(3,510)	17,738	2,204	15,534	12%	6,337	515
Total	**108,757**	**-**	**(13,510)**	**95,247**	**50,920**	**44,327**	**53%**	**102,899**	**92,668**

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for the year ended 31 March 2022

Subprogramme: 7.2: MEDICINE TRADING ACCOUNT

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**64,795**	**-**	**-**	**64,795**	**61,753**	**3,042**	**95%**	**69,428**	**59,307**
Compensation of employees	41,948	-	-	41,948	46,250	(4,302)	110%	40,958	44,560
Goods and services	22,847	-	-	22,847	15,503	7,344	68%	28,470	14,747
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**39**	**(39)**	**0%**	**200**	**76**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	-	-	-	-	39	(39)	0%	200	76
Payments for capital assets	**844**	**-**	**-**	**844**	**274**	**570**	**32%**	**1,329**	**336**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	844	-	-	844	274	570	32%	1,329	336
Total	**65,639**	**-**	**-**	**65,639**	**62,066**	**3,573**	**95%**	**70,957**	**59,719**

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for the year ended 31 March 2022

Programme 8: HEALTH FACILITIES MANAGEMENT

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 COMMUNITY HEALTH FACILITIES	207,869	-	-	207,869	186,906	20,963	90%	217,618	158,168
2 DISTRICT HOSPITAL SERVICES	788,163	-	(62,000)	726,163	595,470	130,693	82%	777,075	707,280
3 PROVINCIAL HOSPITAL SERVICES	292,000	-	(38,000)	254,000	275,833	(21,833)	109%	566,235	459,877
4 OTHER FACILITIES	18,231	-	-	18,231	29,704	(11,473)	163%	275,748	32,565
	1,306,263	**-**	**(100,000)**	**1,206,263**	**1,087,913**	**118,350**	**90%**	**1,836,676**	**1,357,890**
Economic classification									
Current payments	**399,964**	**-**	**(88,000)**	**311,964**	**374,535**	**(62,571)**	**120%**	**231,965**	**299,494**
Social contributions	-	-	-	-	1,986	(1,986)	0%	(7,126)	1,263
Rental and hiring	-	-	-	-	-	-	0%	-	-
Rent on land	-	-	-	-	-	-	0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	0%	-	-
Other transfers to private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions	-	-	-	-	-	-	0%	-	-
Other transfers to households	-	-	-	-	1	(1)	0%	-	-
Payments for capital assets	**906,299**	**-**	**(12,000)**	**894,299**	**713,373**	**180,926**	**80%**	**1,604,704**	**1,058,390**
Other fixed structures	-	-	-	-	-	-	0%	-	-
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
	1,306,263	**-**	**(100,000)**	**1,206,263**	**1,087,913**	**118,350**	**90%**	**1,836,676**	**1,357,890**

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for the year ended 31 March 2022

Subprogramme: 8.1: COMMUNITY HEALTH FACILITIES

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**123,377**	**-**	**-**	**123,377**	**120,781**	**2,596**	**98%**	**19,151**	**27,067**
Compensation of employees	-	-	-	-	1,621	(1,621)	0%	-	-
Goods and services	123,377	-	-	123,377	119,160	4,217	97%	19,151	27,067
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	-	-	-	-	-	-	0%	-	-
Payments for capital assets	**84,492**	**-**	**-**	**84,492**	**66,125**	**18,367**	**78%**	**198,467**	**131,101**
Buildings and other fixed structures	80,492	-	-	80,492	61,987	18,505	77%	194,305	127,849
Machinery and equipment	4,000	-	-	4,000	4,138	(138)	103%	4,162	3,252
Total	**207,869**	**-**	**-**	**207,869**	**186,906**	**20,963**	**90%**	**217,618**	**158,168**

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APPROPRIATION STATEMENT

for the year ended 31 March 2022

Subprogramme: 8.2: DISTRICT HOSPITAL SERVICES

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**150,022**	**-**	**(50,000)**	**100,022**	**131,184**	**(31,162)**	**131%**	**66,147**	**147,792**
Compensation of employees	11,415	-	-	11,415	2,509	8,906	22%	(11,004)	13,969
Goods and services	138,607	-	(50,000)	88,607	128,675	(40,068)	145%	77,151	133,823
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**1**	**(1)**	**0%**	**-**	**-**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	-	-	-	-	1	(1)	0%	-	-
Payments for capital assets	**638,141**	**-**	**(12,000)**	**626,141**	**464,285**	**161,856**	**74%**	**710,928**	**559,488**
Buildings and other fixed structures	513,112	-	-	513,112	414,906	98,206	81%	522,404	479,589
Machinery and equipment	125,029	-	(12,000)	113,029	49,379	63,650	44%	188,524	79,899
Total	**788,163**	**-**	**(62,000)**	**726,163**	**595,470**	**130,693**	**82%**	**777,075**	**707,280**

APPROPRIATION STATEMENT

for the year ended 31 March 2022

Subprogramme: 8.3: PROVINCIAL HOSPITAL SERVICES

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**108,411**	**-**	**(38,000)**	**70,411**	**92,866**	**(22,455)**	**132%**	**135,147**	**102,185**
Compensation of employees	31,769	-	-	31,769	18,624	13,145	59%	29,407	4,374
Goods and services	76,642	-	(38,000)	38,642	74,242	(35,600)	192%	105,740	97,811
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**4**	**(4)**	**0%**	**7**	**6**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	-	-	-	-	4	(4)	0%	7	6
Payments for capital assets	**183,589**	**-**	**-**	**183,589**	**182,963**	**626**	**100%**	**431,081**	**357,686**
Buildings and other fixed structures	113,736	-	-	113,736	98,359	15,377	86%	357,375	312,361
Machinery and equipment	69,853	-	-	69,853	84,604	(14,751)	121%	73,706	45,325
Total	**292,000**	**-**	**(38,000)**	**254,000**	**275,833**	**(21,833)**	**109%**	**566,235**	**459,877**

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APPROPRIATION STATEMENT

or the year ended 31 March 2022

Subprogramme: 8.4: OTHER FACILITIES

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**18,154**	**-**	**-**	**18,154**	**29,704**	**(11,550)**	**164%**	**11,520**	**22,450**
Compensation of employees	-	-	-	-	-	-	0%	-	58
Goods and services	18,154	-	-	18,154	29,704	(11,550)	164%	11,520	22,392
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	-	-	-	-	-	-	0%	-	-
Payments for capital assets	**77**	**-**	**-**	**77**	**-**	**77**	**0%**	**264,228**	**10,115**
Buildings and other fixed structures	77	-	-	77	-	77	0%	247,522	10,115
Machinery and equipment	-	-	-	-	-	-	0%	16,706	-
Total	**18,231**	**-**	**-**	**18,231**	**29,704**	**(11,473)**	**163%**	**275,748**	**32,565**

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for the year ended 31 March 2022

Direct charges

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 **Member of Executive Council salary**	1,820	-	-	1,820	1,820	-	100%	1,820	1,820
	1,820	**-**	**-**	**1,820**	**1,820**	**-**	**100%**	**1,820**	**1,820**
Economic classification									
Current payments	**1,820**	**-**	**-**	**1,820**	**1,820**	**-**	**100%**	**1,820**	**1,820**
Compensation of employees	1,820	-	-	1,820	1,820	-	100%	1,820	1,820
Goods and services	-	-	-	-	-	-	0%	-	-
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Non-profit institutions	-	-	-	-	-	-	0%	-	-
Households	-	-	-	-	-	-	0%	-	-
Payments for capital assets	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	-	-	-	-	-	-	0%	-	-
	1,820	**-**	**-**	**1,820**	**1,820**	**-**	**100%**	**1,820**	**1,820**

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NOTES TO THE APPROPRIATION STATEMENT

for the year ended 31 March 2022

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	768,147	768,147	-	0.00%

The Programme spent at 100% after adjusting for funds shifts and virements of -R58,8 million post 2021/22 AEPRE. The programme gave up a portion of its cash flows in favour of mitigating the pressure within the clinical programmes to continue delivery of public health care services uninterrupted. This pressure in the clinical programmes having arisen from the payment of payables and accruals at the vote level of (R4.4 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2022 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

District Health Services	15,066,109	15,094,877	(28,768)	-0.19%

The Programme spent at 100.2% (over by R28,768 million) after adjusting for funds shifts and virements of +R163,174 million post 2021/22 AEPRE. Overspending was caused by goods and services pressures vesting in the Community Health Clinics sub programme, to continue the delivery of public health care services uninterrupted. This after adjusting for funds shifts and virements of +R163,174 million post 2021/22 AEPRE in Programme 2 overall. The budget pressures in the programme having arisen from the payment of payables and accruals at the vote level of (R4.4 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2022 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

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NOTES TO THE APPROPRIATION STATEMENT

for the year ended 31 March 2022

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
	R'000	R'000	R'000	%
Emergency Medical Services	1,406,088	1,353,522	52,566	3.74%

The Programme spent at 96.3% (under by R52,566 million) after adjusting for funds shifts and virements of -R122,092 million post 2021/22 AEPRE. The programme gave up a portion of its cash flows in favour of mitigating the pressure within the clinical programmes to continue delivery of public health care services uninterrupted. This pressure in the clinical programmes having arisen from the payment of payables and accruals at the vote level of (R4.4 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2022 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

Provincial Hospital Services	3,677,124	3,686,353	(9,229)	-0.25%

The Programme spent at 100.3% (over by R9,229 million) after adjusting for funds shifts and virements of +R189,138 million post 2021/22 AEPRE. Overspending primarily vested in compensation of employees as a result of incorrect persal link codes by and between several programmes. Goods and services pressures vested in the General Regional Hospitals sub programme, to continue the delivery of public health care services uninterrupted. The budget pressures in the programme having arisen from the payment of payables and accruals at the vote level of (R4.4 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2022 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

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NOTES TO THE APPROPRIATION STATEMENT

for the year ended 31 March 2022

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
	R'000	R'000	R'000	%
Central Hospital Services	4,628,724	4,751,526	(122,802)	-2.65%

The Programme spent at 102.7% (over by R122,802 million) after adjusting for funds shifts and virements of +R17 million post 2021/22 AEPRE. Overspending primarily vested in compensation of employees as a result of incorrect persal link codes by and between several programmes. Goods and services pressures vested in the Central Hospital Service (-R48,260 million) and Provincial Tertiary Services (-R74,542 million) sub programmes, to continue the delivery of public health care services uninterrupted. The budget pressures in the programme having arisen from the payment of payables and accruals at the vote level of (R4.4 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2022 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

Health Science and Training	859,573	774,759	84,814	9.87%

The Programme spent at 90.1% (under by R84,814 million) after adjusting for funds shifts and virements of -R74,921 million post 2021/22 AEPRE. The programme gave up a portion of its cash flows in favour of mitigating the pressure within the clinical programmes to continue delivery of public health care services uninterrupted. This pressure in the clinical programmes having arisen from the payment of payables and accruals at the vote level of (R4.4 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2022 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

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NOTES TO THE APPROPRIATION STATEMENT

for the year ended 31 March 2022

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
	R'000	R'000	R'000	%
Health Care and Support Services	160,886	112,986	47,900	29.77%

The Programme spent at 70.2% (under by R47,900 million) after adjusting for funds shifts and virements of -R13,510 million post 2021/22 AEPRE. The underspend is attributable to the department budgeting for the first time ever for the mandate of a "public healthcare remedy" for the provision of healthcare services in the public healthcare sector in medico-legal claims. The defences have envisaged the development of the common law to allow for a "public healthcare defence" and an "undertaking to pay defence" to be raised in medico-legal claims against the state. This is premised on the approach that if the department is required to continue to pay claims on the basis of full, up-front payment of estimated future medical and other expenses this will, in time, overwhelm the ECDoH's capacity to meet its health service delivery obligations
The programme gave up a portion of its cash flows in favour of mitigating the pressure within the clinical programmes to continue delivery of public health care services uninterrupted. This pressure in the clinical programmes having arisen from the payment of payables and accruals at the vote level of (R4.4 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2022 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

Health Facilities Management	1,206,263	1,087,913	118,350	9.81%

The Programme spent at 90.2% (under by R118,350 million) after adjusting for funds shifts and virements of -R100,000 million post 2021/22 AEPRE. The programme gave up a portion of its cash flows in favour of mitigating the pressure within the clinical programmes to continue delivery of public health care services uninterrupted. This pressure in the clinical programmes having arisen from the payment of payables and accruals at the vote level of (R4.4 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2022 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

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NOTES TO THE APPROPRIATION STATEMENT

for the year ended 31 March 2022

4.2 Per economic classification:

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
	R'000	R'000	R'000	%
Current expenditure				
Compensation of employees	18,488,155	18,479,937	8,218	0.04%
Goods and services	7,454,816	7,642,943	(188,128)	-2.52%
Interest and rent on land	1,873	4,684	(2,811)	-150.08%
Transfers and subsidies				
Provinces and municipalities	-	-	-	0.00%
Departmental agencies and accounts	13,149	13,075	74	0.56%
Higher education institutions	-	-	-	0.00%
Public corporations and private enterprises	-	-	-	0.00%
Foreign governments and international organisations	-	-	-	0.00%
Non-profit institutions	-	-	-	0.00%
Households	323,346	319,522	3,824	1.18%
Payments for capital assets				
Buildings and other fixed structures	767,417	575,252	192,165	25.04%
Machinery and equipment	725,979	596,490	129,489	17.84%

Compensation of Employees - The COE budget was spent at 100% for the year.

Goods and Services spent at 102.5% and incurred net overspending of R188,128 million for the year primarily as a result of pressure within the clinical programmes to continue delivery of public health care services uninterrupted; This pressure in the clinical programmes having arisen from the payment of payables and accruals at the vote level (of R4.4 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2022 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

This overspending was primarily funded from the excess bank overdraft facility of up to R150 million availed in February 2022 by Provincial Treasury on the Department's Paymaster General Account (PMG) to continue paying creditors as well as several non clinical programmes having given up a portion of their cash flows in favour of mitigating the pressure within the clinical programmes.

Transfers and Subsidies spent at 98.8% and incurred net under spending of R3,898 million for the year. This in stark contrast to the material unauthorised expenditure incurred in previous financial years for the settlement of medico legal claims.

This has arisen through the Department, Provincial Treasury (PT) and Office of the Premier ECDoH, launching an application to provide for staggered payments instead of lump sum medico legal payments. In terms of this application to court, the Province requested that current judgement debts be paid in instalments with a R500,000 initial instalment and thereafter annually in an amount as determined by the PT, over a period ranging from 12 months to 8 years in order to alleviate the burden on the budget. An interim order was agreed to on 17 August 2021 which resulted in writs being stayed pending the writs application resulted in the temporary cessation of lump sums flowing out of the Departmental coffers. In the 2021/22 AEPRE, the department received a provincial budget allocation amounting to R24.500 million or the above-named writs in execution.

On 5 November 2021 the legal team was heard in respect of an application to amend the relief sought to have writs issued against the Department's PMG bank account declared unlawful. The writs application court case proceeded in the Grahamstown High Court from 11-14 April 2022.

Payment for Capital Assets spent at 78.5% and incurred net underspending of R321,654 million for the year primarily as a result of conditional grant capex under expenditure wherein applications for conditional grant rollovers from the 2021-22 to the 2022-23 financial year have been made amounting to R54,742 million for the National Tertiary Service Grant and R60 million for the Oncology Component of the HIV, TB, Malaria and Community Outreach Grant. The residual underspending can be attributable to a portion of its cash flows in favour of mitigating the pressure within the clinical programmes to continue delivery of public health care services uninterrupted as well as funding cash outflows in the current financial year for prior year obligations of R185,894 million comprising R99,274 million in outstanding payments expensed in previous year but paid this year, R52,452 million in revenue collected in prior year paid to PT in current year, R22,666 million prior year debt to NDOH paid in current year and R11,502 million in debtors, interdepartmental claims & funding paid not expensed.

EASTERN CAPE DEPARTMENT OF HEALTH
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NOTES TO THE APPROPRIATION STATEMENT

for the year ended 31 March 2022

4.3 Per conditional grant

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
	R'000	R'000	R'000	%
National Tertiary Services grant	1,101,960	1,045,792	56,168	5.10%
Statutory Human Resources, Training and Development Grant (Health)	459,188	459,081	107	0.02%
HIV/ AIDS grant	3,116,477	3,056,338	60,139	1.93%
Health Facility Revitalisation grant	685,588	685,510	78	0.01%
Expanded Public Works Programme Integrated	1,960	1,621	339	17.30%
Expanded Public Works Programme Social Sector	14,033	13,995	38	0.27%
National Health Insurance Grant	41,272	41,574	(302)	-0.73%
Provincial Disaster Relief Grant - Health (Cooperative Governance)	-	-	-	0.00%
TOTAL	**5,420,478**	**5,303,911**	**116,567**	**2.15%**

Explanation of variance :- Overall Conditional Grants have spent 98% of the Adjusted Approprition.
Applications for conditional grant rollovers from the 2021-22 to the 2022-23 financial year have been made amounting to R54,742 million for the National Tertiary Services Grant and R60 million for the Oncology Component of the HIV, TB, Malaria and Community Outreach Grant.

The bulk of the National Tertiary Services Grant application is in respect of medical & allied equipment and computer equipment which have had to be shipped from international manufacturers, supply chains, including logistics, having been adversely affected by by COVID19 induced backlogs etc. This essential life saving equipment used for various tertiary level medical interventions through prioritisation for the development and modernization of the service.

The HIV, TB, Malaria and Community Outreach Grant application is in respect of the significant procurement process undertaken by the Department within the financial year to secure the appointment of a service provider for the turnkey planning, design, construction, supply and installation of an Oncology Unit Linear Particle Accelerator (LINAC) and Bunker Unit (Radiotherapy Department) at the Department's Nelson Mandela Academic Hospital.

EASTERN CAPE DEPARTMENT OF HEALTH
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STATEMENT OF FINANCIAL PERFORMANCE

for the year ended 31 March 2022

	Note	2021/22 R'000	2020/21 R'000
REVENUE			
Annual appropriation	1	27,772,914	27,626,225
Statutory appropriation	2	1,820	1,820
Departmental revenue	3	-	19,965
Aid assistance	4	-	-
TOTAL REVENUE		**27,774,734**	**27,648,010**
EXPENDITURE			
Current expenditure			
Compensation of employees	5	18,479,942	17,991,174
Goods and services	6	7,642,941	7,553,575
Interest and rent on land	7	4,685	55,425
Aid assistance	4	-	-
Total current expenditure		**26,127,568**	**25,600,174**
Transfers and subsidies			
Transfers and subsidies	8	332,593	1,028,660
Total transfers and subsidies		**332,593**	**1,028,660**
Expenditure for capital assets			
Tangible assets	9	1,171,742	1,427,935
Intangible assets	9	-	-
Total expenditure for capital assets		**1,171,742**	**1,427,935**
Payments for financial assets		**-**	**-**
TOTAL EXPENDITURE		**27,631,903**	**28,056,769**
SURPLUS/(DEFICIT) FOR THE YEAR		**142,831**	**(408,759)**

EASTERN CAPE DEPARTMENT OF HEALTH
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STATEMENT OF FINANCIAL PERFORMANCE

for the year ended 31 March 2022

	Note	2021/22 R'000	2020/21 R'000
Reconciliation of Net Surplus/(Deficit) for the year			
Voted Funds		142,831	(428,724)
Annual appropriation		26,264	(429,962)
Statutory Appropriation		-	-
Conditional grants		116,567	1,238
Departmental revenue and NRF Receipts	14	-	19,965
Aid assistance	4	-	-
SURPLUS/(DEFICIT) FOR THE YEAR		**142,831**	**(408,759)**

EASTERN CAPE DEPARTMENT OF HEALTH
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STATEMENT OF FINANCIAL POSITION

as at 31 March 2022

	Note	2021/22 R'000	2020/21 R'000
ASSETS			
Current Assets		**2,787,144**	**2,484,054**
Unauthorised expenditure	10	2,542,230	2,265,086
Cash and cash equivalents	11	154	15
Prepayments and advances		-	-
Receivables	12	244,760	218,953
Non-Current Assets		**1,542**	**1,752**
Receivables	12	1,542	1,752
TOTAL ASSETS		**2,788,686**	**2,485,806**
LIABILITIES			
Current Liabilities		**2,640,037**	**2,350,464**
Voted funds to be surrendered to the Revenue Fund	13	1,581,090	1,161,115
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	14	14,346	66,798
Bank overdraft	15	1,033,980	1,090,195
Payables	16	7,633	29,368
Aid assistance unutilised	4	2,988	2,988
TOTAL LIABILITIES		**2,640,037**	**2,350,464**
NET ASSETS		**148,649**	**135,342**
Represented by:			
Recoverable revenue		148,649	135,342
TOTAL		**148,649**	**135,342**

EASTERN CAPE DEPARTMENT OF HEALTH
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STATEMENT OF CHANGES IN NET ASSETS

for the year ended 31 March 2022

	Note	2021/22 R'000	2020/21 R'000
Recoverable revenue			
Opening balance		135,342	124,134
Transfers		**13,307**	**11,208**
Debts revised		3,007	2,414
Debts recovered (included in departmental receipts)		(8,253)	(9,799)
Debts raised		18,553	18,593
Closing balance		**148,649**	**135,342**

EASTERN CAPE DEPARTMENT OF HEALTH
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CASH FLOW STATEMENT

for the year ended 31 March 2022

	Note	2021/22 R'000	2020/21 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		**27,848,312**	**27,772,946**
Annual appropriated funds received	1.1	27,772,914	27,625,885
Statutory appropriated funds received	2	1,820	1,820
Departmental revenue received	3	73,323	144,937
Interest received	3.2	255	304
Aid assistance received	4	-	-
Net (increase)/ decrease in working capital		(324,686)	(1,042,295)
Surrendered to Revenue Fund		(126,030)	(102,082)
Surrendered to RDP Fund/Donor		-	-
Current payments		(25,845,739)	(24,526,534)
Interest paid	7	(4,685)	(55,425)
Payments for financial assets		-	-
Transfers and subsidies paid		(332,593)	(1,028,660)
Net cash flow available from operating activities	17	**1,214,579**	**1,017,950**
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	9	(1,171,742)	(1,427,935)
Proceeds from sale of capital assets	3.3	-	-
(Increase)/ decrease in non-current receivables		210	882
Net cash flows from investing activities		**(1,171,532)**	**(1,427,053)**
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/ (decrease) in net assets		13,307	11,208
Net cash flows from financing activities		**13,307**	**11,208**
Net increase/ (decrease) in cash and cash equivalents		56,354	(397,895)
Cash and cash equivalents at beginning of period		(1,090,180)	(692,285)
Cash and cash equivalents at end of period	18	**(1,033,826)**	**(1,090,180)**

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ACCOUNTING POLICIES

for the year ended 31 March 2022

ACCOUNTING POLICIES

Summary of significant accounting policies

The financial statements have been prepared in accordance with the following policies, which have been applied consistently in all material aspects, unless otherwise indicated. Management has concluded that the financial statements present fairly the department's primary and secondary information.

The historical cost convention has been used, except where otherwise indicated. Management has used assessments and estimates in preparing the annual financial statements. These are based on the best information available at the time of preparation.

Where appropriate and meaningful, additional information has been disclosed to enhance the usefulness of the financial statements and to comply with the statutory requirements of the Public Finance Management Act (PFMA), Act 1 of 1999 (as amended by Act 29 of 1999), and the Treasury Regulations issued in terms of the PFMA and the annual Division of Revenue Act.

1	**Basis of preparation** The financial statements have been prepared in accordance with the Modified Cash Standard.
2	**Going concern** The financial statements have been prepared on a going concern basis.
3	**Presentation currency** Amounts have been presented in the currency of the South African Rand (R) which is also the functional currency of the department.
4	**Rounding** Unless otherwise stated financial figures have been rounded to the nearest one thousand Rand (R'000).
5	**Foreign currency translation** Cash flows arising from foreign currency transactions are translated into South African Rands using the spot exchange rates prevailing at the date of payment / receipt.
6	**Comparative information**
6.1	**Prior period comparative information** Prior period comparative information has been presented in the current year's financial statements. Where necessary figures included in the prior period financial statements have been reclassified to ensure that the format in which the information is presented is consistent with the format of the current year's financial statements.
6.2	**Current year comparison with budget** A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement.
7	**Revenue**
7.1	**Appropriated funds** Appropriated funds comprise of departmental allocations as well as direct charges against the revenue fund (i.e. statutory appropriation). Appropriated funds are recognised in the statement of financial performance on the date the appropriation becomes effective. Adjustments made in terms of the adjustments budget process are recognised in the statement of financial performance on the date the adjustments become effective. The net amount of any appropriated funds due to / from the relevant revenue fund at the reporting date is recognised as a payable / receivable in the statement of financial position.
7.2	**Departmental revenue** Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the relevant revenue fund, unless stated otherwise. Any amount owing to the relevant revenue fund at the reporting date is recognised as a payable in the statement of financial position.
7.3	**Accrued departmental revenue** Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when: • it is probable that the economic benefits or service potential associated with the transaction will flow to the department; and • the amount of revenue can be measured reliably. The accrued revenue is measured at the fair value of the consideration receivable. Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting

EASTERN CAPE DEPARTMENT OF HEALTH
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ACCOUNTING POLICIES

for the year ended 31 March 2022

	agents. Write-offs are made according to the department's debt write-off policy.
8	**Expenditure**
8.1	**Compensation of employees**
8.1.1	**Salaries and wages** Salaries and wages are recognised in the statement of financial performance on the date of payment.
8.1.2	**Social contributions** Social contributions made by the department in respect of current employees are recognised in the statement of financial performance on the date of payment. Social contributions made by the department in respect of ex-employees are classified as transfers to households in the statement of financial performance on the date of payment.
8.2	**Other expenditure** Other expenditure (such as goods and services, transfers and subsidies and payments for capital assets) is recognised in the statement of financial performance on the date of payment. The expense is classified as a capital expense if the total consideration paid is more than the capitalisation threshold.
8.3	**Accruals and payables not recognised** Accruals and payables not recognised are recorded in the notes to the financial statements when the goods are received or, in the case of services, when they are rendered to the department or in the case of transfers and subsidies when they are due and payable. Accruals and payables not recognised are measured at cost.
8.4	**Leases**
8.4.1	**Operating leases** Operating lease payments made during the reporting period are recognised as current expenditure in the statement of financial performance on the date of payment. The operating lease commitments are recorded in the notes to the financial statements.
8.4.2	**Finance leases** Finance lease payments made during the reporting period are recognised as capital expenditure in the statement of financial performance on the date of payment. The finance lease commitments are recorded in the notes to the financial statements and are not apportioned between the capital and interest portions. Finance lease assets acquired at the end of the lease term are recorded and measured at the lower of: • cost, being the fair value of the asset; or • the sum of the minimum lease payments made, including any payments made to acquire ownership at the end of the lease term, excluding interest.
8.5	**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.
8.6	**Covid-19 expenditure** Included in the total expenditure is expenditure incurred in relation to the covid-19 pandemic. The expenditure is categorised as per SCOA economic classification and recognised in the statement of financial performance on the date of payment: • Salaries and wages relating to employees / contract workers, etc. assigned to covid-19 facilities are recognised as compensation of employees in the statement of financial performance. • Operating expenditure relating to the covid-19 response is recognised as goods and services in the statement of financial performance on the date of payment. • Expenditure incurred on refurbishment/ acquisition of buildings and machinery relating to covid-19 facilities is recognised as expenditure for capital assets in the statement of financial performance. • Transfers to households relating to the covid-19 employees is recognised as Transfers & subsidies expenditure in the statement of financial performance.
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**

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ACCOUNTING POLICIES

for the year ended 31 March 2022

	Aid assistance paid is recognised in the statement of financial performance on the date of payment. Aid assistance payments made prior to the receipt of funds are recognised as a receivable in the statement of financial position.
10	**Cash and cash equivalents** Cash and cash equivalents are stated at cost in the statement of financial position. Bank overdrafts are shown separately on the face of the statement of financial position as a current liability. For the purposes of the cash flow statement, cash and cash equivalents comprise cash on hand, deposits held, other short-term highly liquid investments and bank overdrafts.
11	**Prepayments and advances** Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash. Prepayments and advances are initially and subsequently measured at cost.
12	**Loans and receivables** Loans and receivables are recognised in the statement of financial position at cost plus accrued interest, where interest is charged, less amounts already settled or written-off. Write-offs are made according to the department's write-off policy. Due to the uncertainty of the recovery date of receivables the department classifies only those receivables as non-current for which there is a formal agreement to that effect. The remaining receivables are deemed to be current as they are expected to be realised within 12 months.
13	**Investments** Investments are recognised in the statement of financial position at cost.
14	**Financial assets**
14.1	**Financial assets (not covered elsewhere)** A financial asset is recognised initially at its cost plus transaction costs that are directly attributable to the acquisition or issue of the financial. At the reporting date, a department shall measure its financial assets at cost, less amounts already settled or written-off, except for recognised loans and receivables, which are measured at cost plus accrued interest, where interest is charged, less amounts already settled or written-off.
14.2	**Impairment of financial assets** Where there is an indication of impairment of a financial asset, an estimation of the reduction in the recorded carrying value, to reflect the best estimate of the amount of the future economic benefits expected to be received from that asset, is recorded in the notes to the financial statements.
15	**Payables** Payables are recognised in the statement of financial position at cost.
16	**Capital Assets**
16.1	**Immovable capital assets** Immovable assets reflected in the asset register of the department are recorded in the notes to the financial statements at cost or fair value where the cost cannot be determined reliably. Immovable assets acquired in a non-exchange transaction are recorded at fair value at the date of acquisition. Immovable assets are subsequently carried in the asset register at cost and are not currently subject to depreciation or impairment. Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use. Additional information on immovable assets not reflected in the assets register is provided in the notes to financial statements.
16.2	**Movable capital assets** Movable capital assets are initially recorded in the notes to the financial statements at cost. Movable capital assets acquired through a non-exchange transaction is measured at fair value as at the date of acquisition. Where the cost of movable capital assets cannot be determined reliably, the movable capital assets are measured at fair value and where fair value cannot be determined; the movable assets are measured at R1. All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1. Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment. Subsequent expenditure that is of a capital nature forms part of the cost of the existing asset when ready for use.
16.3	**Intangible assets** Intangible assets are initially recorded in the notes to the financial statements at cost. Intangible assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition. Internally generated intangible assets are recorded in the notes to the financial statements when the department commences the development phase of the project. Where the cost of intangible assets cannot be determined reliably, the intangible capital assets are measured at fair value and where fair value cannot be determined; the intangible assets are measured at R1. All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1. Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment. Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.

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16.4	**Project Costs: Work-in-progress** Expenditure of a capital nature is initially recognised in the statement of financial performance at cost when paid. Amounts paid towards capital projects are separated from the amounts recognised and accumulated in work-in-progress until the underlying asset is ready for use. Once ready for use, the total accumulated payments are recorded in an asset register. Subsequent payments to complete the project are added to the capital asset in the asset register. Where the department is not the custodian of the completed project asset, the asset is transferred to the custodian subsequent to completion.
17	**Provisions and Contingents**
17.1	**Provisions** Provisions are recorded in the notes to the financial statements when there is a present legal or constructive obligation to forfeit economic benefits as a result of events in the past and it is probable that an outflow of resources embodying economic benefits or service potential will be required to settle the obligation and a reliable estimate of the obligation can be made. The provision is measured as the best estimate of the funds required to settle the present obligation at the reporting date.
17.2	**Employee benefits** Short-term employee benefits that give rise to a present legal or constructive obligation are disclosed in the disclosure notes to the financial statements. These amounts are not recognised in the statement of financial performance or the statement of financial position. The value of each major class of employee benefit obligation (accruals, payables not recognised and provisions) is disclosed in the Employee benefits note.
17.3	**Contingent liabilities** Contingent liabilities are recorded in the notes to the financial statements when there is a possible obligation that arises from past events, and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department or when there is a present obligation that is not recognised because it is not probable that an outflow of resources will be required to settle the obligation or the amount of the obligation cannot be measured reliably.
17.4	**Contingent assets** Contingent assets are recorded in the notes to the financial statements when a possible asset arises from past events, and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department.
17.5	**Capital commitments** Capital commitments are recorded at cost in the notes to the financial statements.
18	**Unauthorised expenditure** Unauthorised expenditure is recognised in the statement of financial position until such time as the expenditure is either: • approved by Parliament or the Provincial Legislature with funding and the related funds are received; or • approved by Parliament or the Provincial Legislature without funding and is written off against the appropriation in the statement of financial performance, provided sufficient savings are available; or • transferred to receivables for recovery. Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure.
19	**Fruitless and wasteful expenditure** Fruitless and wasteful expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the total value of the fruitless and or wasteful expenditure incurred. Fruitless and wasteful expenditure is removed from the notes to the financial statements when it is resolved or transferred to receivables or written off. Fruitless and wasteful expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable. Alleged fruitless and wasteful expenditure under assessment is not disclosed in the note of fruitless and wasteful expenditure.
20	**Irregular expenditure** Irregular expenditure is recorded in the notes to the financial statements when confirmed after its assessment. The amount recorded is equal to the value of the irregular expenditure incurred unless it is impracticable to determine, in which case reasons therefor are provided in the note. Irregular expenditure is reduced from the note when it is either condoned by the relevant authority, transferred to receivables for recovery, not condoned and removed or written-off. Irregular expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.
21	**Changes in accounting policies, accounting estimates and errors**

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	Changes in accounting policies that are effected by management have been applied retrospectively in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the change in policy. In such instances the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable. Changes in accounting estimates are applied prospectively in accordance with MCS requirements. Correction of errors is applied retrospectively in the period in which the error has occurred in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the error. In such cases the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.
22	**Events after the reporting date** Events after the reporting date that are classified as adjusting events have been accounted for in the financial statements. The events after the reporting date that are classified as non-adjusting events after the reporting date have been disclosed in the notes to the financial statements.
23	**Principal-Agent arrangements** The department is party to a principal-agent arrangement for building of immovable properties. In terms of the arrangement the department is the principal and is responsible for oversight and financing the projects. All related revenues, expenditures, assets and liabilities have been recognised or recorded in terms of the relevant policies listed herein. Additional disclosures have been provided in the notes to the financial statements where appropriate.
24	**Departures from the MCS requirements** Management has concluded that the financial statements present fairly the department's primary and secondary information. The department complied with the Standard except where it has departed from a requirement to achieve fair presentation. The requirement from which the department has departed, the nature of the departure and the reason for departure will be presented in the notes to the financial statements if necessary.
25	**Capitalisation reserve** The capitalisation reserve comprises of financial assets and/or liabilities originating in a prior reporting period, but which are recognised in the statement of financial position for the first time in the current reporting period. Amounts are recognised in the capitalisation reserves when identified in the current period and are transferred to the National/Provincial Revenue Fund when the underlying asset is disposed and the related funds are received.
26	**Recoverable revenue** Amounts are recognised as recoverable revenue when a payment made in a previous financial year becomes recoverable from a debtor in the current financial year. Amounts are either transferred to the National/Provincial Revenue Fund when recovered or are transferred to the statement of financial performance when written-off.
27	**Related party transactions** Related party transactions within the Minister/MEC's portfolio are recorded in the notes to the financial statements when the transaction is not at arm's length. The number of individuals and the full compensation of key management personnel is recorded in the notes to the financial statements.
28	**Key management personnel** Key management members are those persons having the authority and responsibility for planning, directing and controlling the activities of the department. In the department all officials from level 14 and above are deemed to be key management personnel. The number of individuals and their full compensation is recorded in the notes to the financial statements.
29	**Inventories *(Effective from date determined in a Treasury Instruction)*** At the date of acquisition, inventories are recognised at cost in the statement of financial performance. Where inventories are acquired as part of a non-exchange transaction, the inventories are measured at fair value as at the date of acquisition. Inventories are subsequently measured at the lower of cost and net realisable value or where intended for distribution (or consumed in the production of goods for distribution) at no or a nominal charge, the lower of cost and current replacement value. The cost of inventories is assigned by using the weighted average cost basis.
30	**Public-Private Partnerships** Public Private Partnerships are accounted for based on the nature and or the substance of the partnership. The transaction is accounted for in accordance with the relevant accounting policies. A summary of the significant terms of the PPP agreement, the parties to the agreement, and the date of commencement thereof together with the description and nature of the concession fees received, the unitary fees paid, rights and obligations of the department are recorded in the notes to the financial statements.

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EXPLANATORY NOTES

1 Annual Appropriation

Included are funds appropriated in terms of the Appropriation Act (and the Adjustments Appropriation Act) for the Department.

1.1 Annual Appropriation

	2021/22			2020/21		
Programmes	**Final Appropriation R'000**	**Actual Funds Received R'000**	**Funds not requested/ not received R'000**	**Final Appropriation R'000**	**Appropriation Received R'000**	**Funds not requested/ not received R'000**
Pr1 Health Administration	768,147	768,147	-	662,006	661,666	340
Pr2 District Health Services	15,066,109	15,066,109	-	14,635,485	14,635,485	-
Pr3 Emergency Medical Services	1,406,088	1,406,088	-	1,273,418	1,273,418	-
Pr4 Provincial Hospital Services	3,677,124	3,677,124	-	3,530,669	3,530,669	-
Pr5 Central Hospital Services	4,628,724	4,628,724	-	4,718,857	4,718,857	-
Pr6 Health Science & Training	859,573	859,573	-	795,258	795,258	-
Pr7 Health Care & Support Services	160,886	160,886	-	173,856	173,856	-
Pr8 Health Facilities Management	1,206,263	1,206,263	-	1,836,676	1,836,676	-
Total	**27,772,914**	**27,772,914**	**-**	**27,626,225**	**27,625,885**	**340**

Funds are requested in order to pay for the planned activities of the department.
The Notes to the Appropriation Statement give variance explanations per programme and the recourse to be taken.

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		2021/22 R'000	2020/21 R'000
1.2 Conditional grants			
Total grants received	*39*	5,420,478	5,407,894
2 Statutory Appropriation			
Member of executive committee		1,820	1,820
Total		**1,820**	**1,820**
Actual Statutory Appropriation received		**1,820**	**1,820**
3 Departmental Revenue			
Sales of goods and services other than capital assets	*3.1*	67,433	140,402
Interest, dividends and rent on land	*3.2*	255	304
Transactions in financial assets and liabilities	*3.3*	5,890	4,535
Total revenue collected		**73,578**	**145,241**
Less: Own revenue included in appropriation	*14*	73,578	125,276
Departmental revenue collected		**-**	**19,965**

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			2021/22 R'000	2020/21 R'000
3.1	**Sales of goods and services other than capital assets**	*3*		
	Sales of goods and services produced by the department		**67,205**	**140,158**
	Sales by market establishment		20,613	22,483
	Administrative fees		3,558	3,729
	Other sales		43,034	113,946
	Sales of scrap, waste and other used current goods		228	244
	Total		**67,433**	**140,402**
3.2	**Interest, dividends and rent on land**	*3*		
	Interest		255	304
	Total		**255**	**304**
3.3	**Transactions in financial assets and liabilities**	*3*		
	Receivables		3,080	2,636
	Stale cheques written back		-	-
	Other Receipts including Recoverable Revenue		2,810	1,899
	Total		**5,890**	**4,535**

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	Note	2021/22 R'000	2020/21 R'000
4 Aid Assistance			
Opening Balance		2,988	2,988
Transferred from statement of financial performance		-	-
Closing Balance		**2,988**	**2,988**
4.1 Analysis of balance by source			
Aid assistance from other sources		2,988	2,988
Closing Balance		**2,988**	**2,988**
4.2 Analysis of balance			
Aid assistance unutilised		2,988	2,988
Closing Balance		**2,988**	**2,988**

	Note	2021/22 R'000	2020/21 R'000
4.3 Donations received in kind (not included in the main note)			
List in kind donations received			
Medical & Laundry Equipment		-	597
Medical & Allied Equipment		11,255	16
Computer Equipment		6,990	1,363
Medical & Allied Equipment		-	419
Hospital & Computer Equipment		-	2,911
Furniture & Office Equipment		283	-
Other Machinery & Equipment		130	-
Total		**18,658**	**5,306**

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	Note	2021/22 R'000	2020/21 R'000
5 Compensation of Employees			
5.1 Salaries and wages			
Basic salary		11,123,957	11,069,710
Performance award		11,784	9,136
Service Based		11,029	11,992
Compensative/circumstantial		2,004,559	2,579,456
Periodic payments		5,375	6,850
Other non-pensionable allowances		3,155,570	2,168,922
Total		**16,312,274**	**15,846,066**
5.2 Social Contributions			
Employer contributions			
Pension		1,324,766	1,340,431
Medical		834,840	796,170
UIF		3,990	4,967
Bargaining council		3,048	3,145
Insurance		1,024	395
Total		**2,167,668**	**2,145,108**
Total compensation of employees		**18,479,942**	**17,991,174**
Average number of employees		51,869	55,667

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	Note	2021/22 R'000	2020/21 R'000
6 Goods and services			
Administrative fees		1,166	710
Advertising		1,787	2,402
Minor assets	*6.1*	11,449	13,373
Bursaries (employees)		15,270	13,579
Catering		270	1,597
Communication		133,093	77,303
Computer services	*6.2*	109,454	78,776
Consultants: Business and advisory services		22,286	71,993
Laboratory services		1,305,273	915,042
Legal services		65,730	73,451
Contractors		327,736	120,701
Agency and support / outsourced services		283,413	249,077
Entertainment		-	-
Audit cost – external	*6.3*	29,050	26,500
Fleet services		205,014	206,748
Inventory	*6.4*	3,390,715	3,803,809
Consumables	*6.5*	187,401	372,787
Operating leases		165,250	121,493
Property payments	*6.6*	1,203,882	1,205,564
Rental and hiring		432	18,925
Transport provided as part of the departmental activities		1,095	823
Travel and subsistence	*6.7*	110,407	92,138
Venues and facilities		8,866	4,721
Training and development		11,231	17,994
Other operating expenditure	*6.8*	52,671	64,069
Total		**7,642,941**	**7,553,575**

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			2021/22 R'000	2020/21 R'000
6.1	**Minor assets**	6		
	Tangible assets		**11,449**	**13,373**
	Machinery and equipment		11,449	13,373
	Intangible assets		**-**	**-**
	Patents, licences, copyright, brand names, trademarks		-	-
	Total		**11,449**	**13,373**
6.2	**Computer services**	6		
	SITA computer services		55,738	15,524
	External computer service providers		53,716	63,252
	Total		**109,454**	**78,776**
6.3	**Audit cost – external**	6		
	Regularity audits		29,050	26,500
	Total		**29,050**	**26,500**
6.4	**Inventory**	6		
	Clothing material and accessories		3,535	3,066
	Farming supplies		-	-
	Food and food supplies		147,556	133,088
	Fuel, oil and gas		50,405	45,843
	Learning and teaching support material		-	-
	Materials and supplies		98,415	85,249
	Medical supplies		1,087,362	1,082,856
	Medicine		2,003,442	2,453,707
	Medsas inventory interface		-	-
	Other supplies		-	-
	Total		**3,390,715**	**3,803,809**

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		Note	2021/22 R'000	2020/21 R'000
6.5	**Consumables**	6		
	Consumable supplies		140,806	335,900
	Uniform and clothing		90,933	261,611
	Household supplies		32,226	65,617
	Building material and supplies		-	-
	Communication accessories		449	-
	IT consumables		15,574	7,421
	Other consumables		1,624	1,251
	Stationery, printing and office supplies		46,595	36,887
	Total		**187,401**	**372,787**
6.6	**Property payments**	6		
	Municipal services		412,076	357,894
	Property maintenance and repairs		71,692	265,991
	Other		720,114	581,679
	Total		**1,203,882**	**1,205,564**

Included in the above other property payments are security related expenditures of R 659,032million (2021: 511,050 million)

6.7	**Travel and subsistence**	6		
			110,407	92,138
	Local		110,047	92,031
	Foreign		360	107
	Total		**110,407**	**92,138**
6.8	**Other operating expenditure**	6		
	Professional bodies, membership and subscription fees		708	362
	Resettlement costs		2,171	2,328
	Other		49,792	61,379
	Total		**52,671**	**64,069**

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		Note	2021/22 R'000	2020/21 R'000
6.9 Remuneration of members of a commission or committee (Included in Consultants: Business and advisory services)				
Name of Commission / Committee	No. of members			
Risk Committee	2		194	245
Audit Committee	5		523	883
			717	**1,128**

		Note	2021/22 R'000	2020/21 R'000
7 Interest and Rent on Land				
Interest paid			4,685	55,425
Total			**4,685**	**55,425**
8 Transfers and Subsidies				
Provinces and municipalities	*ANNEXURE 1A*		-	-
Departmental agencies and accounts	*ANNEXURE 1B*		13,058	-
Non-profit institutions	*ANNEXURE 1F*		-	8,495
Households	*ANNEXURE 1G*		319,535	1,020,165
Total			**332,593**	**1,028,660**
9 Expenditure for capital assets				
9.1 Tangible assets			**1,171,742**	**1,427,935**
Buildings and other fixed structures		*36*	575,250	933,762
Machinery and equipment		33	596,492	494,173
Intangible assets			**-**	**-**
Software		36	-	-
Total			**1,171,742**	**1,427,935**

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9.2 Analysis of funds utilised to acquire capital assets - 2021/22

	Voted Funds R'000	Aid assistance R'000	TOTAL R'000
Tangible assets	**1,171,742**	**-**	**1,171,742**
Buildings and other fixed structures	575,250	-	575,250
Machinery and equipment	596,492	-	596,492
Intangible assets	**-**	**-**	**-**
Software	-	-	-
Intangible assets	**-**	**-**	**-**
Software			-
Total	**1,171,742**	**-**	**1,171,742**

9.3 Analysis of funds utilised to acquire capital assets - 2020/21

	Voted Funds R'000	Aid assistance R'000	TOTAL R'000
Tangible assets	**1,427,935**	**-**	**1,427,935**
Buildings and other fixed structures	933,762	-	933,762
Machinery and equipment	494,173	-	494,173
Intangible assets	**-**	**-**	**-**
Software			-
Total	**1,427,935**	**-**	**1,427,935**

	2021/22 R'000	2020/21 R'000
9.4 Finance lease expenditure included in Expenditure for capital assets		
Tangible assets	**297,899**	**181,158**
Machinery and equipment	297,899	181,158
Total	**297,899**	**181,158**

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		Note	2021/22 R'000	2020/21 R'000
10	**Unauthorised Expenditure**			
10.1	**Reconciliation of unauthorised expenditure**			
	Opening balance		2,265,086	1,246,871
	Unauthorised expenditure - discovered in the current year		277,144	1,018,215
	Less: Amounts approved by Parliament/Legislature with funding		-	-
	Less: Amounts approved by Parliament/Legislature without funding and derecognised		-	-
	Current		-	-
	Closing balance		**2,542,230**	**2,265,086**
	Analysis of closing balance			
	Unauthorised expenditure awaiting authorisation		2,542,230	2,265,086
	Unauthorised expenditure approved without funding and not derecognised		-	-
			2,542,230	**2,265,086**
10.2	**Analysis of unauthorised expenditure awaiting authorisation per economic classification**			
	Current		435,604	173,460
	Capital		-	-
	Transfers and subsidies		2,106,626	2,091,626
	Total		**2,542,230**	**2,265,086**
10.3	**Analysis of unauthorised expenditure awaiting authorisation per type**			
	Unauthorised expenditure relating to overspending of the vote or a main division within the vote		2,542,230	2,265,086
	Total		**2,542,230**	**2,265,086**

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10.4 Details of unauthorised expenditure - current year

Incident	Disciplinary steps taken/criminal proceedings	2021/22 R'000
Overspending on programmes	Investigation stage	277,144
Total		**277,144**

For the year under review, the Department incurred underspending of R142,829 million at the Vote level and overspending of R277,144 million at the Programmes level. The amount of R277,144 million is made up of R88,945 million (Prog 2), R9,229 million (Prog 4) and R178,970 million (Prog 5) [adjusted for underspending of the conditional grants within those programmes].

The unauthorised expenditure has, in the current financial year been mitigated by the reprioritisation of the Department's budget through the shifting (R381,470 million) and virement (R490,821 million) of funds in terms of Treasury Regulations 6.3 and Sections 43 and 76(3) of the PFMA.

The unauthorised expenditure of R88,945 million (Prog 2) has arisen within this clinical programme having been caused primarily by goods and services pressures vesting to continue the delivery of public health care services uninterrupted as well as the payment of unfunded and unbudgeted medico legal settlements not budgeted for as payment of writ instalments. Goods and services budget pressures in the programme having arisen from the payment of payables and accruals at the vote level of (R4.4 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2022 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

The unauthorised expenditure of R9,229 million (Prog 4) has arisen within this clinical programme primarily vesting in compensation of employees as a result of incorrect persal link codes by and between several programmes

The unauthorised expenditure of R178,970 million (Prog 5) has arisen within this clinical programme primarily vested in compensation of employees as a result of incorrect persal link codes by and between several programmes. Goods and services pressures vested in the Central Hospital Service (-R48,260 million) and Provincial Tertiary Services (-R74,542 million) sub programmes, to continue the delivery of public health care services uninterrupted. Goods and services budget pressures in the programme having arisen from the payment of payables and accruals at the vote level of (R4.4 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2022 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

The budget pressures experienced by the department arose from the payment of payables and accruals at the vote level of (R4.4 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2022 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

In January 2022, application was made for an excess bank overdraft on the Department's Paymaster General Account (PMG) to continue paying creditors. In February, Provincial Treasury confirmed that an additional excess facility of R150 million had been approved, increasing the departmental cumulative facility to R1,129,214 billion cumulatively over the years.

Prior year error – the economic classifications of the unauthorised expenditure incurred during 2020/21 was corrected. R 173,460 million was moved from transfers and subsidies to current. Refer to note 32 for more details.

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		Note	2021/22 R'000	2020/21 R'000
11	**Cash and Cash Equivalents**			
	Consolidated Paymaster General Account		101	-
	Cash receipts		53	15
	Disbursements			
	Total		**154**	**15**

Application made for an excess on the department's paymaster general account (PMG)

In January 2022, application was made for an excess bank overdraft on the Department's Paymaster General Account (PMG) to continue paying creditors. In February, Provincial Treasury confirmed that an additional excess facility of R150 million had been approved, increasing the departmental cumulative facility to R1,129,214,000 cumulatively over the years.

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		Note	2021/22 Current R'000	2021/22 Non-current R'000	2021/22 Total R'000	2020/21 Current R'000	2020/21 Non-current R'000	2020/21 Total R'000
12	**Receivables**							
	Claims recoverable	12.1/Ann 4	1,838	-	1,838	2,598	-	2,598
	Trade receivables	12.2	9,706	-	9,706	9,194	-	9,194
	Recoverable expenditure	12.3	10,330	-	10,330	7,680	-	7,680
	Staff debt	12.4	14,057	1,542	15,599	13,531	1,752	15,283
	Fruitless and wasteful expenditure	12.5	958	-	958	858	-	858
	Other receivables	12.6	207,871	-	207,871	185,092	-	185,092
	Total		**244,760**	**1,542**	**246,302**	**218,953**	**1,752**	**220,705**

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		Note	2021/22 R'000	2020/21 R'000
12.1	**Claims recoverable**	12		
	National departments		166	179
	Provincial departments		1,672	2,419
	Total		**1,838**	**2,598**
12.2	**Trade receivables**	12		
	Supplier overpayments		9,706	9,194
	Total		**9,706**	**9,194**
12.3	**Recoverable expenditure *(disallowance accounts)***	12		
	Dishonoured Cheques		473	473
	Salary rebates		9,857	7,207
	Total		**10,330**	**7,680**

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			2021/22 R'000	2020/21 R'000
12.4	**Staff debt**	12		
	Salary Debt		15,599	15,283
	Total		**15,599**	**15,283**
12.5	**Fruitless and wasteful expenditure**	12		
	Opening balance		858	498
	Less amounts recovered		(338)	(38)
	Less amounts written off		-	-
	Transfers from note 28 Fruitless and Wasteful expenditure		438	387
	Interest		-	11
	Total		**958**	**858**
12.6	**Other debtors**	12		
	Medsas claims recoverable		2,992	277
	Ex-Employees		196,669	176,955
	Breach of contract - Bursary holders		8,210	7,860
	Total		**207,871**	**185,092**
12.7	**Impairment of receivables**			
	Estimate of impairment of receivables		187,518	177,560
	Total		**187,518**	**177,560**

It is the department's policy to impair all receivables, other than debts held by current employees, that are older than 1 year.

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		Note	2021/22 R'000	2020/21 R'000
13	**Voted Funds to be Surrendered to the Revenue Fund**			
	Opening balance		1,161,115	571,964
	Transfer from statement of financial performance		142,831	(428,724)
	Add: Unauthorised expenditure for current year		277,144	1,018,215
	Voted funds not requested/not received	*1.1*	-	(340)
	Paid during the year		-	-
	Closing balance		**1,581,090**	**1,161,115**
14	**Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund**			
	Opening balance		66,798	23,639
	Transfer from Statement of Financial Performance		-	19,965
	Own revenue included in appropriation	*3*	73,578	125,276
	Paid during the year		(126,030)	(102,082)
	Closing balance		**14,346**	**66,798**
15	**Bank Overdraft**			
	Consolidated Paymaster General Account		1,033,980	1,090,195
	Total		**1,033,980**	**1,090,195**

Application made for an excess on the department's paymaster general account (PMG)

In January 2022, application was made for an excess bank overdraft on the Department's Paymaster General Account (PMG) to continue paying creditors. In February, Provincial Treasury confirmed that an additional excess facility of R150 million had been approved, increasing the departmental cumulative facility to R1,129,214,000 cumulatively over the years.

16	**Payables - current**			
	Amounts owing to other entities		-	-
	Advances received	*16.1*	-	22,668
	Clearing accounts	*16.2*	7,633	6,700
	Total		**7,633**	**29,368**

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		Note	2021/22 R'000	2020/21 R'000
16.1	**Advances received**	*16*		
	National departments	Annex 8B	-	22,666
	Provincial departments	Annex 8B	-	2
	Total		**-**	**22,668**
16.2	**Clearing accounts**	*16*		
	Salary finance and other institutions		7,266	6,202
	Pension recoverable		367	498
	Total		**7,633**	**6,700**
17	**Net cash flow available from operating activities**			
	Net surplus/(deficit) as per Statement of Financial Performance		142,831	(408,759)
	Add back non cash/cash movements not deemed operating activities		1,071,748	1,426,709
	(Increase)/decrease in receivables – current		(25,807)	(24,115)
	(Increase)/decrease in prepayments and advances		-	156
	(Increase)/decrease in other current assets		-	-
	Increase/(decrease) in payables – current		(21,735)	(121)
	Proceeds from sale of capital assets		-	-
	Proceeds from sale of investments		-	-
	(Increase)/decrease in other financial assets		-	-
	Expenditure on capital assets		1,171,742	1,427,935
	Surrenders to Revenue Fund		(126,030)	(102,082)
	Surrenders to RDP Fund/Donor		-	-
	Voted funds not requested/not received		-	(340)
	Own revenue included in appropriation		73,578	125,276
	Other non-cash items		-	-
	Net cash flow generated by operating activities		**1,214,579**	**1,017,950**
18	**Reconciliation of cash and cash equivalents for cash flow purposes**			
	Consolidated Paymaster General account		(1,033,879)	(1,090,195)
	Cash receipts		53	15
	Total		**(1,033,826)**	**(1,090,180)**

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			Note	2021/22 R'000	2020/21 R'000
19	**Contingent liabilities and contingent assets**				
19.1	**Contingent liabilities**				
	Liable to	**Nature**			
	Housing loan guarantees	Employees	*Annex 3A*	2,595	2,965
	Claims against the department		*Annex 3B*	30,779,923	26,008,334
	Other interdepartmental payables		*Annex 5*	2,164	2,804
	Other		*Annex 3B*	-	-
	Total			**30,784,682**	**26,014,103**

Prior year adjustment

The prior year balance for the claims against the state has been adjusted downwards by R 12,600 billion due to a change in the accounting policy and correction of prior period errors. The change in accounting policy was implemented so that the department is more aligned with the current modified cash standards of accounting. Further details are under note 32.

Claims against the department

Claims against the department mainly consist of Medico legal claims. These claims are at various stages within the legal process. The possible final value of the claims is dependent on many uncertain variables that are not under the control of the department. These variables could result in large fluctuations in the values. Further details are included under Annexure 3B.

The department has identified and disclosed possible duplicate claims in the above amount that have been made on behalf of the same plaintiff but either by different attorneys or by registering different cases. The department only derecognizes these claims when they are withdrawn by either the plaintiff or the courts.

Financial sustainability & Going concern

As reported in the previous financial year, the department had been spending an ever-increasing proportion of its allocated annual budget on the settlement of medico legal claims brought against it. These payments were described as upfront settlements, largely to meet future medical needs of cerebral palsy claimants, incurred at the cost to the department of resources that would otherwise be available for upfront or current health services for all people in the Eastern Cape making use of public health care services. Claims including interest totalling R3 462 763 652 had been settled within the period 1 April 2014 to 31 March 2021. These payments are uninsured, unbudgeted and unfunded. The value of medico-legal claims settled or paid out pursuant to court orders by the department grew from R75 608 451 in 2014/15 to R921 437 799 in 2020/21. This is illustrated by the following table:

2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	Total
75,608,451	261,797,863	215,685,848	428,303,487	797,120,477	762,809,727	921,437,799	3,462,763,652

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The preferred process by Provincial Treasury is to apply the robustness and consequence management of the provisions of Section 34 (1) (a) of the PFMA wherein unauthorised expenditure does not become a charge against the Revenue Fund except when the Provincial Legislature approves as a direct charge against the Provincial Revenue Fund an additional amount of the overspending. The application of Section 34 (2) of the PFMA states that in the event that the Provincial Legislature does not approve the additional amount of the overspending, then the amount becomes a charge against the funds allocated for the next or future years for the relevant vote. SCOPA has recommended that the Department of Health unauthorized expenditure for the 2018/19 (R648.647 million), 2019/20 (R598,224 million) and 2020/21 (R1,018 billion) financial years, amounting in total to R2.265.086 billion be deferred and considered again after a period of 12 months, largely due to incomplete forensic investigations,

During the course of this financial year, as in the previous year, the Department has reported to Provincial Treasury that its voted budget and cash flows would not be adequate to pay its commitments for the current financial year, primarily emanating from the material opening balances of accruals and payables amounting to R4,4 billion. These accruals and payables became the first charge on the current budget resulting in a situation where the budget is inadequate to render an interrupted health service.

In considering the accruals and payables from 2020/2021, the available budget for the department for the 2021/22 financial year essentially became R21.3 billion - of which R17.9 billion or 84% is for Cost of Employment. In reality this has left the department with approximately R3.4 billion to render public health care services to the overwhelming number of people of the Eastern Cape for the entire financial year. On this trajectory, the department is in dire straits to the detriment of the entire province.

The department cautioned that based on its monthly cash flow projections for the 2021/22 financial year, submitted in terms of section 40 of the PFMA, the trajectory was that cash flows for equitable share goods and services would technically be depleted by 30 September 2021, if not even prior thereto, with residual cash flows represented by conditional grants.

Significantly, the Department, Provincial Treasury (PT) and Office of the Premier launched an application to provide for staggered payments instead of lump sum medico legal payments. In terms of this application to court, the Province requested that current judgement debts be paid in instalments with a R500,000 initial instalment and thereafter annually in an amount as determined by the PT, over a period ranging from 12 months to 8 years in order to alleviate the burden on the budget. An interim order was agreed to on 17 August 2021 which resulted in writs being stayed pending the writs application resulted in the temporary cessation of lump sums flowing out of the Departmental coffers. Subsequent to year end, the writ application court case was ruled against the Province and the departmental will have to settle the amounts in the writ application. The Province will also not be appealing against this judgement. In the 2021/22 AEPRE, the department received a provincial budget allocation amounting to R24,5 million or the above-named writs in execution. On 5 November 2021 the legal team was heard in respect of an application to amend the relief sought to have writs issued against the Department's PMG bank account declared unlawful.

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As a result, the predicted day zero ie. the depletion of the goods and services equitable share of September 2021, or even August 2021 was extended until October 2021. However, by October 2021 the ECDOH's equitable share for goods and services (not for cost of employment or conditional grants) was depleted. The department then attempted to proactively approach its bigger service providers, and to negotiate with them in relation to the period during which the equitable share goods and services budget is depleted, and to seek arrangements to make payment in or after April 2022 in the new financial year. As a result, some of the larger suppliers agreed not to terminate their services.

For the future financial sustainability of the Department, which is what underpins the Department's ability to deliver health care services, the Department should not be required to continue to pay claims on the basis of full, up-front payment of estimated future medical and other expenses. This cost alone would in time overwhelm the Department's capacity to meet its health service delivery obligations.

It is therefore necessary that consideration be given to alternative appropriate avenues for meeting medico-legal claims against the department. It is accordingly essential that a solution is found that aligns with the actual service delivery capability of the department and its capacity to manage risks as well as one which is able to adapt to the changing health care needs and hence service delivery requirements of claimants.
This can be achieved through the envisaged "public healthcare" and "undertaking to pay" defences that are referred to in the defendant's pleadings in this matter. Such a system allows for the direct provision by the department's health facilities of services to meet a claimant's needs, together with procurement or reimbursement of such services as may not be directly available from the provincial health facilities.

Contingent Asset

HROPT

Relating to HROPT, during the current year, affected employees have had R100 per month deducted from their salaries and this amounted to R0,355 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 (R196,295 million). If all affected staff pay their R100 until they retire, the department will recover R8,2 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 R196,295 million. The present value of the R8,2 million has been included in Staff debt per note 14 above.

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		Note	2021/22 R'000	2020/21 R'000
20	**Capital commitments**			
			982,341	**1,262,807**
	Buildings and other fixed structures		884,096	1,117,667
	Machinery and equipment		98,245	145,140
	Total Commitments		**982,341**	**1,262,807**

Commitments at 31 March 2022 that exceed one year amount to R 284,987 million (31 March 2021: R 304,905 million).

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				2021/22 R'000	2020/21 R'000
21	**Accruals and payables not recognised**				
21.1	**Accruals**				
	Listed by economic classification	**30 days**	**30+ days**	**Total**	**Total**
	Goods and services	976,520	-	976,520	544,168
	Transfers and subsidies	82,504	-	82,504	46,442
	Capital assets	47,774	-	47,774	67,570
	Total	**1,106,798**	**-**	**1,106,798**	**658,180**

Listed by programme level	**R'000**	**R'000**
Pr1 Health Administration	528,455	201,556
Pr2 District Health Services	166,787	149,297
Pr3 Emergency Medical Services	68,056	45,574
Pr4 Provincial Hospital Services	185,507	57,129
Pr5 Central Hospital Services	19,339	39,177
Pr6 Health Science and Training	34,508	28,588
Pr7 Health Care and Support Services	628	1,080
Pr8 Health Facilities Development and Maintenance	103,518	135,779
Total	**1,106,798**	**658,180**

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				2021/22 R'000	2020/21 R'000
21.2	**Payables not recognised**				
	Listed by economic classification	**30 days**	**30+ days**	**Total**	**Total**
	Goods and services	548,657	2,451,253	2,999,910	3,191,981
	Transfers and subsidies	1,769	527,160	528,929	407,457
	Capital assets	20,111	4,234	24,345	175,552
	Total	**570,537**	**2,982,647**	**3,553,184**	**3,774,990**
	Listed by programme level			**R'000**	**R'000**
	Pr1 Health Administration			685,265	848,683
	Pr2 District Health Services			1,077,228	952,048
	Pr3 Emergency Medical Services			222,758	294,537
	Pr4 Provincial Hospital Services			301,063	478,620
	Pr5 Central Hospital Services			294,154	194,878
	Pr6 Health Science and Training			5,507	65,981
	Pr7 Health Care and Support Services			911,762	860,870
	Pr8 Health Facilities Development and Maintenance			55,447	79,373
	Total			**3,553,184**	**3,774,990**
	Included in the above totals are the following:				
	Confirmed balances with departments		*Annex 5*	1,172,785	1,102,009
	Total			**1,172,785**	**1,102,009**
22	**Employee benefits**				
	Leave entitlement			788,148	887,898
	Service bonus (Thirteenth cheque)			425,433	428,140
	Performance awards			-	-
	Capped leave commitments			321,314	392,455
	Other			338,914	373,638
	Total			**1,873,809**	**2,082,131**

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 2022 which will be recovered from future monthly leave credits earned. The value of this leave is R12,0 million (2021: R10,7 million).

Included under Other are HR accruals & payables. Only claims validated as at 31 March 2022 have been included in this balance.

At this stage the department is not able to reliably measure the long-term portion of the long service awards.

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			Note	2021/22 R'000	2020/21 R'000
23	**Provisions**				
	23.1	**Claims against the state**		94,084	107,405
				94,084	**107,405**

		Claims against the state R'000
23.2	**Reconciliation of movement in provisions - 2021/22**	
	Opening balance	107,405
	Change in provision due to change in estimation of inputs	(13,321)
	Closing balance	**94,084**

A change in the accounting policy for claims against the state resulted in closing provisions for 2020/21 being raised of R 107,405 million. Further details in note 32.

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24 Lease commitments

24.1 Operating leases expenditure

2021/22

	Buildings and other fixed structures	Machinery, equipment, and motor vehicles	Total
	R'000	R'000	R'000
Not later than 1 year	42	-	42
Later than 1 year and not later than 5 years	62	-	62
Later than five years	-	-	-
Total lease commitments	**104**	**-**	**104**

2020/21

	Buildings and other fixed structures	Machinery, equipment, and motor vehicles	Total
	R'000	R'000	R'000
Not later than 1 year	148	-	148
Later than 1 year and not later than 5 years	104	-	104
Later than five years	-	-	-
Total lease commitments	**252**	**-**	**252**

Lease commitments

24.1 Finance leases expenditure

2021/22

	Motor Vehicles	Machinery and equipment	Total
	R'000	R'000	R'000
Not later than 1 year	136,440	41,221	177,661
Later than 1 year and not later than 5 years	134,395	32,495	166,890
Later than five years		-	-
Total lease commitments	**270,835**	**73,716**	**344,551**

2020/21

	Motor Vehicles	Machinery and equipment	Total
	R'000	R'000	R'000
Not later than 1 year	142,011	26,600	168,611
Later than 1 year and not later than 5 years	132,177	13,720	145,897
Later than five years		-	-
Total lease commitments	274,188	40,320	314,508
LESS: finance costs	-	-	-
Total present value of lease liabilities	**274,188**	**40,320**	**314,508**

The department entered into an agreement with Government Fleet Management Services, a trading entity, of the Department of Transport for the provision of Fleet Services to the Department. The agreement commenced on 1 March 2012 and shall continue for an indefinite period. The Department may cancel the agreement at any time by giving GFMS 3 months' notice and returning the vehicles to GFMS".

In terms of Clause 4.1 of the agreement, ownership of the vehicles will remain vested in GFMS and will not be transferred to the departments at the end of the lease term."

During the year under review, the Department had the free use of buildings from the Department of Roads and Public Works.

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		Note	2021/22 R'000	2020/21 R'000
25	**Receivables for departmental revenue**			
	Sales of goods and services other than capital assets		196,840	115,006
	Total		**196,840**	**115,006**
25.1	**Analysis of receivables for departmental revenue**			
	Opening balance		115,006	113,765
	Less: Amounts received		(33,759)	(106,264)
	Less: Services received in lieu of cash		-	-
	Add: Amounts recognised		131,964	147,526
	Less: Amounts written-off/reversed as irrecoverable		(16,371)	(40,021)
	Other (Specify)		-	-
	Closing balance		**196,840**	**115,006**
25.2	**Receivables for department revenue written off**			
	Nature of losses			
	Patient debt		16,371	40,021
	Total		**16,371**	**40,021**
25.3	**Impairment of accrued departmental revenue**			
	Estimate of impairment of accrued departmental revenue		125,195	70,347
	Total		**125,195**	**70,347**

Certain institutions did not implement the patient fees tariff increases over the entire 2021/22 financial year. This has resulted in an under charging of patient fees of R 462 thousand for the 2021/22 financial year.

A prior period error was identified during the 2021/22 financial year relating to the opening balance of the 2020/21 financial year. Debts to the value of R 126,012 million had prescribed prior to the start of the 2020/21 financial year. The opening balance of the 2020/21 financial year has been reduced by R 126,012 million.

The estimate of impairment had also been reduced from R 196,359 million to R 70,347 million due to the prescribed debts.

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		Note	2021/22 R'000	2020/21 R'000
26	**Irregular expenditure**			
26.1	**Reconciliation of irregular expenditure**			
	Opening balance		174,481	397,857
	Prior period error	26.4	-	(22,706)
	As restated		174,481	375,151
	Add: Irregular expenditure - relating to prior year	26.2	20,975	5,034
	Add: Irregular expenditure - relating to current year	26.2	83,957	156,658
	Less: Prior year amounts condoned	26.3	(205)	(329,832)
	Less: Current year amounts condoned	26.3	-	(32,530)
	Less: Amounts recoverable (not condoned)		-	-
	Less: Amounts written off		-	-
	Irregular expenditure awaiting condonation		**279,208**	**174,481**
	Analysis of awaiting condonation per age classification			
	Current year		83,957	124,128
	Prior years		195,251	50,353
	Total		**279,208**	**174,481**

			2021/22 R'000
26.2	**Details of irregular expenditure identified current year**		
	Incident	**Disciplinary steps taken/criminal proceedings**	
	Non-compliance with SCM procedures	Investigation stage	104,932
			-
			-
			104,932

26.3	**Details of irregular expenditure condoned**		
	Incident	**Condoned by (condoning authority)**	
	Non-compliance with SCM procedures	Provincial Treasury	205
			205

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26.4 Details of irregular expenditure recoverable (not condoned)

Incident	Not condoned by (condoning authority)	
Irregular expenditure recoverable from supplier		-
		-

26.4 Details of irregular expenditure under investigation (not included in the main note)

Incident	
Contracts extended above 15% without Treasury approval	-
	-

	2020/21 R'000
26.4 Irregular expenditure - prior year error Relating to prior to 2020/21 (affecting the opening balance)	**(22,706)**
Invalid irregular expenditure relating to the opening balance	(22,706)

During the current year the department found invalid irregular expenditure previously incorrectly included in the opening balance of 2020/21. The total invalid irregular expenditure found was R 22,706 million. The prior year opening balance is reduced by R 22,706 million to include only confirmed valid irregular expenditure items. Refer to note 32 for further details.

27 Fruitless and wasteful expenditure	**Note**	**2021/22 R'000**	**2020/21 R'000**
27.1 Reconciliation of fruitless and wasteful expenditure			
Opening balance		109,872	23,931
Prior period error	*27.5*		52,183
As restated		109,872	76,114
Fruitless and wasteful expenditure – relating to prior year	*27.2*	-	-
Fruitless and wasteful expenditure – relating to current year	*27.2*	4,383	55,828
Less: Amounts recoverable	*27.3&13.5*	(438)	(1,335)
Less: Amounts written off	*27.4*	(3,485)	(20,735)
Fruitless and wasteful expenditure awaiting condonement		**110,332**	**109,872**

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27.2 Analysis of Current Year's Fruitless and wasteful expenditure

Incident	Disciplinary steps taken/criminal proceedings	2021/22 R'000
Damages	Investigation stage	262
Interest	Investigation stage	4,035
Penalties	Investigation stage	86
		-
	Total	**4,383**

27.3 Details of fruitless and wasteful expenditure recoverable

Incident	2021/22 R'000
Damages	322
Interest	92
Penalties	24
Total	**438**

27.4 Details of fruitless and wasteful expenditure written off

Incident	2021/22 R'000
Damages	3,475
Interest	10
Penalties	-
Total	**3,485**

27.5 Prior period error relating to fruitless and wasteful expenditure

	2020/21 R'000
Nature of prior period error	**52,183**
Fruitless expenditure for periods prior to 2020/21 discovered during the 2021/22 year	52,183
Relating to 2020/21	**54,605**
	54,605
	106,788

During the current year the department found fruitless and wasteful expenditure previously incorrectly excluded from the opening balance of 2020/21 (R52,183million) and Fruitless & wasteful relating to current year of R 54,605 million. The fruitless and wasteful found relates to interest paid on legal claims which was previously disclosed under fruitless & wasteful expenditure under assessment. The current year opening balance is therefore increased by a total R 106,788 million. Refer to note 32 for further details.

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		2020/21 R'000
27.6	**Details of fruitless and wasteful expenditure under assessment (not in the main note)**	
	Incident	
	Opening balance	3,643,613
	Less: Current year movement	(181,776)
	Current year movement	19,396
	Closing balance	
		3,481,233

Damages cases where personal liability due to lack of reasonable care has not been established yet.

28 Related parties

28.1 Related parties of the Department of Health Eastern Cape:

Departments: Office of the Premier, Provincial Legislature, Department of Social Development and Special Programmes, Department of Roads and Public Works, Department of Education, Department of Local Government and Traditional Affairs, Department of Rural Development and Agrarian Reform, Department of Economic Development, Environmental Affairs and Tourism, Department of Transport, Department of Human Settlements, Provincial Planning and Treasury, Department of Sport, Recreation, Arts and Culture and the Department of Safety and Liaison.

Provincial Public Entities: Eastern Cape Arts Council, Eastern Cape Gambling and Betting Board, Eastern Cape Liquor Board, Eastern Cape Parks and Tourism Agency, Eastern Cape Rural Development Agency and the Eastern Cape Socio-Economic Consultative Council.

Provincial Government Business Enterprises: East London Industrial Development Zone Corporation, Eastern Cape Development Corporation, and Mayibuye Transport Corporation.

		No. of Individuals	2021/22 R'000	2020/21 R'000
29	**Key management personnel**			
	Political office bearer	1	1,820	1,820
	Officials:			
	Level 15 to 16	4	6,377	8,066
	Level 14	18	23,706	21,575
	Total		**31,903**	**31,461**

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30 Public Private Partnerships

Contract fee paid		**7,497**	**56,758**
	Fixed component	4,522	47,794
	Indexed component	2,975	8,964

Humansdorp Hospital Co-Location PPP

Contract Fee Paid:

		2021/22 R'000	2020/21 R'000
Fixed Component:			
Waste Management		281	326
Estate Maintenance and Engineering		1,173	1,315
Cleaning		1,607	1,860
Gardens		400	464
Laundry		530	634
Security		616	761
Personnel services (Reception Services)		562	560
Personnel services (She coordinator)		186	215
Less: Offset Services		(833)	(849)
	Subtotal	**4 522**	**5 287**
Indexed Component			
Current Expenditure			
Goods and Services		**2 975**	**2 619**
Catering Services		1,900	1,469
Interest		99	149
Other Costs		976	1,001
	Control Total	**7 497**	**7 906**

The Eastern Cape Department of Health recognised the potential for the establishment of a private facility in partnership with the existing Humansdorp district hospital, as well as the need to optimally use the available resources at the hospital and allow the development and expansion of the hospital by the private sector.

A Public Private Partnership, as regulated by the Treasury Regulations to the Public Finance Management Act, No 1 of 1999 was concluded. The agreement started on 27 June 2003 to 30 June 2023 with Metro Star Hospital Life Healthcare Ltd (previously Afrox Healthcare Ltd).

Terms of the agreement / Obligations to acquire or build items of property, plant and equipment / other rights and obligations (e.g. major overhauls) / Nature and extent of rights to use specified assets

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The Project embarked on by the Concessionaire through the conclusion of the agreement, involved the granting of Concession Rights by the Provincial Government to the Concessionaire against the payment of variable concession fees and the construction of a thirty bed private facility, 3 bed high care bed unit, the enlarging of the current Humansdorp hospital entrance and administration area for use by both Parties as well as enlarging of the casualty and outpatient ward including two consulting rooms and a dentist room, the building and/or upgrading of two new operating theatres, a new CSSD, a new radiology unit, a new laboratory and the refurbishment and upgrade of the existing Humansdorp hospital

The Concessionaire further provides maintenance and facility management services to the Humansdorp hospital in return for the payment of service payments to the Concessionaire by the Provincial Government.

Obligations to provide or rights to expect provision of services

The Provincial Government has granted to the Concessionaire, the exclusive right during the Concession Period to use and operate the project facilities, carry out operations to combine the different strengths of both government and private sector for the more efficient utilization of government resources, add on existing resources through private sector investment, improve maintenance of existing resources through the creation of income generating activities for the benefit of both the Concessionaire and the Department and further as provided for in terms of the Agreement:

Included is the construction and installation of additional project facilities (including the installation of furniture, equipment, fixtures and fittings, as the case may be) strictly in accordance with the design documents and construction requirements.

Obligation to deliver or rights to receive specified assets at the end of the concession period

The Concessionaire has, and will have, no title, ownership, limited ownership, lien, or leasehold rights or any other rights of title with regard to the existing project facilities which vest and shall remain to vest in the Provincial Government, for the duration of the agreement, as well as after expiry or earlier termination thereof.

The Department will become owner of all movable additional project facilities with effect from expiry or earlier termination of this agreement and the Department shall become owner of all immovable additional project facilities and additional project facilities which are in any way affixed to the concession area or improvements thereon (such as fixtures, fittings and equipment) as soon as the same are affixed, but excluding such equipment and furniture which are listed and excluded from additional project facilities as defined.

Renewal and termination options

The agreement will automatically be terminated on expiry of the twenty – one year concession period, unless terminated earlier in accordance with the provisions of the agreement.

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

Contract Fee Paid:

	2021/22 R'000	2020/21 R'000
Contract Fee paid		
Unitary fee	-	42,507
Current expenditure		
Goods and services	-	6 346
CSSD Consumables -Port Alfred	-	40
Generator Cost - Settlers	-	109
Nursing Services - Port Alfred	-	-
Patients-Overflow	-	-
Consumables - Settlers	-	-
Non-liquid gasses - Settlers	-	583
Non-liquid Gasses - Port Alfred	-	147
Photostat copies - Port Alfred	-	35
Photostat copies - Settlers	-	49
Radiology Service - Port Alfred	-	1,066
Radiology Service - Settlers	-	963
Telephone Recovery - Port Alfred	-	82
Water & Electricity - Port Alfred	-	1,315
Water & Electricity - Settlers	-	1,956
TOTAL	**-**	**48 852**

Description of the arrangement
The concession agreement (to October 2024) was signed on the 7 May 2007 and incorporates the Port Alfred and Settlers District Hospitals.
It incorporates the financing, design, upgrade and refurbishment of the facilities and provision of operational and associated services including hard and soft facilities management and life-cycle maintenance, refreshment and replacement of selected equipment (including medical equipment, medical instrumentation and durables), IM&T and furniture at the above-named hospitals together with the co-location of private hospital facilities to be operated by the Private Party, all in terms of a Public Private Partnership, as regulated by the Treasury Regulations to the Public Finance Management Act, No 1 of 1999, as amended.

Terms of the agreement / Obligations to acquire or build items of property, plant and equipment / other rights and obligations (e.g. major overhauls) / Nature and extent of rights to use specified assets

The Project embarked on by the Concessionaire through the conclusion of this Agreement, involved the granting of Concession Rights by the Provincial Government to the Concessionaire against the payment of variable concession fees and 30 private beds, private pharmacy, private administration, two Private consulting rooms, 60 public beds, public outpatients facility, public pharmacy. public administration, shared facilities for labour ward, maternity ward, radiology, casualty, theatres, CSSD, kitchen & staff facilities, mortuary, stores, linen areas and plant and workshop areas, the refurbishment and upgrading of existing facilities at the Port Alfred and Settlers Hospitals.

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Obligations to provide or rights to expect provision of services

The Provincial Government has granted to the Concessionaire, the exclusive right during the Concession Period to use and operate the project facilities, carry out operations to combine the different strengths of both government and private sector for the more efficient utilization of government resources, add on existing resources through private sector investment; and improve maintenance of existing resources through the creation of income generating activities for the benefit of both the Concessionaire and the Department.

Furthermore as provided for in terms of the agreement, to construct and install the additional project facilities (including the installation of furniture, equipment, fixtures and fittings, as the case may be) strictly in accordance with the design documents and construction requirements; generate, charge and collect revenues from the operation and management of the project facilities during the concession period, use the concession area and project facilities for the purposes of the project, whether exclusively or jointly with the Provincial Government; and provide the Services to the Provincial Government against payment of Service Payments in accordance with the Payment Mechanism by the Provincial Government.

Obligation to deliver or rights to receive specified assets at the end of the concession period

The rights of use of the project site and facilities afforded to the private party do not confer or be deemed to confer upon the private party a right of ownership, mortgage, pledge, lien, a lease, a licence or any other security interest or right of limited ownership in the project site or any of the facilities other than rights of way for purposes of performing the project deliverables. Title to the project site and facilities, including all improvements thereto, shall at all times vest in the institution without encumbrance.
The private party will upon expiry or early termination of this agreement, subject to the provisions of the agreement, hand over the facilities (including the private facilities) to the institution free of any encumbrance or of any liabilities or debt, and shall not, save as provided for in the agreement, be entitled to payment of any amounts in connection therewith.

Post Balance Sheet Event

No unitary fees have been paid in the current financial year due to, as reported in the previous financial year, the Department is in a legal process as a result of termination received from the Concessionaire, Messrs Nalithemba Hospitals (Pty) Ltd. Technical assistance is being provided by National Treasury. The Department has taken over the provision of soft services contracts and medical equipment at the facility.

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		2021/22 R'000	2020/21 R'000
31	**Agent-principal arrangements**		
31.1	**Department acting as the principal**		
	Fees paid to Coega development corporation	-	-
		-	**-**

Coega Development Corporation is an implementing agent for the department of health for infrastructure related projects. Coega, as having the required technical skills, is required to provide implementing agent services as agreed to in the Service Delivery Agreement between the two parties. These include the procurement of services, management of projects and reporting back on the progress. The department's responsibility is to provide the funding required for the implementation of the infrastructure projects and remains politically accountable for the programme. During the current and previous financial year all fees could be capitalised to infrastructure projects resulting in no separate agent fees charged as per above.

32	**Prior period errors**		**2020/21**		
		Note	**Amount bef error correction R'000**	**Prior period error R'000**	**Restated amount R'000**
32.1	**Correction of prior period error**				
	Irregular Expenditure				
	Opening balance reduced by	26.4	397,857	(22,706)	375,151
	Net effect		**397,857**	**(22,706)**	**375,151**

Invalid irregular expenditure was identified during the 2021/22 financial year relating to the opening balance of the 2020/21 financial year.

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		Note	Amount bef error correction R'000	2020/21 Prior period error R'000	Restated amount R'000
32.2	**Correction of prior period error**				
	Fruitless and wasteful expenditure				
	Opening balance reduced due to invalid fruitless and wasteful expenditure identified	27.5	23,931	52,183	76,114
	Current year for 2020/21		1,223	54,605	55,828
	Net effect		**25,154**	**106,788**	**131,942**

During the current year the department found fruitless and wasteful expenditure previously incorrectly excluded from the opening balance of 2021/22. The fruitless and wasteful found relates to interest paid on legal claims which was previously disclosed under fruitless & wasteful expenditure under assessment. The current year opening balance is increased by R 106,788 million as per the above split.

		Note	Amount bef error correction R'000	2020/21 Prior period error R'000	Restated amount R'000
32.3	**Correction of prior period error**				
	Contingent liabilities				
	The opening balance as at 01 April 2021 has been restated due to changes in status of claims and change in accounting policy	19.1	38,608,606	(12,600,272)	26,008,334
	Net effect		**38,608,606**	**(12,600,272)**	**26,008,334**

The department changed its accounting policy relating to claims against the state to more accurately adhere to the requirements of the relevant Modified Cash Standard, during the current financial year. This resulted in a reduction of the opening balance for 2021/22 by R 12,6 billion.

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		Note	2020/21 Amount bef error correction R'000	2020/21 Prior period error R'000	Restated amount R'000
32.4	**Correction of prior period error**				
	Provisions	23			
	The opening balance as at 01 April 2021 has been restated due to changes in status of claims and change in accounting policy		-	107,405	107,405
	Net effect		**-**	**107,405**	**107,405**

The department changed its accounting policy relating to claims against the state to more accurately adhere to the requirements of the relevant Modified Cash Standard, during the current financial year. This resulted in a reduction of the opening balance for 2021/22 by R 107,4 million.

		Note	2020/21 Amount bef error correction R'000	2020/21 Prior period error R'000	Restated amount R'000
32.5	**Correction of prior period error**		s		
	Accrued Departmental Revenue				
	The opening balance as at 01 April 2020 has been restated due to debts having prescribed in the prior years	25	239,777	(126,012)	113,765
	Net effect		**239,777**	**(126,012)**	**113,765**

A prior period error was identified during the 2021/22 financial year relating to the opening balance of the 2020/21 financial year. Debts to the value of R 126,012 million had prescribed prior to the start of the 2020/21 financial year. The opening balance of the 2020/21 financial year has been reduced by R 126,012 million.

The estimate of impairment had also been reduced from R 196,359 million to R 70,347 million due to the prescribed debts.

		Note	Amount bef error correction R'000	2020/21 Prior period error R'000	Restated amount R'000
32.6	**Correction of prior period error**				
	Unauthorised expenditure	10			
	Correction of economic classification				
	Current		-	173,460	173,460
	Transfers & subsidies		2,265,086	(173,460)	2,091,626
	Net effect		**2,265,086**	**-**	**2,265,086**

A portion of the economic classification of the unauthorised expenditure incurred in the 2020/21 financial year was restated to more accurately present the economic classifications of the unauthorised expenditure.

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		Note	2020/21 Amount bef error correction R'000	Prior period error R'000	Restated amount R'000
32.7	**Correction of prior period error**				
	COVID 19 Response Expenditure	41			
	Compensation of employees		646,967	318,247	965,214
	Transfers and Subsidies		-	86	86
	Expenditure for Capital Assets		437,777	1,011	438,788
	Net effect		**1,084,744**	**319,344**	**1,404,088**

Misallocations were identified during the current year which have been corrected above to more accurately disclose the expenditure on the Covid-19 response during 2020/21.

33.1 Movable Tangible Capital Assets

MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2022

	Opening balance R'000	Value adjustments R'000	Additions R'000	Disposals R'000	Closing balance R'000
MACHINERY AND EQUIPMENT	3,096,146	-	279,396	1,097	3,374,445
Transport assets	108,959	-	830	-	109,789
Computer equipment	203,870	-	17,937	171	221,636
Furniture and office equipment	116,886	-	2,509	15	119,380
Other machinery and equipment	2,666,431	-	258,120	911	2,923,640
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	**3,096,146**	**-**	**279,396**	**1,097**	**3,374,445**

Movable Tangible Capital Assets under investigation	**Number**	**Value R'000**
Included in the above total of the movable tangible capital assets per the asset register are assets that are under investigation:		
Machinery and equipment	1,996	49,521

Assets are under investigation because assets purchased first have to be verified, validated and numbered at the facility before they are recorded in the Fixed Asset Register. The Fixed Asset Register is continuously updated for those assets that have been validated.

33.2 MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2021

	Opening balance	Prior period error	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	**2,815,919**	**-**	**282,622**	**2,395**	**3,096,146**
Transport assets	108,959	-	-	-	108,959
Computer equipment	197,007	-	6,946	83	203,870
Furniture and office equipment	112,570	-	4,342	26	116,886
Other machinery and equipment	2,397,383	-	271,334	2,286	2,666,431
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	**2,815,919**	**-**	**282,622**	**2,395**	**3,096,146**

34.1 MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2022

	Machinery and equipment R'000	Total R'000
Opening balance	576,285	576,285
Additions	8,962	8,962
Disposals	(303)	(303)
TOTAL MINOR ASSETS	**585,550**	**585,550**

	Machinery and equipment	Total
Number of R1 minor assets	14,498	14,498
Number of minor assets at cost	471,629	471,629
TOTAL NUMBER OF MINOR ASSETS	**486,127**	**486,127**

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	88	1,203

Assets are under investigation because assets purchased first have to be verified, validated and numbered at the facility before they are recorded in the Fixed Asset Register. The Fixed Asset Register is continuously updated for those assets that have been validated.

34.2 Minor assets

MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2021

	Machinery and equipment R'000	Total R'000
Opening balance	569,140	569,140
Prior period error	-	-
Additions	8,300	8,300
Disposals	1,155	1,155
TOTAL MINOR ASSETS	**576,285**	**576,285**

	Machinery and equipment	Total
Number of R1 minor assets	14,401	14,401
Number of minor assets at cost	468,648	468,648
TOTAL NUMBER OF MINOR ASSETS	**483,049**	**483,049**

35 MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2022

	Opening balance R'000	Additions R'000	Disposals R'000	Closing balance R'000
Computer Software	1,549	-	-	1,549
TOTAL INTANGIBLE CAPITAL ASSETS	**1,549**	**-**	**-**	**1,549**

35.1 MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2021

	Opening balance R'000	Additions R'000	Disposals R'000	Closing balance R'000
Computer Software	1,549	-	-	1,549
TOTAL INTANGIBLE CAPITAL ASSETS	**1,549**	**-**	**-**	**1,549**

36.1 Immovable Tangible Capital Assets
MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2022

	Opening balance R'000	Additions R'000	Disposals R'000	Closing balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	5,107,526	553,623	-	5,661,149
Dwellings	-	-	-	-
Non-residential buildings	5,107,526	553,623	-	5,661,149
Other fixed structures	-	-	-	-
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	5,107,526	553,623	-	5,661,149

Movement for 2020/21

36.2 MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2021

	Opening balance R'000	Additions R'000	Disposals R'000	Closing balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	**4,769,607**	**337,919**	**-**	**5,107,526**
Dwellings	-	-	-	-
Non-residential buildings	4,769,607	337,919	-	5,107,526
Other fixed structures	-	-	-	-
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	**4,769,607**	**337,919**	**-**	**5,107,526**

Capital Work-in-progress

37.1 CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2022

	Note	Opening Balance 1 April 2021	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing Balance 31 March 2022
	Annexure 7	R'000	R'000	R'000	R'000
Buildings and other fixed structures		3,478,282	575,250	-553,625	3,499,907
Machinery and equipment		-	-	-	-
Intangible assets		-	-	-	-
TOTAL		**3,478,282**	**575,250**	**(553,625)**	**3,499,907**

37.2 Accruals and payables not recognised relating to Capital WIP	2021/22 R'000	2020/21 R'000
Amounts relating to progress certificates received but not paid at year end and therefore not included in capital work-in-progress	66,354	118,898
Total	**66,354**	**118,898**

37.3 CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2021

	Note	Opening Balance 1 April 2020	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing Balance 31 March 2021
	Annexure 7	R'000	R'000	R'000	R'000
Buildings and other fixed structures		2,882,439	912,733	(316,890)	3,478,282
Machinery and equipment		-	-	-	-
Intangible assets		-	-	-	-
TOTAL		**2,882,439**	**912,733**	**(316,890)**	**3,478,282**

38. Events after reporting date

38.1 Adjusting events after reporting date

No adjusting events after the reporting date were identified by management that would affect the operations of the department or the results of those operations significantly other than those adjusted in these financial statements already.

38.2 Non-adjusting events after reporting date

Subsequent to year end, the writ application court case that was still pending at year end was ruled against the Province and the department will have to settle the amounts in the writ application. The Province will also not be appealing against this judgement. This matter is further elaborated on in note 19 of the AFS.

EASTERN CAPE DEPARTMENT OF HEALTH
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39 STATEMENT OF CONDITIONAL GRANTS RECEIVED

	2021/22								2020/21	
	GRANT ALLOCATION				SPENT					
NAME OF DEPARTMENT	Division of Revenue Act / Prov Grants	Roll Overs	Other Adj	Total Available	Amount received by dept	Amount spent by dept	Under / (overspending)	% of available funds spent by dept	Division of Revenue Act	Amount spent by dept
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
National Tertiary Services grant	1,101,960	-	-	1,101,960	1,101,960	1,045,792	56,168	95%	1,091,882	1,092,006
Statutory Human Resources, Training and Development Grant (Health)	426,081	-	33,107	459,188	459,188	459,081	107	100%	391,293	391,820
HIV/ AIDS grant	3,062,784	-	53,693	3,116,477	3,116,477	3,056,338	60,139	98%	3,157,298	3,155,239
Health Facility Revitalisation grant	685,588	-	-	685,588	685,588	685,510	78	100%	680,388	680,708
Expanded Public Works Programme Integrated	1,960	-	-	1,960	1,960	1,621	339	83%	2,020	1,895
Expanded Public Works Programme Social Sector	14,033	-	-	14,033	14,033	13,995	38	100%	14,861	14,861
National Health Insurance Grant	41,272	-	-	41,272	41,272	41,574	(302)	101%	25,262	25,249
Provincial Disaster Relief Grant - Health (Cooperative Governance)	-	-	-	-	-	-	-		44,551	44,539
	5,333,678	**-**	**86,800**	**5,420,478**	**5,420,478**	**5,303,911**	**116,567**	**98%**	**5,407,555**	**5,406,317**

40 BROAD BASED BLACK ECONOMIC EMPOWERMENT PERFORMANCE

Information on compliance with the B-BBEE Act is included in the annual report under the section titled B-BBEE Compliance Performance Information.

	Note	2021/22 R'000	2020/21 R'000
41 COVID 19 Response Expenditure	ANNEXURE 11		
Compensation of employees		1,078,237	965,214
Goods and services		238,141	635,058
Transfers and subsidies		354	86
Expenditure for capital assets		237,278	438,788
Other		-	-
Total		1,554,010	2,039,146

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ANNEXURE 1B
STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

DEPARTMENT/ AGENCY/ ACCOUNT	TRANSFER ALLOCATION				TRANSFER		2020/21
	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds not transferred	Appro-priation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Health & Welfare SETA	13,149	-	-	13,149	13,058	99%	13,058
	13,149	**-**	**-**	**13,149**	**13,058**		**13,058**

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ANNEXURE 1F
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

	2021/22						2020/21
DEPARTMENT/AGENCY/ACCOUNT	TRANSFER ALLOCATION				TRANSFER		
	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer	Available funds transferred	Appro-priation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
EBHENEZER HOME COMM BASED CARE				-			160
EMPILISWENI HIV/AIDS &ORPHANS				-			350
FAITH & HOPE INTERGR AIDS PROGR				-			165
GOOD SHEPHERD HOSPICE				-			400
ILITHA COMMUNITY PSYCHOLOGY SERV				-			320
KEISKAMMA TRUST				-			640
KHANYISANI HIV/AIDS AWARENESS				-			330
MPUMAKAPA MULTI PURPO EDUCATION				-			300
MZAMOMHLE HOME COMMUNITY BASED C				-			330
NDONGA HOME/COMMUNITY BASED CARE				-			350
NEVER GIVE UP SUPP GROUP-DIMBAZA				-			175

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for the year ended 31 March 2022

ANNEXURE 1F
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS (CONTINUED)

	2021/22						2020/21
DEPARTMENT/AGENCY/ACCOUNT	TRANSFER ALLOCATION				TRANSFER		
	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer	Available funds transferred	Appro-priation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
NYWARA HOME BASED CARE				-			330
PORT ST JOHNS CREAT YOUNG WOM GR				-			150
SAKHIMPILO HOME BASED CARE PROJ				-			340
SINAKO WELLNESS & DEVELOP ORG				-			680
SINOTHANDO HOME OF SAFETY				-			300
SIYAKHANA HBC				-			350
SIYAKHANYISA HIV/AIDS SUPPORT GR				-			170

ANNEXURE 1F
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS (CONTINUED)

	2021/22						2020/21
DEPARTMENT/AGENCY/ACCOUNT	TRANSFER ALLOCATION				TRANSFER		
	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer	Available funds transferred	Appro-priation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
SIZANENGUQU HOME COMM BASED CARE				-			320
SOPHUMELELA CLINIC INCORPORATED				-			330
ST BERNARDS HOSPICE				-			1,000
ST FRANCIS HOSPICE				-			500
UKHAMBA PROJECTS				-			340
VUKUZENZELE COMM DEV ORG				-			165
	-	-	-	-	-	-	8,495

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ANNEXURE 1G
STATEMENT OF TRANSFERS TO HOUSEHOLDS

HOUSEHOLDS	2021/22						2020/21
	TRANSFER ALLOCATION				EXPENDITURE		
	Adjusted appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appro-priation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Transfers							
Districts	95,056	-	95,056	190,112	113,039	59%	70,387
Clinical H/Comp	57,351	-	57,351	114,702	48,975	43%	42,737
Other	162,939	-	162,939	325,878	157,521	48%	130,852
Total	**315,346**	**-**	**315,346**	**630,692**	**319,535**	**51%**	**243,976**

ANNEXURE 1H
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2021/22	2020/21
		R'000	R'000
Received in kind			
Amakhala Emoyeni Wind Farms	Medical & Laundry Equipment	-	597
Gift of the Givers	Medical & Allied Equipment	-	16
Health System Trust	Computer Equipment	-	1,363
Mercedes Benz- South Africa Ltd	Medical & Allied Equipment	-	419
Volkswagen group - South Africa Ltd	Hospital & Computer Equipment	-	2,911
National Department Of Health	Computer Equipment	6,990	-
Right to Care	Furniture & Office Equipment	10	-
Siemens	Furniture & Office Equipment	273	-
Fouche Swart	Medical & Allied Equipment	10	-
Siemens	Medical & Allied Equipment	10,974	-
Solidarity Response fund	Medical & Allied Equipment	250	-
USAID	Medical & Allied Equipment	20	-
OK furniture	Other Machinery & Equipment	4	-
Siemens	Other Machinery & Equipment	127	-
TOTAL		**18,658**	**5,306**

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for the year ended 31 March 2022

ANNEXURE 11

STATEMENT OF AID ASSISTANCE RECEIVED

NAME OF DONOR	PURPOSE	2021/22				
		OPENING BALANCE	REVENUE	EXPENDI-TURE	PAID BACK ON/BY 31 MAR	CLOSING BALANCE
		R'000	R'000	R'000	R'000	R'000
Received in cash						
European Union		2,114	-	-	-	2,114
Office of the Premier		39	-	-	-	39
IDZ		779	-	-	-	779
Tirelo Bosha		45	-	-	-	45
Methodist Church of South Africa		11	-	-	-	11
TOTAL		**2,988**	**-**	**-**	**-**	**2,988**

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 March 2022

ANNEXURE 3A
STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2022 – LOCAL

Guarantee in respect of Housing

GUARANTOR INSTITUTION	original guaranteed capital amount	Opening balance 1 April 2021	Guarantees draw downs during the year	Guaranteed repayments/ cancelled/ reduced/ released during the year	Revaluation due to foreign currency movements	Closing balance 31 March 2022	Revaluations due to inflation rate movements	Accrued guaranteed interest for year ended 31 March 2022
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
ABSA	-	145	-	-	-	145	-	-
Standard Bank	-	462	-	75	-	387	-	-
Nedbank	-	315	-	61	-	254	-	-
Nedbank LTD (NBS)	-	174	-	-	-	174	-	-
FNB (Firstrand)	-	938	-	75	-	863	-	-
FNB (Saambou Bank)	-	151	-	60	-	91	-	-
Peoples Bank (FBC FID)	-	108	-	19	-	89	-	-

EASTERN CAPE DEPARTMENT OF HEALTH
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NOTES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 March 2022

ANNEXURE 3A (CONTINUED)
STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2022 - LOCAL (CONTINUED)
Guarantee in respect of Housing

GUARANTOR INSTITUTION	original guaranteed capital amount	Opening balance 1 April 2021	Guarantees draw downs during the year	Guaranteed repayments/ cancelled/ reduced/ released during the year	Revaluation due to foreign currency movements	Closing balance 31 March 2022	Revaluations due to inflation rate movements	Accrued guaranteed interest for year ended 31 March 2022
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
GBS Mutual	-	34	-	34	-	-	-	-
Old Mutual (Nedbank)	-	460	-	38	-	422	-	-
Investec	-	57	-	-	-	57	-	-
Unique Finance	-	108	-	8	-	100	-	-
SA Home Loans P	-	13	-	-	-	13	-	-
	-	**2,965**	**-**	**370**	**-**	**2,595**	**-**	**-**

ANNEXURE 3B
STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2022

Nature of liability	Opening balance 1 April 2021	Liabilities incurred during the year	Liabilities paid/ cancelled/ reduced during the year	Liabilities recoverable (Provide details hereunder)	Closing balance 31 March 2022
	R'000	R'000	R'000	R'000	R'000
Claims against the department					
Legal Claims	26,008,334	1,681,151	(3,090,438)	-	30,779,923
TOTAL	26,008,334	1,681,151	(3,090,438)	-	30,779,923
Other					
	-	-	-	-	-
	-	-	-	-	-
	26,008,334	**1,681,151**	**-3,090,438**	**-**	**30,779,923**

EASTERN CAPE DEPARTMENT OF HEALTH
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NOTES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 March 2022

ANNEXURE 4
CLAIMS RECOVERABLE

Government entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2022	31/03/2021	31/03/2022	31/03/2021	31/03/2022	31/03/2021
	R'000	R'000	R'000	R'000	R'000	R'000
Department						
Department of Public Works EC	-	-	-	5	-	5
Department of Rural Development EC	-	-	-	34	-	34
Department of Education EC	-	-	65	-	65	-
Department of Social Development EC	-	98	-	-	-	98
COGTA EC	-	-	66	66	66	66
Department of Transport EC	-	-	13	-	13	-
Eastern Cape Legislature EC	-	-	369	157	369	157
National Department of Correctional Services	-	-	63	111	63	111
National Department of Health	-	-	34	-	34	-
National Department Education	-	-	37	37	37	37
National Department of Defence	-	-	32	32	32	32
Department of Health NW	-	-	-	30	-	30
Department of Health Limpopo	-	-	-	213	-	213

ANNEXURE 4
CLAIMS RECOVERABLE (continued)

Government entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2022	31/03/2021	31/03/2022	31/03/2021	31/03/2022	31/03/2021
	R'000	R'000	R'000	R'000	R'000	R'000
Department of Health KZN	-	-	50	518	50	518
Department of Health Gauteng	-	-	50	39	50	39
Department of Health WC	-	-	275	296	275	296
Department of Health FS	-	-	-	258	-	258
Department of Health NC	-	-	784	704	784	704
Total	**-**	**98**	**1,838**	**2,500**	**1,838**	**2,598**

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 March 2022

ANNEXURE 5

INTER-GOVERNMENT PAYABLES

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2022	31/03/2021	31/03/2022	31/03/2021	31/03/2022	31/03/2021
	R'000	R'000	R'000	R'000	R'000	R'000
DEPARTMENTS						
Current						
EC: Office of the Premier	-	-	869	826	869	826
EC: COGTA	1	-	1	-	2	-
EC: Provincial Treasury	1,716	6	591	-	2,307	6
EC: Public Works	8,256	51,589	-	1,378	8,256	52,967
EC: Human Settlement	-	-	-	1	-	1
EC: Department of Transport	381,975	385,444	-	-	381,975	385,444
EC: Department of Labour	-	-	-	100	-	100

ANNEXURE 5
INTER-GOVERNMENT PAYABLES (continued)

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2022	31/03/2021	31/03/2022	31/03/2021	31/03/2022	31/03/2021
	R'000	R'000	R'000	R'000	R'000	R'000
EC: Department of Water and Sanitation	-	30	-	-	-	30
EC: Correctional Services	-	-	24	-	24	-
EC: Department of Agriculture	-	-	1	-	1	-
EC: Department of Sport	31	-	-	-	31	-
EC: Department of Social development	-	-	79	-	79	-
National Department of Justice	780,806	618,481	-	-	780,806	618,481
National Department of Water and Sanitation	-	-	-	-	-	-
National Department of Labour	-	-	-	2	-	2
South African Police Services	-	-	180	-	180	-
National department of Health	-	46,459	-	-	-	46,459
Health Free State	-	-	-	132	-	132
Health WC	-	-	141	46	141	46
Health KZN	-	-	278	319	278	319
Total	**1,172,785**	**1,102,009**	**2,164**	**2,804**	**1,174,949**	**1,104,813**

ANNEXURE 6
INVENTORY

INVENTORIES FOR THE YEAR ENDED 31 MARCH 2022

	Note	Medicines and medical supplies	TOTAL
		R'000	R'000
Opening balance		722,112	722,112
Add/(Less): Adjustments to prior year balances		-	-
Add: Additions/Purchases - Cash	6.4	3,390,715	3,390,715
Add: Additions - Non-cash		1,522	1,522
(Less): Disposals		(4,513)	(4,513)
(Less): Issues		(3,342,385)	(3,342,385)
Add/(Less): Received current, not paid (Paid current year, received prior year)		-	-
Closing balance		**767,451**	**767,451**

ANNEXURE 6
INVENTORY

	Note	Medicines and medical supplies	TOTAL
INVENTORIES FOR THE YEAR ENDED 31 MARCH 2021		R'000	R'000
Opening balance		623,250	623,250
Add/(Less): Adjustments to prior year balances		132,360	132,360
Add: Additions/Purchases - Cash	6.4	3,803,809	3,803,809
Add: Additions - Non-cash		-	-
(Less): Disposals		(161,895)	(161,895)
(Less): Issues		(3,711,909)	(3,711,909)
Add/(Less): Received current, not paid (Paid current year, received prior year)		36,497	36,497
Closing balance		**722,112**	**722,112**

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for the year ended 31 March 2022

ANNEXURE 7A
Movement in Capital Work-in-Progress
MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2022

	Opening balance R'000	Current Year Capital WIP R'000	Completed Assets R'000	Closing balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	3,478,282	575,250	(553,625)	3,499,907
Dwellings				-
Non-residential buildings	3,478,282	575,250	(553,625)	3,499,907
Other fixed structures	-	-	-	-
TOTAL	3,478,282	575,250	(553,625)	3,499,907

ANNEXURE 7A
Movement in Capital Work-in-Progress (continued)
MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2021

	Opening balance R'000	Current Year Capital WIP R'000	Completed Assets R'000	Closing balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	2,882,439	912,733	(316,890)	3,478,282
Dwellings	-	-	-	-
Non-residential buildings	2,882,439	912,733	(316,890)	3,478,282
Other fixed structures	-	-	-	-
TOTAL	2,882,439	912,733	(316,890)	3,478,282

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2022

ANNEXURE 8B
INTER-ENTITY ADVANCES RECEIVED (note 17)

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2022	31/03/2021	31/03/2022	31/03/2021	31/03/2022	31/03/2021
	R'000	R'000	R'000	R'000	R'000	R'000
NATIONAL DEPARTMENTS						
Current						
National Department of Health	-	22,666	-	-	-	22,666
PROVINCIAL DEPARTMENTS						
Current						
Eastern Cape Department of labour	-	2	-	-	-	2
Total	**-**	**22,668**	**-**	**-**	**-**	**22,668**
Current	**-**	**22,668**	**-**	**-**	**-**	**22,668**
Non-current	**-**	**-**	**-**	**-**	**-**	**-**

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 March 2022

ANNEXURE 11
COVID 19 RESPONSE EXPENDITURE
Per quarter and in total

Expenditure per economic classification	APRIL 2021	MAY 2021	JUN 2021	Subtotal Q1	JUL 2021	AUG 2021	SEPT 2021	Subtotal Q2
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Compensation of employees	**13,508**	**50,187**	**156,532**	**220,227**	**148,168**	**113,294**	**85,351**	**346,813**
Goods services	**25,380**	**121,609**	**72,603**	**219,592**	**30,254**	**26,010**	**29,844**	**86,108**
Advertising	30	30	-	**60**	-	-	-	**-**
Minor Assets	880	563	620	**2,063**	104	693	305	**1,102**
Bursaries: Employees	-	-	24	**24**	-	-	-	**-**
Computer services	-	-	-	**-**	-	-	-	**-**
Laboratory services	1,315	102,531	51,298	**155,144**	3,930	20,838	4,221	**28,989**
Scientific and technological services	-	-	-	**-**	-	-	-	**-**
Contractors	-	-	-	**-**	-	-	-	**-**

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 March 2022

ANNEXURE 11
COVID 19 RESPONSE EXPENDITURE
Per quarter and in total

Expenditure per economic classification	APRIL 2021	MAY 2021	JUN 2021	Subtotal Q1	JUL 2021	AUG 2021	SEPT 2021	Subtotal Q2
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Goods services (continued)								
Agency and support / outsourced services	44	13	-	**57**	-	-	-	**-**
Inventory: Clothing material and accessories	-	-	-	**-**	-	-	-	**-**
Inventory: Food and food supplies	72	280	240	**592**	97	29	380	**506**
Inventory: Chemicals,fuel,oil,gas,wood and coal	39	1,089	1,370	**2,498**	-	426	89	**515**
Inventory: Materials and supplies	2	-	-	**2**	11	-	-	**11**
Inventory: Medical supplies	9,986	14,380	14,387	**38,753**	16,262	1,318	21,102	**38,682**
Inventory: Other supplies	296	190	221	**707**	282	216	227	**725**
Consumable supplies	8	1,807	4,000	**5,815**	9,023	114	161	**9,298**
Consumable: Stationery,printing and office supplies	32	9	5	**46**	-	-	-	**-**
Operating leases	-	147	78	**225**	122	-	15	**137**
Property payments	10,653	179	-	**10,832**	148	2,368	3,218	**5,734**
Travel and subsistence	2,023	391	360	**2,774**	148	8	126	**282**
Operating payments	-	-	-	**-**	127	-	-	**127**
Venues and facilities	-	-	-	**-**	-	-	-	**-**

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for the year ended 31 March 2022

ANNEXURE 11
COVID 19 RESPONSE EXPENDITURE
Per quarter and in total

Expenditure per economic classification	APRIL 2021	MAY 2021	JUN 2021	Subtotal Q1	JUL 2021	AUG 2021	SEPT 2021	Subtotal Q2
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Transfers and subsidies	-	-	-	-	-	-	-	-
Expenditure for capital assets	**10,446**	**8,735**	**24,401**	**43,582**	**59,948**	**19,851**	**14,345**	**94,144**
Buildings and other fixed structures	4,774	-	13,479	**18,253**	54,248	6,319	9,847	**70,414**
Other machinery and equipment	5,672	8,735	10,922	**25,329**	5,700	13,532	4,498	**23,730**
TOTAL COVID 19 RESPONSE EXPENDITURE	**49,334**	**180,531**	**253,536**	**483,401**	**238,370**	**159,155**	**129,540**	**527,065**

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 March 2022

ANNEXURE 11
COVID 19 RESPONSE EXPENDITURE
Per quarter and in total

Expenditure per economic classification	OCT 2021	NOV 2021	DEC 2021	Subtotal Q3	JAN 2022	FEB 2022	MAR 2022	Subtotal Q4	2021/22 TOTAL	2020/21 TOTAL
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Compensation of employees	**63,263**	**89,642**	**81,526**	**234,431**	**61,738**	**59,695**	**155,333**	**276,766**	**1,078,237**	**965,214**
Goods services	**2,702**	**2,288**	**(94,310)**	**(89,320)**	**(1,886)**	**9,993**	**13,654**	**21,761**	**238,141**	**635,058**
Advertising	-	-	-	**-**	-	-	-	**-**	**60**	**54**
Minor Assets	(886)	(84)	458	**(512)**	(533)	(213)	(646)	**(1,392)**	**1,261**	**1,236**
Bursaries: Employees	-	-	-	**-**	-	-	-	**-**	**24**	**-**
Computer services	-	-	-	**-**	-	-	-	**-**	**-**	**570**
Laboratory services	2	-	(47,056)	**(47,054)**	4,460	3,857	-	**8,317**	**145,396**	**22,774**
Scientific and technological services	-	-	-	**-**	-	-	-	**-**	**-**	**2,959**
Contractors	-	-	-	**-**	-	72	-	**72**	**72**	**903**

ANNEXURE 11
COVID 19 RESPONSE EXPENDITURE
Per quarter and in total

Expenditure per economic classification	OCT 2021	NOV 2021	DEC 2021	Subtotal Q3	JAN 2022	FEB 2022	MAR 2022	Subtotal Q4	2021/22 TOTAL	2020/21 TOTAL
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Goods services (continued)										
Agency and support / outsourced services	-	-	-	**-**	(29)	-	-	**(29)**	**28**	**13,524**
Inventory: Clothing material and accessories	-	-	18	**18**	-	-	-	**-**	**18**	**13**
Inventory: Food and food supplies	13	125	-	**138**	(581)	37	40	**(504)**	**732**	**289**
Inventory: Chemicals,fuel,oil,gas,wood and coal	-	-	-	**-**	(3)	-	126	**123**	**3,136**	**4,521**
Inventory: Materials and supplies	40	-	-	**40**	(12)	-	654	**642**	**695**	**826**
Inventory: Medical supplies	2,650	2,013	(48,137)	**(43,474)**	(4,569)	5,315	11,507	**12,253**	**46,214**	**287,384**
Inventory: Other supplies	92	30	135	**257**	213	75	149	**437**	**2,126**	**17,989**
Consumable supplies	219	45	51	**315**	52	256	129	**437**	**15,865**	**215,903**
Consumable: Stationery,printing and office supplies	-	-	-	**-**	(39)	-	24	**(15)**	**31**	**86**
Operating leases	204	78	19	**301**	34	66	87	**187**	**850**	**1,308**
Property payments	51	12	-	**63**	(66)	528	1,474	**1,936**	**18,565**	**34,253**
Travel and subsistence	317	69	202	**588**	(813)	-	110	**(703)**	**2,941**	**10,747**
Operating payments	-	-	-	**-**	-	-	-	**-**	**127**	**716**
Venues and facilities	-	-	-	**-**	-	-	-	**-**	**-**	**275**
Rental and hiring	-	-	-	**-**	-	-	-	**-**	**-**	**18,728**

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ANNEXURE 11
COVID 19 RESPONSE EXPENDITURE
Per quarter and in total

Expenditure per economic classification	OCT 2021	NOV 2021	DEC 2021	Subtotal Q3	JAN 2022	FEB 2022	MAR 2022	Subtotal Q4	2021/22 TOTAL	2020/21 TOTAL
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Transfers and subsidies	**-**	**-**	**311**	**311**	**-**	**-**	**43**	**43**	**354**	**86**
Other transfers to households	-	-	311	**311**	-	-	43	**43**	**354**	**86**
Expenditure for capital assets	**5,657**	**3,925**	**4,385**	**13,967**	**19,030**	**55,230**	**11,325**	**85,585**	**237,278**	**438,788**
Buildings and other fixed structures	-	-	-	**-**	2,866	53,213	19,360	**75,439**	**164,106**	**282,189**
Other machinery and equipment	5,657	3,925	4,385	**13,967**	16,164	2,017	(8,035)	**10,146**	**73,172**	**156,599**
TOTAL COVID 19 RESPONSE EXPENDITURE	**71,622**	**95,855**	**(8,088)**	**159,389**	**78,882**	**124,918**	**180,355**	**384,155**	**1,554,010**	**2,039,146**

Compensation of Employees

Overall, the budget for COVID19 Response Cost of Employment spent at 97% of budget, once adjustments of R318,25 million are factored in as a result of persal link codes not interfacing correctly (2021)

Goods & Services

The budget for COVID19 Response Goods and Services recorded year end commitments of R56,051 million (2021: R107,17 million)

Expenditure for Capital Assets

The budget for COVID19 Response Buildings and other Fixed Structures recorded year end commitments of R284,57 million to the Department of Public Works (2021)
The budget for COVID19 Response Other Machinery and Equipment recorded year end commitments of R27,557 million (2021: R96,903 million)