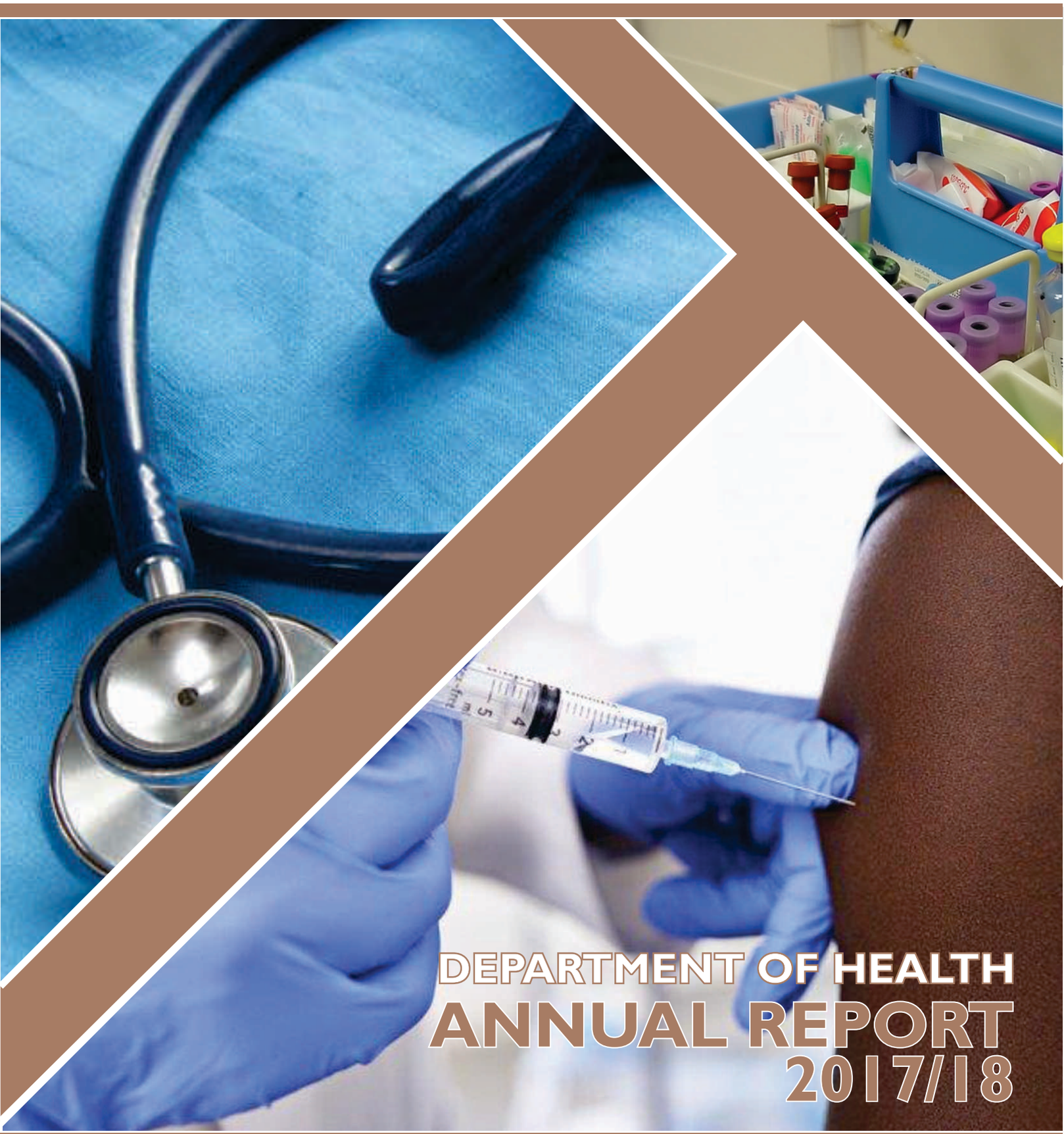
Province of the
EASTERN CAPE
HEALTH



DEPARTMENT OF HEALTH
ANNUAL REPORT
2017/18

Together, moving the health system forward

2030 NDP

SUBMISSION OF THE ANNUAL REPORT TO EXECUTIVE AUTHORITY

I have the honour of submitting the Annual Report of the Department of Health for the period 1st April 2017 to 31st March 2018 in compliance with Section 40 (1) (d) of the Public Financial Management Act (PFMA).

Dr T.D. Mbengashe
Accounting Officer: Department of Health
31 August 2018

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PART A
FINANCIAL PERFORMANCE

1. DEPARTMENT GENERAL INFORMATION

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2. LIST OF ABBREVIATIONS / ACRONYMS

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

DDG	Deputy Director General
DHC	District Health Council
DHIS	District Health Information System
DHS	District Health Services
DMT	District Management Team
DNH	Dora Nginza Hospital
DoE	Department of Education
DOH	Department of Health
DOJ	Department of Justice
DORA	Division of Revenue Act
DoT	Department of Transport
DPSA	Department of Public Service and Administration
DR	Drug Resistant.
DS	Drug Sensitive
DSD	Department of Social Development
DUT	Durban University of Technology
EC	Eastern Cape
ECDoH	Eastern Cape Department of Health
ECIPA	Eastern Cape independent Practitioner Association
ECP	Emergency Care Practitioner
ECT	Emergency Care Technician
EDH	Elizabeth Donkin Hospital
eGK	electronic Gate Keeping
EHP	Environmental Health Practitioner
EL	East London
ELCB	Eastern Cape Chamber of Business
EMD	Emergency Medical Dispatch
EMS	Emergency Medical Services
EMRS	Emergency Medical Rescue Services
EMP	Environmental Management Plan
EN	Enrolled Nurse
ENA	Enrolled Nursing Assistant
ENACHP	Enrolled Nursing Assistants Community Health Practitioners
EPI	Expanded Programme on Immunisation
ER	Employee Relations
EPDE	Expenditure per Patient Day Equivalent
EPWP	Expanded Public Works Programme
ERM	Enterprise-wide Risk Management
ESMOE	Essential Steps in the Management of Obstetric Emergency
ETAT	Emergency Triaging for Assessment and Treatment
EU	European Union
EWP	Employee Wellness Programme
FAEC	Fleet Africa Eastern Cape
FAST	Find Actively, Separate Temporarily and Treat Effectively
FEH	Fort England Hospital
FMU	Fraud Management Unit
FPD	Foundation for Professional Development
FPS	Forensic Pathology Services
FY	Financial Year
GEMS	Government Employees Medical Scheme
GM	General Manager
GIZ	German International Zusammenarbeit
GP	General Practitioner
HAST	HIV & AIDS, STI & TB
HB	Haemoglobin

HBC	Home Based Care
HCBC	Home Community-Based Care
HCT	HIV Counselling & Testing
HFM	Health Facilities Management
HIV	Human Immunodeficiency Virus
HOD	Head of Department
HPCSA	Health Professions Council of South Africa
HPH	Health Promoting Hospital
HPRS	Health Patient Registration System
HPTD	Health Professionals Training and Development
HPV	Human Papilloma Virus
HR	Human Resources
HRD	Human Resource Development
HR Rems	Human Resource Records Management Systems
HR TAP	Human Resources Turn Around Plan
HRM	Human Resource Management
HROPT	Human Resources Operating Project Team
HST	Health Systems Trust
HTA	High Transmission Area
ICAP	International Center for AIDS Care and Treatment Programs
ICASA	Independent Communications Authority of South Africa
ICRM	Ideal Clinic Realisation and Maintenance
ICSM	Integrated Clinical Services Management
ICDM	Integrated Chronic Disease Management
ISDM	Integrated Service Delivery Model
ICT	Information Communication Technology
ICU	Intensive Care Unit
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illness
IMR	Infant Mortality Rate
INH	Isoniazid
INP	Integrated Nutrition Programme
IPT	Isoniazid Prophylaxis Therapy
ISHP	Integrated School Health Programme
ISRDP	Integrated Sustainable Rural Development Plan
IT	Information Technology
IUCD	Intrauterine Contraceptive Device
IYA	ImbumbayamaKhosikaziAkomkulu
IYM	In-Year Monitoring
JICA	Japanese International Development Cooperation Agency
KPA	Key Performance Area
KPMG	Klynveld Peat Marwick Goerdeler
KSD	King SabataDalindyebo
KPA	Key Performance Area
KTP	Knowledge Transfer Partnership
KZN	KwaZulu Natal Province
LF-LAM	Lateral Flow Lipoarabinomannan
LTDOT	Long-Term Domiciliary Oxygen Therapy
LEDIS	Local Economic Development Implementation Strategy
M/XDR	Multi/Extreme Drug Resistant
MAWG	Multi-Agency Working Group
MBChB	Bachelor of Medicine and Bachelor of Surgery
MCC	Medicines Control Council
MCWH	Maternal Child and Women's Health
MDR-TB	Multi-Drug Resistant Tuberculosis

M&E	Monitoring and Evaluation
MEC	Member of Executive Committee
METRO	Medical Emergency Transport and Rescue Organization
MHS	Municipal Health Services
MHU	Mental Health Unit
MMC	Male Medical Circumcision
MMR	Maternal Mortality Ratio
MO&P	Medical Orthotics & Prosthetics
MoU	Memorandum of Understanding
MOU	Maternal Obstetric Unit
MPAT	Management Performance Assessment Tool
MTEF	Medium Term Expenditure Framework
NCCEMD	National Committee on Confidential Enquiry into Maternal Deaths
NCD	Non-Communicable Diseases
NCS	National Core Standards
NDOH	National Department of Health
NDP	National Development Plan
NEMA	National Environmental Management Act
NGO	Non-governmental Organisation
NHC	National Health Council
NHI	National Health Insurance
NHLS	National Health Laboratory Service
NHISSA	National Health Information Systems of South Africa
NIDS	National Indicator Data Set
NIMART	Nurse Initiated Management of Antiretroviral Therapy
NMBM	Nelson Mandela Bay Metro
NMAH	Nelson Mandela Academic Hospital
NMM	Nelson Mandela Metropolitan
NMMB	Nelson Mandela Metro Sub-district B
NMMU	Nelson Mandela Metro University
NPO	Non-Profit Organisations
NSDA	Negotiated Service Delivery Agreement
NTSG	National Treasury Service Grant
NW	North West Province
OD	Organisational Development
OHH	Outreach House-Hold
OM	Operational Manager
OHS	Occupation Health Standards
OHSC	Office of Health Standards Compliance
OPD	Out Patient Department
OTL	Outreach Team Leader
OTP	Office of The Premier
O&P	Orthotic & Prosthetic
OPD	Outpatient Department
ORT	Oliver Raymond Tambo
OSD	Occupation-Specific Dispensation
OSG	Office of the Superintendent General
PAA	Public Audit Act
PAH	Provincially-Aided Hospital
PCCC	Provincial Cost Containment Committee
PTC	Pharmacy and Therapeutics Committee
PCR	Polymerase Chain Reactive
PCV	Pneumococcal Vaccine
PDE	Patient Day Equivalent
PDMT	Provincial District Management Team
PDP	Public Driver's Permits

PE	Port Elizabeth
PEC	Patient Experience of Care
PEPFAR	Presidents Emergency Program Fund for Aids Relief
PEHC	Port Elizabeth Hospital Complex
PEPH	Port Elizabeth Provincial Hospital
Persal	Personnel Salary System
PFMA	Public Finance Management Act
PGDP	Provincial Growth and Development Plan
PHC	Primary Health Care
PHC	Provincial Health Council
PHCF	Provincial health consultative forum
PHS	Port Health Services
PILLIR	Policy on procedure on incapacity leave and ill Health Retirement
PLWHA	People Living with HIV/AIDS
PMDS	Performance Management and Development System
PMR	Perinatal Mortality Rate
PMTCT	Prevention of Mother to Child Transmission
PN	Professional Nurse
PPT	Planned Patient Transport
PPTICRM	Perfect Permanent Team for Ideal Clinic Realisation Maintenance
PROVHOC	Provincial Health Operations Centre
PTB	Pulmonary Tuberculosis
PSC	Public Service Commission
PWC	Price Waterhouse Coopers
QA	Quality Assurance
RAF	Road Accident Fund
REC	Reach Every Child
RED	Reach Every District
RH	Regional Hospital
RMC	Risk Management Committee
RPHC	Revitalisation of Primary Health Care
RSDP	Rationalised Service Delivery Platform
RTC	Regional Training Centre
RTHB	Road To Health Booklet
RV	Rotavirus Vaccine
SA	South Africa
SAM	Severe Acute Malnutrition
SABC	South African Broadcasting Corporation
SAMA	South African Medical Association
SANBS	South Africa National Blood Services
SANCA	South African Cancer Association
SANS	South African National Standards
SAPC	South African Pharmacy Council
SAPS	South African Police Service
SAQA	South African Qualifications Authority
SARS	South Africa Revenue Service
SASO	Senior Auxiliary Service Officers
SCOPA	Standing Committee on Public Accounts
SCM	Supply Chain Management
SDF	Skills Development Facilitators
SFH	Society for Family Health
SG	Superintendent General
SITA	State Information Technology Agency
SIU	Special Investigating Unit
SLA	Service Level Agreement
sm+	Smear Positive

SMME	Small, Medium and Micro Enterprises
SMS	Senior Management Services
SMSB	Saving Mothers Saving Babies
SOPA	State of Provincial Address
SOP	Standard Operating Procedure
Statssa	Statistics South Africa
STI	Sexually Transmitted Infection
SVS	Stock Visibility System
TB	Tuberculosis
THS	Traditional Health Services
TMC	Traditional Male Circumcision
TRAP	Treatment and Retention Acceleration Plan
TROA	Total Clients Remaining on ART
UDIPA	Uitenhage Despatch Independent Practitioner Association
UFH	University of Fort Hare
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UPFS	Uniform Patient Fees Schedule
UPH	Uitenhage Provincial Hospital
URC	University Research Council
UTT	Universal Test and Treat
VCT	Voluntary Counselling and Testing
VitA	Vitamin A
VL	Viral load
VPN	Virtual Private Network
WAMTEC	Willem Andries Machiel Technology
WBOT	Ward Based Outreach Team
WSU	Walter Sisulu University
XDR-TB	Extremely Drug Resistant Tuberculosis

3. FOREWORD BY THE MEMBER OF THE EXECUTIVE COUNCIL

I am honoured and privileged to submit the Eastern Cape Department of Health's 2017/18 Annual Report of the fourth year of this fifth term of government, which term the Eastern Cape Provincial government declared as a period for accelerated delivery of services to the people of this province.

The financial year end is an important time for government as it presents government departments an important opportunity to reflect on their performance and the impact they make to the country's citizenry in relations to their respective areas of service delivery. Most importantly, it is a time to make a thorough service delivery assessment and consequently devise means to improve our reach and impact where necessary, to ensure that all citizens' livelihoods are positively impacted by the services rendered by its government.

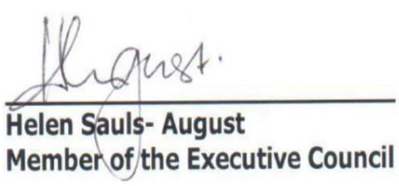
I am pleased that the department has worked hard to enhance delivery of health care services to our communities, even improving our reach to rural and remote areas of our province. Having said that, I also acknowledge that more work still needs to be done to increase access to quality health care and accelerate the implementation of the next phase of the National Health Insurance (NHI) which ensures universal health coverage for all our people.

As the department, we remain committed to implementing the key priorities of the health chapter of the NDP, which envisage an increase in life expectancy rate to at least 70 years for men and women; HIV free youth (under 20s); radical reduction of quadruple burden of disease; an infant mortality rate of less than 20 deaths per thousand live births and an under five mortality rate of less than 30 deaths per thousand; as well as availability of universal coverage. With the progress we have made in the 2017/18 reporting period, we believe as the department that we are well on track to achieve these NDP deliverables.

For this reporting period, the department continued to focus its work on the three identified priority strategic goals; curbing the burden of disease; improve quality of care; and implementation of the universal health coverage. We are continuing to strengthen our collaboration and partnerships with the community structures and non-profit organisations as well as sector departments in realising the Social Determinants of Health.

All the department's achievements for this period would not have been possible without the continued support of departmental stakeholders, the social compact, health partners and Non-Governmental Organisations. It is through the support and funding from these organisations that we have managed to accomplish some of our achievement, and we are sincerely grateful for the support.

Lastly, I wish to express my appreciation to the departmental management and the entire staff who are working hard to ensure that our services reach our people.



Helen Sauls- August
Member of the Executive Council

31 August 2018

4. REPORT OF THE ACCOUNTING OFFICER

4.1 OVERVIEW OF THE OPERATIONS OF THE DEPARTMENT

Results and challenges for the year

As we draw closer to the end of the current term of government, the department continued on its drive to deliver on the mandate of rendering quality health care services to the people of the Eastern Cape. Our commitment to dealing with the quadruple burden of disease in the department's performance on key indicators which will be outlined in detail in part B of this annual report. Notwithstanding the continued challenge of the excess demand for health services against a shrinking fiscal envelope, as well as the impact of the settlement of medico legal claims, the department is proud to have continued to offer uninterrupted services across all its health facilities.

On the key health priority programs which are encapsulated in the Premier's State of the Province and the Service Delivery Agreement signed between the Premier and the MEC for Health, some of the key achievements include:

- Testing of 1. 726 million clients for HIV as against a target of 1. 204 million;
- Increase in the TB client treatment success rate to 86% against an annual target of 85%;
- 1. 915 million, 2.141 million, and 2.518 million clients were tested for hypertension, diabetes and mental health respectively as against a target of 1.017 million clients for hypertension and diabetes respectively and a target of 819 342 clients for mental health disorders; and
- 46 710 grade 1 learners and 26 646 grade 8 learners were screened for learning disabilities as against the targets 39 766 and 20 502 respectively.

In relation to implementation of Ideal Clinic Realization and Management (ICRM) programme, 299 primary health care facilities conducted status determination. On external assessment of these facilities, 64 facilities against a target of 48 achieved ideal clinic status in the following categories;

- 34 facilities achieved Silver Status
- 29 facilities achieved Gold Status
- One facility (Ngqwarhu Clinic in Chris Hani district) achieved Platinum Status.

In our bid to enhance efficiency, quality and cost effectiveness of healthcare delivery with optimal clinical outcomes, the department rolled out the Integrated Clinic Services Management (ICSM) training in 242 PHC facilities; these constituted facility coverage of 60% in Amathole, 49% in Chris Hani, 60% in Nelson Mandela Metropolitan District and 31% in O.R. Tambo district. As part of improving the overall patient experience of care, an electronic survey was initiated in 272 out of 772 PHC facilities and on average, the patient satisfaction rate with the health services across the districts was 68% ranging from 63% in lowest performing district to 81% in districts that were performing well. The department will be using these results to implement targeted interventions to respond to customer complaints and improve their overall experience of our health facilities.

Despite the continued scourge of medico-legal claims which places enormous financial pressure on the health resources, the department is satisfied with the progress on the implementation of its multi-pronged medico-legal strategy. During the 2017/18 adjustment estimates period, the department was allocated R417 million by the Provincial Treasury to augment the human resources in targeted 26 hospitals across the province. From the targeted 1 888 appointments (1596 clinical and 292 non-clinical) posts in these hospital, the department embarked on a targeted recruitment drive and as at 31 March 2018 the department filled 1 495 posts mainly for midwives, professional nurses, doctors, and the remainder are prioritized for filling before the end the first quarter of 2018.

Through this intervention, one of the highly litigated hospitals (Butterworth hospital) has seen an increase in the number of appointed doctors from seven at the end of 2016/17 FY to 12 by the end of the financial year under review. Various life-saving equipment has also been procured for the 26 targeted hospitals and is detailed under the Health Facilities Management Programme report in Part B of this annual report. Through the interventions of the consortium of medico-legal experts and the work of the Special Investigating Unit (SIU), the department is seeing a trend in the withdrawal of cases by litigating attorneys.

Support services

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

For the year under review, the department spent 99.7% of the allocated budget of R22.336 billion to deliver health services, despite the continuous pressure of medico legal claims. The financial internal control environment was enhanced through the continued use of Districts and Provincial Cost Containment Committees, which monitor procurement and placing of orders; payments of service providers as well as appointment of staff, in order to avoid over expenditure and incurring of unauthorised expenditure. This improved control environment resulted in the department retaining the unqualified audit, 2 years in succession.

The department has developed and is implementing an integrated audit improvement strategy which specifically targets the findings identified by the Auditor General in the preceding audit. The successful implementation of this strategy is intended to enable the department to reach its goal of a clean audit in 2019. With regards to financial governance, the department maintained its level 3 MPAT score for Finance and SCM.

The Department is implementing its Local Economic Development Implementation Strategy (LEDIS) which aligns to the Eastern Cape Treasury issued Instruction Note No.7 of 2016/17 on Implementation of Local Development Procurement Framework. The Eastern Cape Department of Health has identified commodities for immediate implementation of the framework as well as identification of future interventions which will have a positive impact towards the provincial local development goals. These commodities include patient food, facility maintenance services, linen and patient clothing, furniture, soft services including security, cleaning and gardening services, medical waste management and transportation and cleaning material.

The department is also cognisant of its responsibility for improved revenue generation as it is the second highest revenue generating department in the province. Although the department collected 94% of its targeted revenue for the year under review, this represents an increase of 7% from the previous year's revenue collection. The department is strengthening its collaboration with the Road Accident Fund and GEMS for improved patient billing collections.

On Human Resources Management, the Department maintained the same level of employees at 40 424, as compared with 40 282 for the same period in 2017. Challenges that continue to confront the provisioning of adequate human resources for health facilities in the province include the inability to attract and retain professionals especially in rural areas and the general under-funding within the Compensation of Employment (COE). The department continued to improve on its commitment for timely payment of leave gratuities to former employees and reduction of leave gratuity accruals despite the fiscal constraints. Most of the leave gratuities due have a capped leave component which also placed additional pressure on the resources.

The Department has concluded the process of revising its organizational structure to align with an improved Service Delivery Model, which has its emphasis on the Primary Health Care (PHC) approach. The departmental macro structure was approved by MEC in March 2018 based on the validation by OTP and concurrence of the Minister for Public Service and Administration and the new organogram is being rolled-out effective from 01 April 2018.

The organisational realignment is an intentional action by the department to respond to the needs and demands of providing patient centred quality health care services to the people of the Eastern Cape. This is a strategic move to correct the weaknesses of the previous service delivery model and the previous organogram which were more centralised and emphasized curative care as opposed to primary health care.

The characteristics of the new organogram include:

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

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

The department continues to apply consequence management in inculcating a performance, compliance and consequence management culture. Consequence management was applied in relation to financial misconduct cases, labour relations cases as well as fraud and corruption cases and details of these are provided under Part D of this annual report.

On infrastructure delivery, the department completed the following facilities in the year under review: Centuli, Clinic, Luthebeni Clunic, Lotana Clunic, Nolitha Clinic, and Lusikisiki Clinic, Furthermore, the Cecilia Makiwane Hospital (CMH) flagship project was fully completed and officially opened in September 2018 by the now President of the Republic of South Africa. The hospital boasts

the latest state of the art, patient wards, theatres, laboratories and high-tech medical equipment and is revolutionising telemedicine in the province.

To improve maternal and child health and as a response to the medico legal challenge, some of the critical equipment procured includes 165 cardiotocographs (CTGs), 10 ultra sound machines, 14 transport ventilators, 42 infant incubators, 311 infusion pumps and 14 neonatal ventilators, 10 ultrasound machines were procured for the 26 targeted priority hospitals.

At the end of the year, the department had 149 infrastructure projects in the pipeline in the following sectors:

- Frameworks contracts for scheduled maintenance in areas such as generators, boilers, autoclaves and etc.
- Repairs and renovations to clinics and hospitals
- Provision of Fence and construction of guardhouses
- Upgrading of Air Handling Units in Theatre complexes
- Repair and renovations to the existing housing units in various facilities
- Repairs of vertical transportation (lifts and escalators).

The following achievements were made in relation to ICT for the Department during the year under review:

- 1. 4 million patients have been registered on HPRS, of which 708 457 are in OR Tambo
- 774 facilities are linked to HPRS, & 145 (100% of PHC facilities) are in OR Tambo district and the department has developed an integrated plan to implement the electronic patient records management projects across the province
- In collaboration with the Office of the Premier, broadband connectivity was rolled out to various facilities across the province.

4.2 FINANCIAL PERFORMANCE

Departmental Receipts

	2017/18			2016/17		
	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	214 008	191 996	22 012	368, 637	194, 161	174, 476
Interest, dividends and rent on land	0	398	-398	196	304	-108
Sale of capital Assets	0	397	-397			
Financial transactions in assets and liabilities	13 350	20 585	-7 235	38, 571	4, 715	33, 856
Total	**227 358**	**213 376**	**13 982**	**407, 404**	**199 180**	**208, 224**

The Department collected R213. 376 million of own revenue against the adjusted projection of R227. 358 million, resulting in an under-collection of R13. 982 million. This was mainly due to under-collection on patient fees and tuition fees as a result of the timing difference between expected claims settlement and actual payment R148 million. Payments expected in March 2018 were not received from the Department of Justice R11 million and the Road Accident Fund (RAF) R34 million, Tuition fees R8 million, Medical Aids R1 million, other government departments R2 million and H patients R9 million. The Department is focusing on support to hospitals and EMS with third party billings, and is working together with RAF, GEMS and DOJ to ensure timeous settlement of claims.

Bad debts written off

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

Tariff policy

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

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

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

The Department increased patient tariffs to the externally funded patient fees by 6.1 % 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" UFS fee.

Programme expenditure

Appropriation per Programme

Voted funds and Direct charges		2017/18			2016/17		
		Final Appropri-ation	Actual Expendi-ture	(Over) / Under Expendi-ture	Final Appropri-ation	Actual Expendi-ture	(Over) / Under Expendi-ture
		R'000	R'000	R'000	R'000	R'000	R'000
Programme							
1.	Administration	598,951	587,480	11,471	713,452	705,035	8,417
2.	District Health Services	11,360,999	11,342,496	18,503	10,433,717	10,420,604	13,113
3.	Emergency Medical Services	1,280,033	1,279,087	946	1,095 488	1,067,653	27,835
4.	Provincial Hospital Services	3,489,796	3,488,361	1,435	3,250,469	3,250,197	272
5.	Central Hospital Services	3,478,995	3,471,073	7,922	2,926,360	2,913,621	12,739
6.	Health Sciences and Training	745,315	727,692	17,623	755,756	749,372	6,384
7.	Health Care Support Services	100,381	99,998	383	102,512	101,861	651
8.	Health Facilities Management	1,280,133	1,274,514	5,619	1,368,613	1,295,934	72,679
Programme sub total		**22,334,603**	**22,270,701**	**63,902**	**20,646,367**	**20,504,277**	**142,090**
Statutory Appropriation		1,978	**1,978**		**1,902**	1,902	
TOTAL		**22,336,581**	**22,272,679**	**63,902**	**20,648,269**	**20,506,179**	**142,090**

The Department spent R22. 273 billion (99.7%) of the final appropriation of R22.337 billion resulting in an under-expenditure at a Vote level of R64 million or 0.3% of the final appropriation. Conditional Grant expenditure amounted to R3.805 billion of a final appropriation of R3.834 billion or 99.24%.

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

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

The Department has further made applications for total roll overs amounting to R59.3 million of which R22.3 million is for conditional grant funds and R37.0 million is for equitable share funds, against the overall under-expenditure in the 2017/18 year.

Programme 1: Health Administration and Management

An amount of R93,979 million was adjusted from the Programme, through the use of virements, to Programme 2 in order to primarily fund medico-legal claim settlements incurred by that Programme in the current financial year.

The net underspend of R11,471 million in the Programme, primarily vesting in Goods & Services as well as Machinery and Equipment, arose due to the delayed receipt of invoices from suppliers for purchases made for the Enhanced Revenue Generation and Document Management Projects.

The Department has made application to Provincial Treasury for the amount to be approved for rollover funding in 2018/19.

Programme 2: District Health Services

An amount of R198,359 million was adjusted into the Programme from other Programmes through the use of virements, in order to primarily fund medico-legal claim settlements incurred by the Programme in the current financial year as well ongoing goods and services pressures experienced in Sub Programmes District Management and Community Health Clinics.

The net underspend of R18,503 million in the Programme, primarily vesting in Machinery and Equipment and Transfers, were due to the delayed receipt of invoices from suppliers and outstanding transfers to several Community Based Organisations who were found to be non-compliant with conditions precedent in the service level agreements respectively.

The Department has made application to Provincial Treasury for the amount to be approved for rollover funding in 2018/19.

Programme 3: Emergency Medical Services

An amount of R72,610 million was adjusted from the Programme, through the use of virements, to the various Clinical Service Programmes in order to primarily fund medico-legal claim settlements incurred by those Programmes in the current financial year.

The net underspend of R946 thousand in the Programme, primarily vests in the balance remaining for the payment of leave gratuities.

Programme 4: Provincial Hospital Services

An amount of R100,624 million was adjusted from the Programme, through the use of virements, to Programme 5, in order to align the net combined programmes' Cost of Employees budget, wherein expenditure had been distorted between the two clinical programmes having arisen from problematic link codes between Persal and BAS.

The net underspend of R1 435 million in the Programme, primarily vesting in Machinery and Equipment, arose due to the delayed receipt of invoices from suppliers for medical equipment deliveries towards the end of the financial year.

The Department has made application to Provincial Treasury for the amount to be approved for rollover funding in 2018/19.

Programme 5: Central Hospital Services

An amount of R198,758million was adjusted into the Programme, through the use of virements from primarily Programme 4 as well as several other Programmes

The net underspend of R7 922 million in the Programme, primarily vesting in Machinery and Equipment, arose due to the delayed receipt of invoices from suppliers for the supply, delivery and installation of specialised medical equipment towards the end of the financial year.

The Department has made application to Provincial Treasury for the amount to be approved for rollover funding in 2018/19.

Programme 6: Health Sciences & Training

An amount of R30,378 million was adjusted from the Programme, through the use of virements, to the various Clinical Service Programmes in order to primarily fund medico-legal claim settlements incurred by those Programmes in the current financial year.

The net underspend of R17 623 million in the Programme, primarily vesting in Machinery and Equipment, arose due to the delayed receipt of invoices from suppliers for purchases made for the medical depots.

The Department has made application to Provincial Treasury for the amount to be approved for rollover funding in 2018/19.

Programme 7: Health Care Support Services

An amount of R30,378 million was adjusted away from the Programme through the use of virements, to various Clinical Service Programmes in order to primarily fund medico-legal claim settlements incurred by those Programmes in the current financial year

The net underspend of R383 thousand in the Programme, primarily vesting in Machinery and Equipment was due to the delayed receipt of invoices from suppliers.

The Department has made application to Provincial Treasury for the amount to be approved for rollover funding in 2018/19.

Programme 8: Health Facilities Management

An amount of R11,899 million was adjusted away from the Programme through the use of virements, to various Clinical Service Programmes in order to primarily fund medico-legal claim settlements incurred by those Programmes in the current financial year

The net underspend of R5,619 million in the Programme, primarily vesting in Buildings & other Fixed Structures as well as Machinery and Equipment was due to the delayed receipt of invoices from contractors and suppliers.

The Department has made application to Provincial Treasury for the amount to be approved for rollover funding in 2018/19.

Virements and fund shifts

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

Roll-overs – conditional grants and equitable share

Conditional grants roll overs applied for, in relation to the 2016/17 financial year amounting to R49.275 million were approved by Treasury during the year under review: The details in respect of these is as follows:

- R10.000 million for the Comprehensive HIV, Aids and TB Grant
- R31.665 million for the Health Facility Revitalisation Grant;
- R2.801 million for the Health Professions Training and Development Grant; and
- R4.809 million for National Tertiary Services Grant

Equitable Share roll overs applied for, in relation to the 2016/17 financial year amounting to R33.218 million were approved by Treasury during the year under review: The details in respect of these is as follows:

- R24.560 million in respect of invoices that were not received on time for the ambulances purchased by the department (Finance Leases);
- R4.371 million for the document management project based on invoices;
- R3.533 million for the revenue enhancement project based on orders; and
- R754 thousand for transfers to the Nelson Mandela Metro Municipality for the payment of Environmental Health Workers.

Unauthorised expenditure

For the year under review, the Department did not incur any unauthorised expenditure at either the Vote or Programme level.

Irregular Expenditure

Irregular expenditure amounting to R266.627 million was incurred during the year under review. Of this R170.133 million was in respect of the department extending certain contracts in excess of 15% without the approval from the Provincial Treasury which is in in relation to non-compliance with Treasury Instruction 3 of 2016/17 and R79.296 million for non-compliance with S43 of the PFMA that expenditure for goods and services in programs 2,3 and 8 exceeded the appropriated budget. The department will engage with the relevant treasury for condonation. The department will engage with the relevant treasury for condonation.

Fruitless and Wasteful Expenditure

Fruitless and wasteful expenditure amounting to R998 thousand was in respect of no shows, interest on late payments to service providers and damages and abuse of vehicles.

Investigations into fruitless and wasteful expenditure are conducted when identified and presented to the financial misconduct committee for consideration of the appropriateness of action taken against the transgressing official. An amount of R339 thousand has been transferred to receivables for recovery.

Future plans of the Department

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

Public private partnerships

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

Upgrading and Refurbishment of the Port Alfred & Settlers Hospitals in Port Alfred and Grahamstown and the establishment of co-located private hospital facilities
The concession agreement was signed on 7 May 2007 and incorporates the Port Alfred and Settlers District Hospitals. The Public Private Partnership has continued within the Contract Management stage and operations have been running smoothly throughout the financial year.

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

Discontinued activities / activities to be discontinued

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

New or proposed activities

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

Supply Chain Management

Unsolicited bid proposals for the year under review

There were no unsolicited considered during the year under review.

SCM processes and systems to prevent irregular expenditure

The SCM unit continuously strengthened its systems to prevent irregular expenditure. Bid Evaluation and Adjudication committees were in place and underwent training organised by Provincial Treasury. These committees assisted in proactive identification of possible irregular actions that could result in irregular expenditure.

Other measures employed to prevent irregular expenditure include:

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

Challenges experienced in SCM

- Capacity challenges in the unit following the insourcing of infrastructure procurement from implementing agents.

Gifts and donations received in kind

The Department continued to receive gifts and donations to the value of R33.187 thousand as indicated in Annexure 1H to the Annual Financial Statements.

Exemptions and deviations received from the National Treasury

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

Events after the reporting date

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

Other

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

Acknowledgements

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

Approval and sign off

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

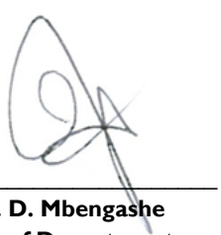
Dr T.D. Mbengashe
Accounting Officer: Department of Health
31 August 2018

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

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

- All information and amounts disclosed throughout the annual report are consistent.
- The annual report is complete, accurate and is free from any omissions.
- The annual report has been prepared in accordance with the guidelines on the annual report as issued by National Treasury.
- The Annual Financial Statements (Part E) have been prepared in accordance with the modified cash standard and the relevant frameworks and guidelines issued by the National Treasury.
- The Accounting Officer is responsible for the preparation of the annual financial statements and for the judgements made in this information.
- The Accounting Officer is responsible for establishing, and implementing a system of internal control that has been designed to provide reasonable assurance as to the integrity and reliability of the performance information, the human resources information and the annual financial statements.
- The external auditors are engaged to express an independent opinion on the annual financial statements.
- In my opinion, the annual report fairly reflects the operations, the performance information, the human resources information and the financial affairs of the Department for the financial year ended 31 March 2018.

Yours faithfully



Dr T. D. Mbengashe
Head of Department
31 August 2018

6. STRATEGIC OVERVIEW

6.1 VISION

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

6.2 MISSION

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

6.3 VALUES

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

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

7. LEGISLATIVE AND OTHER MANDATES

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

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

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

Legislation falling under the Minister of Health's portfolio

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- **National Health Act, 61 of 2003**

Provides a framework for a structured uniform health system within the Republic, taking into account the obligations imposed by the Constitution and other laws on the national, provincial and local governments with regard to health services. The objects of the Act are to:

- Unite the various elements of the national health system in a common goal to actively promote and improve the national health system in South Africa;
- Provide for a system of co-operative governance and management of health services, within national guidelines, norms and standards, in which each province, municipality and health district must address questions of health policy and delivery of quality health care services;
- Establish a health system based on decentralized management, principles of equity, efficiency, sound governance, internationally recognized standards of research and a spirit of enquiry and advocacy which encourage participation;
- Promote a spirit of co-operation and shared responsibility among public and private health professionals and providers and other relevant sectors within the context of national, provincial and district health plans.

- **Provincial Health Act 10 of 1999**

  Develop and implement provincial health policy. Provide transparency of provincial government in the development and implementation of health policies and practices and Provide for health user rights and obligations.

- **Nursing Act, of 2005**

  Provides for the regulation of the nursing profession.

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

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

  Provides for establishing the cause of non-natural deaths.

- **Child Care Act, 74 of 1983**

  Provides for the protection of the rights and well-being of children.

- **Occupational Health and Safety Act, 85 of 1993**

  Provides for the requirements that employers must comply with in order to create a safe working environment for employees in the workplace.

- **Compensation for Occupational Injuries and Diseases Act, 130 of 1993**

  Provides for compensation for disablement caused by occupational injuries or diseases sustained or contracted by employees in the course of their employment, and for death resulting from such injuries or disease.

- **The National Roads Traffic Act, 93 of 1996**

  Provides for the testing and analysis of drunk drivers.

- **Constitution of the Republic of South Africa Act, 108 of 1996]**

  Pertinent sections provide for the rights of access to health care services, including reproductive health and emergency medical treatment.

- **Employment Equity Act, 55 of 1998**

  Provides for the measures that must be put into operation in the workplace in order to eliminate discrimination and promote affirmative action.

- **State Information Technology Act, 88 of 1998**

  Provides for the creation and administration of an institution responsible for the state's information technology System.

- **Skills Development Act, 97of 1998**
  Provides for the measures that employers are required to take to improve the levels of skills of employees in Workplaces.

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

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

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

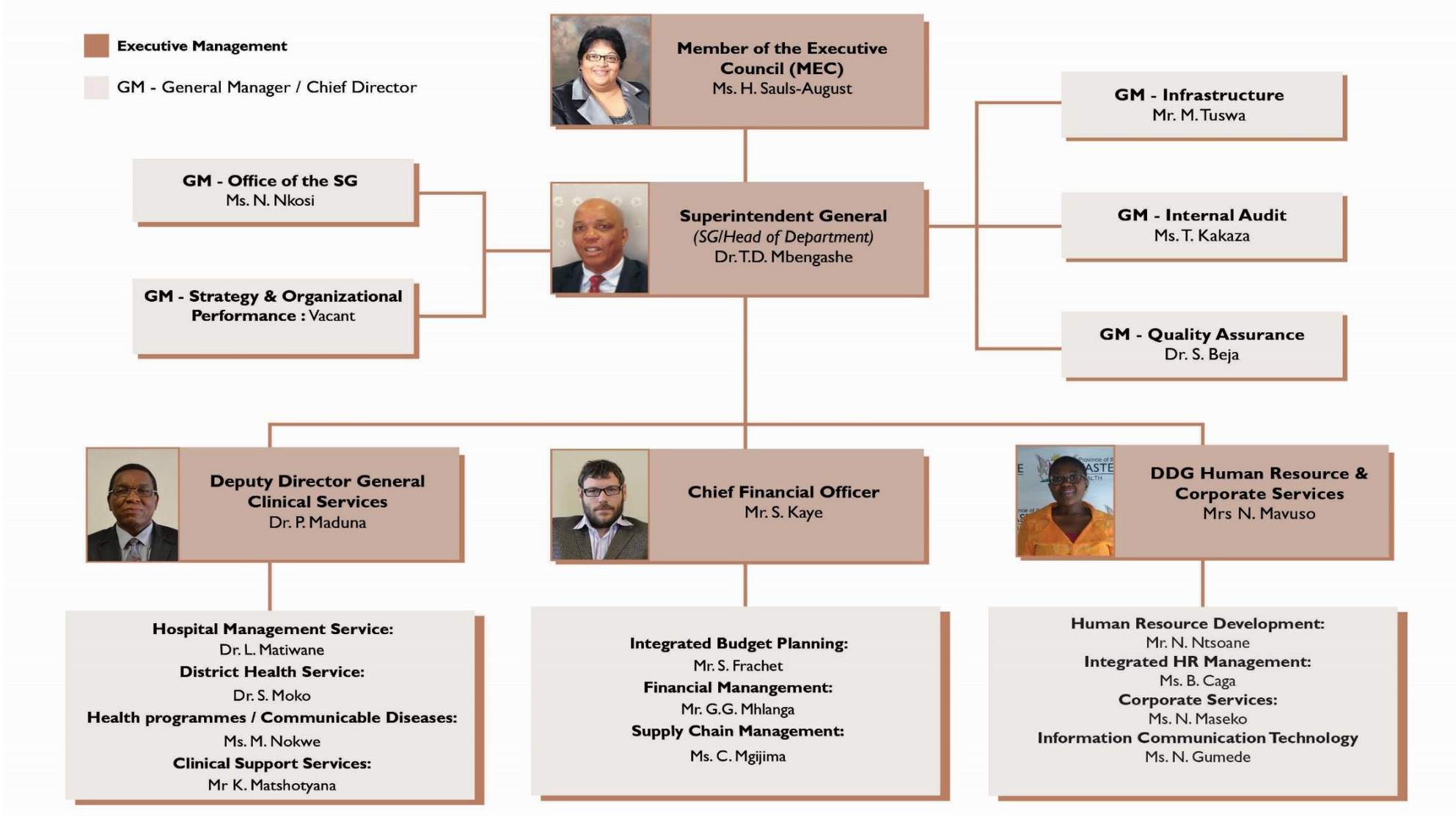
- **Promotion of Equality and the Prevention of Unfair Discrimination Act, 4 of 2000**
  Provides for the further amplification of the constitutional principles of equality and elimination of unfair discrimination.

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

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

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

8. ORGANISATIONAL STRUCTURE



9. ENTITIES REPORTING TO THE MEC

The Lilitha College of Nursing is a juristic entity established under the provincial Education and Training of Nurses and Midwives Act, Act 4 of 2003. The Act establishes a College Council as well as a College Senate with various powers and functions. The College is governed by the College Council which accounts to the MEC for Health.

The College Council is an extensive governance structure lead by an independent chairperson appointed by the Member of the Executive Council for Health in the Eastern Cape. Members of Council include the Principal of the College, ex officio members from the Department's management structures, community representatives, students and lecturers. Ordinary College Council members serve a three-year term while ex-fficio members serve for the duration of their tenure in their relevant position.

Under Section 11.1 of the Act, the College Council's powers and functions include the responsibility to ensure order and good governance of the College generally as well as for proper control over its finances; affiliation of the College to universities to promote quality education (both in teaching and learning), creation of disciplinary rules and procedures as well as a code of conduct for students; control of organised student activities; responsibility to advise the Department of misconduct or inefficiency matters related to College staff; ability to set student numbers and recommend class fees with consideration of revenue and expenses; ability to make recommendations to the Department on matters which affect the College;

While the College is a public entity, it is still dependent on the administrative systems of the Eastern Cape Department of Health.

The status quo is that when the College has expenditure related to its equitable share allocation it uses the Department's financial systems and delegations.

PART B
PERFORMANCE INFORMATION

1. AUDITOR GENERAL'S REPORT: PREDETERMINED OBJECTIVES

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

Refer to page 234 of the Report of the Auditor General, published as Part E: Financial Information.

2. OVERVIEW OF DEPARTMENTAL PERFORMANCE

2.1 SERVICE DELIVERY ENVIRONMENT

2.1.1 Demographic profile of the Eastern Cape Province

Statistics South Africa (Statssa 2017) estimated the Eastern Cape (EC) Province mid-year population to constitute 11.5% of the total SA population, at 6 469 734 million people. Distributed by the six districts municipalities and the two Metros (figure 1), the largest population of 20.8% and 18.1% were living in OR Tambo district and Nelson Mandela Metro respectively (Table A1). The females accounted just for more than one half (53%) of the total EC population. The province is spread over an area of 168 966 km² and constitutes 13.8% of the total South African land area.

Figure 1: District municipalities of the Eastern Cape Province

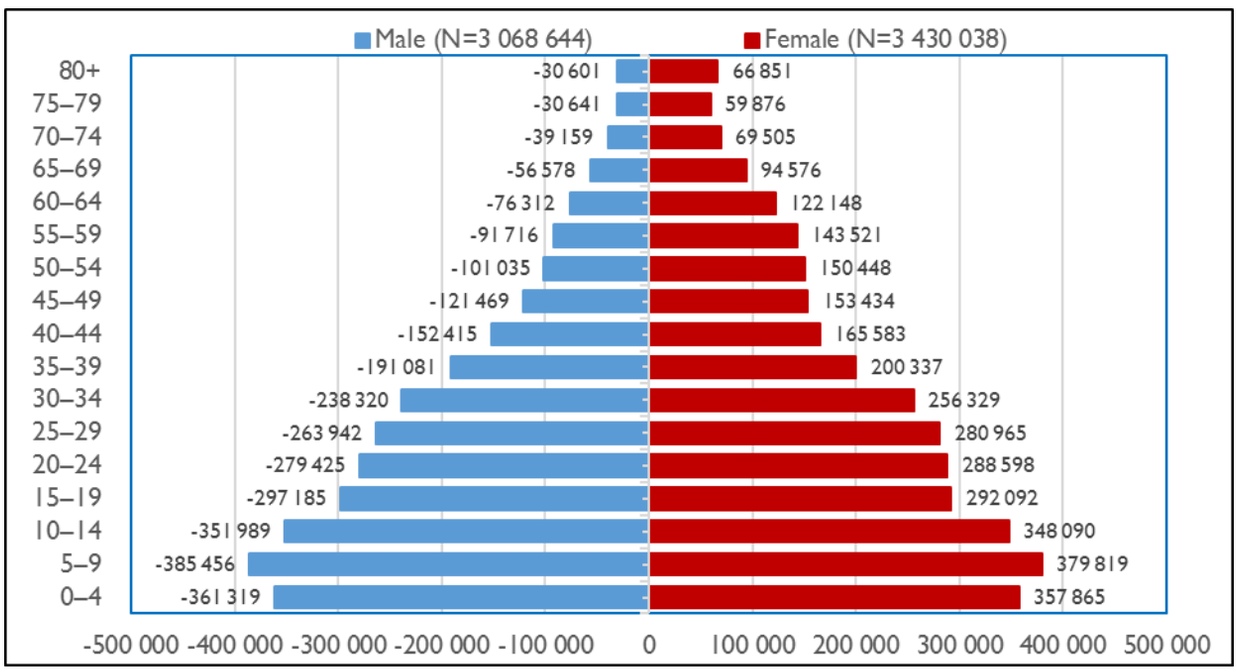
Table A1: Population Distribution by Health District Municipality (DM), 2017 estimates

District	[1]% of total population	[2]Total population	Males	Females	[3]Size of area (km²)
Alfred Nzo	12.4	806 059	380 617	425 442	10 731.2
Amathole	12.6	818 064	386 286	431 778	21 594.9
Buffalo City Metro	11.9	775 532	366 202	409 330	2 535.9
Chris Hani	12.0	780 230	368 421	411 809	36 143.5
Joe Gqabi	5.3	346 355	163 547	182 808	25 662.7
Nelson Mandela Metro	18.1	1 173 102	553 933	619 169	1 958.9
OR Tambo	20.8	1 353 595	639 161	714 435	12 095.5
Sarah Baartman	6.9	445 745	210 478	235 267	58 243.3
Eastern Cape	**100.0**	**6 469 734**	**3 068 644**	**3 430 038**	**168,966.0**
***Data Sources**: [1] Statssa Community survey, 2016; [2]Statssa mid-year population estimates, 2017; [3] Population Census, 2011*					

The Eastern Cape Province is home to a largely younger population (Figure 2); children constituted one third of the population with one half of the population younger than age 25.

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

Figure 2: Eastern Cape Population (Stats SA mid-year population estimates, 2017)



The 2016 social profile of youth report by Statistics South Africa estimated the proportion of households with youth that experienced hunger to have increased from 18.6% in 2010 to 24.5% in 2014. This was way above the South African figures which were reported as 13.5% in 2010 and 16.2% in 2014. 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.

2.1.2 The socio-economic profile of the EC Province

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

Socio-economic indicators

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

District/ Metro	Poverty Headcount[2]	Unemploy-ment Rate[1]	No schooling[1] (Age 20 yrs +)	Medical Aid coverage[3]	Access to piped water[2]	Households with flush/ chemical toilet[2]
Alfred Nzo	22.0	31.0	13.9	3.5	45.9	9.1
Amathole	18.7	34.8	13.4	8.7	70.7	24.8
Buffalo City MM	7.3	22.4	4.9	24.6	97.7	79.5
Chris Hani	16.4	45.2	14.3	5.9	82.7	42.7
Joe Gqabi	13.4	28.0	14.7	5.0	74.0	42.8
Nelson Mandela M	3.0	28.9	3.4	22.6	98.7	93.3
OR Tambo	19.2	26.5	17.0	4.6	38.9	25.0
Sarah Baartman	4.5	23.0	8.1	14.6	92.4	82.2
Eastern Cape	12.7	29.5	11.0	10.7	75.1	52.3
Source: 1Eastern Cape Socio Economic Review and Outlook, DEDEAT 2017, 2Stats SA CS 2016, 3DHB 2015/16						

Households: There were around 1, 7 Million households in the EC in 2017 with 7% of these being informal housing (Statssa, 2018). The percentage of households connected to the mains supply has increased from 55% in 2002 to 85% in 2017. Although the country has made great progress since 1994 to improve the quality of life of South African residents by extending basic services to previously un- and under-serviced households, particularly in rural and informal areas, the remaining backlog is the most difficult to eradicate. The expansion of service is often done at the expense of existing services as maintenance is largely neglected. In the EC province, Ntabankulu area recorded the largest electricity backlog of 47.2% Figure 3. This is influenced mainly by the limited ability of some municipalities to generate revenue from poor areas, particularly in rural areas.

EC Province has official unemployment rate of 34.2% and expanded rate of 45.8%. Approximately 48% of households in EC main source of income comes from Grants (36%) and Remittances (12%) with salaries constituting 42.6%.

The province is reported to have a backlog of 24,9%, alongside with Limpopo province (20,0%), KZN (14,6%) and NW (13,9%) still relying on unimproved sources of water. Less than 50% of households had access to improved water in 11 municipalities in the EC province with the lowest access to improved water reported at Ngquza Hill (19,4%), Port St Johns (20,3%) and Mbizana (23,3%). This has significance to disease pattern prevalent in these municipalities.

The major contributor to the poverty situation of the youth in South Africa is educational attainment. The majority of individuals aged 25-64 in the EC Province have completed secondary schooling (figure 5) with the Province having a larger proportion of individuals that only completed Primary school compared to the SA average. Intsika Yethu, Umzimvubu and Port St Johns municipalities in order ranked the top three with highest poverty headcount in 2016 compared to Ntabankulu, Port St Johns and Engcobo municipalities in order in 2011.

2.1.3 Service Delivery Platform

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

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

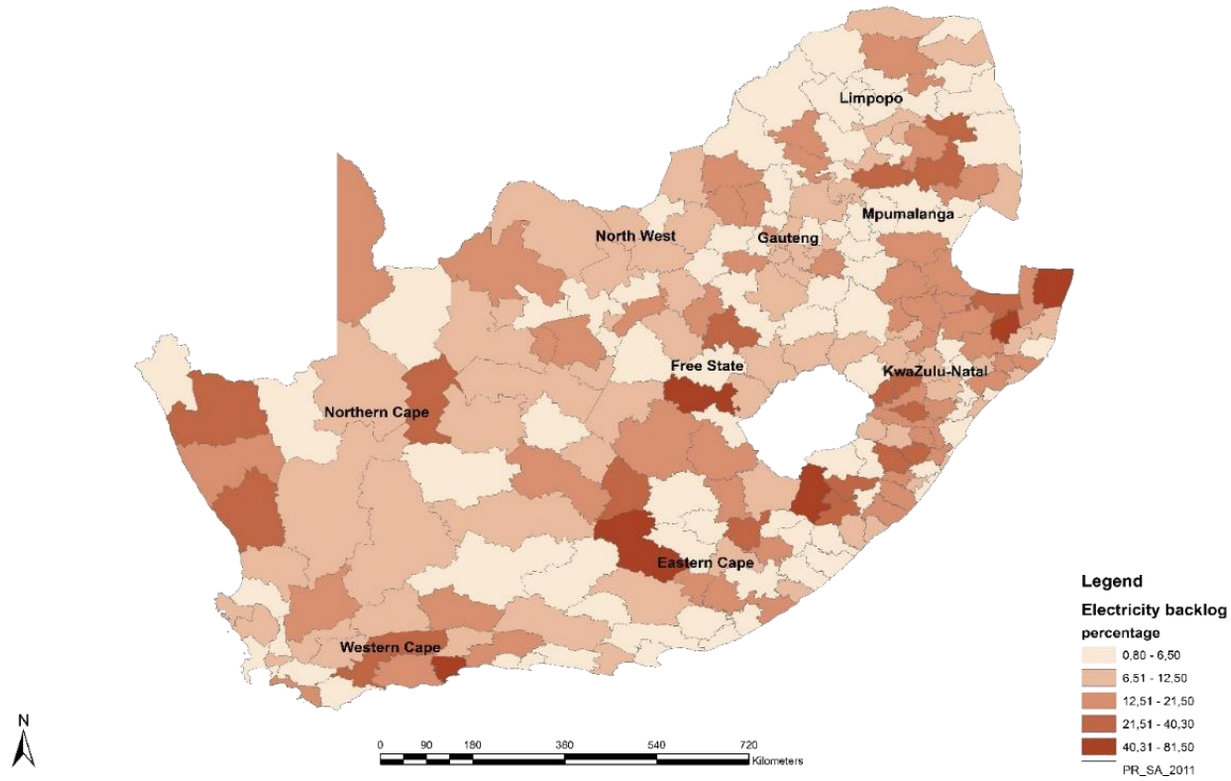


Figure 4: Municipal access to improved water (Source: Statssa, 2018)

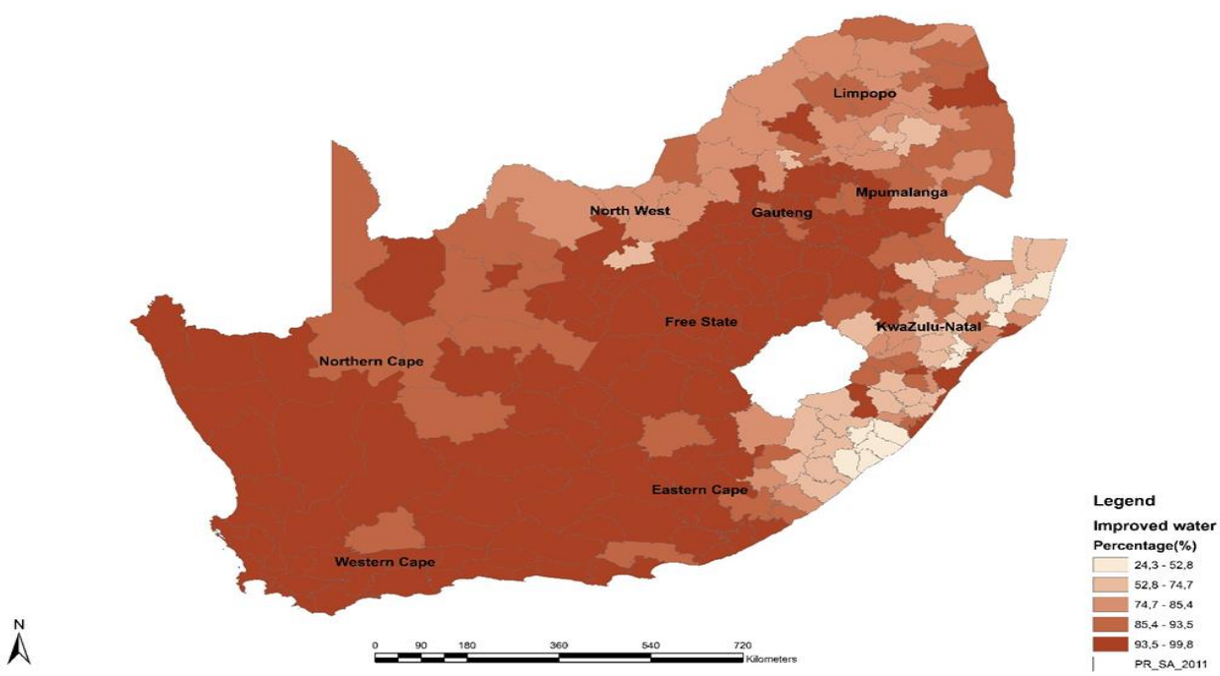


Figure 5: Educational attainment among individuals aged 25–64 in the EC province, 2016 (source: Stassa, 2016)

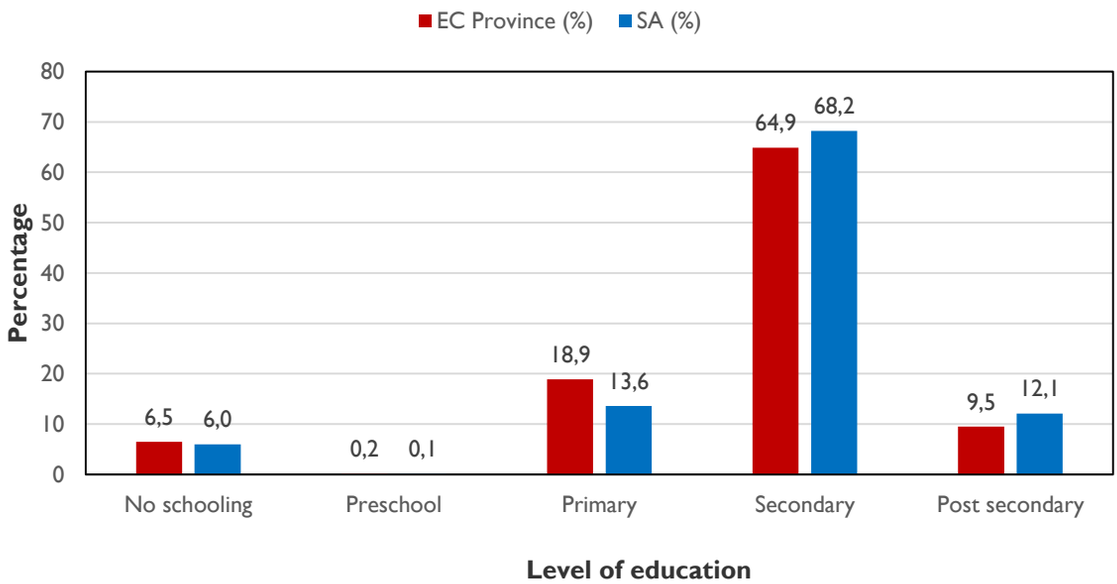
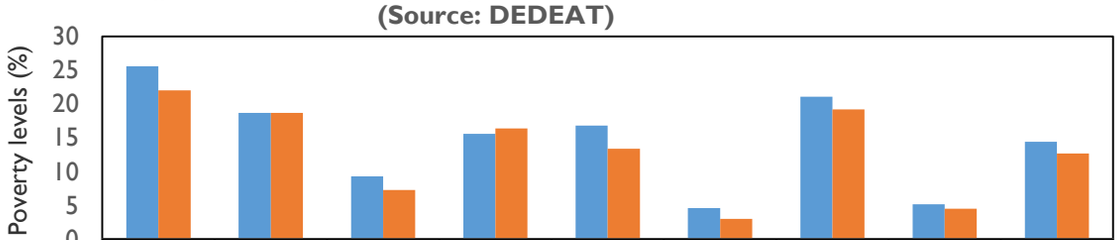


Fig. 6: Poverty headcount by district in the EC, 2011 & 2016 (Source: DEDEAT)



	A Nzo DM	Amathole DM	Buffalo City MM	C Hani DM	Joe Gqabi DM	N Mandela Bay MM	O Tambo DM	Sarah Baartman DM	EC
2011	25,6	18,7	9,3	15,6	16,8	4,6	21,1	5,2	14,4
2016	22	18,7	7,3	16,4	13,4	3,0	19,2	4,5	12,7

District Health Services

There are 772 PHC facilities across the province, which are made up of 731 Clinics and 41 Community Health Centres (CHCs) complemented by 187 mobile units. These 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 addition to the DOH, the PHC facilities are governed by the clinic committees, the district and the provincial Health Councils (DHC and PHC) that ensure representation and participation of the communities in the running and management of the PHC facilities.

Challenges are experienced with the sitting of these committees as some of the members are either employed or therefore not always available for the scheduled meetings. Unemployed members are also faced with financial constraints and find it difficult to travel to the clinics. However, following revision and approval of the Policy on Establishment and Functionality of Clinics and Community Health Centre committees, the MEC for Health approved payment of stipend as an incentive for active participation of the committee members. In all districts, stakeholders were orientated on the revised policy on Clinic/CHC committee's establishment and functioning e.g. clinic committee, health managers, health practitioners and partners.

Strengthening PHC facility management and governance

- Building capacity on leadership, management and good governance skills was conducted for operational managers and clinic supervisors at Sara Baartman where 20 operational managers were trained.

- Provincial District Management Team (PDMT) meetings provide leadership platform to address service delivery issues.
- To improve health promotion interventions for effective communication with the communities, a provincial communication and marketing strategy has been developed.
- Provincial Health Council and Provincial Health Advisory Committee meetings were held successfully as planned for the FY.
- Of the total 772 PHC facilities in the EC,
    - 582 (75%) had approved clinic committees.
    - Of the eight health districts, seven have functional District Health Councils but Joe Gqabi
    - The MEC approved DHC for three districts in 2017/18 i.e OR Tambo, BCM and Sarah Baartman which were orientated on the health service delivery model.

Implementation of the Ideal Clinic Realisation and Maintenance (ICRM) strategy

An Ideal Clinic is a clinic with good infrastructure, adequate staff, adequate medicine and supplies, good administrative processes and sufficient bulk supplies, that uses applicable clinical policies, protocols, guidelines as well as partner and stakeholder support, to ensure the provision of quality health services to the community. An Ideal Clinic will cooperate with other government departments as well as with the private sector and non-governmental organisations to address the social determinants of health. Primary Health Care (PHC) facilities must be maintained to function optimally and remain in a condition that can be described as the "Ideal Clinic".

Integrated Clinical Services Management (ICSM) is a health-system strengthening model that builds on the strengths of South Africa's HIV programme to deliver integrated care to patients with chronic and/or acute diseases or requiring preventative services by taking a patient-centric view encompassing the full value chain of continuum of care and support. ICSM is a key focus within an Ideal Clinic.

Ideal clinic status: Status determination is conducted at two levels i.e by internal facility team, the Perfect Permanent Team for Ideal Clinic Realization and Management (PPTICRM) and the external assessors to verify the internal assessments. Of the total 772 PHC facilities in the EC province, 299 (39%) were assessed internally. Of these and through the external assessment. 64 facilities against a target of 48, achieved an ideal status in the following categories; Gold 29, Silver 34 and one Platinum at Chris Hani district.

Re-engineering of Primary Health Care (RPHC)

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

RPHC has three streams namely:

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

Ward-based PHC outreach teams (WBOTs)

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

Integrated School Health Program (ISHP)

The Integrated School Health Program (ISHP), as one of the three streams RPHC, is a Ministerial priority program. Through the Care and Support Teaching for Learning (CSTL) service platform of the Department of Education (DoE), the Department of Health (ECDOH) has provided services at schools within the province. Contained within the CSTL are nine priorities namely, 1) Nutrition, 2) Health promotion, 3) Infrastructure, water and sanitation, 4) Social welfare services, 5) Safety and protection, 6) Psychosocial support, 7) Curriculum support, 8) Co-curriculum support and 9) Material support. The 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. The department has been instrumental in the establishment of the Healthy School Environment through the "Health Promoting School initiative".

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

District Clinical Specialist Teams (DCSTs)

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

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

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

District hospital services

There are 66 district hospitals that provide district hospital package including emergency care, inpatient and outpatient care, obstetric care as well as several general and specialist services. Hospital boards are functional in all district hospitals. The key service delivery outputs are shown in Table A3.

Provincial Hospitals

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 also is meant to encourage appropriate up-referral pathways to specialised services. All these hospitals are governed by functional hospital boards. Provincial hospitals constitute both Regional, Tertiary and Central hospital services.

Regional hospital services

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

Tertiary hospital services

There are two tertiary hospitals namely, Livingstone and Frere hospitals which provide tertiary services package including specialised services.

Central hospital

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

Specialised Hospital Services

TB Hospitals

There are 10 specialised TB hospitals in the province and 13 decentralised sites, for the Community based management of MDR-TB patients on ambulatory care.

Psychiatric hospitals

There are four psychiatric hospitals namely, Elizabeth Donkin, Komani, Tower and Fort England. In addition, three regional hospitals (Mthatha, Cecilia Makiwane and Dora Nginza hospitals) have psychiatric units. Two district hospitals (Holy Cross and St Barnabas Hospital) have psychiatric units that are under renovation.

Forensic Pathology Services (FPS)

Specialised forensic pathology services are rendered from 18 forensic pathology facilities across the Province, in particular to establish the circumstances and causes surrounding unnatural death. In line with the national norms and standards, the Province is meeting and exceeding the target of 85% of performing post-mortems within 72 hours during.

Emergency Medical Services (EMS)

The Department has a total of 416 ambulances in its fleet, with about 50% operational at a given point in time. This translates to an ambulance coverage of 0.4 ambulances per 10 000 population against a national norm of 1/10 000. The condition of vehicles is badly affected by the bad roads of the rural province hence a significant number either is taken for repairs or service. The shortage of emergency vehicles and ambulances remains a challenge.

Pharmaceutical Services

There are two depots; Port Elizabeth depot services the western and central regions whilst Mthatha depot services the eastern region of the province. During the year under review, the Mthatha depot has been undergoing renovations which at times has put some pressure on service delivery. The province is implementing the Centralized Chronic Medicines Dispensing and Distribution (CCMDD) programme whereby chronic medication is delivered and collected by the patients at a site that is close to where they live.

Operation Masiphathisane

Operation Masiphathisane – championed by the Office of the Premier in the Province - is an integrated service delivery model utilising the concept of a 'War Room" for community-driven service delivery. The model is premised on five principles:

- Community partnerships (active citizenry);
- Integration of government services (the 'War Room' as a service integration point);
- Promotion of economic activities (local economic development);
- Environmental acre; and
- Behavioural change campaign to address social ills.

Critical factors underlying the model include: working together as government to ensure responses on the ground at ward and municipal levels; creating space for co-owned and credible Integrated Development Plan from municipality with provincial government; improved communication, coordination, integration; and cooperation of departments, enhancement of interdependence.

Operation Masiphathisane aims at addressing Siloistic service delivery resulting in unfulfilled objectives, duplication of efforts and pressure on limited resources, as well as lack of community ownership of services rendered, resulting in persistent social unrest.

The Department is a key partner in this effort, and in the more than 70 wards with 'War Rooms', it has provided CHWs led by a professional nurse and are working closely with field-based community workers of other departments, providing outreach services for health promotion and preventive health, screening for chronic conditions including diabetes and hypertension, promoting voluntary testing for HIV, as well as home-based care and referrals (to the nearest PHC facilities) of cases needing curative care.

Key Human Resources Personnel

Table A3: EC DOH clinical personnel, 2017/18

Category	Employ 03/2017	Appointments 17/18	Terminations 17/18	Employ 03/18	Clinician: 10 000 pop
Medical Officers	1 806	853	681	1 978	3
Medical Specialists	178	54	49	183	0.3
Dentists (Practitioners, Technicians and Therapy)	153	42	27	168	0.3
Dieticians & nutritionists	106	29	23	112	0.2
Professional nurses	10 435	1 449	1 221	10 663	16
Nursing assistant	5 125	622	252	5 495	8
Enrolled Nurse	3 081	334	158	3 257	5

Category	Employ 03/2017	Appointments 17/18	Terminations 17/18	Employ 03/18	Clinician: 10 000 pop
Auxiliary and related workers	735	18	60	693	1
Pharmaceutical assistants	20	0	1	19	0.03
Pharmacists	638	219	119	738	1
Physiotherapists	129	63	47	145	0.2
Emergency medical staff	2 629	31	64	2 596	4
Occupational therapists	116	63	44	135	0.2
Radiographers	370	78	65	383	0.6
Grand Total	25 530	3 855	2 813	26 572	-

2.1.4 Service Delivery Outputs

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

Table A4: Key provincial service volumes, 2013/14 - 2017/18

INDICATOR	2013/14	2014/15	2015/16	2016/17	2017/18
PHC headcount – Total	17 378 701	17 894 546	18 212 817	18 116 112	16 418 041
PHC headcount under 5 years	2 995 713	2 984 839	2 958 285	2 910 002	2 541 609
OPD Headcount - Total (all hospitals)	2 926 055	2 845 910	2 710 857	2 651 351	2 493 928
Deliveries in facility	116 522	116 304	106 243	99 623	100 759
Total births in facility	119 639	119 684	109 580	103 392	102 813
Hospital separations – Total	476 771	458 285	431 395	426 760	576 383
Patient Day Equivalent in district hospitals	1 823 018	1 820 409	1 788 354	1 735 819	1 888 480
*Patient Day Equivalent in provincial hospitals	1 522 899	1 555 149	724 500	713 300	702 512
Patient Day Equivalent in specialized TB hospitals	334 322	359 955	334 502	284 782	344 814
Patient Day Equivalent in specialized Psych hospitals	417 379	411 538	439 784	417 571	383 211
BUR (% - District hospitals)	59.5%	59%	57.2%	56.0	54.7
BUR (%) Provincial Hospitals	75.6%	73.7%	79.3%	74.8%	77%
BUR (%) in specialized TB hospitals	58%	64.6%	60.3%	52.4%	50.1%
BUR (%) in specialized Psych hospitals	84.5%	72.3%	85%	86.1%	89.6%
Average length of stay (District hospitals)	5.3 days	5.3 days	5.1 days	5 days	4.9 days
Average length of stay (Provincial Hospitals)	6.4 days	6.7 days	5.8 days	5.7 days	6 days
Average length of stay (Specialized TB hospitals)	110.6 days	112.4 days	94.2 days	84 days	77 days
Average length of stay (Specialized Psych hospitals)	123.5 days	137 days	137.8 days	122 days	149.4 days
Expenditure per day Equivalent (Rand) - District hospitals)	R1 876	R1 909	R3 317	R3 346	R2 241
Expenditure per day Equivalent (Rand) - Provincial Hospitals	R1 876	R2 330	R3 412	R3 357	R3 303
Expenditure per day Equivalent (Rand) - specialized TB hospitals	R1 045	R983	R5 737	R1 469	R1 626
Expenditure per day Equivalent (Rand) - Specialized Psych hospitals	R1 289	R1 343	R1 076	R1 508	R1 815
New patients – Pulmonary TB	40 278	41 971	41 812	37 449	33 621
Immunisation coverage	73.5%	80.8%	86.6%	78.6%	67.3%
Total clients remaining on ART at end of the month	288 955	320 062	359 729	414 733	452 072
Total clients started on ART– naïve	81 326	78 640	86 678	94 802	82 811

*Hospital de-complexing effect

2.1.5 Problems Encountered in Service Delivery and Corrective Measures Taken

Access

One of the challenges encountered by communities in the province is access to health facilities due to the rural nature and the terrain of the province which has unreachable areas. Road infrastructure in the Eastern and Northern areas of the province are in a worse state due to underdevelopment and imbalances of the past. Access to health services is affected by other issues that include drug shortages, overcrowding of health facilities, staff shortages and lack of services after hours, which results in high number of patients accessing district, regional and even tertiary hospitals directly without being referred from lower levels. This is as a result of shrinking budget envelop whilst the burden of disease and the demand for services is increasing.

Through operation Masiphathisane and to address the above challenges, the department works closely with other departments, like public works, in the planning of roads and human settlement as well as building of schools and clinics as part of the Inter-governmental forum and the Social Transformation Cluster's agenda

Complaints Management

The department has established a system of dealing with complaints raised by the public and even issues raised by the personnel of the departments. Besides the Complains Management systems at facility level the department also uses the Shared Contact Centre Services (Call Centre). The Centre facilitates the management, monitoring, e'tracking and tracing of complaints/ queries in a 24 hours Contact Centre line. Complaints received from the public relate to poor response time from Emergency, Medical Rescue Services (EMRS). This is followed by long waiting times in out-patients Department (OPDs), Casualties and dispensaries in most of the facilities in the province. The issues of negative attitudes by health care providers is very prominent in the list of complaints. Health Clinics that are closing before time, leaving health consumers without help is also another common complaint received by Contact Centre. Communities still complain of lack of access to services, mostly in rural areas of this province.

Queries from health personnel largely relate to service condition and benefits, constituting about 70% of all the complaints received. The leading service benefit complaint relates to pension pay outs and leave gratuities which seems to indicate inaccessibility of web-based e-channel for processing of pensions. Most Human Resource practitioners are not well trained on this web-based e-channel.

According to public service act of 1994, the department has an obligation to pay those benefits in order to maintain the standard of living for those ex-employees.

Performance Management Development System (PMDS) is the 3rd frequently received query which again relates to not enough information given to ex-employees who continuously come back to reclaim PMDS post retirement, claiming that their pension was calculated on the wrong notch. The issue of PMDS of nurses and other Occupation-Specific Dispensation (OSD) that is paid after two years is also causing influx of complaints as most of their documents got lost by facilities before their final assessments. On analysis, the failure to induct nurses on Department of Public Service and Administration (DPSA) policies on implementing PMDS aligned to OSD is a cause for concern.

2.1.6 External Factors that Impacted on Service Delivery

Donor support: The department has been assisted to improve certain programmes by several major donor funders through local and international Non-Governmental Organization (NGOs) and institutions within the province. Assistance varied from technical assistance including training and mentoring, sponsoring of outreach programs, direct service delivery including employment of health personnel like pharmacist, nurses and Data Captures (see section on Donor Funding on page 176).

Training of Cuban doctors:
The EC DOH continues with the agreement and legacy of the former and late presidents Nelson Mandela and Fidel Castro, of uplifting rural areas by training of South African students in medicine in Cuba to address the shortage of doctors in South Africa. About 100 doctors that were trained in Cuba are serving in the EC public sector; in addition, 268 students that are currently busy with their studies.

2.2 SERVICE DELIVERY IMPROVEMENT PLAN

The SDIP Directive of October 2008 was issued in terms of Section 41 (3) of Public Service Act of 1994 which requires departments to submit SDIPs every three years, aligned with the MTEF period, these SDIPs to be signed off by the Head of Department and by the Executing Authority. SDIPs should be developed and presented in a prescribed SDIP format, be aligned to and should contain indication of how SDIPs are cascaded to service points.

Part III.C.2 of the Public Service mandates an executing authority to publish an annual statement of public service commitment which will set out the department's service standards that citizens and customers can expect, and which will serve to explain how the department will meet each of the standards. The main objective of the SDIP is to ensure continuous, effective and efficient service delivery improvement through the embracing of the Batho Pele principles within the SDIP itself.

As we come to the end of the 2015/16-17/18 MTEF the department is hereby submitting progress implementation report on the following key services:

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

2.2.1 IMPROVING EMERGENCY MEDICAL SERVICES

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

Problem Statement

Shortage of the vehicles remain a challenge. The department has 416 Ambulances in the fleet of which an average number of operational Ambulances is 265. This attributed to many factors ranging from maintenance, accidents and general issue like administration (delays in licensing the vehicles). This translated to 0.3 ambulances per 10 000 population, against a national norm of 1 ambulance to 10 000 population. The geographical terrain of the province challenges the durability of the Ambulances. These factors have a negative impact on the response time. The table below highlight the service delivery improvement plan and the achievements thereof after three years of implementation.

EMS Delivery Platform

The provincial department of health took over the operation of ambulances from local government in 2003. EMS is part of the clinical services package offered by the department, under the leadership of the deputy director general for clinical management services. The EMS district manager and operations manager oversee a fleet of ambulances, planned patient transport vehicles, rescue and response vehicles, along with emergency care officers who provide emergency care services.

Each district has a control room which received emergency calls from the community and local health facilities. Within the control room, there is a despatch team that facilitates the response to emergency calls but assigning vehicles to calls based on priority. There are three helicopters allocated to the three regions in the province, Eastern Region (Nelson Mandela Central Academic Hospital), Central Region (Frere Hospital), and Western Region (Livingstone Hospital).

There are 89 EMS bases located around the province – in communities with a few attached to hospitals/health centres. Each EMS base has a station manager, supported by shift leaders. The base has its own fleet that it manages closely with the support of the EMS district and provincial office.

The province is in the process of preparing for the implementation of the EMS regulations that were signed by the Minister for Health in 2017. Amongst other things, the regulations seek to ensure that each EMS base complies with the minimum standard on infrastructure and the required skills mix for the provision of emergency medical services.

Table A5: Distribution of ambulances by district, 2017/18

District	No ambulances	Total population[1]	Ambulance/ 10 000 population
A Nzo	60	806 059	0,7
Amathole	54	818 064	0,7
BCM	39	775 532	0,5
C Hani	60	780 230	0,8
Joe Gqabi	40	346 355	1,2
Nelson Mandela	40	1 173 102	0,3
OR Tambo	70	1 353 595	0,5
SBD	53	445 745	1,2
EC Province	**416**	**6 469 734**	0,6

Source: [1]Statistics SA, 2017

Table A6: EMS Staff distributed by district and professional categories, 2017/18

District	ILS	ALS practitioners	BAA
A Nzo	25	2	150
Amathole	31	5	250
BCM	128	6	180
C Hani	48	6	316
Joe Gqabi	33	3	178
Nelson Mandela	111	8	141
OR Tambo	21	3	217
SBD	95	6	184
EC Province	**492**	**39**	**1616**

Key Strategies Implemented to Achieve Strategic Objectives

- Engagements with EMS District and Operational managers on a regular basis through multimedia and Management meetings.

- **Efforts to increase fleet to meet national norms & standards and fleet management**
  The national standard for fleet availability is one operational ambulance per 10 000 people. By end of 2017/18 FY, the EC DOH fleet was at 416 ambulances, with a population total of 6.5 million people. Therefore the ratio is at 0.42:10 000.

- **Capacity building to improve service delivery**
  Level of emergency care by practitioners is largely at a basic life support level. Intermediate and Advanced Life Support (ILS & ALS) are very few in the province. ILS and ALS levels are also necessary for supporting the paediatric and obstetrics programs.

- **Leadership and governance**
  To empower staff at Supervisory and Management levels to ensure efficient leadership and policy compliance.

ACHIEVEMENTS

Fleet management:

The number of rostered ambulances at any point in time is inadequate resulting in the programme recording poor response times relative to the national norms and standards. Approximately 50% of the 416 ambulances are fully operational and ready for dispatching to calls at any given time. The remainder of these vehicles are used as back up in the event of service maintenance and general vehicle downtime. High maintenance and repairs to the fleet is a common operational challenge.
Inaccessible roads especially in rural areas, compounded by the lack of accurate location tracking tends to lead to delayed response times.

Staff shortage also contribute to the excessive use of overtime at various EMS bases. Also, the amount of trips between rural districts to tertiary hospitals tend to also lead to high overtime use as the officers travel more than 12 hours at times on a round trip to take patients to specialized health services in Buffalo City, Mthatha and Nelson Mandela Bay.

Interventions

A total of 12 replacement Planned Patient Transport, which are 35 seater buses, were procured successfully and distributed to the districts. These vehicles are used to transport patients from district level hospitals to tertiary, specialised hospitals.

Infrastructure and equipment:

All EMS Control-rooms were fitted with wireless/ADSL connectivity and now have call recording capabilities.

- **Implementation of Call taking and dispatching systems**
  The Department has approved the specifications for an integrated computerized call-taking and dispatching system for EMS. A technical task team has been established to finalize technical specifications for consideration by the Bid Specifications Committee. The implementation of the call taking and dispatching system is expected to begin in 2018/19 and it is expected to improve recording and accuracy in the dispatch of ambulances.
- Improvement of data capturing and reporting using the District Health Information System (DHIS).

Human resources and development

Training is important to achieve higher staff skills levels within EMS. Improved quality of care is a constant demanding aspect of service delivery, hence the drive to upgrade staff qualifications. Properly trained staff leads to an improvement in the quality of care provided to patients.

- Vacancy rate within EMS is high given the National Norms and Standards, resulting in high overtime utilization and absenteeism rate. Ambulances are deployed on a 24/7 basis and requires at least two persons to man a vehicle and therefore a minimum of eight members is required to staff an ambulance on an eight-hour basis. Given the current operational staff compliment (approximately 1700) and the amount of ambulances (416) at hand, a total of 3 328 people would be needed.
- Two station managers were appointed in the Amathole District.
- Eight Bachelor of Emergency Medical Care (BEMC) bursary holders were appointed in the Districts which are at Advanced Life Support level. The additional ALS practitioners will improve the footprint of these cadres within the program.
- 24 Intermediate Life Support (ILS) practitioners were trained by the EMS College of Emergency Care
- 28 EMS staff members have been trained in the essential steps to management obstetric emergencies – in transit (ESMOE – IT) train-the-trainer programme. This programme will help in improving the quality of care provided by emergency care practitioners to maternity cases.

Promoting awareness about EMS and community involvement

On various occasions the EMS service receives and responds to a number of hoax calls from the communities. Such calls defer an ambulance which could have responded on time to a deserving emergency case. The programme then takes upon itself to educate the communities about the DOH emergency medical service to promote awareness and service appreciation through radio talk-shows and school visits as well as through print media. The programme is also striving to promote career development in emergency and rescue service.

1. National policies and strategies

National policies are set to ensure standardization across the provinces, but the current predetermined outcomes/targets are seen as unrealistic in as far as the following indicators are concerned;

- One operational ambulance per ten thousand people (1:10 000)
- Urban response times of arrival within 15 minutes.
- Rural response times of arrival within 40 minutes.

These indicators are not yet achieved within the province of the Eastern Cape due to geographical and road infrastructure challenges. Distances between health facilities are in most cases very far apart, and this leads to ambulances being not available for calls for extended period of time. The department is working with the Department of Transport to provide additional vehicles for inter-facility transport, which will free up the ambulances to respond to community calls.

2. Strategies to support Health Programs

- The EMS inter-facility transfer system is there to assist patients to be taken from a health institution to an institution where more advanced medical intervention and treatment can be administered.
- EMS transportation of obstetric and maternity clients has been instituted to reduce the mortality rate in mother-and-child patients.

Table A7: EMS IMPROVEMENT PLAN

Key service	Service beneficiary	Baseline in 2015/16	Desired situation 2017/18	Actual Achievement for the 17/18
QUANTITY				
Emergency medical services	Population served: 6 522 734	Ambulance fleet is made up of 416 vehicles	Retain ambulance fleet at 416	Ambulance fleet maintained at 416 vehicles. A total of 197 replacement vehicles were received as follows: 135 ambulances, 27 planned patient transport, 31 response cars and 4 rescue vehicles.
		Increase the number of operational ambulances to 260	Increase the number of operational ambulances to 280	Target not achieved. On average, 260 ambulances are operational at any point in time due to repairs.
		3 helicopters and 1 fixed wing	3 helicopters and 1 fixed wing	Status of 3 helicopters and 1 fixed wing maintained
		100% ambulances have tracking systems	100% ambulances with tracking systems	All 416 ambulances (100%) are tracked either by DOH or Department of transport appointed service provider
		No EMS Call centre utilising the computerised call taking and dispatching system	2 call centres utilising the computerised call taking and dispatching system	Target not achieved. There are no call centres that are utilising call taking and dispatch system. The process of procuring the computerised call taking and dispatch system has begun. Specifications have been drafted and a technical team established to finalize document for submission to Bid Specifications Committee
QUALITY(Batho Pele)				
Access		65% of priority 1 rural calls are responded to as per standard (45 minutes)	68% of priority 1 rural calls are responded to as per standard (40 minutes)	56.2% of priority 1 rural calls are responded to in 45 minutes. Target not achieved. The caseload is high and with the limited supply of rostered ambulances
		66 % priority 1 urban calls responded to as per standard (15 minutes)	68 % priority 1 urban calls responded to as per standard (15 minutes)	31.6% priority 1 urban calls responded to in 15 minutes. Target not achieved. The caseload is high against the limited supply of rostered ambulances
		30% of total calls to be Inter Facility Transfers.	30% of total calls to be Inter Facility Transfers.	Target achieved
		Two toll-free numbers 10177 and 112 for emergency medical services.	Two toll-free numbers 10177 and 112 for emergency medical services.	10177 and 112 fully functional

Key service	Service beneficiary	Baseline in 2015/16	Desired situation 2017/18	Actual Achievement for the 17/18
QUALITY (Batho Pele)				
Consultation		Provincial Health Council (PHC) meeting – Bi annual	Provincial Health Council (PHC) meeting – Bi annual	Bi –annual Provincial Health Council (PHC) meetings were held successfully on the in November 2017 and March 2018.
		Provincial health consultative forum (PHCF) – annual	Provincial health consultative forum (PHCF) – annual	National Health Insurance Consultative forum was launched in O.R. Tambo in partnership with the office of the Executive Mayor.
		Top management and extended top management meetings monthly and quarterly respectively	Top management and extended top management meetings monthly and quarterly respectively	Top management meetings are sitting consistently every two weeks whilst extended management meeting every quarter.
QUALITY (Batho Pele)				
Courtesy-		Training of 100% EMS staff on customer care principles and proper taking of calls	Training of 100% EMS staff on customer care principles and proper taking of calls	Of the total 384 control room staff members, 192 (50%) received training in customer care / emergency medical dispatch.
QUALITY(Batho Pele)				
Redress		Investigate improvement of complaints management system using a digital voice logging system	Implement a digital voice logging system	All EMS Control rooms have telephone voice recording capabilities.
VALUE FOR MONEY				
Human Resource		45 Advanced life support Practitioners on training	14 Advanced life support staff to graduate.	The EC DOH employed 14 advanced life support practitioners within the service who were bursary holders from the same department.
			Increase the number of intermediate life support practitioners.	The EMS college trained a total 24 intermediate life support practitioners.
			Implement ESMOE training amongst the operational staff within EMS	28 EMS staff members have been trained in the ESMOE train-the-trainer programme

Challenges

- Efforts to reduce response time were hampered due to the process of employing 800 additional staff not being finalized
- Too few staff trained to Intermediate Life Support Levels. Capacity of EMS College insufficient.
- Too few staff trained in Customer Care and Emergency Medical Dispatch (EMD).
- Overtime payment challenges due to the 30%capping as depicted in the DPSA Policy.

2.2.2. PHARMACEUTICAL SERVICES

The department identified Pharmaceutical services as one of priority focus areas for service delivery improvement during this period, with specific emphasis on improved availability of essential medicines and supplies at health facilities.

Pharmaceutical service is responsible for the following activities:

- 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

Problem Statement

There has been reports of inconsistent medicine supply to health facilities and availability from health facilities. This can be attributed to different reasons that occur at different levels of the value chain of pharmaceutical management e.g.

- Poor demand forecast for the National Department of Health tender.
- Health facilities are not able and do not have tools that enable them to quantify the need of medicines and surgical products, thus affecting the projections that will be given by provincial office to NDOH during tender process.
- Incorrect projections during tender process will lead to insufficient medicines available for the tender period thus resulting in budgetary inefficiencies due to forced buy outs.
- Most facilities create manual orders that need to be recaptured at depots; this causes delays and is a non-value add to the ordering process. Capturing at depots can lead to system errors which arise from legibility of faxed orders.
- Poor infrastructure in health facilities results in the limited space for medicine storage thus resulting in frequent small orders. This results in reduction of the order cycles for certain small facilities thus creating pressure at the depots.

Service Delivery Platform

The pharmaceutical services directorate is under the leadership of the clinical branch of the department of health. The provincial directorate for pharmaceutical services is headed by a senior manager, with support from 3 senior pharmaceutical policy specialists who lead different components of the pharmaceutical management framework. The pharmaceutical services directorate oversees the policy development and implementation on pharmaceutical matters. The directorate also collaborates with the directorates for health programmes, HIV/AIDS programme, and the district health coordination directorate.

Each hospital and health centre in the province has a minimum of one registered pharmacist who works as part of the clinical team in the respective hospital. Clinics are required to have a registered pharmacist assistant to manage the stock of medicines and dispense to patients according to their scope of practice.

Each district has an assistant pharmaceutical services manager responsible to oversee the pharmaceutical services for a cluster of clinics in the districts. The manager also get to review stock holding and provide pharmaceutical coaching and supervision to the pharmacist assistants in the clinics, including community service pharmacists placed in the district.

There are two medical depots in the province, which serve as provincial warehouses for all medicines, vaccines and surgical sundries used in the public health sector. Health facilities in the eastern region of the province receive their stock from the Mthatha Medical Depot, and health facilities in the western region are supplied from the Port Elizabeth Medical Depot. The central region is equally split between the two depots. All health facilities, including clinics order their medicines directly from the medical depot and deliveries are made directly to the health facilities from Monday to Friday.

There is a provincial Pharmacy and therapeutics committee established to oversee rational use of medicines in the province. The committee is tasked with the development and update of the medicines formulary for the province, and also monitor the use of medicines in the public health sector. The provincial PTC is supported by the facility based PTC structures in all hospitals. A member of the provincial PTC represents the province at the national Essential Medicines Committee where decision on medicines to be used in the public sector for the management of common diseases are taken.

The provincial directorate is tasked with ensuring that all facilities in the province are registered with the pharmacy council, and all practicing pharmacists and pharmacist assistants have current registration with the SAPC. The training of pharmacist assistants is also coordinated from this directorate, working with the directorate for human resource development.

Key Strategies Implemented to Achieve Objectives

- Stock visibility system
- Central chronic medicines distribution and dispensing

Pharmaceutical depots continue to maintain 3 months buffer stock and tracer drug stock out rate was reduced from 11% in 2014/15 to <5% at PE Depot and 10% at Mthatha Depot.

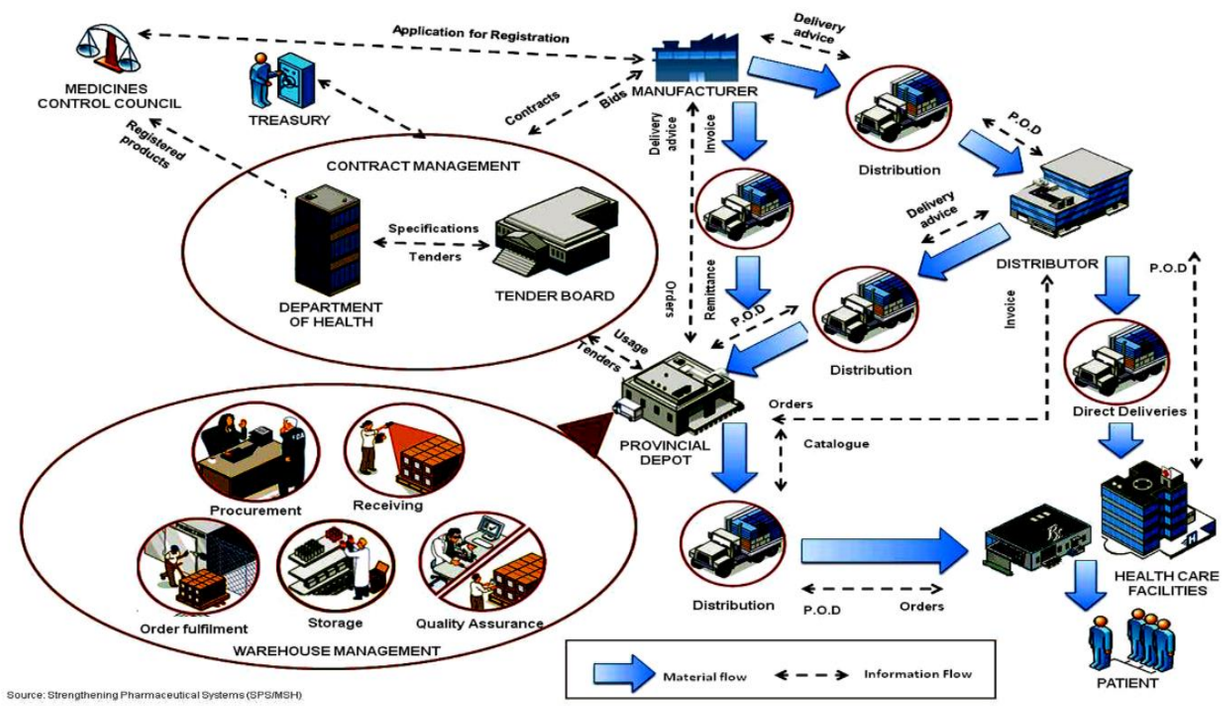
Annual placement of Community Service Pharmacists contributes to improved coverage of pharmaceutical services in our rural health facilities. All hospitals from which pharmaceutical services are provided are registered with National Department of Health (NDOH).

The computerized pharmacy inventory management system (RxSolution) is used in 13.5% of the EC DOH pharmacies.

Clients access their medicines from health facilities; alternatively, stable clients via 120 external pick up points which include Clicks retail stores, private pharmacies, and the SA Post office as part of CCMDD programme. National Core Standards self-assessments continue to take place thus informing patients on expected waiting times.

Process Mapping and Unit Costing.

Figure 7 below shows a process map for the supply of medicines and supplies from the Pharmaceutical Depot to the health facilities including contracting and warehouse management.



Medicines Availability

The stock visibility system (SVS) continued to be implemented at all clinics and health centres. The SVS is a mobile application used by health professionals at 728 clinics and 40 community health centers to scan medicines barcodes and record stock levels for Antiretrovirals (ARVs), tuberculosis (TB) medicines, and vaccines. The purpose of the SVS is to provide timely stock status reports for decision makers. Information on facility levels is accessible at district and provincial office level. The managers are able to use the information to resupply when stock levels are low, or move stock when levels are higher than the average monthly consumption levels.

The data from SVS shows a marked improvement in medicines availability with facilities reporting an availability of 93.4% and 88.6% for antiretroviral tuberculosis medicines respectively. The average medicines availability was at 90.8% in the financial year 2017/18.

There has been a steady improvement in the availability of ARVs, with the province maintaining an above 90% availability throughout the year. Interruptions at the Mthatha Depot were experienced during quarter 4 due to the construction work underway at the depot. There was however, no facility that reported stock out of the medicines being tracked on the SVS.

The province was affected by the countrywide shortage of *Bacillus Calmette-Guerin* (BCG) vaccine. Stock was successfully moved from clinics where the need for this vaccine is low, to hospitals and health centres with high demand for BCG.

Central Chronic Medicines Dispensing and Distribution (CCMDD)

The central chronic medicines dispensing and distribution (CCMDD) programme is one of the provincial government's initiative to improve access to life saving medicines in the rural communities of our province. The programme is expected to reduce waiting times and minimize the cost incurred by patients when travelling to health facilities to collect their medicines. The programme has grown tremendously in the past year with 80, 054 new patients enrolled. The total number of patients on the programme was 235, 065 at the end of the year. The table below presents a comparison of the patients enrolment in each district from the number of patients enrolled in each district

The central chronic medicines dispensing and distribution (CCMDD) programme is one of the provincial government's initiative to improve access to life saving medicines in the rural communities of our province. The programme is expected to reduce waiting times and minimize the cost incurred by patients when travelling to health facilities to collect their medicines. The programme grew tremendously during the year under review achieving 52% increase from the previous financial year 2016/17; a total of 80 054 new patients were enrolled with an overall total of 235 065 patients (Table A8) from 713 facilities registered on the programme by the end of March 2018.

Table A8: Registered CCMDD patients distributed by health district and FY

DISTRICTS	March 2016/17	March 2017/18	% Annual increase
Alfred Nzo	12 762	21 506	68.5
Amathole	10 000	22 076	120.8
BCM	16 678	27 544	65.2
Chris Hani	13 338	23 717	77.8
Joe Gqabi	4 995	8 392	68.0
NMBM	11 524	22 161	92.3
OR Tambo	81 678	100 681	23.3
Sarah Baartman	4 036	8 988	122.7
Total Province	**155 011**	**235 065**	**51.6**

Table A9: Pharmaceutical service improvement plan

Key service	Service beneficiary	Baseline in 2015/16	Desired situation 2017/18	Actual Achievement 17/18
QUANTITY				
Pharmaceutical services	Clients with prescriptions issued at facility.	100% of hospitals licensed with NDoH.	100% of hospitals licensed with NDoH.	100% of hospitals licensed with NDoH
		20 % of facilities using computerised pharmacy inventory management systems	30 % of facilities using computerised pharmacy inventory management systems	40 Hospitals (44.9%) are using computerised pharmacy inventory management systems
		< 5% of tracer drug items out of stock	< 5% of tracer drug items out of stock	PE depot maintained stock availability of 95% and kept out of stock at <5%. Mthatha depot: Availability of tracer drugs has been at 90% and achieved 10% tracer drug out of stock. This is due to renovations that are underway at this depot.
QUALITY (Batho Pele)				
Access.		Maintain 3 months buffer stock at depot.	Maintain 3 months buffer stock at depot	In PE depot the department managed to maintain 3 months buffer stock on fast moving items and 2 months buffer stock on slow moving items. In Mthatha depot, the buffer stock in the last financial year has been maintained at 2 months due to construction happening at the medical depot
		Implement integrated chronic disease management (ICDM)	Implement integrated clinical service management (ICSM)	The National Department of health introduced the training for District Trainers and program managers in order to building capacity to the health facilities
		Implement centralized chronic medication dispensing and delivery (CCMDD)	Implement centralized chronic medication dispensing and delivery (CCMDD)	CCMDD is implemented in all EC districts from 713 facilities; there are 120 external pick-up points which include Clicks retail stores, private pharmacies, and the SA Post office. 235 065 patients were registered on CCMDD program by end March 2018.
		Implementing the code of conduct for public servants	Implementing the code of conduct for public servants	Training on Code of Conduct has been done and document distributed.
		All staff appropriately attired with	All staff appropriately attired with	All staff is appropriately attired with name tags

Key service	Service beneficiary	Baseline in 2015/16	Desired situation 2017/18	Actual Achievement 17/18
		personal identification.	personal identification	for personal identification and continuously monitored
Information		Patients are informed of how long they wait in the queue.	Patients will be informed of how long they wait in the queue.	Patients are informed of how long they will wait in the queue. The process is continuously monitored through National Core Standards self-assessments. Guidelines on monitoring waiting time available and distributed to facilities
		Clients counselled on the use of medication with clear labelling and instructions.	Clients will be counseled on the use of medication with clear labelling and instructions.	Clients are counseled on the use of medication with clear labelling and instructions according to Good Pharmacy Practice and Core Standards.
Redress		An alternative medicine is given for an item out of stock on the script	An alternative medicine will be given for an item out of stock on the script.	Alternate medicine is given in consultation with prescriber. Circulars from NDOH are being used when the items are out of stock with regard to alternate use.
		Complaints are investigated, and proper disciplinary action taken on negligent officials.	All complaints will be investigated, and proper disciplinary action taken on negligent officials.	Received complaints are investigated, resolved and redressed. These are reported and published in DOH statutory reports
		Pharmacies have a clear system for the management of the adverse drug reaction.	Pharmacies will have a clear system for the management of the adverse drug reaction.	Pharmacies have a clear system to manage adverse drug reaction and have been trained on pharmacovigilance. There are 128 facilities that reported in the last financial year to the national pharmacovigilance centre. There were 590 cases reported and managed.
Value for money		Contingency plans are in place to maintain cold chain for medicines and vaccines.	Contingency plans will be in place to maintain cold chain for medicines and vaccines.	Contingency plans are in place to maintain cold chain for medicines and vaccines.
		Expired drug management implemented and kept < 4% to avoid waste	Expired drug management will be implemented and kept < 4% to avoid waste	Facilities are advised on expired drug management. To keep this <4%, facilities are advised to share drugs with other facilities in close proximity particularly when these have stock out.

Challenges:

- Increased demand for medicines from health facilities in particular PHC facilities
- Poor inventory management systems
- Non-delivery of medicines by pharmaceutical companies to the medical depot
- Poor or limited Infrastructure at health facilities

2.2.3 RE - ENGINEERING OF PHC

Primary Health Care Re-Engineering (RPHC) is a critical structural component of the National Health Insurance Phase One as contained within the White Paper 2005. The aim of the RPHC program is to increase access to quality health care services, reduce disease burden and address issues of equity and efficiency across all levels, thereby strengthening the District Health System. This section may be read in conjunction with sub-programmes 2.1-2.5 in Part B of this report.

RPHC is implemented in four streams i.e:

- **Ward Based Teams (WBOT):** Community based preventive and promotive strategy that is focused on family health teams that provide services at household and Municipal Ward level. A core team within a Municipal Ward consist of a nurse as a team leader (Enrolled or Professional) and an average of four to six Community Health Workers , whilst the extended teams will consist of a Health Promotion Practitioner and Environmental Health practitioner who are attached to these core teams and provide support across a number of core teams.

- **Integrated School Health Program (ISHP):** Consist of School based teams that consist of Nurses only and supported by Health Promotion Practitioners, Community Health Workers and Environmental Health practitioners, within the designated area.

- **District Clinical Specialist teams (DCST):** Facility based teams of community health specialists that provide clinical governance support services to health professionals and the health system as a whole. A core or minimum team consist of three nurse specialists (Primary Health, Midwifery and Paediatric), and Two medical specialist (Family Physician and Gynaecologist or Paediatrician). The full or extended team compliment consist of additional two specialists namely the Gynaecologist or Paediatrician and the Anaesthetist.

- **General Practitioner (GP) contracting:** Provides medical doctor consultative services to the health facility.

The implementation of the RPHC program finds expression in strategic planning documents both Nationally through the National Development plan (NDP) Vision 2030 and the Provincial Development plan (NDP) Vision 2030, through Outcome 2 (Health life for all South African's), the effective implementation of such mandated collaboration at sectoral level through the Integrated Service Delivery Model (ISDM) across all levels. The coordination of the ISDM forum at sector level provincially is the competency office of the Premier and locally the competency of the Municipalities through the Department of COGTA hence departmental role is to participate and account to such forums.

The RPHC program although launched in 2012 by the Honourable Minister of Health Dr Motsoaledi due to a number of factors different Provinces launched the program at different time lines for example in the Eastern Cape the DCST was only launched in 2013, ISHP & WBOT in 2012, such contributing factors being :

- Timeous availability and adequacy of the budget to effectively implement the program.
- Timeous availability of the coordinating staff.
- Progress made on mainstreaming the program and
- Level of participation at sector level.

The above-mentioned factors are pivotal in determining the framework of the Monitoring and Evaluation (M&E) framework of the Four sub program (WBOT, ISHP, DCST & GP contracting). These factors further provide guidance to realities of M&E when conducting surveillance studies to such programs as well as provide rationale for the status qou within the following areas:

- The timing of the readiness of Province to effectively implement the RPHC program and realities to reasonable to measure desired outcomes.
- The adequacy of the available resources in terms of budget to afford effective implementation of the program.
- The readiness of the Human resource strategy to enable continuity and accountability within the services.

Process Improvement

The following key areas are recommended as critical to be addressed in ensuring an RPHC that is not only responsive to the community health needs but has a measurable impact on diseased burden and the health systems:

- Equity and sufficiency in human resources allocation across all levels.
- A human resource strategy that ensures institutionalisation of the HR component of outreach (WBOT & ISHP).
- Clear and ring-fenced funding that ensures affordability of key result areas.
- Mainstreaming and improving the quality of supervision of RPHC within PMDS of management across all levels.
- Integration of ICT into information systems.
- Addressing supply chain bottle necks to ensure efficiency within procurement.
- A clear community health worker strategy that is supported by funding.

Adequate funding to ensure affordability of both human and material resources along with strengthened supervision will ensure effective implementation of the program

Table A9: Progress made on re- engineering of PHC

Key service	Service beneficiary	Baseline 2015/16	Desired situation 2017/18	Actual Achievement 2017/18
QUANTITY				
Re- engineering of PHC.	Population of the Eastern Cape. 6 469 734	Average waiting time to be reduced to 3 hours	Average waiting time to be reduced to 2 hours	Average waiting time is more than 2 hours Patients are informed of how long they will wait in the queue. The process is continuously monitored through National Core Standards self-assessments. Guidelines on monitoring waiting time available and distributed to facilities
		10.4% (80 out of 772) PHC facilities in the pilot of ideal clinics.	28.9% (220 out of 772) PHC facilities in the pilot of ideal clinics	A total of 220 PHC facilities achieved Ideal Clinic status by March 2018: - 2015/16 = 15 2016/17 = 141 2017/18 = 64.
QUALITY (Batho Pele)				
		Patient satisfaction rate increased to 65%	Patient satisfaction rate to increase to 68%	A sample of 272 (35%) PHC facilities conducted patient experience of care, with an outcome of 68% satisfaction rate by end December 2017.
		383(20 new) Ward based outreach teams	413 (30 new) Ward based outreach teams	A total of 586 Ward Based Outreach teams providing PHC services
		General Practitioner contracting in the NHI pilot site.	General Practitioner contracting in the NHI pilot sites	Forty – five contracted GPs that visited Sixty-nine (48%) PHC facilities in O.R. Tambo.
		School grade 1 screening coverage 27 %	School grade 1 screening coverage 32%	A total of 46710 Grade 1 school leaners were screened.
		School grade 8 screening coverage 10%	School grade 8 screening coverage 15%	A total of 26646 Grade 8 school leaners were screened.
		Extended operating hours of the 80 health facilities in the ideal clinic project	Extended operating hours of 80 the 223 health facilities in the ideal clinic project.	Certain selected facilities in the ideal clinic programme have extended their operating hours.
		Patients are sorted / classified and attended to according to the	Patients will be sorted / classified and attended to according to the severity and	Patients will be sorted / classified and attended to according to the severity and

Key service	Service beneficiary	Baseline 2015/16	Desired situation 2017/18	Actual Achievement 2017/18
		severity and nature of their health condition.	nature of their health condition	nature of their health condition
		All staff appropriately attired with personal identification.	All staff appropriately attired with personal identification	All staff appropriately attired with personal identification
Openness and transparency		Patients are informed of how long they wait in the queue	Patients will always be informed of how long they wait in the queue	Patients are always informed of how long they wait in the queue.
Information		Updated patient referral policy/protocol available on health establishment	Updated patient referral policy/protocol available on health establishment	Updated patient referral policy/protocol available on health establishment
		Toll free number 0800 032364 for call centre services for citizens available	Toll free number 0800 032364 for call centre services for citizens available	Toll free number 0800 032364 for call centre services for citizens available

Table A10: Batho Pele arrangements with beneficiaries (Consultation arrangements with customers)

CURRENT/ACTUAL ARRANGEMENTS	DESIRED ARRANGEMENTS	ACTUAL ACHIEVEMENTS
Current Consultation arrangement with customers is through hospital board and clinic committees. Training of hospital boards and clinic committees is an on-going process. Consultation arrangements are legislated in the National Health Act	All health facilities are expected to have fully functional hospital boards and clinic committees.	93% (88/95) of the hospitals have fully functional Hospital Boards, 7% (7) is in the process of finalising formal appointments of the new hospital board members whose term office has expired. Seventy-five percent (582 /772) Clinic Committees have been approved for appointment by the Honourable MEC.

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. Radio adverts, promotions at schools, EXPOs and provision of	Information on Health can be found on the Departmental website and newsletter issued on a monthly basis Radio adverts, promotions at schools, churches, school careers	Departmental website is functional and information on it, is updated on a monthly basis. The Department utilises both print and broadcast media:

CURRENT/ACTUAL INFORMATION TOOLS	DESIRED INFORMATION TOOLS	ACTUAL ACHIEVEMENTS
educational material are these really in place and marketing what service exactly?	day EXPOs and provision of educational material in communities and schools to attract students for the health bursaries and studies	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 also Umhlobo Wenene National Radio Station.
EMS Media group has been formed with media houses like SABC, Daily Dispatch, and Daily Sun.	EMS Media group will be formed with media houses like SABC, Daily Dispatch, and Daily Sun.	EMS Media group has been established to work with media houses like SABC, Daily Dispatch and Daily Sun for purposes of building working relationships, for awareness campaigns and for accident alert.
Toll free number 0800 032 364 for call centre services for citizens available	Toll free number 0800 032 364 for Call Centre	. Toll free number 0800 032 364 for Call Centre maintained

Table A12: Complaints mechanism

CURRENT/ACTUAL COMPLAINTS MECHANISM	DESIRED COMPLIANTS MECHANISM	ACTUAL ACHIEVEMENTS
Complaints are received via several sources namely Office of the Premier, Office of the MEC, Office of the Superintendent General, National Department of Health, Public Protector as well as from complaints boxes placed in strategic points at all health facilities. These complaints are acknowledged within 3 working days and investigated within 5 working days. All complaints received either at institutional or head office level are Categorized to identify the most important system failures. Once a significant system failure has been identified, the root cause is rectified through development and implementation of quality improvement plans. The National Norm is that complaints must be resolved within 25 days. In the event these are not resolved within this period, they should not exceed 60 days.	80% Resolution of complaints within 25 days.	All Complaints that were lodged at the National Level were redirected to the health facilities for investigation: 88% of complaints were resolved within 25 days. Provincial Complaints Policy has been reviewed, aligned to National Imperatives and approved by Member of the Executive Council. The document has been circulated to all facilities. The Quality Assurance Unit in the year 2017/18 embarked on a Continuous Quality Improvement Strategy to support facilities comply with Complaints Management Imperatives and improve patient experience of care

2.3 ORGANIZATIONAL ENVIRONMENT

The Department finalised the organogram, showing a lean head office, correct classification of smaller hospitals and more efficient mix of nursing staff, thus putting more emphasis on service delivery. Road shows were conducted in all districts to familiarise departmental staff on the new organogram and address any unfounded concerns. Implementation of the new organogram will commence early in the 2018/19 FY, and this will continue until the department and staff are transitioned to the new organogram.

The Deputy Director General (DDG) for Human Resource and Corporate Services was appointed at the beginning of 2018, and the Department has since been fully stable at the Executive Management level with the Accounting Officer, the Chief Financial Officer and the Deputy Director General for Clinical Services. Over 90% of Senior Management Staff are filled across all branches and clusters.

2.4 KEY POLICY DEVELOPMENTS & LEGISLATIVE CHANGES

- The new EMS regulations were signed by the Minister of Health in December 2017. These regulations provide framework for governing the EMS services in the province, including public and private service providers.
- The patient Experience of Care (PEC) policy was introduced
- The introduction of the 9-months TB regimen which has improved MDR TB treatment outcomes ad has reduced patient treatment costs from an estimated R19 000 to R11 000.

3. STRATEGIC OUTCOME ORIENTED GOALS

3.1 STRATEGIC GOALS OF THE EASTERN CAPE DEPARTMETN OF HEALTH 2020

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

The Eastern Cape Department of Health in its quest to contribute to its obligations of the National Development Plan (NDP) 2030, identified three strategic goals to focus on, to ensure that the Departmental mandate is fulfilled. These goals are:

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

3.2 BURDEN OF DISEASE

The province is characterized by a quadruple burden of disease- namely communicable (including TB/ HIV/AIDS), perinatal and maternal, non-communicable and injury-related conditions. These are the result of the low socio- economic conditions that directly affect the health outcomes and the quality of life (current health status of an individual). The province is characterized by a low socio-economic status, i.e. high poverty headcount (12.7%) especially in Alfred Nzo, Amathole, Chris Hani, Joe Gqabi and OR Tambo districts. The concern is with the predominantly rural districts with low developmental indicators. These districts tend to have higher poverty rates, higher unemployment rates and there is a low medical aid coverage. The huge population that does not have medical aid depend entirely on government health services or they may pay for their medical bills in private health facilities in cases where they can afford to do so.

The causes of mortality

Figure 8 shows the 10 leading causes of death in the EC Province over a 3-year period 2014-2016. TB, the leading cause of death in the Eastern Cape Province is showing a steady declining trend which is attributable to efforts to detect clients infected with TB and those co-infected with HIV early through screening and early initiation on treatment. The use of new shortened drug regimen on MDR TB patients has impacted positively on the HAST programme showing a significant improvement in treatment success rate on drug resistant patients.

In 2016 more males than women died of TB (figure 9) an indication for the TB programme to pay more attention to this population group. In 2017/18, there was a further decline in smear positive PTB (figure 10, from 206 per 100 000 in 2016 to 154 per 100 000. Patients that are co-infected with TB and HIV are known not to have productive cough. All TB incidence decreased from 571 to 503 per 100 000 in 2017. TB incidence remains highest at the Nelson Mandela bay Metro, Buffalo City and Sarah Baartman district (figure 11).

More women than men died of diabetes mellitus and hypertension. Screening of patients age 40 years and older visiting health facilities for diabetes and hypertension is compulsory.

Figure 8: Ten leading causes of deaths in the EC Province, 2014 - 2016 (Source: Statsssa death notifications)

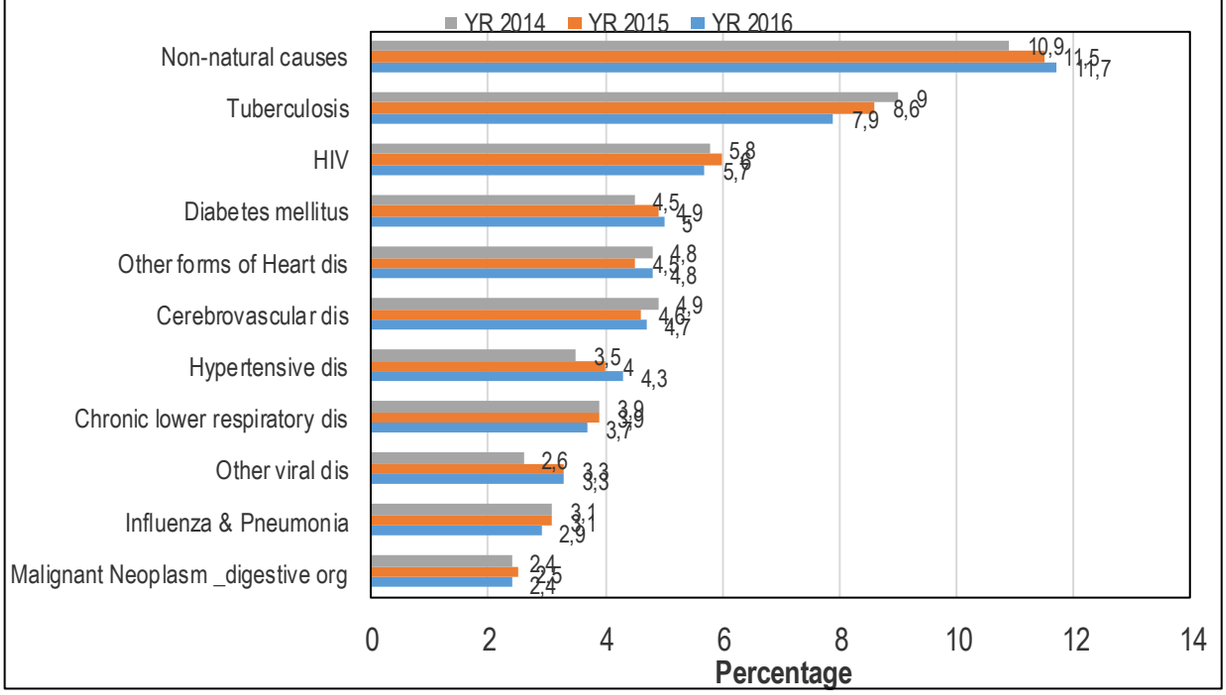
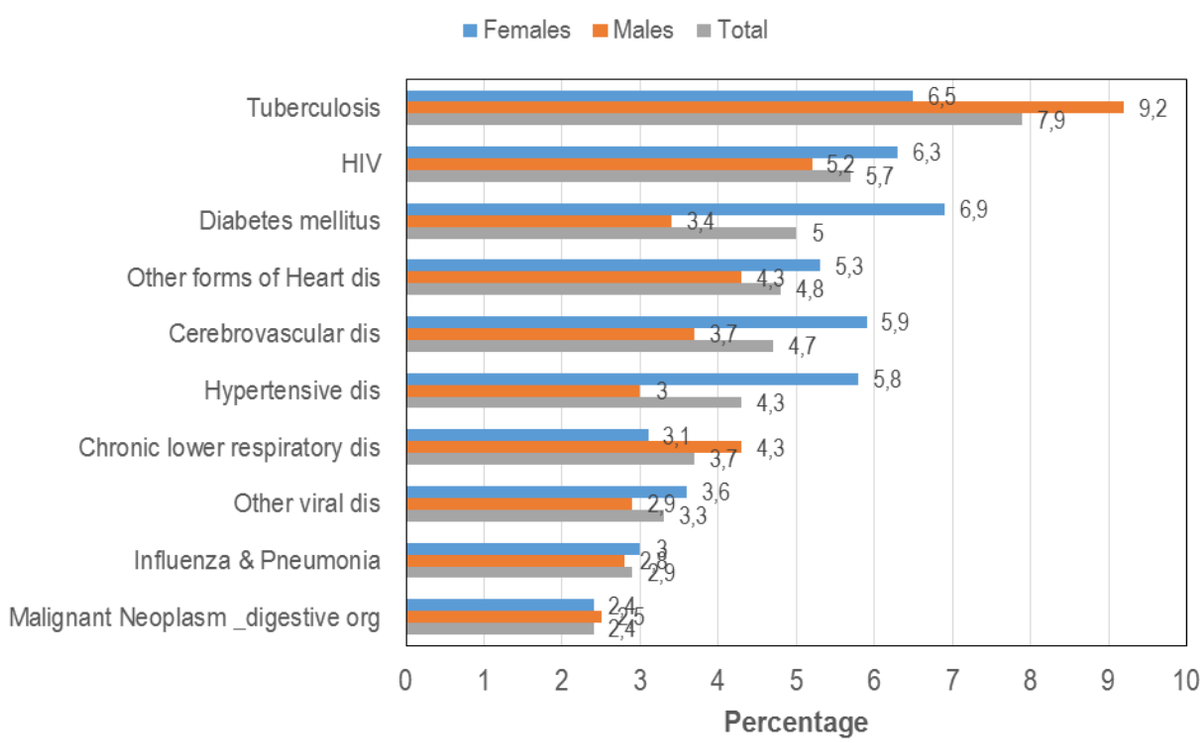


Figure 9 : Ten leading causes of deaths in the EC Province distributed by sex, 2016 (Source: Statssa death notifications N=66 067)



Tuberculosis

The TB incidence has been decreasing in the Eastern Cape over the years (Figure 10). The Pulmonary TB new smear positive incidence rate was 493 per 100,000 in 2009 and, thereafter it gradually decreased to a lower rate of 154 per 100,000 in 2017. The distribution by districts has shown that the Nelson Mandela Metro remained with the highest incidence (340 per 100,000) with the lowest incidence (73 per 100,000) reported by Alfred Nzo district in 2016 (figure 11). All the districts have shown a decline in 2017 when compared against 2016. Decrease in TB incidence can be explained by the introduction of GeneXpert that diagnose resistant TB and allow early initiation of drug resistant TB treatment. The intensification of HIV testing together with screening of these HIV positive clients control transmission of TB infection.

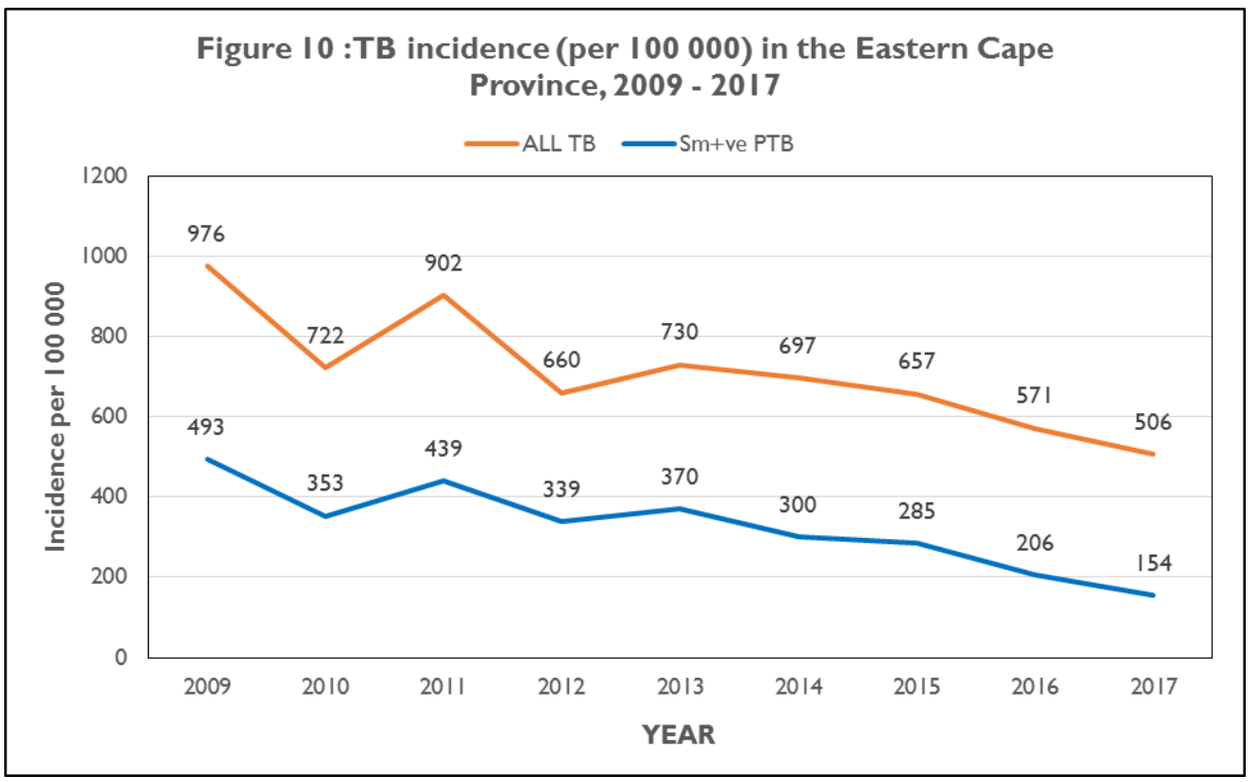
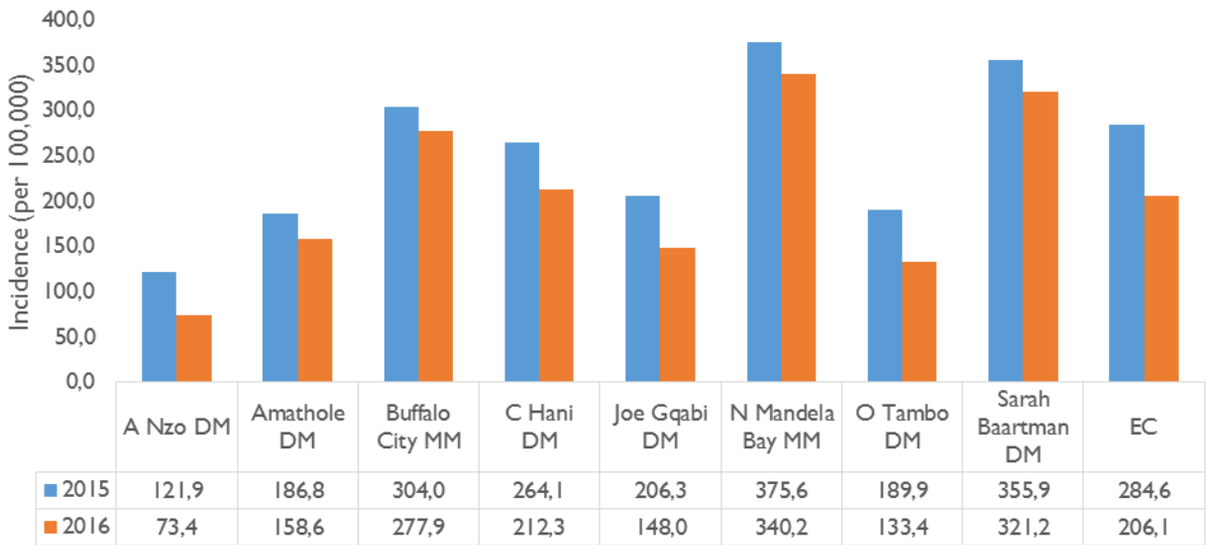


Fig. 11 : TB incidence by district in the Eastern Cape, 2015-2016
(Source: DHIS 2017)



	A Nzo DM	Amathole DM	Buffalo City MM	C Hani DM	Joe Gqabi DM	N Mandela Bay MM	O Tambo DM	Sarah Baartman DM	EC
2015	121,9	186,8	304,0	264,1	206,3	375,6	189,9	355,9	284,6
2016	73,4	158,6	277,9	212,3	148,0	340,2	133,4	321,2	206,1

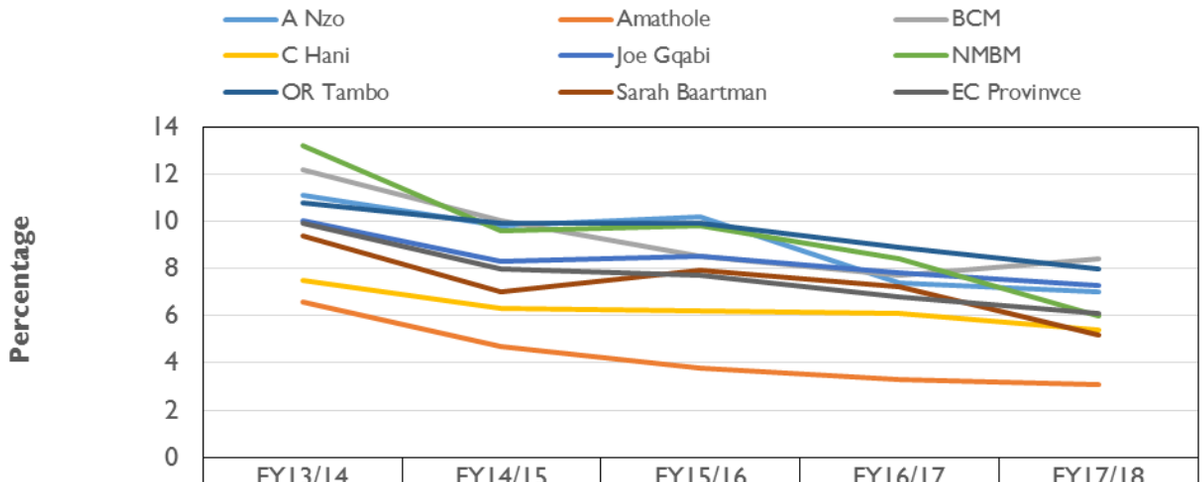
HIV & AIDS

Figure 12 shows the percentage of clients 15 years and older testing positive for HIV in health facilities. There has been a declining trend in all the eight districts of the Eastern Cape Province. In 2017, Statistics South Africa estimated prevalence in the EC Province to be around 10%; various strategies embedded within the 1st 90 of the 909090 strategy are implemented to maximise positivity yield including testing of key population groups, testing TB patients for HIV and provider-initiated counselling and testing. Latest data has shown high incidence of HIV among youth particularly young women. HIV testing services are targeting this population group as well to reduce new HIV infections, STIs and pregnancy rate. Strategies include collaboration with other government departments e.g Department of Education as well as non-governmental organisations.

About one third of pregnant women attending ANC for the first time tested positive for HIV or were already initiated on ART (figure 13). Universal test and treat (UTT) re-enforces the 909090 strategy to maximise initiation rate on treatment as well as ensuring that clients that test positive are initiated on time. Testing and initiating HIV pregnant women early particularly before 20 weeks of pregnancy has resulted in significant decrease in Mother to Child Transmission of HIV (PMTCT). Infant testing positive around 10 weeks of birth was reported at 1.1%; Joe Gqabi recorded the highest rate of 1.8% and both Alfred Nzo and Chris Hani districts reported 1.6%. Late ANC booking is mainly responsible for the observed HIV infection amongst these infants. By end of 2017/18 FY, 93% (82 811/88 769) of newly diagnosed HIV positive clients were initiated on ART.

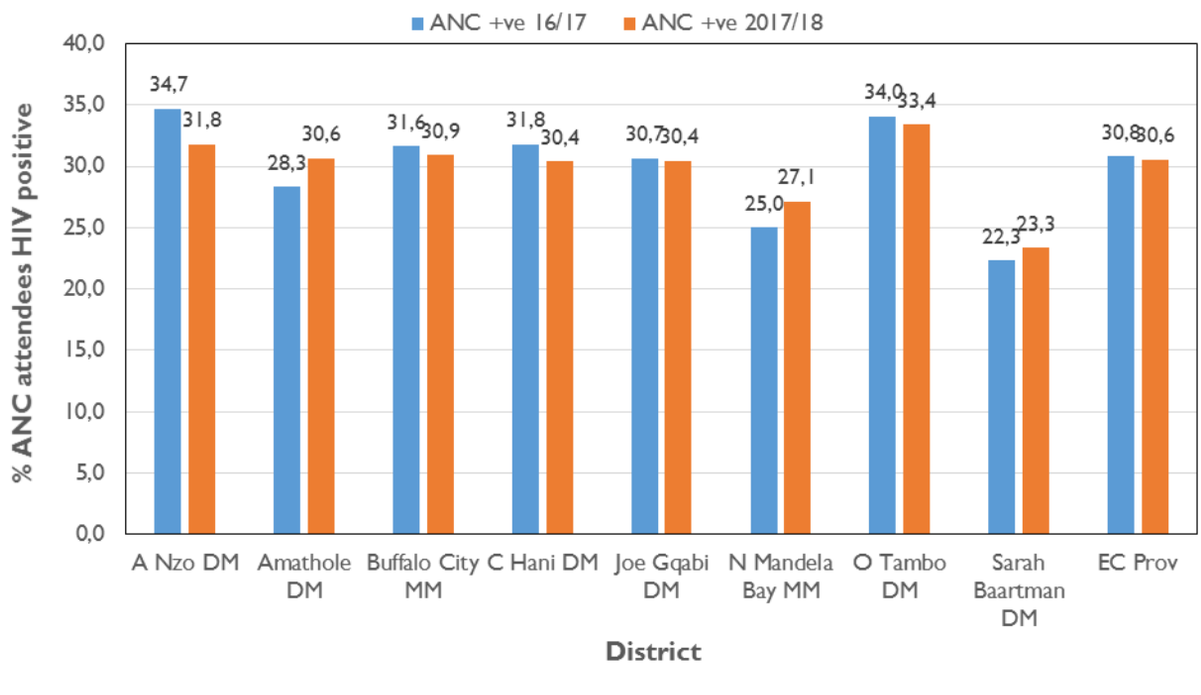
The second 90 of the strategy focuses on retaining on treatment 90% of clients initiated on ART. The HIV and AIDS programme achieving 81% (452 072) of its target of clients remaining on treatment at end March FY 2017/18. Strengthening of health information systems through the Patient Health Record System (HPRS) is underway to ensure completeness of recording and reporting. The HPRS will allow tracking and monitoring of patients nationally irrespective of facilities they seek treatment. This will therefore reduce number of patients currently classified as defaulting treatment or lost to follow up.

Figure 12 : Prevalence of HIV among clients 15 years and older, 2013/14 - 2017/18



	FY13/14	FY14/15	FY15/16	FY16/17	FY17/18
A Nzo	11,1	9,8	10,2	7,4	7,0
Amathole	6,6	4,7	3,8	3,3	3,1
BCM	12,2	10,0	8,5	7,7	8,4
C Hani	7,5	6,3	6,2	6,1	5,4
Joe Gqabi	10	8,3	8,5	7,8	7,3
NMBM	13,2	9,6	9,8	8,4	6,0
OR Tambo	10,8	9,9	9,9	8,9	8,0
Sarah Baartman	9,4	7,0	7,9	7,2	5,2
EC Provinvce	9,9	8,0	7,7	6,8	6,1

Figure 13 : Percentage of ANC Clients HIV positive distributed by District

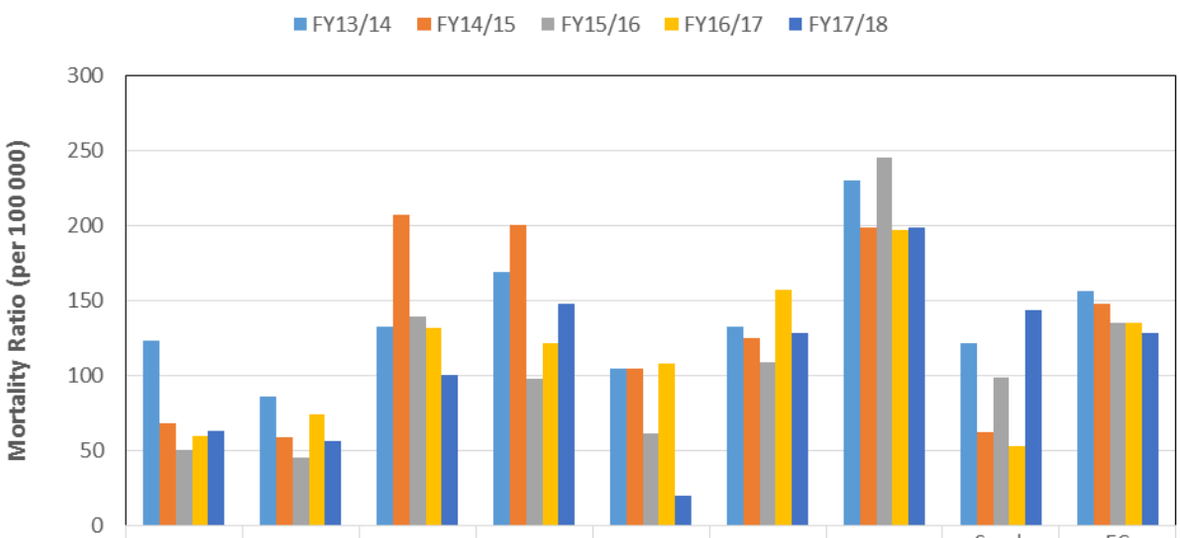


Maternal Health

In the EC province, maternal mortality ratio (MMR) in health facilities is showing a steady declining trend (figure 14). An 18% decrease is observed from 156/100 000 live births in 2013/14 to 128/ 100 000 in 2017/18 financial years. Three districts OR Tambo, Chris Hani and Sarah Baartman recorded MMR that is above provincial average with OR Tambo district with its referral central hospital Nelson Mandela Academic remains the most challenged district. The conditions that leads to maternal deaths are shown on figure 15. Non-pregnancy related infections (NPRI) including HIV and TB remain the leading cause of maternal deaths. Teenage pregnancy and poor or non-attendance of ANC is another contributing factor that results in severe complications. Hypertension in pregnancy and obstetric haemorrhage rank 2nd and 3rd causes respectively. Interventions to reduce maternal mortality include:

- Focus on lower levels of care as most of these deaths occur at tertiary referral institutions when it's already late.
- Caesarean section (CS) remains leading contributory factor in maternal deaths hence the EC DOH has put in place and is implementing safe CS plan which includes training of nurses and doctors.
- Collaboration with the Department of Education is focusing at reducing pregnancy and increasing ANC visit coverage for pregnant learners; 50 schools with the highest pregnancy rate were identified for the Nzululwazi project, a collaborative effort between the EC DOH and DOE to impact positively teenage pregnancy at school.
- Both clinical and preventive efforts are directed at managing hypertension in pregnancy; the District Clinical Specialist teams (DCSTs) play a pivotal role in this regard with the support of the District Management Team (DMT) and training of service providers at facility level.
- ANC first visit under 20 weeks rate has been increasing significantly from 43% in 2013/14 to 65% during 2017/18 FY; this allows early identification of clients with TB and HIV infections and initiate them on treatment.

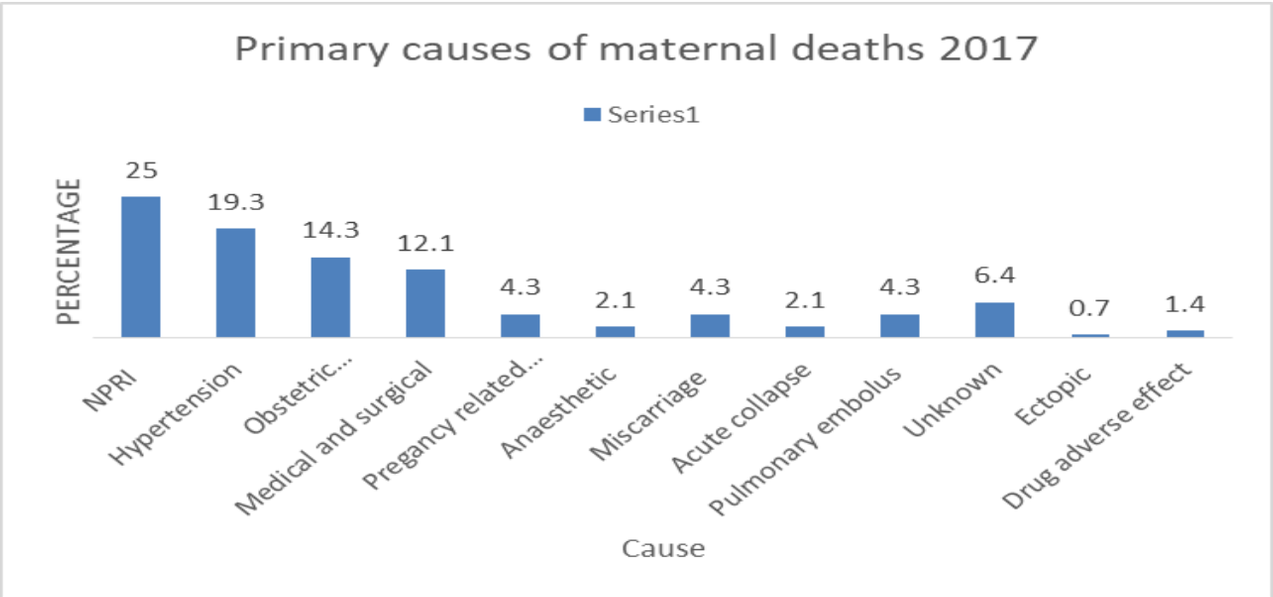
Figure 14 : Maternal mortality ratio (per 100 000 live births) distributed by health district



	A Nzo	Amathole	BCM	C Hani	Joe Gqabi	NMBM	OR Tambo	Sarah Baartman	EC Provinvce
FY13/14	123	86	133	169	105	133	230	122	156
FY14/15	68	59	207	200	105	125	199	62	148
FY15/16	50	45	139	98	61	109	245	99	135
FY16/17	60	74	132	122	108	157	197	53	135
FY17/18	63	56	100	148	20	128	199	144	128

District

Figure 15: Primary causes of maternal deaths in the Eastern Cape Province, 2017



CHILD HEALTH

The 10 leading causes of infant deaths in the EC Province are shown in figure 16. Influenza & pneumonia and Respiratory & Cardiovascular conditions ranked 1st and 2nd causes of death respectively in this population group. Infant mortality rate (IMR) in the EC Province decreased from 20 to 17 per 1000 live births during 2015 and 2016 respectively. Immunisation coverage has been consistently around 69%. Neonatal deaths in facility rate which contributes to infant mortality, is showing a declining trend from 18 in 2014 to 13.5 per 1000 live births in 2017/18FY (figure 17). Similarly, U5 case fatality rate at facility due to diarrhoea, pneumonia and severe acute malnutrition has been showing a declining trend (figure 18).

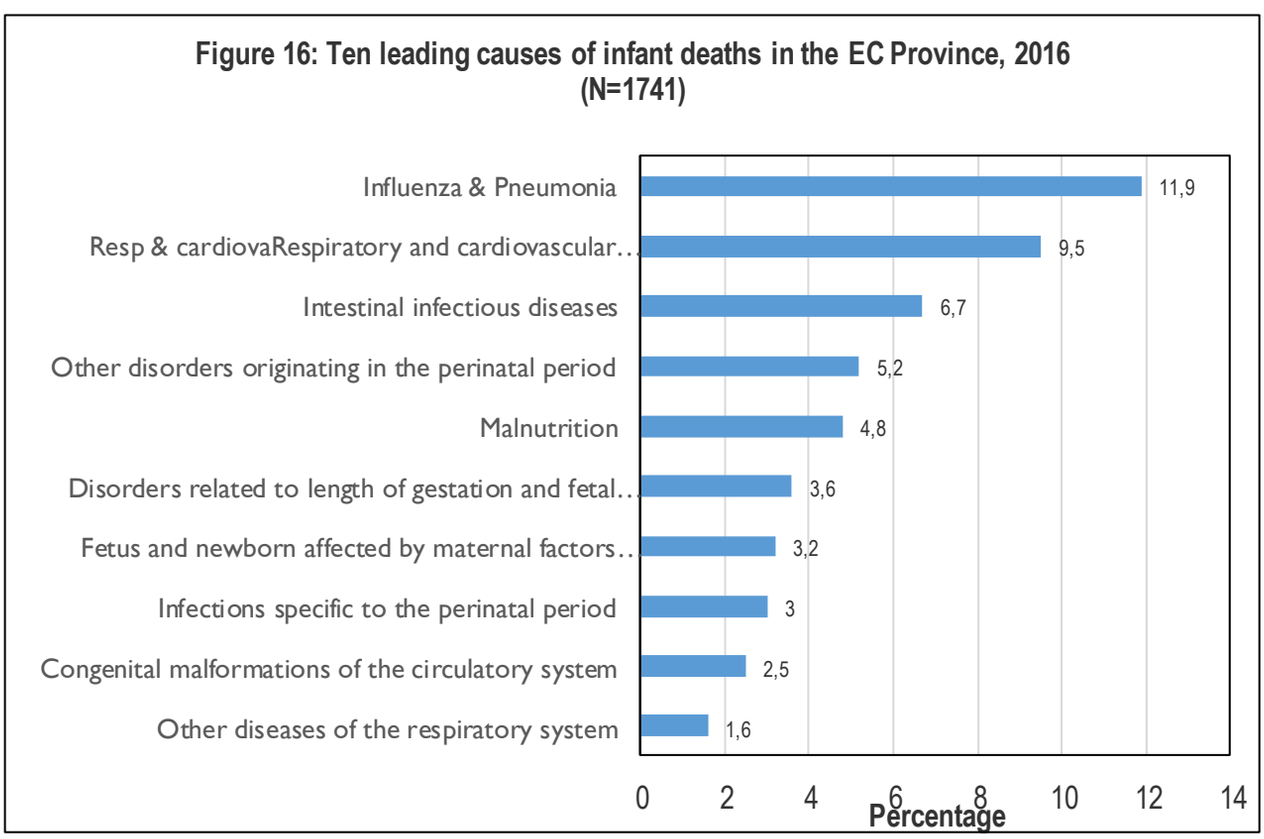


Figure 17 : Neonatal deaths in facility rate (per 1000 live births), 2012 - 2017

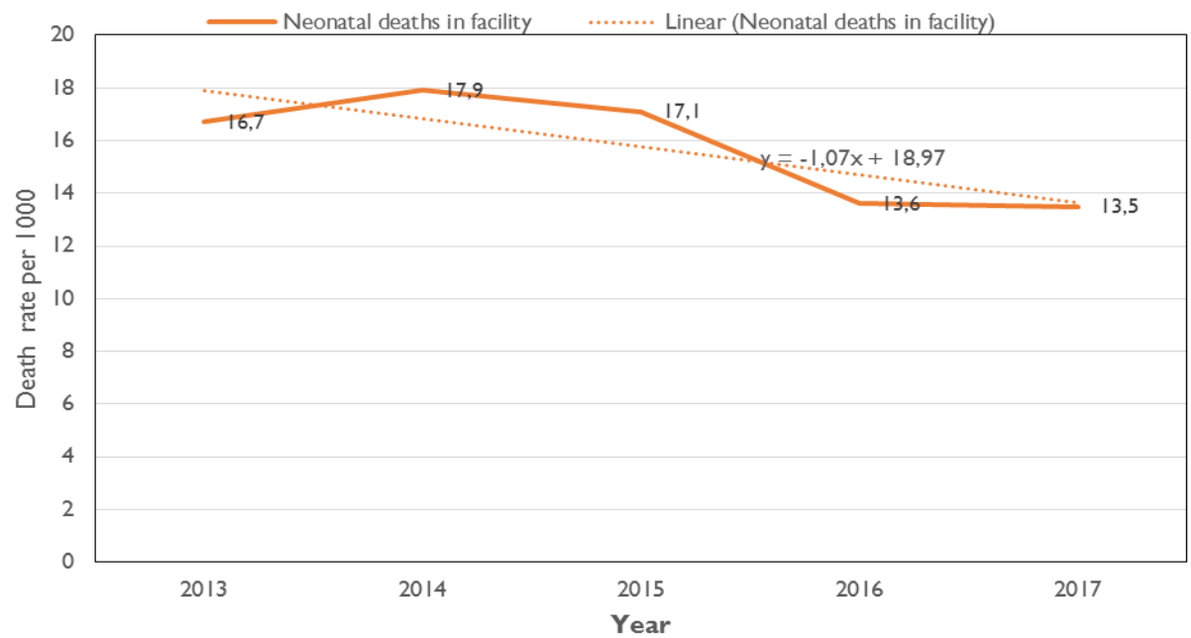
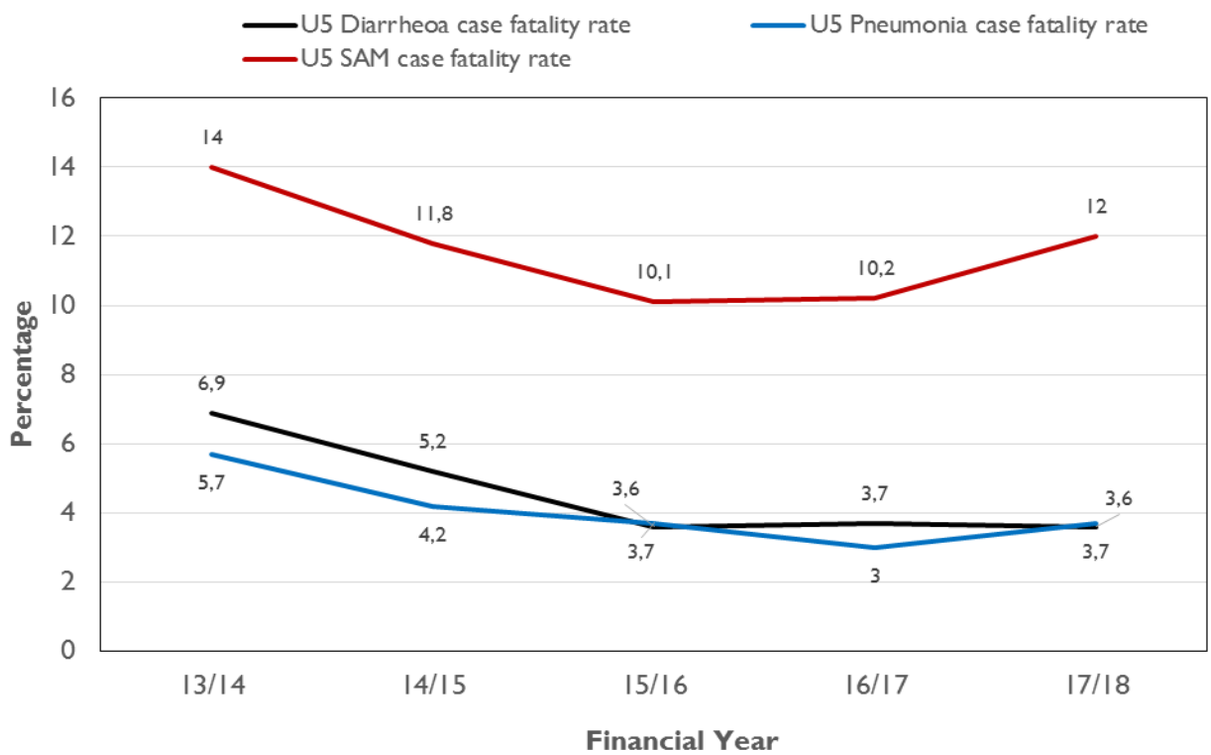


Figure 18 : Case fatality rate in U5 year old children distributed by cause of death



Interventions to prevent deaths in children under age-5

During 2017/18, the percentage of children under 12 months fully immunised was 69%

- The Department of Health is strengthening collaboration with other stakeholders; MoU for collaboration and integrated planning with Departments of Education and Social Development to deal with policy issues and implementation of strategies to prevention teenage pregnancy, antenatal care for pregnant teens and learners, post-natal care as well as issues of early

child development including improving Vitamin A coverage to children 12-59 months old, which stood 53% in at end of 2017/18 FY.

- Trainings of health providers on IMCI and Emergency Triaging for Assessment and Treatment (ETAT) have translated into reduction of Severe Acute Malnutrition (SAM) deaths especially in the OR Tambo district

- Strengthen family planning through health promotion intervention and integrated school health programme.

NON-COMMUNICABLE DISEASES

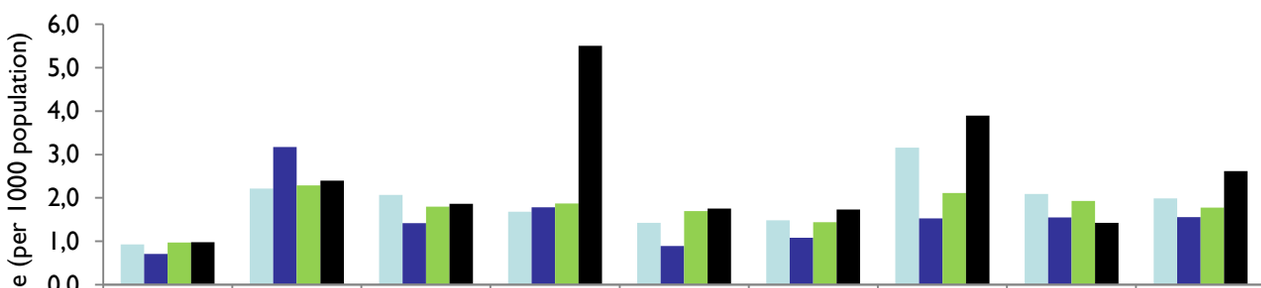
Diabetes and hypertension: Morbidity and mortality due to diabetes and hypertension has been increasing over the recent years. Diabetes and hypertension rank the third and sixth leading cause of death in the EC Province respectively (see figures 8 and 9 above). In the Nelson Mandela Bay Metro, diabetes is the leading cause of death. Malignant neoplasm of digestive organs ranks the 10th leading cause of death in the EC province.

In 2016, diabetes incidence in the EC province was 2.6 per 1000 population, was highest at C Hani district with 5.5 per 1000 population and lowest at Alfred Nzo with one per 1000 population (Figure 19). The incidence is fluctuating in districts over the years but remains below 3 per 1000 population in most of the districts. The hypertension incidence had been increasing in the province from 18.2 per 1000 population in 2013/14 to 21.8 per 1000 population in 2016/17 (Figure 20). The Nelson Mandela Metro had been reporting the lowest rates of hypertension incidence prior to 2016/17 where the lowest incidence (12 per 1000) was observed in Alfred Nzo district.

Screening of patients age 40 and above for non-communicable diseases is compulsory at all health facilities. In 2017/18 FY 2140 599 clients were screened for diabetes, 1915 398 screened for hypertension. Screening of patients age 40 and above for non-communicable diseases is compulsory at all health facilities. In 2017/18 FY, 2140 599 clients were screened for diabetes and 1915 398 screened for hypertension. Of the total PHC headcount, 15% was screened for mental disorders.

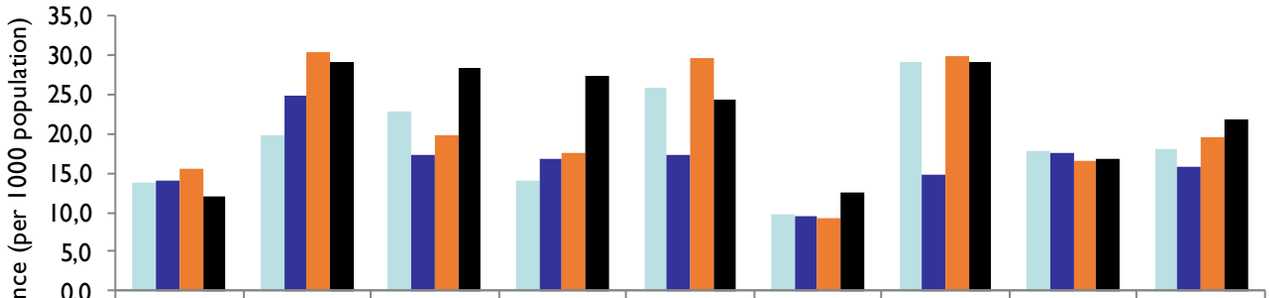
Stable adult patients on chronic medication are registered on central chronic medicines dispensation and distribution (CCMDD) model that has both facilities based and external pickup points for treatment collection to reduce waiting times at facilities.

Figure 19: Diabetes incidence in the E Cape, 2013/14 - 2016/17
(DHIS 2017)



	A Nzo DM	Amathole DM	Buffalo City MM	C Hani DM	Joe Gqabi DM	N Mandela Bay MM	O Tambo DM	Sarah Baartman DM	EC Prov
13/14	0,9	2,2	2,1	1,7	1,4	1,5	3,2	2,1	2,0
14/15	0,7	3,2	1,4	1,8	0,9	1,1	1,5	1,5	1,6
15/16	1,0	2,3	1,8	1,9	1,7	1,4	2,1	1,9	1,8
16/17	1,0	2,4	1,9	5,5	1,8	1,7	3,9	1,4	2,6

Fig.20: Hypertension incidence in E Cape, 2013/14 - 2016/17
(DHIS 2017)

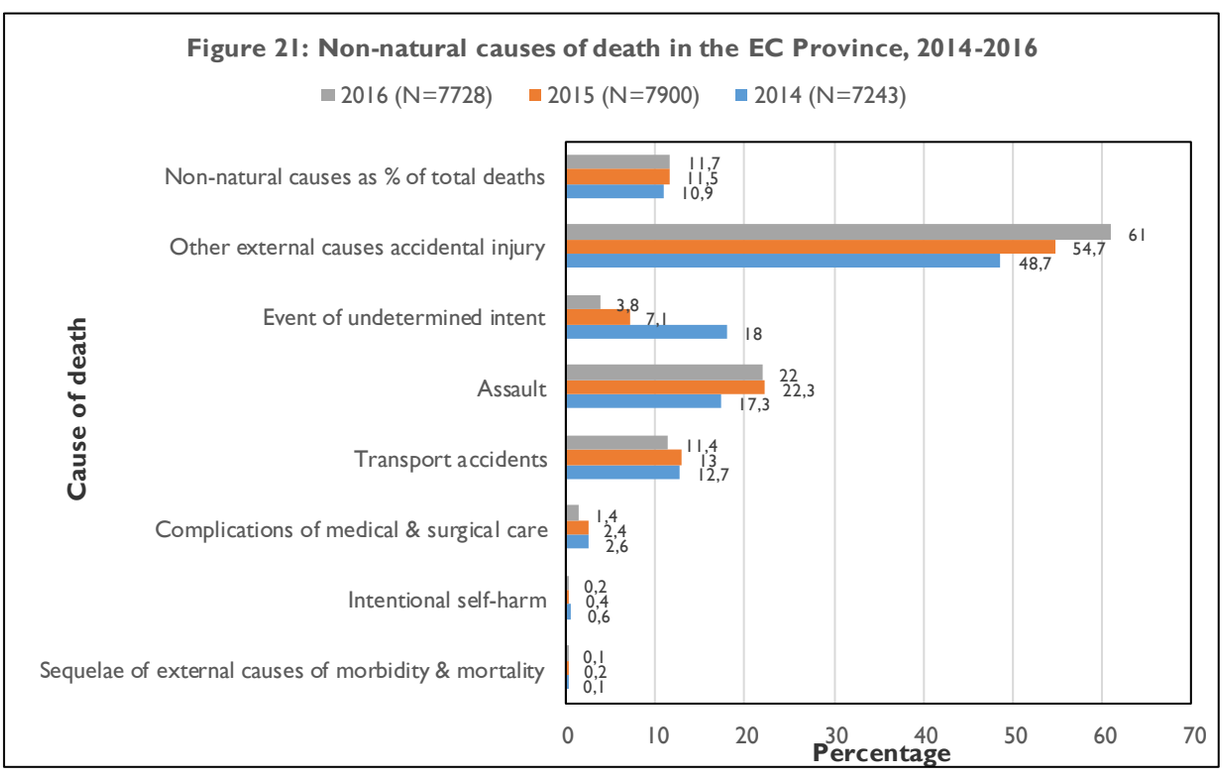


	A Nzo DM	Amathole DM	Buffalo City MM	C Hani DM	Joe Gqabi DM	N Mandela Bay MM	O Tambo DM	Sarah Baartman DM	EC Prov
13/14	13,7	19,8	22,7	14,1	26,0	9,8	29,1	17,8	18,2
14/15	14,0	24,9	17,2	16,8	17,2	9,4	14,8	17,6	15,7
15/16	15,5	30,3	19,9	17,4	29,7	9,1	29,9	16,4	19,6
16/17	12,0	29,0	28,5	27,3	24,3	12,6	29,0	16,7	21,8

Injury and Trauma

Non-natural causes of death have been increasing over the past three years from 10.9% in 2014 to 11.7 % in 2016 (Figure 21). There was an increase in other external causes of accidental injury whilst the complications of medical & surgical care decreased significantly. Deaths due to assault and transport accidents are significant contributing factors.

Figure 21: Non-natural causes of death in the EC Province, 2014-2016



PART B
PROGRAMME 1
HEALTH ADMINISTRATION

METHODOLOGICAL CONSIDERATIONS

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

PROGRAMME 1: HEALTH ADMISTRATION AND MANAGEMENT

The administration and management program comprises of two main components namely: the Administration component, which refers to the executive Authority of the office of the Member of Executive Council (MEC); the second component, which is Management of the organisation and is primary the function of the office of Superintendent

SUB-PROGRAMME 1.1 HEALTH ADMINISTARTION – OFFICE OF THE MEC

PROGRAM PURPOSE:

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

STRATEGIC OBJECTIVES

- Strategic Leadership and accountability by 2019

ACHIEVEMENTS

Leadership and Governance

- Two Provincial Health Council (PHC) meetings were successfully held with the district councilors.
- The Honourable Member of the Executive Council approved the Organisational Structure of the department which will be implemented with effect from April 2018.
- The DOH statutory documents were tabled at the legislature including the 2016/17 Annual report and 2018/19 Annual Performance Plan.

Training and development of new health care professionals through the MEC bail-out program: The MEC bail-out program rescues students who find themselves faced with financial challenges during the year and as such, are likely to be excluded from their academic years. In 2017 the EC DOH planned to award 10 bursaries to first year medical students. Through the MEC bail-out project, 87 students at various academic levels of study were awarded bursaries. During January to March 2018, 56 new bursaries effective from 1st April 2018, were awarded to clinical students; 46 of these are from the MEC bail-out project.

Table B1.1: MEC Outreach Program: Supported Events and Activities

Activity/ Event	DOH Programme	Place of event
Official handover of Cecilia Makiwane hospital (CMH) Level 2 Wing	Regional hospitals	Buffalo City Metro (BCM): Cecilia Makiwane hospital
Nurses Day	Health Sciences and Training	BCM: CMH / Lilitha College of Nursing
TB Day Celebrations	HIV & AIDS, STI and TB (HAST) Control	BCM: Gompo
Emergency Medical Services (EMS) vehicle handover	Emergency Medical Services (EMS)	BCM: Vincent EMS Base, East London
Support to Youth month activities	Special Programmes Unit	Sarah Baartman District: Aliwal North, Burgersdorp, Venterstad
Measles campaign	Primary Health Care	OR Tambo district: KSD and Mhlontlo sub-districts
67 Minutes Campaign	Primary Health Care	OR Tambo district: Tafalofefe hospital
CMH patients move to new level 2 wing	Regional hospitals	BCM: CMH
Public Service Month	Customer Care Services	OR Tambo District
African Traditional Medicine Day	Community-Based Services	BCM: Orient Theatre, East London
Cofimvaba Hospital 30th anniversary celebrations	District hospitals	C Hani district: Cofimvaba Hospital
Official Opening of CMH	Regional hospitals	BCM: Cecilia Makiwane Hospital
Communication & Marketing Workshop	Communications	BCM: Regent Hotel, East London
Handwashing Campaign	Customer Care Services	Joe Gqabi District: Senqu sub-district
Big Walk for Cancer 2017	Non-commutable diseases	Nelson Mandela Bay: Boardwalk, PE
Health Excellence Awards	Tertiary Hospitals	NMBM: Livingstone hospital, PE
Candle Light Prayer	Emergency Medical Services	Amathole district: Cathcart Hall
Men's Dialogue on Gender Base Violence	Employee Wellness Programme	OR Tambo District
Nelson Mandela Bay Health District Awards	District Health Services	NMBM: Sumerstrand Inn, Port Elizabeth
World Aids Day	HIV & AIDS, STI and TB (HAST) Control	OR Tambo District Municipality
Nurses' Pledge: Lamp Lighting Ceremony	Health Sciences and Training: Lilitha Nurses College	BCM: Cecilia Makiwane Amphitheatre
Anti-Corruption Day	OTP	Graaff Reinett
16 Days of Activism	OTP	Joe Gqabi District Municipality
Commemoration of TB Day	HIV & AIDS, STI and TB (HAST) Control	Sarah Baartman District
State of Provincial Address (SOPA)	Office of the Premier (OTP)	Bisho Legislature
DOH POLICY SPEECH	Office of the MEC, DOH	Bisho Legislature

Table B1.2: Performance against Annual Targets from 2017/18 Annual Performance Plan for Sub program 1.1 Health Administration

Strategic objectives	Performance Indicator	Actual achievement 2016/17	Planned Target 2017/18	Actual achievement 2017/18	Deviation from planned target to actual achievement 2017/18	Comment on deviations
Strategic Leadership and accountability by 2019	Number of statutory documents tabled at Legislature	6 Statutory documents	6 statutory documents	6	0	Target achieved
	Negotiated Service Delivery Agreement (NSDA)	4 NSDA reports	4 NSDA reports	4	0	Target achieved

SUB-PROGRAMME 1.2 HEALTH MANAGEMENT

PROGRAMME PURPOSE

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

The management component under the Superintendent General's supervision is comprised of three 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

Clinical Branch

- District Health Services
- Hospital Service
- Communicable Diseases
- Health Programmes
- Clinical Support Services

STRATEGIC OBJECTIVES

- 2.1 Clean audit opinion achieved by 2019
- 2.2 50% health facilities connected to web-based DHIS through broadband by 2019

ACHIEVEMENTS

Human Resource Management

The department appointed 3443 officials during the period 1 January to 31 March 2018. Six of the total appointments were Senior Management Services (SMS) members including:

- Deputy Director General: Human Resources and Corporate Services (DDG: HR & CS)
- Director: HR Planning and Organisational Development
- Director: Demand Management
- Director: Information Management Services
- Director: Information Technology
- Director: Monitoring and Evaluation

Table B1.3: Performance against Annual Targets from 2017/18 Annual Performance Plan for Sub program 1.2 Health Management

Strategic objectives	Performance Indicator	Actual achievement 2016/17	Planned Target 2017/18	Actual achievement 2017/18	Deviation from planned target to actual achievement 2017/18	Comment on deviations
2.1 Clean audit opinion achieved by 2019	2.1.1 Audit opinion from Auditor General	Unqualified audit opinion achieved.	Unqualified audit opinion.	Unqualified audit opinion with findings	None	
	2.1.2 Audit Improvement plan (AIP) for financial performance review	New indicator	Financial AIP implemented	2017-18 Finance AIP implemented	-	Target achieved
	2.1.3 Audit Improvement Plan (AIP) for performance information reviews	New indicator	Performance information AIP implemented	2017-18 AIP implemented	-	Target achieved
	2.1.2 Level 3 MPAT	MPAT level 3 performance	MPAT Level 3 performance	2.8	-0.2	Target achieved (refer to methodological considerations).
	2.1.5 Strategic management MPAT level 3	New Indicator	MPAT Strategic Management Focus Area Performance Reviewed	Level 2.3	-0.7	Target not achieved due to lack of evaluation systems
	2.1.6 Governance & accountability	New Indicator	MPAT Governance & accountability Focus Area Performance Reviewed	KPA 2.1.1= 3 KPA 2.4.1 = 3 KPA 2.4.2= 4 KPA 2.4.3= 3 KPA 2.6.1 = 4 KPA 2.8.1 = 4	0 0 1 0 1 1	The positive variance for KPAs 2.4.2, 2.6.1 and 2.8.1 are due to increased efforts by the department to strengthen compliance and maintaining adequate supporting documentation as portfolio of evidence.
	2.1.7 Human Resources Management	New Indicator	MPAT Human Resource Management Focus Area Performance Reviewed	Level 2.5	-0.5	Target not achieved. The following sub-standards had a negative impact on the overall score of KPA 3 namely: Disciplinary cases, SMS PMDS, organisational development and Recruitment & Retention
2.2 100% of health facilities connected to web-based DHIS through broadband by 2019	2.2.1 Percentage of hospitals with broadband access	97%	100%	100%	0	Target achieved
	Numerator: Total number of hospitals with minimum 2Mbps	91	89	89		

Strategic objectives	Performance Indicator	Actual achievement 2016/17	Planned Target 2017/18	Actual achievement 2017/18	Deviation from planned target to actual achievement 2017/18	Comment on deviations
	connectivity					
	Denominator: Total number of hospitals	94	89	89		
	2.2.2 Percentage of fixed PHC facilities with broadband access	65%	100%	71%	-29%	Target not achieved due to reconciliation and audit processes of previous service provider account before the newly designated NDOH service provider could start providing service.
	Numerator: Total number of fixed PHC facilities with minimum 512kbps connectivity	503	772	551		
	Denominator: Total number of fixed PHC facilities	772	772	772		

STRATEGIES TO OVERCOME AREAS OF UNDER PERFORMANCE

Below are some of the strategies to be used to address the identified gaps on MPAT 1.7

- To ensure that all Employee Relations (ER) Practitioners are trained on Persal to ensure capturing of disciplinary cases on Persal.
- In cases where SMS members have not submitted their Performance Agreements, disciplinary or preventative measures have taken place and there is proof thereof.
- Top Management to ensure that in the PCCC discussions on the rate of vacancies and spending on CoE are adequately reflected in the minutes.
- To enforce the practice of exit interviews within our institutions; have an Exit Interview analysis done with recommendations and discussions by Top Management on the outcome to be reflected.
- MPAT improvement plan is being developed to address the gaps identified in KPAs 1 and 3

CHANGES TO PLANNED TARGETS

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

SECTION 4 - LINKING PERFORMANCE WITH BUDGETS

Programme 1: ADMINISTRATION

Appropriation per programme									
Voted funds and Direct charges	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 **OFFICE OF THE MEC**	9,426	(1,919)	(1,418)	6,089	4,078	2,011	67,00%	5,041	4,600
2 **MANAGEMENT**	683,501	1,919	(92,558)	592,862	583,402	9,460	98,40%	708,411	700,435
	692,927	**-**	**(93,976)**	**598,951**	**587,480**	**11,471**	**98,10%**	**713,452**	**705,035**
Economic classification									
Current payments	**678,321**	**(1,965)**	**(93,976)**	**582,380**	**578,150**	**4,230**	**99,30%**	**688,067**	**688,067**
Compensation of employees	417,181	(1,902)	(26,388)	388,891	388,891	-	100,00%	384,511	384,511
Goods and services	261,140	(358)	(67,588)	193,194	188,964	4,230	97,80%	302,924	302,924
Interest and rent on land	-	295	-	295	295	-	100,00%	632	632
Transfers and subsidies	**1,525**	**1,701**	**-**	**3,226**	**3,226**	**-**	**100,00%**	**6,797**	**6,768**
Households	1,525	1,701	-	3,226	3,226	-	100,00%	6,797	6,768
Payments for capital assets	**13,081**	**264**	**-**	**13,345**	**6,104**	**7,241**	**45,70%**	**18,588**	**10,200**
Machinery and equipment	13,081	264	-	13,345	6,104	7,241	45,70%	18,588	10,200
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	692,927	**-**	**(93,976)**	**598,951**	**587,480**	**11,471**	**98,10%**	**713,452**	**705,035**

PART B
PROGRAMME 2
DISTRICT HEALTH SERVICES

PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)

PROGRAMME PURPOSE

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

PROGRAMME DESCRIPTION

The District Health Service (DHS) programme is composed of nine sub-programmes, namely:

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

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

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

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

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

STRATEGIC OBJECTIVES

1.1 PHC utilisation rate increased to 3 visits per person per year in all facilities by 2019
2.3 Health facilities assessed for compliance with National Core Standards (NCS) increase to more than 60% by 2019
2.4 Patient experience of care (PEC) rate increased to more than 75% in health services by 2019
3.1 100% Ward-based outreach teams (WBOTs) coverage by 2019
3.2 District clinical specialist teams (DCSTs) coverage for all Districts by 2019

KEY STRATEGIES IMPLEMENTED TO ACHIEVE STRATEGIC OBJECTIVES

- **Implementation of the Ideal Clinic Realisation and Maintenance (ICRM) strategy:**
  An Ideal Clinic is a clinic with good infrastructure, adequate staff, adequate medicine and supplies, good administrative processes and sufficient bulk supplies, that uses applicable clinical policies, protocols, guidelines as well as partner and stakeholder support, to ensure the provision of quality health services to the community. An Ideal Clinic will cooperate with other government departments as well as with the private sector and non-governmental organisations to address the social determinants of health. Primary Health Care (PHC) facilities must be maintained to function optimally and remain in a condition that can be described as the "Ideal Clinic".

- **Integrated Clinical Services Management (ICSM)** is a health-system strengthening model that builds on the strengths of South Africa's HIV programme to deliver integrated care to patients with chronic and/or acute diseases or requiring preventative services by taking a patient-centric view encompassing the full value chain of continuum of care and support. ICSM will be a key focus within an Ideal Clinic.

- Strengthening governance, leadership and management at facility level.
- Strengthening of the implementation and monitoring of complaints management policy
- Implementation of the two components of the PHC re-engineering strategy i.e Ward-Based Outreach Teams (WBOTS) and the District Clinical Specialist Teams (DCSTs).

- Piloting the National Health Insurance (NHI) in two districts Alfred Nzo and OR Tambo districts

ACHIEVEMENTS

1. IDEAL CLINIC REALISATION AND MAINTENANCE

1.1 Procurement and distribution of surgical supplies and medical equipment

Adequate supplies are a pre-requisite for a clinic to achieve ideal status. Surgical supplies procured during the period under review included emergency trolleys (45), BP monitors (55), BP machines (500) and Patella Hammers (200) (Table B2.1). A total of 1800 endotracheal tubes were distributed to districts to equip emergency trolleys in PHC facilities.

Table B2.1: Distribution of medical equipment procured for PHC facilities by district

District	Emergency trolleys	BP Monitors	BP Machines	Patella Hammer
Alfred Nzo	13	10	63	25
Amathole	10	9	63	25
BCM	6	10	62	25
Chris Hani	0	9	63	25
Joe Gqabi	6	4	62	25
NMBM	0	6	62	25
O.R.Tambo	0	2	63	25
Sara Baartman	10	5	62	25
Province	**45**	**55**	**500**	**200**

1.2 Ideal Clinic Status

Status determination is conducted at two levels i.e by internal facility team, the Perfect Permanent Team for Ideal Clinic Realization and Management (PPTICRM) and the external assessors to verify the internal assessments. Of the total 772 PHC facilities in the EC province, 299 (39%) were assessed internally. Of these and through the external assessment, 64 facilities achieved ideal status in the following categories; Gold 29, Silver 34 and one Platinum at Chris Hani district. Table B2.2 shows the frequency distribution of clinics that achieved ideal clinic status in the year 2017/18.

Table B2.2. Frequency distribution of PHC facilities that achieved ideal status by district, 2017/18

DISTRICT	IDEAL STATUS			TOTAL
	Silver (70 -79%)	Gold (80 – 89%)	Platinum (90 - 99%)	
Alfred Nzo	2	0	0	2
Amathole	11	4	0	15
BCM	1	5	0	6
Chris Hani	3	5	1	9
Joe Gqabi	7	2	0	9
NMMM	3	2	0	5
O. R. Tambo	7	7	0	14
Sarah Baartman	0	4	0	4
Total	**34**	**29**	**1**	**64**

1.3 Patient Experience of Care Survey

Patient experience of care (PEC) is component 12 of the Ideal clinic realisation strategy. The PEC policy is new and is implemented to ensure that all patients are afforded the opportunity to voice their experience of care in order to guide service delivery improvement in an ideal clinic. PEC survey was conducted for the first time using electronic system in 2017/18 in 272 (35%) PHC facilities. Table B2.3 summarises the outcomes of the PEC survey.

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Table B2.3: Distribution of facilities conducting PEC survey by district

DISTRICT	Total No of facilities	No of facilities conducting PEC survey	% Facilities conducting PEC survey	Patient satisfaction rate
Alfred Nzo	75	23	31%	68%
Amathole	157	72	48%	81%
Buffalo City	77	28	35%	77%
Chris Hani	155	17	11%	74%
Joe Gqabi	52	30	58%	69%
NMBHD	49	5	10%	63%
O. R. Tambo	145	78	54%	65%
Sara Baartman	62	19	31%	81%
PROVINCE	**772**	**272**	**35%**	**68%**

2 INTEGRATED CLINIC SERVICES MANAGEMENT (ICSM)

ICSM is a health system strengthening model that features in an ideal clinic which is recognised as an important strategy for enhancing efficiency, quality and cost effectiveness of healthcare delivery with optimal clinical outcomes for all patients through integrated health care. ICSM training was conducted for 242 PHC facilities from four districts including Amathole for 89 facilities (60%), Chris Hani for 79 facilities (49%), NMBM for 29 facilities (60%) and O.R. Tambo for 45 facilities (31%).

3 IMPLEMENTATION OF THE NHI

3.1 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. Progress made thus far on implementation of this systems include:

- All PHC facilities in the EC province were supplied with computers for electronic registration of patients.
- Workshops in support of the implementation of the system were conducted in all districts; this was done with the support from the National Department of Health (NDOH).
- A total of 525 000 patient clinical records were procured for 48 facilities; of these 255 522 records were distributed by end of the financial year.

Table B2.4 below shows the distribution of patient records supplied to 48 PHC Ideal clinics with bulk filers to facilitate implementation of HPRS.

Table B2.4: Distribution of HPRS stationery by district, 2017/18

DISTRICT	No of clinical records procured	No of targeted facilities	No of records distributed	Bulk filers installed (No of Bays/ facilities)
Alfred Nzo	100 000	8	31 760	56 / 14 facilities
Amathole	100 000	15	39 954	616 / 35 facilities
BCM	65 000	5	54 200	183 / 17 facilities
Chris Hani	80 000	9	80 000	171 / 18 facilities
Joe Gqabi	55 000	3	10 308	31 / 3 facilities
NMBM	65 000	4	19 980	265 / 17 facilities
Sara Baartman	60 000	4	19 320	150 / 16 facilities
TOTAL	**525 000**	**48**	**255 522**	**1472 / 120 facilities**

4 STRENGTHENING PHC FACILITY MANAGEMENT AND GOVERNANCE

- Capacity building on leadership, management and good governance skills was conducted for operational managers and clinic supervisors at Sara Baartman district where 20 operational managers were trained.
- Provincial District Management Team (PDMT) meetings provides leadership platform to address service delivery issues.
- A Provincial Health Insurance Implementation Plan was developed through a consultative workshop
- To improve health promotion interventions for effective communication with the communities, a provincial communication and marketing strategy was developed through a provincial workshop.
- Provincial Health Council and Provincial Health Advisory Committee meetings were held successfully as planned for the FY.

- Of the total 772 PHC facilities in the EC,
  - 582 (75%) had approved clinic committees.
  - Seven of the eight health districts had functional District Health Councils (DHC) but Joe Gqabi
  - The MEC approved DHC for three districts in 2017/18 i.e OR Tambo, BCM and Sarah Baartman which were orientated on the health service delivery model.

5 RE-ENGINEERING OF PHC

5.1 WARD-BASED OUTREACH TEAMS

During 2017/18, a total of 538 outreach nurses (comprised of 201 and 385 professional and enrolled nurses respectively) were contracted to complete and increase the number of Ward Based Teams (WBOTs) in the Province. An integrated approach to human resource allocation and utilization through the one nurse – one ward approach, has yielded positive benefits in achieving outreach programme targets including the Integrated School Health Program (ISHP), Human Papilloma Virus (HPV) vaccination campaign and WBOTs). By end of the FY 2017/18, the outreach household registration coverage stood at 61% (1 109 396) of the total households.

Basic medical equipment consisting of diagnostic sets were procured for 336 outreach nurses for use during outreach; numbers distributed to the districts are shown in Table B2.5.

Table B2.5: Diagnostic sets provided to the Ward-Based Teams

District	Number of nurses provided with diagnostic sets
Amathole	39
Alfred Nzo	29
BCM	21
Chris Hani	59
Joe Gqabi	45
Nelson Mandela	22
O.R Tambo	95
Sarah Baartman	26
EC Province	**336**

Table B2.6: Performance against Annual Targets from 2017/18 Annual Performance Plan for DHS Sub-Programme 2.1, 2.2, 2.3

Strategic objectives	Performance Indicator	Actual achievement 2016/17	Planned Target 2017/18	Actual achievement 2017/18	Deviation from planned target to actual achievement 2017/18	Comment on deviations
2.3 Health facilities assessed for compliance with National Core Standards increase to more than 60% by 2019	2.3.22 Ideal Clinic Status determination conducted by Perfect Permanent Team for Ideal Clinic Realisation And Maintenance (PPTICRM) rate (fixed clinic s/CHCs/CDC	New indicator	20%	27%	7%	Over achievement is due to the following factors: • Successful and timeous procurement and distribution of medical equipment not restricted to 48 targeted clinics; • Training of clinic staff (operational managers) on ICRM and facility management.
	Num: Ideal clinic status determinations conducted by PPTICRM		48	64		
	Den: Fixed PHC clinics/fixed CHCs/CDCs		241	241		
3.2 30% ward based outreach teams (WBOT) coverage by 2019	3.1.1 OHH registration visit coverage	8.1%	20%	15%	-5%	Under performance is due to reduction in number of Community Health Workers that formed part of the WBOT teams as some were translated to nurses and/or exited the system.
	Num: OHH registration visit	147 119	361 423	263 065		
	Den: Household mid-year estimate	1 807 114	1 807 114	1 807 114		
1.1 PHC utilisation rate increased to 3 visits per person per year in all facilities by 2019	1.1.1 PHC Utilisation rate	2.7	2.8	2.3	-0.5	Under performance is due to new implemented health reforms i.e the re-engineering of PHC programs including WBOTs, ISHP & CCMDD resulting in reduced client visits to health facilities.
	Num: PHC headcount total	18 096 847	18 739 851	16 418 041		
	Den: Population total	6 741 704	6 692 802	7 167 266		

Strategic objectives	Performance Indicator	Actual achievement 2016/17	Planned Target 2017/18	Actual achievement 2017/18	Deviation from planned target to actual achievement 2017/18	Comment on deviations
						Mid-year population estimates changed by the time of APP implementation to those during development of the plan as a result of implementation of web-based DHIS.
2.4 Patient experience of care rate increased to more than 75% in health service by 2019	2.4.19 Complaint Resolution Rate	85.5%	85%	85%	0%	Target achieved
	Num: Complaints resolved	3 933	-	3 439		
	Den: Complaints received	4 598	-	4 024		
	2.4.27 Complaint resolution within 25 working days rate	95%	85%	96%	11%	Over achievement is attributed to the implementation of the Ideal Clinic initiative which focuses on strengthening of management and governance systems.
	Num: Complaints resolved within 25 working days	3 754	-	3 312		
	Den: Complaints resolved	3 933	-	3 439		

STRATEGIES FOR OVERCOMING AREAS OF UNDER PERFORMANCE

Indicator	Strategies to overcome under performance
PHC Utilisation rate	The programme needs to integrate data collected from outreach PHC services and by mobile clinics into information systems in PHC facilities serving the same catchment population. Recommendations and inputs will be made to the NHISSA during revision of the National Indicator Dataset (NIDS) to consider design and development of data collection tools for community-based services and set guidelines for data flow processes that are linked to health information systems at facility level.
OHH registration visit coverage	1058 CHWs who either resigned, retired or/ and translated into nurses will be replaced with new appointments to complete WBOT teams.

CHANGES TO PLANNED TARGETS

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

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

PROGRAMME PURPOSE

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

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

STRATEGIC OBJECTIVE

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

KEY STRATEGIES IMPLEMENTED TO ACHIEVE STRATEGIC OBJECTIVES

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

ACHIEVEMENTS

Rehabilitation services: Long Term Domiciliary Oxygen Therapy (LTDOT)

A total of 89 people comprising of 84 adults and 5 school going children under 18 years with Chronic Obstructive Pulmonary Diseases (COPD) were registered on Long Term Domiciliary Oxygen Therapy (LTDOT) program across the province and are supported through the RT 72 Contract, which was renewed nationally at the beginning 2018 (RT 72 – 2018).

Eye care services: To correct refractive errors, 4 586 of the total 11 490 patients on the waiting list (40%) were supplied with spectacles through the in-reach and out-reach programmes.

A total of 4 527 patients received cataract surgery from various hospitals in the Province as shown in Table B2.7 below.

Table B2.7: Cataract surgery operations distributed by type of hospital

Type of hospitals	No of patients	% of Total
District	892	19.7
Regional	1872	41.4
Prov Tertiary	1235	27.3
NCH	528	11.7
Total	**4527**	**100.0**

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

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

Disease prevention interventions: An integrated implementation of the influenza vaccine program improved over the FY under review; utilisation of the flu vaccine increased from 86.4 % in 2016/17 to 93% in 2017/18.

Table B2.8: Performance against Annual Targets from 2017/18 Annual Performance Plan for Sub-Programme 2.4 Community Based Services (Non-communicable diseases)

Strategic objectives	Performance Indicator	Actual achievement 2016/17	Planned Target 2017/18	Actual achievement 2017/18	Deviation from planned target to actual achievement 2017/18	Comment on deviations
1.2 Screening coverage of chronic illnesses increased to more than a million by 2019	1.2.1 Clients 40 years and older screened for hypertension	New indicator	1 017 000	1 915 398	898 398	The over achievement of this indicator is attributed to NCD screening integrated with other health programmes
	1.2.2 Clients 40 years and older screened for diabetes	New indicator	1 017 000	2 140 599	1 123 599	
	1.2.3 Mental disorders screening rate	New indicator	4.5%	15%	10.5 %	The over achievement of this indicator is attributed to NCD screening integrated with other health programmes
	Num: PHC clients screened for mental disorders	-	819 342	2 518 835		
	Den: (Total headcount) Sum PHC headcount under 5 years + sum PHC headcount 5 years and older	-	18 207 610	16 418 041		

SUB-PROGRAMME 2.5: OTHER COMMUNITY SERVICES

PROGRAMME PURPOSE

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

STRATEGIC OBJECTIVES

2.5 100% Compliance with the Waste Management Act by 2019

KEY STRATEGIES IMPLEMENTED TO ACHIEVE STRATEGIC OBJECTIVES

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

ACHIEVEMENTS

Waste management

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

- **Provision of protective clothing**: 396 protective clothing (boots and gloves) were procured for waste collectors in facilities.

- **Technical support and capacity building** was provided to 368 waste generators and collectors of health care risk waste. Medical waste problems and solutions were discussed during medical waste management sessions that were facilitated in all health districts. The programme also trained 39 basic life support staff (EMS) on health care risk waste management in Alfred Nzo Health District.

Governance

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

By end March 2018, 13 waste management committees were instituted and fully functional in all the hospitals in Alfred Nzo, Frere, Cecilia Makiwane, Frontier, Zithulele, Nelson Mandela Academic and Mthatha Regional hospitals. The head of institutions are responsible for the establishment and functioning of these committees.

Monitoring and Evaluation: 10 Health facilities were assessed using the National Health Care Risk Waste Assessment Tool. The assessment was in line with the National environmental health norms and standards and the following score ratings were attained:

- 2 hospitals scored less than 60% (moderate)
- 6 hospitals attained between 61%- 80% (good)
- 1 hospital scored above 80% (excellent)

The assessment showed availability and understanding of legislation related to health care risk waste, availability of all required consumables such as containers, record keeping of documents as destruction certificates and manifest registers.

The sub-programme procured and distributed 240 manifest registers to health facilities for waste monitoring and management purposes; these were distributed to 190 health facilities.

Unfavourable findings included poor segregation of waste, unavailability of appointed or designated waste officers, wastage of containers, unavailability of personal protective clothing, standard operating procedures and waste management plan. To address the identified negative findings, the following activities will be pursued:

- Training of waste generators to be strengthened
- Motivation on the appointment of waste officers has been approved subject to human resource processes; the appointment of waste officers will address the issue of wastage of containers as one the duties of the waste officer is stock control.
- Personal protective clothing has been procured
- Standard operating procedures and waste management plan has been developed and awaiting approval.

Table B2.9: Performance against Annual Targets from 2017/18 Annual Performance Plan for sub program 2.5 Other Community Services

Strategic objectives	Performance Indicator	Actual achievement 2016/17	Planned Target 2017/18	Actual achievement 2017/18	Deviation from planned target to actual achievement 2017/18	Comment on deviations
2.5 100% Compliance with the Waste Management Act by 2019	2.5.1 Percentage of health facilities complying with SANS waste disposal requirements	100%	85%	85%	0	Target achieved
	Num: Number of health facilities segregating waste in line with waste management regulations at a given reporting period	89	-	76		
	Den: Number of health facilities sampled during the same time period	89	-	89		

CHANGES TO PLANNED TARGETS

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

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

PURPOSE

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

STRATEGIC OBJECTIVES

1.5 HIV infection rate reduced by 15% by 2019

1.6 TB death rate reduced by 30% in 2019

KEY STRATEGIES IMPLEMENTED TO ACHIEVE STRATEGIC OBJECTIVES

Implementation of the TB and HIV 90-90-90 Strategy include:

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

- **Case finding initiatives** that entails, amongst others, intensive screening of TB (Find Actively, Separate Temporarily (FAST) and Treat Effectively), Lateral Flow Lipoarabinomannan (LF-LAM) and HIV testing in build-up activities towards and during events such as First Things First Campaign, Rotary Family Health Days, World AIDS Day and TB Day, in collaboration with other sectors.

- **Treatment initiation initiatives:** Universal Test and Treat (UTT) to scale up initiation of patients on treatment as well as the shortened regimen (nine months) for the management of Multi-Drug Resistant TB (MDR TB) patients.

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

ACHIEVEMENTS

Advocacy, Communication and Social Mobilisation

- Roll-out of SHE Conquers in four priority districts on prevention of HIV amongst youth and this contributed to adolescent and youth friendly services.
- AYGW dialogues conducted in IDZ where 500 young girls from the entire province were introduced to SHE conquers campaign and its objectives.
- The Department procured 26 condom storage containers procured to address the challenge of adequate storage and efficacy of condom utilisation.
- Engagement with taxi industry at Queenstown (Ilinge taxi rank) related to Drug-Resistant TB (DR TB) management.
- National Aids Day was hosted successfully by the then Deputy President Mr Ramaphosa in Walter Sisulu University stadium in OR Tambo district.
- Provincial TB day was hosted successfully in Sarah Baartman in collaboration with different stakeholders namely EC Department of Education, EC Department of Social Development, Sarah Baartman District Municipality, Kouga Local municipality, University Research Council, Kheth'Impilo (NGO) and the Chamber of Mines.

Programme Management

- FAST was rolled-out to five hospitals, namely Nelson Mandela Academic Hospital, Mthatha Regional hospital, Zithulele hospital, Dr Malizo Mpehle hospital and Livingstone Tertiary hospital.
- To scale up community-based health screening activities, the programme procured and distributed 40 gazebos, chairs and tables to sub districts and districts.

- Hired 24 vehicles and allocated one in each sub-district to scale-up community out-reach health screening activities and condom distribution targeting key population and hard to reach population.
- 713 facilities are actively implementing the differentiated care model, namely CCMDD and Adherence Clubs. A total of 235 065 patients are accessing treatment through the CCMDD strategy.
- The Treatment and Retention Acceleration Plan (TRAP) is being implemented as part of strategies to address patient's loss to follow-up. The project involves the contracting of 75 additional roving data capturers by PEPFAR supporting partners for data mop-up and patient tracing.
- In partnership with URC (University Research Council) the department launched in Sarah Baartman an intervention to address TB in the farming community to enhance work-place programmes.

Capacity Building

- TB Directorate conducted training of 33 Audiologists on ototoxicity throughout the province as a strategy to manage hearing loss on patients taking MDR TB Treatment.
- As part of the strategy to find missing TB cases the department in collaboration with University of Witwatersrand and National Health Laboratory Services, conducted training of members of the South African Police Services for 11 clusters in the province.
- Clinicians from 38 hospitals have been trained on the use of LAM.
- Training of health care professionals on Rapid Testing Quality II (RTQII) and HCT Refresher Trainings were conducted during the year.

Programme Monitoring and Review

- District performance reviews were conducted throughout the province strengthen data management.
- Clinic supervisors were orientated on implementation of the District Health Management Information system (DHMIS) standard operating procedures.

Table B2.10: Performance against Annual Targets from 2017/18 Annual Performance Plan for sub-programme 2.6 HIV&AIDS, STI AND TB Control

Strategic objectives	Performance Indicator	Actual Achievement 2016/17	Annual Target 2017/18	Actual Achievement 2017/18	Deviation from planned target to actual achievement 2017/18	Comment on deviations
1.5 HIV infection rate reduced by 15% by 2019	1.5.1 ART clients remaining on ART end of month- Total	414 733 (394 410 adults + 20 323 children)	560 531	452 072	-108 459	• HIV test positivity rate is significantly lower than expected, resulting in lower numbers to be initiated on ART • Not all newly diagnosed HIV positive clients are initiated on ART
	1.5.2 TB/HIV co-infected client on ART rate	97.3%	97%	97%	0%	Target achieved
	Num: Total number of registered HIV+TB patients on ART	18 748	24 068	17 690		
	Den: Total number of registered HIV+TB patients	19 276	24 812			
	1.5.3 HIV test done-total	1 932 800	1 204 118	1 726 702	522 584	The overachievement of this indicator is attributed to the availability of 25 vehicles that were hired to be use by all the Sub-districts to mobilise communities for testing. Through collaboration with the Eastern AIDS Council and other Partners the department conducted build up campaign activities in preparation for the World AIDS, which was commemorated on the 1st of December 2017.
	.5.4 Male condoms distributed	119 498 754	101 052 989	61 256 400	-39 796 589	There has been condom shortage from the suppliers nationally that led to limited stock during the 11

Strategic objectives	Performance Indicator	Actual Achievement 2016/17	Annual Target 2017/18	Actual Achievement 2017/18	Deviation from planned target to actual achievement 2017/18	Comment on deviations
						months of 2017/18 financial year. Condoms were made available, nationally in the month of February 2017/18 financial year
	1.5.6 Medical male circumcision - Total	56 859	31 822	60 835	29 013	The target is over achieved mainly due to the integration of Medical Male circumcision and Traditional Male circumcision, by ensuring that all the boys are done pre-medical assessment and traditional surgeons are trained by the DOH. MMC- 8 782 TMC- 52 053
1.6 TB death rate reduced by 30% in 2019	1.6.1 TB symptom 5 years and older start on treatment rate.	New indicator	70%	109%	39%	The target has been overachieved due to OR Tambo and Nelson Mandela Metro not following NIDS indicator definition and reporting all patients started on treatment from the TB register rather than only those initiated on treatment (numerator) as a proportion of those testing positive for TB (Denominator).
	Num: TB symptom 5yrs and older start on treatment			29 956		
	Den: TB symptomatic client 5yrs and older tested positive			27 473		
	1.6.2 TB client treatment success rate	84.8%	85%	86%	1%	Target achieved (see argument on margin of error)
	Num: TB client	14 948	16 560	12 027		

Strategic objectives	Performance Indicator	Actual Achievement 2016/17	Annual Target 2017/18	Actual Achievement 2017/18	Deviation from planned target to actual achievement 2017/18	Comment on deviations
	successfully completed treatment					
	Den: New smear positive pulmonary TB client start on treatment	17 633	19 483	14 009		
	1.6.3 TB client lost to follow up rate	7.1%	5%	6.8%	-1.8%	The non-achievement of this target is mainly due to Nelson Mandela Metro that consistently reported the high TB lost to follow up of 10.5% with Sub-district C reported 11.3% during the period under review; this is because Sub-district C is a CBD with easy access to the patients.
	Num: TB client lost to follow up	1 252	2 689	3 031		
	Den: TB client start on treatment	17 633	53 774	44 356		
	1.6.4 TB death rate	5.3%	5.5%	4.4%	1.1%	• Significant reduction in TB death rate is due to initiation of over 90% of TB patients co-infected with HIV on ART as well as effectiveness of the newly introduced shortened MDR TB drugs
	Num: TB client died during treatment	936	2 958	614		
	Den: New smear positive pulmonary TB client start on treatment	17 633	53 774	14 009		
	1.6.6 TB MDR Treatment success rate	49.7%	40%	51%	11%	Over achievement on this indicator is attributed to the decentralisation of MDR-TB management to PHC

Strategic objectives	Performance Indicator	Actual Achievement 2016/17	Annual Target 2017/18	Actual Achievement 2017/18	Deviation from planned target to actual achievement 2017/18	Comment on deviations
						facilities and district hospitals. The decentralisation of MDR-TB management has assisted in early diagnosis of patients with MDR-TB and prompt initiation of treatment, as patients are treated closer to their homes. The province is currently having 25 decentralised sites which cover all the districts.
	Num: TB MDR client successfully completed treatment	823	1 200	930		
	Den: TB MDR confirmed client start on treatment	1655	3 000	1 826		

STRATEGIES TO OVERCOME AREAS OF UNDERPERFORMANCE

Indicator	Strategies to overcome under performance
ART clients remaining on ART end of month- Total	• Re-orientation of facilities (OM/supervisors and data capturers) on Treatment Retention and Acceleration Plan (TRAP SOP) and TB & HIV Information System (THIS). • Re-orientate District program managers and supervisors on Web-based DHIS • Optimise WBOTS and existing linkage cadres for tracking and tracing HIV and TB patients. • Alignment and reorientation of DOH funded NPOs to assist in linkage activities (community awareness/mobilization, tracking, tracing, adherence and retention) • Scale up community mobilization to enhance adherence to treatment • Mobilization of various stakeholders through ECAC to assist with retention of patients in care
Male condoms distributed	• Monthly monitoring of condom distribution in the Primary Distribution Sites to mitigate against under reporting. • Strengthen collaboration with various sector, Private and University/TVET sectors, to scale up condom distribution
TB client lost to follow up rate	• Focus will be in NMBM prioritizing seven facilities that are consistently reporting high TB loss to follow by retraining all nurse on the National TB Control Guidelines. • In collaboration with the University Research Council (URC) the department will ensure that all patients on treatment will be linked to a treatment supporter throughout the duration of treatment. • Health promotion activities will be conducted throughout the province to encourage adherence to treatment for both TB and HIV.

CHANGES TO PLANNED TARGET

There were no changes to planned targets

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

PURPOSE

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

STRATEGIC OBJECTIVES

- 1.6 Maternal Mortality Ratio Reduced to less than 100 per 100 000 population by 2019
- 1.7 Child Mortality Reduced to less than 34 per 1000 population by 2019
- 3.3 40% OF Quintile 1 & 2 school screened by Integrated School Health (ISH) Teams in 2019
- 1.2 Screening coverage of chronic illnesses increased to more than a million by 2019

KEY STRATEGIES IMPLEMENTED TO ACHIEVE STRATEGIC OBJECTIVES

Maternal mortality

- PHC Reengineering Strategy with special emphasis on District Clinical Specialist Teams (DCSTs) that gives support to maternal
- Integrated School Health (ISH) policy implemented in collaboration with Department of Education.
- Learner behaviour change programme launched with the Departments of Education and Social Development to provide services and contraceptives.

- Emergency Medical and Rescue Services (EMRS) for pregnant women
- Clustering of district hospitals to perform 24hr caesarean sections
- Building capacity of doctors on sexual reproductive health rights programme
- Implementation of Reach Every District (RED) Strategy in all districts to increase immunisation coverage in communities. The RED strategy is an Immunisation strategy to Reach Every Child (REC).

ACHIEVEMENTS

Maternal

- Maternal deaths have improved from 135/100 000 in 2016/17 to 128.3/100 000 during financial year under review, the reduction of obstetric haemorrhage deaths of up to 14% has contributed to this improvement.
- Anesthetic equipment and critical monitoring equipment was delivered to 26 priority hospitals
- Training of 41 Doctors and 104 professional nurses on ESMOE and facility mentoring was conducted by Medical Research Council (MRC).
- ESMOE Training of 320 health professionals was conducted by DCSTs.
- Clustering of district hospitals was done as part of the safe Caesar initiative

Neonatal and Child Health

- The following district hospitals have functional neonatal units and the critical neonatal equipment was procured: St Barnabas Hospital, UPH, St Patrick's, Malizo Mpehle, Aliwal North, Taylor Bequest (Mt Fletcher) MadzikaneKaZulu, Bisho, Madwaleni, Butterworth, Humansdorp, Graafreneit, Settlers and All Saints.
- Regional Hospitals with neonatal equipment namely: Dora Nginza, St Elizabeth and Mthatha Regional hospitals
- Outreach services were conducted by neonatologists, neonatal nurse through external funding from Discovery, LINC and AAP in the EC most rural districts including OR Tambo, Alfred Nzo and Joe Gqabi Districts.
- Trainings of health providers on IMCI and Emergency Triaging for Assessment and Treatment (ETAT) have translated into reduction of Severe Acute Malnutrition (SAM) deaths especially in the OR Tambo district
- First PCR around 10 weeks positivity rate continues to decrease as a result of improved ANC visits before 20 weeks; this was reported at 1.3% against a target of 1.5%

Table B2.11: Performance against Annual Targets from 2017/2018 Annual Performance Plan for sub-programme 2.7 Maternal, Child and Women's Health and Nutrition

Strategic objectives	Performance Indicator	Actual Achievement 2016/17	Annual Target 2017/18	Actual Achievement 2017/18	Deviation from planned target to actual achievement for 2017/18	Comment on deviations
1.7 Maternal Mortality Ratio Reduced to less 1than 100 per 100 000 population by 2019	1.7.1 Antenatal 1st visit before 20 weeks rate	63.8%	65%	65%	0%	Target achieved
	Num: Antenatal 1st visit before 20 weeks	67 292	70 782	70 962		
	Den: Antenatal 1st visit total	105 472	108 895	109 447		
	1.7.2 Mother post-natal visit within 6 days rate	59.7%	75%	63%	-12%	The main challenge with this indicator is that the numerator and the denominator reside at different places i.e denominator is at a delivery point (CHC or hospitals) and numerator is at the PHC. There is no clearly defined system to track or notify PHC facilities about the deliveries and what to expect so other mothers are likely to go outside the district or province without a trace.
	Num: Mother postnatal visit within 6 days after delivery	59 497	79 682	63 752		
	Den: Delivery in facility total	99 623	106 243	100 759		
	1.7.3 Antenatal client initiated on ART rate	93.3%	97%	86.6%	-10.4%	Underperformance can be attributed to incomplete capturing of data on pregnant women initiated on ART and this is mainly observed in Community Health Centres that have a high case load.
	Num: Antenatal client start on ART	16 581	19 759	12 985		
	Den: Antenatal client eligible for ART initiation	17 772	20 370	14 997		

Strategic objectives	Performance Indicator	Actual Achievement 2016/17	Annual Target 2017/18	Actual Achievement 2017/18	Deviation from planned target to actual achievement for 2017/18	Comment on deviations
1.8 Child Mortality Reduced to less than 34 per 1000 population by 2019	1.8.1 Infant 1st PCR test positive around 10 weeks rate	1.6%	1.5%	1.2%	0.3%	Over achievement on this indicator is attributed to the improved ANC 1st visit before 20 weeks which has improved significantly and enables early initiation of HIV positive pregnant women on ART as well as better management and monitoring.
	Num: infant PCR test positive around 10 weeks	214	302	244		
	Den: infant PCR test around 10 weeks	13 584	20 166	20 084		
	1.8.2 Immunization coverage under 1 year	78.6%	87%	69%	-18%	Underperformance on this indicator may be due to: • Some facilities that do not have electricity particularly in A Nzo to sustain cold chain • Some infants receive their immunisation from private sector whilst and are excluded from the numerator of this indicator but they are included in the denominator as the department does not report the data from the private health facilities
	Num: Immunised fully under 1 year new	103 575	119 475	111 191		
	Den: Population under 1 year	131 801	137 328	162 370		
	1.8.3 Measles 2nd dose coverage	91.6%	87%	66%	-19%	Underperformance on this indicator may be due to: • Some facilities that do not have electricity
	Num: Measles 2nd dose	125 914	123 437	109 211		
	Den: Population 1 year	137 503	141 882	166 530		

Strategic objectives	Performance Indicator	Actual Achievement 2016/17	Annual Target 2017/18	Actual Achievement 2017/18	Deviation from planned target to actual achievement for 2017/18	Comment on deviations
						particularly in A Nzo to sustain cold chain • Some infants receive their immunisation from private sector and are excluded from the numerator of this indicator but they are included in the denominator; the department does not report data from the private health facilities
	1.8.4 DtaP-IPV-Hib-HBV3-Measles 1st dose drop-out rate	-20.9%	0.5%	-0.01%	0.49%	Target achieved
	Num: DTaP-IPV-HepB-Hib 3 to Measles 1st dose drop-out	-21 528	643	-14		
	Den: DTaP-IPV-HepB Hib 3rd dose	102 848	128 697	109 004		
	1.8.5 Diarrhoea case fatality rate	3.7%	3.5%	3.6%	-0.1%	The districts that are experiencing high death rate related to diarrhea are OR Tambo and Alfred Nzo due to challenges related to access to safe water and poor sanitation as reflected in the Stats SA report
	Num: Diarrhoea death under 5 years	212	246	125		
	Den: Diarrhoea separation under 5 years	5 727	7 032	3 491		
	1.8.6 Pneumonia case fatality rate	3.0%	3.5%	3.7%	-0.2%	The Eastern Cape department of health has a high number of low birth
	Num: Pneumonia death	188	245	144		

Strategic objectives	Performance Indicator	Actual Achievement 2016/17	Annual Target 2017/18	Actual Achievement 2017/18	Deviation from planned target to actual achievement for 2017/18	Comment on deviations
	under 5 years					weight babies who are vulnerable to lower respiratory tract infection; this is well articulated in the Child and Perinatal Problem Identification programme reports
	Den: Pneumonia separation under 5 years	6 232	7 012	3 909		
	1.8.7 Severe acute malnutrition case fatality rate.	10.2%	9%	12%	-3%	Target not achieved due to underlying HIV and TB disease.
	Num: Severe acute malnutrition (SAM) death in facility under 5 years	226	254	161		
	Den: Severe Acute Malnutrition separation under 5 years	2 221	2 819	1 363		
3.4 40% OF Quintile 1 & 2 school screened by Integrated School Health (ISH) Teams in 2019	3.4.2 School Grade 1 – learners screened	33 854	39 441	46 710	6 944	Target was over achieved as a result of integrated planning; HPV programme resources were integrated within school health programme.
	3.4.3 School Grade 8 – learners screened	18 801	20 502	26 646	6 144	Target over achieved because of integrated planning; HPV programme resources were integrated within school health programme.
1.7 Maternal Mortality Ratio Reduced to less than 100 per 100 000 population by 2019	1.7.6 Delivery in 10 to 19 years in facility rate	New Indicator	7.2%	15.4%	-8.2%	Target not achieved. The NIDS 2017 definition of this indicators changed from deliveries from under 18 to 19 years whilst the

Strategic objectives	Performance Indicator	Actual Achievement 2016/17	Annual Target 2017/18	Actual Achievement 2017/18	Deviation from planned target to actual achievement for 2017/18	Comment on deviations
						EC DOH retained the target used for the under 18 years used before. Individuals older than 18 years are adults with independent rights to sexual and reproductive activities hence we see the high rate
	Num: Sum delivery 10-14 years in facility + Delivery 15-19 years in facility	-	7 649	15 474		
	Den: Sum delivery in facility total	-	106 243	100 759		
	1.7.4 Couple year protection rate (int.)	54.6%	65%	49%	-16%	• Under performance on this indicator is due to national stock out of Depo Provera and Nuristerate because of the expiry of the tender that supplies these agents • During 2017/18 FY the focus was on the removal of Implanon as it was the 3rd year, resulting in low uptake of Implanon
	Num: Contraceptive years dispensed	980 539	1 157 525	916 626		
	Den: Population 15-49 years female	1 796 910	1 780 807	1 879 074		
1.2 Screening coverage of chronic illnesses increased to more than 90 000 by 2019.	1.2.4 Cervical cancer screening coverage 30 years and older	60.9%	65%	60.3%	-4.7%	The transition from the cervical cancer screening to liquid base cytology resulted in the non-
	Num: Cervical cancer	91 936	95 911	92 782		

Strategic objectives	Performance Indicator	Actual Achievement 2016/17	Annual Target 2017/18	Actual Achievement 2017/18	Deviation from planned target to actual achievement for 2017/18	Comment on deviations
	screening 30 years and older					achievement of this target as all clinicians need to be trained on the new diagnostic machine.
	Den: Population 30 years and older female	150 8744	147 556	153 842		
1.8 Child Mortality Reduced to less than 34 per 1000 population by 2019	1.8.10 Human Papilloma Virus Vaccine 1st dose	64 592	50 972	57 286	6 314	Target over achieved due adequate budget which allowed for appointment of adequate staff and hiring of vehicles for the outreach.
	1.8.11 Human Papilloma Virus Vaccine 2nd dose	55 553	57 123	44 637	-12 496	Target was not achieved as there was under reporting that was due to a National DOH data capturing system inadequacies, i.e connectivity and data base mapping. Back capturing is underway to be finalised June 2018.
	1.8.8 Vitamin A dose 12-59 months coverage	62%	65%	53%	-12%	The target has not been achieved due the use of different data collection tools for this data element resulting in underreporting. The Ward Based outreach teams and the Integrated School Health programme are using different tools for reporting this data element.
	Num: Vitamin A dose 12-59 months	710 182	759 266	722 793		

Strategic objectives	Performance Indicator	Actual Achievement 2016/17	Annual Target 2017/18	Actual Achievement 2017/18	Deviation from planned target to actual achievement for 2017/18	Comment on deviations
	Den: Population 12-59 months*2	1 145 395	1 168 102	1 362 340		
	1.8.12 Infant exclusively breastfed at DTaP - IPV-Hib-HBV Hep 3rd dose rate	32.8%	40%	47%	7%	Target over achieved due to continuous health education given to mothers on exclusively breastfeeding for 6 months
	Num: Infant exclusively breastfed at DTaP-IPV-Hib-HBV (Hexavalent) 3rd dose	34 273	50 768	50 851		
	Den: Hep B 3rd dose under 1 year + DTaP-IPV-Hib-HBV (Hexavalent) 3rd dose	104 517	126 919	109 004		
1.8 Child Mortality Reduced to less than 34 per 1000 population by 2019	1.8.9 Neonatal death in facility rate	10.8/1000	12/1000	14/1000	-2/1000	• The contributing factor to the non-achievement of this indicator is due to the inadequate neonatal beds to manage sick neonates especially in district hospitals • The province is reporting high number of premature babies who are prone to lower respiratory rate infection
	Num: Neonatal (0-28 days) death in facility	1 098	-	1 390		
	Den: Live birth in facility	101 468	-	100 803		

Strategic objectives	Performance Indicator	Actual Achievement 2016/17	Annual Target 2017/18	Actual Achievement 2017/18	Deviation from planned target to actual achievement for 2017/18	Comment on deviations
1.7 Maternal Mortality Ratio Reduced to less than 100 per 100 000 population by 2019	1.7.5 Maternal mortality in facility ratio	135/100 000	115/100 000	128/ 100 000	-13/100 000	• The indicator has not been achieved due to high number of deaths in under 19 year olds , who died due to hypertensive related disorders like , Eclampsia • Inadequate transport for transporting pregnant women with complications who need to be referred to another level of care for further management, as suggested in the maternal mortality audit report.
	Num: Maternal death in facility	137	-	138		
	Den: Live births in facility plus Born alive before arrival at facility	101 468	-	107 595		

Strategies to overcome under performance

Indicator	Strategies to overcome under performance
Mother post-natal visit within 6 days rate	• The Chief Directorate will work closely with WBOTS to ensure that women are followed post-delivery. This strategy requires to link up with a functional notification system between delivery points and the PHC facilities which will inform the PHC facilities whom to expect at a given point in time. • Patients still hospitalised after 6 days post-delivery should be included in the Mother post-natal visit within 6 days rate denominator.
Antenatal client initiated on ART rate	• The directorate will monitor capturing of pregnant women initiated on ART monthly • Mentorship programme of facility managers on the ART SOP will be facilitated by the MCWH directorate
Immunization coverage under 1 year (annualised)	• Utilization of tracer cards and community health workers to follow up on defaulters. • Strengthen implementation of the appointment system so that missed during clinic visits. • Catch up strategy to be implemented after every quarter
Diarrhoea case fatality rate	• Implementation of community-based IMCI strategies including education on boiling of water and early health seeking behaviours at health facilities. • Exclusive breastfeeding and exclusive formula feeding is emphasised as correct feeding options.
Pneumonia case fatality rate	• In-service training to correct misclassification • Strengthen community IMCI to address non-compliance with immunisation schedule and to promote early health seeking behaviours • Strengthen HTS by building capacity of health care providers on paediatric HIV testing • Strengthen implementation of Universal Test and Treat policy in order to initiate HIV positive children on ART
Severe acute malnutrition case fatality rate	• A provincial approved implementation plan to address malnutrition has been distributed to districts for implementation. • Strengthen community IMCI to address non-compliance with immunisation schedule and to promote early health seeking behaviours • Strengthen implementation of UTT to initiate HIV positive children on ART
Delivery in 10 to 19 years in facility rate	• Strengthen family planning through health promotion intervention and integrated school health programme.
Couple year protection rate (int.)	• Continuous training of clinicians on different contraceptive methods
Vitamin A 12-59 months coverage	• Development, standardised tools for recording and reporting community-based data • Revised DHMIS policy to address tools and data flow processes from community and clearly stipulate integration into health information systems. • Tracer cards should be used to track children who are not honouring immunization dates.
Maternal mortality in facility ratio (annualised)	• This is addressed by implementing the safe Caesar plan. Training on Essential Steps for Management of Obstetric Emergencies (ESMOE) has been done in Alfred Nzo on nurses and doctors.
Inpatient early neonatal death rate	• Training of all nurses on Management of Sick Small Neonates (MSSN), Help Babies Breath (HBB), and • Strengthening of outreach services in districts where herbal use is highly prevalent. • Ensure availability of neonatal wards in district hospitals for management of sick neonates

2.8 SUB-PROGRAMME: CORONER SERVICES

PROGRAMME PURPOSE

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

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

STRATEGIC OBJECTIVES

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

KEY STRATEGIES IMPLEMENTED TO ACHIEVE STRATEGIC OBJECTIVES

- The management rendered close monitoring of post mortem conduction and experienced shortcomings were addressed with immediate effect.
- The institutions engaged themselves in weekly clean-ups and daily operations where there is high flow of bodies to ensure that bodies for the previous week are not carried over to the following week.
- Meeting was convened with the doctor regarding issue of commuted overtime that previously contributed to slow pace of conducting post mortems and affected turn-around times.
- Some facility officials sacrificed themselves to do Post Mortem examinations outside working hours to improve turn-around time and early release of bodies.

ACHIEVEMENTS

1. Infrastructure and equipment

Eleven Forensic Pathology converted body collecting vehicles were received and allocated as follows:

- 3 Mthatha Region
- 3 Queenstown Region
- 3 Port Elizabeth Region
- 2 East London Region

Major refurbishments

- Refurbishment of Aliwal North Forensic Pathology Laboratory has now been completed and this facility has since 2013 resumed to function as a dissecting facility. This will relieve loading and transportation of bodies to Molteno Holding Facility for autopsies during the past five years of refurbishment.
- Conversion of Uitenhage Holding facility into fully fledged dissecting facility has been approved. Business Plan has been forwarded to infrastructure for costing and further processes. Commencement date is not yet finalised.

Minor refurbishments were conducted at the following sites:

- Lusikisiki
- Bizana
- Mthatha
- East London (at Woodbrook and Mdantsane)

- Back-up water tanks have been installed in the following facilities:
  - Queenstown
  - Aliwal North
  - Butterworth

These backup water tanks are going to be utilised as water supply in case of water outage which is a primary need when conducting of post mortem.

Equipment

The following equipment was procured at Bisho:

- Doctors' post mortem equipment and
- Two body trolleys

2. Training

Five Medical Officers Queenstown and East London were trained by Specialists at Queenstown and East London on autopsy examination

Forensic pathology officers and administration staff were trained in the following training categories:

- Waste Segregation and containment.
- Occupational Health and safety.
- Debriefing.
- Induction Programme.
- In-service training

Minimum Service Agreement training has been conducted to forensic pathology employees in all regions.

3. Staff recruitment

The appointments below were made during the FY under review:
Queenstown laboratory: 3 Forensic Pathology Officers and an administration clerk

Table B2.12: Performance against Annual Targets from 2017/18 Annual Performance Plan for sub-programme 2.8 Coroner Services for 2017/18

Strategic objectives statement	Performance Indicator	Actual achievement 2016/17	Annual Target 2017/18	Actual achievement 2017/18	Deviation from planned target to actual achievement 2017/18	Comment on deviations
1.9 Post-mortem conducted within 72 hours increased to 95 by 2019	1.9.1 Percentage of post-mortem performed within 72 hours	94%	95%	94%	-1%	Target achieved
	Numerator	8 391		9732		
	Denominator	8 911		10322		

CHANGES TO PLANNED TARGETS

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

2.9 DISTRICT HOSPITALS

PROGRAMME PURPOSE

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

STRATEGIC OBJECTIVES

- 2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019
- 2.4 Client satisfaction rate increased to more than 75% in Health services by 2019
- 1.9 80% of Hospitals meeting national efficiency targets by 2019

KEY STRATEGIES IMPLEMENTED TO ACHIEVE STRATEGIC OBJECTIVES

- Implementation of District Hospital gazetted service package
- Build capacity of districts and district hospitals for effective implementation of the National Core Standards
- Strengthen health systems at district hospitals by procuring medical and other equipment
- Strengthen hospital leadership and governance by building capacity of governance structures for effective oversight and accountability

ACHIEVEMENTS

1. National Core Standards

National Core Standards have been developed as a tool for management to guide their expected practice and assess whether they are in line with what is required. They also serve to benchmark all establishments against the same expected standards and will form the basis for external inspections to certify compliance. To achieve the national core standard targets, equipment was procured for district hospitals as shown in Table B2.13. Facilities are required to conduct Patient Experience of Care surveys; Table B2.8 shows the client satisfaction rate from district hospitals distributed by health districts.

Table B2.13 New equipment distribution by health district

District	Adult cot beds	Child cot beds	Basic beds with mattress	CTG	Medicine cabinets	Obstetric beds	Vital signs monitor
Amathole	36	28	270	9	15	16	-
Chris Hani	42	30	272	12	13	11	1
Joe Gqabi	22	16	66	5	5	4	-
ANzo	8	4	30	8	2	3	-
O.R Tambo	50	35	185	11	21	14	-
NMM	10	10	100	3	2	2	-
Sarah Baartman	22	12	77	9	10	13	-
TOTAL	**190**	**135**	**1000**	**57**	**68**	**63**	**1**

NB: 270 basic beds for Amathole were procured but not yet delivered to facilities

Table B2.14: Client satisfaction rate in district hospitals distributed by district

Districts	No. of hospitals	No. of hospitals conducting PEC	% of total hospitals	Client satisfaction rate (%)
Sarah Baartman	10	9	90	77.3%
Amathole	12	11	92	79.9%
Alfred Nzo	6	3	50	70%
Chris Hani	14	11	78	75%
OR Tambo	9	6	67	73%
BCM	3	2	67	78%
Joe Gqabi	11	10	91	69%
NMBM	1	1	100	62%

2. Leadership and governance

2.1 To strengthen leadership, management and governance

- Two CEOs were appointed at Andries Vosloo and Cradock hospitals (also see Table B2.15).
- Clinical managers were appointed in nine hospitals
- Nursing service managers were appointed in seven hospitals and
- Administration manager appointed at Settlers hospital.

Table B2.15: Status of Chief Executive Officers appointment in District Hospitals

DISTRICT	Number of Institutions	Number of CEO positions filled	% Filled	Number vacant
Amathole	12	10	83	2
BCM	3	2	67	1
Joe Gqabi	11	7	64	4
Chris Hani	14	13	93	1
Sarah Baartman	10	10	100	0
NMMHD	1	1	100	0
OR Tambo	9	8	88	1
A. Nzo	6	5	83	1
TOTAL	**66**	**56**	**85**	**10**

2.2 Hospital Boards

- Guidelines, SOPs and ToR for effective functionality of hospital boards were developed and approved
- One quarter (267/1056) of district hospital board members were inducted whilst 55% (576/1056) received training.
- Fifty-nine hospitals have functional hospital boards instituted in line with the (Policy on Hospital Board Establishment, Functionality, Management and Support) policy. (See details in Table B2.16 below)

Table B2.16: Status of Hospital Boards in District Hospitals

Hospital board status	No. of Facilities
Established	60
Approved	57
Functional	59
Non functional	7
Not Established	6

Table B2.16: Performance against Annual Targets from 2017/18 Annual Performance Plan for sub programme 2.9 District Hospitals

Strategic objectives	Performance Indicator	Actual achievement 2016/17	Planned Target 2017/18	Actual achievement 2017/18	Deviation from planned target to actual achievement 2017/18	Comment on deviations
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.1 Hospital achieved 75% and more on National Core Standards self-assessment rate	New Indicator	39.3%	39.3%	0	Target achieved
	Num: Hospital achieved 75% and more on National Core Standards self-assessment		26	26		
	Den: Hospital conducted National Core Standards self-assessment		66	66		
1.10 80% of Hospitals meeting national efficiency targets by 2019	1.10.1 Average length of stay (ALOS)	5 days	4.8 days	4.9 days	-0.1 day	Target achieved within acceptable range
	Num: Inpatient days + ½ day patients	1 226 237	-	1 211 494		
	Den: Inpatient separations	245 478	-	245 723		
	1.10.6 Inpatient bed utilisation rate	56%	66%	55%	-11%	Target not achieved as most district hospitals are very small and do not render the whole District Hospital Package eg. some have no operating theatres whereas other institutions operate with very few medical officers eg. Aberdeen having only one doctor; patients are then referred elsewhere.
	Num: Inpatient days + 1/2 day	1 226 237	1 160 949	1 211 494		
	Den: Inpatient beds * 30.42	2 188 445	1 759 014	2 213 238		
	1.9.9 Expenditure per patient day equivalent (PDE)	R2,654	R2,620	R2,528	-R92.00	Target achieved
	Num: Expenditure total	4 607 444 194	-	4 314 006 000		
	Den: Patient Day Equivalent	1 735 819	-	1 706 448		
2.4 Patient satisfaction rate	2.4.18 Complaint resolution	91.5%	90%	90%	0	Target achieved

Strategic objectives	Performance Indicator	Actual achievement 2016/17	Planned Target 2017/18	Actual achievement 2017/18	Deviation from planned target to actual achievement 2017/18	Comment on deviations
increased to more than 75% in health services by 2019	rate					
	Numerator: Compliant resolved	2 945	-	2 950		
	Denominator: Compliant received	3 219	-	3 274		
	2.4.26 Complaint resolution within 25 working days rate	90.5%	95%	98%	3%	Target overachieved due to strengthening of the implementation of the Complaints Management Policy that gives guidelines on how to deal with complaints eg. having complaints boxes at strategic points and keeping complaints register up to date.
	Numerator: Complaint resolved within 25 working days	2 914	-	2 886		
	Denominator: Complaint resolved	3 219	-	2 950		

STRATEGIES TO OVERCOME AREAS OF UNDER PERFORMANCE

- To liaise with Infrastructure Chief Directorate and prioritise the building of attractive accommodation facilities.
- Allocate capital budget to Districts for procuring Capital Medical Equipment for district hospitals.
- All district hospitals that have scored less than 50% on National Core Standards to be visited and supported on any challenges that are the cause of poor performance e.g equipment.
- Fast- tract the appointment of Health Professionals eg. Doctors, Nurses ect.
- Prioritise the rationalisation of Health Care Services by the department eg. Grey and Bhisho hospitals.
- Continue to support under-performing District Hospitals and monitor progress.
- Monitor and continue improving complaints management.
- Continue support and monitor the progress Continue support and fast- tract the reclassification of district hospital process
- Prioritize the rationalization of health care services by the department to facilitate equitable allocation of resources.
- Continue prioritizing replacement of doctors and other health professionals
- Staff retention of highly skilled staff. Improve clinical care and reduce medico-legal cases.
- Review number of beds allocation in hospitals proportional to population. Hewu Hospital has applied for the reduction of its bed status to the proportion of its population.

CHANGES TO PLANNED TARGETS

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

LINKING PERFORMANCE WITH BUDGET

Programme 2: DISTRICT HEALTH SERVICES

Appropriation per programme									
Voted funds and Direct charges	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 DISTRICT MANAGEMENT	897,332	(3,408)	-	893,924	881,476	12,448	98,60%	866,726	866,726
2 COMMUNITY HEALTH CLINICS	2,156,371	37,938	214,242	2,408,551	2,420,417	(11,866)	100,50%	2,163,846	2,163,846
3 COMMUNITY HEALTH CENTRES	1,068,186	(72,322)	(52,817)	943,047	948,991	(5,944)	100,60%	1,019,053	1,019,053
4 COMMUNITY BASED SERVICES	538,541	(19,040)	-	519,501	524,720	(5,219)	101,00%	441,391	439,968
5 OTHER COMMUNITY SERVICES	74,773	12,500	-	87,273	81,360	5,913	93,20%	46,494	46,494
6 HIV/AIDS	2,050,454	4,959	-	2,055,413	2,045,769	9,644	99,50%	1,757,792	1,745,442
7 NUTRITION	44,999	(7,901)	-	37,098	24,872	12,226	67,00%	24,481	24,226
8 CORONER SERVICES	100,000	7,091	-	107,091	100,885	6,206	94,20%	94,818	94,818
9 DISTRICT HOSPITALS	4,231,984	40,183	36,934	4,309,101	4,314,006	(4,905)	100,10%	4,019,116	4,020,031
	11,162,640	**-**	**198,359**	**11,360,999**	**11,342,496**	**18,503**	**99,80%**	**10,433,717**	**10,420,604**

Appropriation per programme									
Voted funds and Direct charges	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Current payments	**10,945,645**	**(84,024)**	**166,121**	**11,027,742**	**11,038,627**	**(10,885)**	**100,10%**	**10,104,366**	**10,103,932**
Compensation of employees	7,946,238	(84,024)	(52,817)	7,809,397	7,809,396	1	100,00%	7,454,402	7,454,008
Goods and services	2,999,407	-	217,617	3,217,024	3,227,910	(10,886)	100,30%	2,649,539	2,649,499
Interest and rent on land	-	-	1,321	1,321	1,321	-	100,00%	425	425
Transfers and subsidies	**69,718**	**84,024**	**35,613**	**189,355**	**182,610**	**6,745**	**96,40%**	**187,655**	**175,939**
Provinces and municipalities	4,181	-	-	4,181	313	3,868	7,50%	9,874	8,451
Departmental agencies and accounts	-	-	-	-	-	-	-	23,052	11,138
Non-profit institutions	10,152	-	-	10,152	7,278	2,874	71,70%	-	-
Households	55,385	84,024	35,613	175,022	175,019	3	100,00%	154,729	156,350
Payments for capital assets	**147,277**	**-**	**(3,375)**	**143,902**	**121,259**	**22,643**	**84,30%**	**141,696**	**140,733**
Machinery and equipment	147,277	-	(3,375)	143,902	121,259	22,643	84,30%	141,696	140,733
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	11,162,640	**-**	**198,359**	**11,360,999**	**11,342,496**	**18,503**	**99,80%**	**10,433,717**	**10,420,604**

PART B
PROGRAMME 3
EMERGENCY MEDICAL SERVICES

PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

3.1 PROGRAMME PURPOSE

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

STRATEGIC OBJECTIVES

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

KEY STRATEGIES IMPLEMENTED TO ACHIEVE STRATEGIC OBJECTIVES

- Engagements with EMS District and Operational managers on a regular basis through multimedia and Management meetings.
- **Efforts to increase fleet to meet national norms & standards and fleet management**
  National Standard for fleet availability is one operational ambulance per 10 000 people (1:10 000). DOH ambulance fleet is at 416 ambulances; with a total population total of 6.4 million people this translates to 0.42 ambulance per 10 000 population.
- **Capacity building to improve service delivery**
  Level of emergency care by practitioners is largely at a basic life support level. Intermediate life Support and Advanced Life S upport are very few in the province. ILS and ALS levels are also necessary for supporting the Saving Mother saving Baby programs. The ILS programme is offered at the Eastern Cape EMS College.
- **Leadership and governance**
  Empowering staff at Supervisory and Management levels to ensure efficient leadership and policy compliance.

ACHIEVEMENTS

Fleet management: The number of rostered ambulances at any point in time is inadequate resulting in the programme recording poor response times relative to the national norms and standards. Approximately 50% of the 416 ambulances are fully operational and ready for dispatching to calls at any given time. The remainder of these vehicles are used as back up in the event of service maintenance and general vehicle downtime. High maintenance and repairs to the fleet is a common operational challenge.

A total of 12 replacement Planned Patient Transport, which are 35 seater buses, were procured successfully and distributed to the districts. These vehicles are used to transport patients from district level hospitals to tertiary, specialised hospitals.

Infrastructure and equipment:

All EMS Control-rooms were fitted with wireless/ADSL connectivity and now have telephone recording capabilities.

- **Implementation of Call taking and dispatching systems**
  The Department has approved the specifications for an integrated computerized call-taking and dispatching system for EMS. A technical task team has been established to finalize technical specifications for consideration by the Bid Specifications Committee. The implementation of the call taking and dispatching system is expected to begin in 2018/19 and it is expected to improve recording and accuracy in the dispatch of ambulances.
- Improvement of data capturing and reporting using the District Health Information System (DHIS).

Human resources and development

Training is important to achieve higher staff skills levels within EMS. Improved quality of care is a constant demanding aspect of service delivery, hence the drive to upgrade staff qualifications. Properly trained staff leads to an improvement in the quality of care provided to patients.

- Vacancy rate within EMS is high given the National Norms and Standards, resulting in high overtime and absenteeism rate; Ambulances are deployed on a 24/7 basis and requires at least two persons to man a vehicle. A minimum of eight members is needed to staff an ambulance. Given the current operational staff compliment (approximately 1700) and the amount of ambulances (416) at hand, a total of 3 328 people would be needed.
- Two station managers were appointed in the Amathole District.
- Eight Bachelor of Emergency Medical Care (BEMC) bursary holders were appointed in the Districts which are at Advanced Life Support level. The additional ALS practitioners will improve the footprint of these cadres within the program.
- 24 Intermediate Life Support (ILS) practitioners were trained by the EMS College of Emergency Care –
- 28 EMS staff members have been trained in the essential steps to management obstetric emergencies – in transit (ESMOE – IT) train-the-trainer programme. This programme will help in improving the quality of care provided by emergency care

practitioners to maternity cases.

Promoting awareness about EMS and community involvement

On various occasions the EMS service receives and responds to several hoax calls from the communities. Such calls defer an ambulance which could have responded on time to a deserving emergency case. The programme then takes upon itself to educate the communities about the DOH emergency medical service to promote awareness and service appreciation through radio talk-shows and school visits as well as through print media. The programme is also striving to promote career development in emergency and rescue service.

3. National policies and strategies

National policies are set to ensure standardization across the provinces, but the current predetermined outcomes/targets are unrealistic in as far as the following indicators are concerned;

- One operational ambulance per ten thousand people (1:10 000)
- Urban response times of arrival within 15 minutes.
- Rural response times of arrival within 40 minutes.

These indicators are not yet achieved within the province of the Eastern Cape due to geographical and road infrastructure challenges. Distances between health facilities are in most cases very far apart, and this leads to ambulances being not available for calls for extended period. The department is working with the Department of Transport to provide additional vehicles for inter-facility transport, which will free up the ambulances to respond to community calls. There have been discussions with the Department of Roads and Public works regarding improving road conditions, but the focus is currently on access roads to clinic, etc., and this is appreciated.

The new EMS regulations were signed by the Minister of Health in December 2017. These regulations provide a framework for governing the EMS services in the province, including public and private service providers.

4. Strategies to support Health Programs

- The EMS inter-facility transfer system is there to assist patients to be taken from a health institution to an institution where more advanced medical intervention and treatment can be administered.
- EMS transportation of obstetric and maternity clients has been instituted to reduce the mortality rate in mother-and-child patients.

CHALLENGES

- Too few staff trained to ILS levels. Capacity of EMS College insufficient.
- Too few staff trained in Customer Care and Emergency Medical Dispatch (EMD).
- Overtime payment difficulties due to the 30% policy.

Table B3.1: Performance against Annual Targets from 2017/18 Annual Performance Plan for Emergency Medical Services

Strategic objectives	Performance Indicator	Actual achievement 2016/17	Planned Target 2017/18	Actual achievement 2017/18	Deviation from planned target to actual achievement 2017/18	Comment on deviations
3.6 Proportion of EMS response time improved to 85% by 2019	3.6.1 EMS P1 urban response under 15 minutes rate	40.8%	70%	31.6%	-38.4%	Target not achieved due to inadequate number of rostered ambulances to service high patient caseload
	Numerator: EMS P1 urban response under 15 minutes	14 285	-	13 617		
	Denominator: EMS P1 urban calls	35 054	-	43 138		
	3.6.2 EMS P1 rural response under 40 minutes rate	57.9%	70%	56.2%	-13.8%	Target not achieved due to inadequate number of rostered ambulances to service high patient caseload
	Numerator: EMS P1 rural response under 40 minutes	57 946		50 118		
	Denominator: EMS P1 rural calls	100 101		89 109		
	3.6.3 EMS inter-facility transfer rate	33.5%	30%	30%	0	Target achieved
	Numerator: EMS inter-facility transfer	207 027		188 316		
	Denominator: EMS clients total	618 295		618 409		

STRATEGIES TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR	STRATEGIES TO OVERCOME AREAS OF UNDER PERFORMANCE
EMS P1 urban response under 15 minutes rate	Increase the number of rostered ambulances and employ additional operational staff members.
EMS P1 response under 40 minutes rate	Increase the number of rostered ambulances and employ additional operational staff members.

CHANGES TO PLANNED TARGETS

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

LINKING PERFORMANCE WITH BUDGET

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

Appropriation per programme									
Voted funds and Direct charges	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropria-tion	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub Programme									
1 **EMERGENCY TRANSPORT**	1,240,186	(52,727)	(144,642)	1,042,817	1,041,871	946	99,90%	910,189	884,039
2 **PLANNED PATIENT TRANSPORT**	112,456	52,727	72,033	237,216	237,216	-	100,00%	185,299	183,614
	1,352,642	**-**	**(72,609)**	**1,280,033**	**1,279,087**	**946**	**99,90%**	**1,095,488**	**1,067,653**
Economic classification									
Current payments	**1,222,690**	**-**	**(107,268)**	**1,115,422**	**1,115,425**	**-3**	**100,00%**	**975,306**	**975,306**
Compensation of employees	869,557	-	64,069	933,626	933,626	-	100,00%	712,944	712,944
Goods and services	353,133	-	(171,337)	181,796	181,799	-3	100,00%	262,362	262,362
Transfers and subsidies	**3,049**	**-**	**-**	**3,049**	**2,100**	**949**	**68,90%**	**2,564**	**2,562**
Households	3,049	-	-	3,049	2,100	949	68,90%	2,564	2,562
Payments for capital assets	**126,903**	**-**	**34,659**	**161,562**	**161,562**	**-**	**100,00%**	**117,618**	**89,785**
Machinery and equipment	126,903	-	34,659	161,562	161,562	-	100,00%	117,618	89,785
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	1,352,642	**-**	**(72,609)**	**1,280,033**	**1,279,087**	**946**	**99,90%**	**1,095,488**	**1,067,653**

PART B
PROGRAMME 4
PROVINCIAL HOSPITAL SERVICES

PROGRAMME 4: REGIONAL HOSPITAL SERVICES

PROGRAMME PURPOSE

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

SUB-PROGRAMMES

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

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

STRATEGIC OBJECTIVES

- 2.3 Health facilities meeting compliance with National core Standards by 2019
- 2.4 Patient satisfaction rate increased to more than 75% in Health services by 2019
- 1.9 80% of Hospitals meeting national efficiency targets by 2019

KEY STRATEGIES IMPLEMENTED TO ACHIEVE STRATEGIC OBJECTIVES

- Procurement of Key Critical Equipment for the Emergency Trolleys
- The creation of Isolation Wards in our facilities
- Implementation of functional Leadership and Governance Structures in ALL our facilities
- Implementation of an effective Referral System
- The Development of a Full Regional Package as Gazetted

ACHIEVEMENTS:

Leadership and governance

- A permanent Chief Executive Officer appointed at Dora Nginza Hospital after 2 years that the previous incumbent had left the institution
- All regional hospitals have appointed fully functional Hospital Boards.

Human resource and development

- As a result of the high burden of mental disorders two Medical Officers have been appointed to deal specifically with casualty mentally ill patients awaiting transfer to a designated Mental Health Unit
- 2 Registrars qualified as Fellows in Obstetrics & Gynaecology from Dora Nginza Hospital bringing the total number of Fellows produced by this facility in the last 2 years to four.

National Core Standards

- All our Facilities achieved over 75% National Core Standards compliance (Cecilia Makiwane was not done due to transitioning to the new hospital)

Service delivery platform

- Operations at Cecilia Makiwane hospital migrated to the new wing in September 2017; the hospital plaque was unveiled by the Hon Deputy President Cyril Ramaphosa.
- Frontier Hospital commissioning process of Accidents & Emergency unit has commenced; this will reduce referral to Frere Hospital.
- St Elizabeth Hospital in Lusikisiki contracted a recently retired Orthopod to run Orthopaedic Services to reduce waiting times for much needed orthopaedic interventions. This service is supported by an outreach programme from Nelson Mandela Academic Hospital
- The Theatre in St Elizabeth Hospital was upgraded with an installation of a C-Arm

Table B4.1: Performance against Annual Targets from 2017/18 Annual Performance Plan for Sub-programme 4.1 Regional Hospitals

Strategic objectives	Performance Indicator	Actual achievement 2016/17	Planned Target 2017/18	Actual achievement 2017/18	Deviation from planned target to actual achievement 2017/18	Comment on deviations
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.2 Hospital achieved 75% and more on National Core Standards self-assessment rate	New indicator	100%	80%	-20%	St Elizabeth Hospital received 71% which is below 75%. On self-assessment
	Num: Hospital achieved 75% and more on National Core Standards self-assessment	-	5	4		
	Den: Hospital conducted National Core Standards self-assessment	-	5	5		
1.10 80% of Hospitals meeting national efficiency targets by 2019	1.10.2 Average length of stay (ALOS)	5.5 days	4.6 days	5.8 days	-1.2 days	Target not achieved. Mthatha Regional hospital is a referral hospital for the O R Tambo District where there is very high Teenage Pregnancy; this leads to premature babies who must stay in hospital until they achieve a weight of at least 1,5Kg
	Num: Inpatient days + ½ day patients	516 669	-	528 803		
	Den: Inpatient separations	93 854	-	90 823		
	1.10.7 Inpatient bed utilisation rate (BUR)	64%	75%	68%	-7%	St Elizabeth Regional hospital is still at the development phase of the regional hospital service package as gazetted.
	Num: Inpatient days + 1/2 day	516 669	-	528 803		
	Den: Inpatient bed days (Inpatient beds*30.42)	807 438	-	775 162		
	1.10.10 Expenditure per patient day equivalent (EPDE)	R1,895	R1,937	R3,349	-R1, 412	Over expenditure per PDE will now be adjusted upwards as the separation of the budget has now been completed between the previously complexed facilities, hence the high expenditure now per patient

Strategic objectives	Performance Indicator	Actual achievement 2016/17	Planned Target 2017/18	Actual achievement 2017/18	Deviation from planned target to actual achievement 2017/18	Comment on deviations
	Num: Expenditure total	R1,443,819,430		R2,562,280,184		
	Den: Patient Day Equivalent	761 808		765 164		
1.3 NCD coverage increased to 1 300 / 1 000 000 through management of chronic illnesses by 2019	1.3.1 Cataract surgery rate (uninsured population)	913/1 000 000	1 150/1 000 000	718/1 000 000	-432/1 000 000	Target not achieved due to shortage of Ophthalmologists who perform this procedure in the EC Province. Frontier hospital has one full time Ophthalmologist; the second one resigned and has recently re-joined as a sessional doctor.
	Num: Cataract surgery - total			1 872		
	Den: Population uninsured - total			6 307 194		
2.4 Patient satisfaction rate increased to more than 75% in Health services by 2019	2.4.19 Complaints resolution rate	94.5%	87%	94%	7%	The target was overachieved because of improved timeous turn-around times for dealing with complaints and full activity with this exercise at facility level
	Numerator: Complaints resolved	567		678		
	Denominator: Complaints received	600		722		
	2.4.27 Complaint resolution within 25 working days rate	91.8%	95%	98%	3%	The target was overachieved because of improved timeous turn-around times for dealing with complaints and full activity with this exercise at facility level
	Numerator: Complaint resolved within 25 working days	551		666		
	Denominator: Complaints resolved	600		678		

STRATEGIES TO OVERCOME AREAS OF UNDER PERFORMANCE

- Continued development of services towards a complete Regional Hospital Package.
- Strengthening of out-reach / in-reach to ensure decreased influx and improved peripheral service access and provision.
- Establishment of Regional Clinicians Committees and Provincial Clinicians forum to improve service delivery

CHANGES TO PLANNED TARGETS

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

4.2 SUB-PROGRAMME SPECIALISED TB HOSPITALS

PROGRAMME PURPOSE

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

PROGRAMME DESRCRIPTION

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

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

STRATEGIC OBJECTIVES

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

ACHIEVEMENTS

- Appointment of the CEO of Temba TB Hospital to strengthen leadership.
- 33 Audiologist were trained throughout the province on ototoxicity to strengthen monitoring of hearing loss for all the MDR-TB patients who are on a regimen containing Aminoglycosides (injectable).
- As part of improving quality of care rendered in TB hospitals, the department procured 10 Emergency Trolleys for 10 TB hospitals.

Table B4.2: Performance against Annual Targets from 2017/18 Annual Performance Plan Performance Plan for sub programme 4.2 Specialized TB Hospitals

Strategic objectives	Performance Indicator	Actual achievement 2016/17	Planned Target 2017/18	Actual achievement 2017/18	Deviation from planned target to actual achievement 2017/18	Comment on deviations
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.3 Hospital achieved 75% and more on National Core Standards self-assessment rate.	New indicator	100%	50%	-50%	Target was not achieved due to infrastructure that does not comply to the TB Infection prevention and Control guidelines and policies at Jose Pearson, Empilweni, Orsmond, Marjorie Parrish and Winterberg TB Hospital
	Num: Hospital achieved 75% and more on National Core Standards self-assessment		10	5		
	Den: Hospital conducted National Core Standards self-assessment		10	10		
1.10 80% of Hospitals meeting national efficiency targets by 2019	1.10.3 Average length of stay (ALOS)	New Indicator	90 days	77 days	13 days	Target over achieved due to the introduction of the new therapeutic agents , Bedaquiline and Linezolid to the existing XDR-TB regimen resulting in reducing length of stay of XDR-TB patients in hospital
	Num: Inpatient days + ½ day patients		-	262 129		
	Den: Inpatient separations		-	3 419		
	1.10.8 Inpatient bed utilisation rate	New Indicator	71%	50%	-21%	• The non-achievement of this indicator is attributed to TB hospitals that are admitting Drug Susceptible patients which are reporting the Bed utilisation rate of less than 50% like Winterberg. • The other contributing factor is the construction works that are currently taking place at Khotsong TB Hospitals , resulting in a smaller number of beds used by the hospital
	Num: Inpatient days + 1/2 day		291 532	262 129		

Strategic objectives	Performance Indicator	Actual achievement 2016/17	Planned Target 2017/18	Actual achievement 2017/18	Deviation from planned target to actual achievement 2017/18	Comment on deviations
	Den: Inpatient beds * 30.42		410 609	522 798		
	1.10.14 Expenditure per patient day equivalent (PDE)	New Indicator	R1,800	R1,626	R174	The target was achieved due to policy shift related to the management of Drug resistant TB. The introduction of the short regimen for the management of MDR-TB reduces the duration of treatment from 24 months to 9 - 12 months, reducing the cost of drugs per patient.
	Num: Expenditure total			101 648 416		
	Den: Patient Day Equivalent			66 594		
2.4 Patient satisfaction rate increased to more than 75% in Health services by 2019	2.4.22 Complaints resolution rate	95%	90%	96%	6%	Target over achieved due to improved functionality of governance structures that oversee implementation of the complaints management system.
	Numerator: Compliant resolved	151		107		
	Denominator: Compliant received	159		112		
	2.4.30 Complaint resolution within 25 working days rate	94.3%	100%	100%		Target achieved
	Numerator: Complaint resolved within 25 working days	150		107		
	Denominator: Complaint resolved	159		107		

STRATEGIES TO OVERCOME AREAS OF UNDER PERFORMANCE

- In terms of improving the indicator for the National Core Standards self-assessment, all hospitals will be trained on National Core Standard tools, by the end of second quarter of 2-18/19 financial year.
- TB hospitals will conduct peer reviews during the assessment period so that the results can be objective
- The department will be focusing on merging Winterberg and Fort Beaufort hospitals as an attempt to improve efficiencies within the health system; this will ultimately improve the bed utilization rate for TB hospitals.

4.3 SPECIALIZED PSYCHIATRIC HOSPITAL

PROGRAMME PURPOSE

Rendering a specialist psychiatric hospital service for people with mental illness and intellectual disability and providing a platform for training of health workers and research

- Elizabeth Donkin Psychiatric Hospital
- Komani Hospital
- Tower Psychiatric Hospital Provide long-term
- Cecilia Makiwane Hospital acute psychiatric Unit
- Holy Cross Hospital acute psychiatric Unit
- St Barnabas Hospital acute psychiatric Unit
- Mthatha Regional Hospital acute psychiatric Unit
- Dora Nginza Hospital – 72 Hour observation Unit plus

STRATEGIC OBJECTIVES

- Prevent and reduce the disease burden and promote health
- Improved quality of care in mental health services

KEY STRATEGIES IMPLEMENTED TO ACHIEVE STRATEGIC OBJECTIVES

- Establish Provincial, District, PHC capacity for Mental Health Services.
- Strengthen the prevention of mental disorders, substance, drug & alcohol abuse.
- Provide sufficient resources for mental health.

ACHIEVEMENTS

Leadership and governance

- Approval for establishment single Directorate for Mental Health Services obtained from the Head of Department.
- All the Mental Health Hospitals have established Hospital Boards in compliance with the provision of the National Health Act and Mental Health Care Act.
- Department has continued to provide functional Mental Health Review Boards to monitor compliance with the Mental Health Care Act No.17 of 2002.

Human Resources and development

- Appointment of Elizabeth Donkin Hospital CEO.
- Appointment of two medical officers for Tower Hospital.
- Appointment of one medical officer for Komani Hospital
- Recruitment of Specialist for Tower Hospital.
- Appointment of the new Mental Health Review Boards
- Conducted two-day Mental Health Training workshop for Health Professionals.
- 2 Day Forensic Mental Health Training Workshop. 35 Clinicians attended training (Specialist, Medical Officers / Registrars & Clinical Psychologist).
- Training of 35 Medical Officers on Mental Health and Substance Abuse for the OR Tambo and Alfred Nzo District.

1. Service delivery platform

- Program is continuing with outreach program and training of professionals.
- Twenty-two (22) Psychiatric Registrars enrolled for training.
- Two (2) Registrars qualified and one has successfully registered with HPCSA.
- Program rolled out implementation of NCS by conduction peer review self – assessment for the Specialized Psychiatric institutions. This has brought awareness and insight for all managers and their roles in the implementation of NCS. Service gaps were identified and QIP developed by all institutions.
- Program achieved 97 % of complaints resolution rate and thus exceeding set target by 8.5%

Table B4.3: Performance against Provincial Targets from 2017/18 Annual Performance Plan for sub-programme 4.3 Psychiatric hospitals

Strategic objectives	Performance Indicator	Actual achievement 2016/17	Planned Target 2017/18	Actual achievement 2017/18	Deviation from planned target to actual achievement 2017/18	Comment on deviations
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.4 Hospital achieved 75% and more on National Core Standards self-assessment rate	New indicator	100%	100%	0%	Target achieved
	Num: Hospital achieved 75% and more on National Core Standards self-assessment		3	3		
	Den: Hospital conducted National Core Standards self-assessment		3	3		
2.4 Patient satisfaction rate increased to more than 75% in Health services by 2019	2.4.21 Complaints resolution rate	96.4%	88.5%	97%	8.5%	The target was overachieved due to training that was conducted for health professionals. All Hospitals have QA Coordinators who are assisting with QA programs for these institutions.
	Numerator: Compliant resolved	54		73		
	Denominator: Compliant received	56		75		
	2.4.29 Complaint resolution within 25 working days rate	94.6%	100%	100%	0	Target achieved
	Numerator: Complaint resolved within 25 working days	53		73		
	Denominator: Complaint resolved	56		73		

STRATEGIES TO OVERCOME AREAS OF UNDER PERFORMANCE

- Establish additional acute beds to improve access to mental health services in the province.
- Increase human resource capacity in Mental Health Institutions (ARP, fill replacement posts for clinicians in Mental Institutions: EDH x 1 specialist, Tower x 1 clinical psychologist, Dora Nginza MHU x 2 specialist, EL MHU x 2 specialist. Mthatha MHU x 1 clinical psychologist.
- Provide psychological services in Designated CHC and PHC clinics by appointing mental health specialist nurses, registered counsellors.
- Establish District Specialist Teams to support DHS & PHC clinics.
- Provide mental health training for medical officers and PHC nurses.
- Improve infrastructural capacity for Mental Health Services.
- Extend substance abuse programme for mental health users to other Mental Health Institutions.
- Induction and continuous training of personnel and external stakeholders in mental health institutions

CHANGES TO PLANNED TARGETS

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

LINKING PERFORMANCE WITH BUDGET

Programme 4: PROVINCIAL HOSPITALS SERVICES

Appropriation per programme									
Voted funds and Direct charges	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub Programme									
1 **GENERAL (REGIONAL) HOSPITALS**	2,541,836	65,722	75,009	2,682,567	2,685,261	(2,694)	100,10%	2,382,602	2,382,538
2 **TB HOSPITALS**	352,915	(46,122)	-	306,793	303,673	3,120	99,00%	271,632	271,424
3 PSYCHIATRIC MENTAL HOSPITALS	695,669	(19,600)	(175,633)	500,436	499,427	1,009	99,80%	596,235	596,235
	3,590,420	**-**	**(100,624)**	**3,489,796**	**3,488,361**	**1,435**	**100,00%**	**3,250,469**	**3,250,197**
Economic classification									
Current payments	**3,549,290**	**(97,652)**	**(240,893)**	**3,210,745**	**3,209,342**	**1,403**	**100,00%**	**3,090,893**	**3,090,685**
Compensation of employees	2,752,742	-	(240,893)	2,511,849	2,511,845	4	100,00%	2,405,489	2,405,489
Goods and services	796,548	(97,652)	(2,171)	696,725	695,326	1,399	99,80%	684,002	683,794
Interest and rent on land	-	-	2,171	2,171	2,171	-	100,00%	1,402	1,402
Transfers and subsidies	**16,871**	**97,652**	**140,269**	**254,792**	**266,501**	**(11,709)**	**104,60%**	**135,625**	**135,561**
Households	16,871	97,652	140,269	254,792	266,501	(11,709)	104,60%	135,625	135,561
Payments for capital assets	**24,259**	**-**	**-**	**24,259**	**12,518**	**11,741**	**51,60%**	**23,951**	**23,951**
Machinery and equipment	24,259	-	-	24,259	12,518	11,741	51,60%	23,951	23,951
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	3,590,420	**-**	**(100,624)**	**3,489,796**	**3,488,361**	**1,435**	**100,00%**	**3,250,469**	**3,250,197**

PART B
PROGRAMME 5
PROVINCIAL TERTIARY HOSPITAL SERVICES

PROGRAMME 5: CENTRAL & TERTIARY HOSPITALS

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.

Programme 5 consists of a total of four hospitals under 3 sub-programmes i.e.

5.1 Central hospital: Nelson Mandela Academic
5.2 Tertiary hospitals: Livingstone and Frere;
5.3 Specialised tertiary hospital: Fort England

STRATEGIC OBJECTIVES

- 2.3 Health facilities assessed for compliance with National Core
- Standards increased to more than 60% by 2019
- 2.4 Patient satisfaction rate increased to more than 75% in Health services by 2019
- 1.9 80% of Hospitals meeting national efficiency targets by 2019

5.1 CENTRAL HOSPITALS SERVICES

KEY STRATEGIES IMPLEMENTED TO ACHIEVE STRATEGIC OBJECTIVES

- Procurement of Key Critical Equipment for the Emergency Trolleys
- The creation of Isolation Wards in our facilities
- Implementation of functional Leadership and Governance structures in all our facilities
- Implementation of an effective referral system
- The Development of a Full Tertiary (T2) Package

ACHIEVEMENTS

Human Resources and development

- Appointment of Paediatric sub specialist (Paediatric Neurologist).
- Registrar programme produced additional Specialists in the field of Paediatric and Gynae.
- 8 doctors passed Diploma in Aneasthesia.
- Establishment of full time Medical Oncology services with the appointment of 2 Specialists Oncologists.
- Outreach programme has been strengthened in Obstetrics and Gynae.

National Core Standards

- Achieved above 80% on the National Core Standards.

Infrastructure and equipment

- Upgrade of Neonatal unit commenced in February 2018.

Table B5.1: Performance against Annual Provincial Targets from 2017/18 Annual Performance Plan for Central Hospital

Strategic objectives	Performance Indicator	Actual achievement 2016/17	Planned Target 2017/18	Actual achievement 2017/18	Deviation from planned target to actual achievement 2017/18	Comment on deviations
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.5 Hospital achieved 75% and more on National Core Standards self-assessment rate	New Indicator	100%	100%	0	Target achieved
1.10 80% of Hospitals meeting national efficiency targets by 2019	1.10.4 Average length of stay	11.1 days	5.5 days	9 days	-3.5 days	Target not achieved because of premature neonates, orthopaedic and spinal patients who stay longer
	Num: Inpatient days + ½ day patients	229 968		218 522		
	Den: Inpatient separations	20 644		24 340		
	1.10.10 Inpatient bed utilisation rate	83.9%	75%	79%	4%	Performance is above target due to high average length of stay as premature neonates, orthopaedic and spinal patients stay longer
	Num: Inpatient days + 1/2 day	229 968		218 522		
	Den: Inpatient bed days (Inpatient beds*30.42)	274 145		274 145		
	1.9.11 Expenditure per patient day equivalent (PDE)	R2 723	R4 247	R 3,472	-R775	The target was not achieved because of EC DoH efforts to contain costs and spend within cash flow, in a bid to limit overspending of the allocated adjusted budget.
	Num: Expenditure total	R1,199,771,779		R1,149,556,604		
	Den: Patient Day Equivalent	303 874		331,066		
2.4 Patient satisfaction rate increased to more than 75% in Health services by 2019	2.4.24 Complaints resolution rate	99.8%	90%	100%	10%	Target over achieved due to improved functionality of governance structures that oversee implementation of the complaints management system;

Strategic objectives	Performance Indicator	Actual achievement 2016/17	Planned Target 2017/18	Actual achievement 2017/18	Deviation from planned target to actual achievement 2017/18	Comment on deviations
						Hospital has a QA coordinator who is assisting with QA programs.
	Numerator: Compliant resolved	406		223		
	Denominator: Compliant received	407		223		
	2.4.32 Complaint resolution within 25 working days rate	100%	98%	98%		Target achieved
	Numerator: Complaint resolved within 25 working days	406		218		
	Denominator: Complaint resolved	407		223		

STRATEGIES TO OVERCOME AREAS OF UNDER PERFORMANCE

- Continued development of services towards a complete T2 Package.
- Strengthening of out-reach / in-reach to ensure decreased influx and improved peripheral service access and provision
- Strengthen regional meetings as a platform to discuss all clinical issues

CHANGES TO PLANNED TARGETS

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

5.2 TERTIARY HOSPITALS

PROGRAMME PURPOSE

To insure the provision of specialist clinical and or health services. Its other responsibility is to provide clinical and health learners hip in ensuring that the hospital meets its target

STRATEGIC OBJECTIVES

- 2.3 Health facilities assessed for compliance with National Core
- Standards increased to more than 60% by 2019
- 2.4 Patient satisfaction rate increased to more than 75% in Health services by 2019
- 1.9 80% of Hospitals meeting national efficiency targets by 2019

KEY STRATEGIES IMPLEMENTED TO ACHIEVE TARGETS

- Procurement of Key Critical Equipment for the Emergency Trolleys
- The creation of Isolation Wards in our facilities
- Implementation of functional Leadership and Governance Structures in ALL our facilities
- Implementation of an effective Referral System
- The Development of a Full Tertiary (T1) Package

ACHIEVEMENTS

Leadership and governance

Hospital Board at Livingstone approved by the MEC, inducted.

Human Resources and development

Livingstone Hospital

- Appointment of Neuro-Surgeon specialist and Cardiothoracic Surgeon.
- A Cardiologist internally trained qualified ad appointed.
- Appointed Head of Department Paediatrics.
- Appointed an Accident and Emergency specialist, he has been accredited to train Registrars.
- Outreach programme has been strengthened in Gastro Intestinal Tract, Ophthalmology and Dermatology

Frere Hospital

- Appointed an internally trained Oncologist
- Appointed Radiation Oncologist and a Surgeon
- Outreach programme has been strengthened in Neurology, Paediatrics and ENT.

Service delivery platform – outputs

- Isolation room in ICU to comply with NCS has been completed.
- Establishment of a 25 Bedded Mental Observation Unit at the back of Accident and Emergency Unit in Livingstone Hospital.
- Establishment of an Acute Surgical Unit at the Emergency Unit in Livingstone Hospital
- Frere hospital has seen a consistent reduction of Hospital Acquired Infection from 4.3 baseline in 2014/15 to 0.68 in the current reporting year. A decrease of 84%.
- Nuclear Medicine relocated from PE Provincial hospital to Livingstone Hospital.

National Core Standards

Both Tertiary Hospitals have achieved the NCS compliance of more than 80%. Frere Hospital scored 82% and Livingstone Hospital score 87%.

Infrastructure and equipment

- Installation of the 300 000L water tank replacing a leaking water tank.
- LTH procured critical health technology equipment (Nuclear Medicine Gamma Camera for Oncology and Anaesthetic machine for the Cathlab).
- Frere Hospital procured diagnostic scanner Floroscope image intensifier bracktherapy Gastroscope

CHANGES TO PLANNED TARGETS

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

LINKING PERFORMANCE WITH BUDGETS

Table B5.2: Performance against Annual from 2017/18 Annual Performance Plan for Tertiary Hospital Services sub-programme 5.2

Strategic objectives	Performance Indicator	Actual achievement 2016/17	Planned Target 2017/18	Actual achievement 2017/18	Deviation from planned target to actual achievement 2017/18	Comment on deviations
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.6 Hospital achieved 75% and more on National Core Standards self-assessment rate	New Indicator	100%	100%	0	Target achieved
	Num: Hospital achieved 75% and more on National Core Standards self-assessment		2	2		
	Den: Hospital conducted National Core Standards self-assessment		2	2		
1.10.5 80% of Hospitals meeting national efficiency targets by 2019	1.10.5 Average length of stay (ALOS)	5.7 days	5.5 days	6 days	-0.5 days	Under achievement on target is due to orthopaedics patients who stay longer
	Num: Inpatient days + ½ day patients	452 728		464 215		
	Den: Inpatient separations	78 785		77 788		
	1.10.11 Inpatient bed utilisation rate	74.8%	75%	77%	2%	Over achievement on target is due to orthopaedics patients who stay longer
	Num: Inpatient days + 1/2 day	452 728	725 699	464 215		
	Den: Inpatient bed days (Inpatient beds*30.42)	605 236	967 599	605 662		
	1.10..17 Expenditure per patient day equivalent (PDE)	R3,357	R3 878	R3,303	-R575	The target is not achieved due to the Provincial efforts to contain costs and spend within cash flow, in a bid to limit overspending of the allocated adjusted budget.
	Num: Expenditure total	R2,394,478,879		R2,320,617,980		
	Den: Patient Day Equivalent	713,300		702,512		
2.4 Patient satisfaction rate increased to more than 75% in Health services by	2.4.23 Complaints resolution rate	97%	90%	99%	9%	Target over achieved due to improved functionality of governance structures that oversee implementation of the

Strategic objectives	Performance Indicator	Actual achievement 2016/17	Planned Target 2017/18	Actual achievement 2017/18	Deviation from planned target to actual achievement 2017/18	Comment on deviations
2019						complaints management system; Hospital has a QA coordinator who is assisting with QA programs.
	Numerator: Compliant resolved	233		292		
	Denominator: Compliant received	240		294		
	2.4.31 Complaint resolution within 25 working days rate	97%	90%	95%	5%	Target over achieved due to improved functionality of governance structures that oversee implementation of the complaints management system; Hospital has a QA coordinator who is assisting with QA programs.
	Numerator: Complaint resolved within 25 working days	233		277		
	Denominator: Complaint resolved	240		292		

STRATEGIES TO OVERCOME AREAS OF UNDER PERFORMANCE

- Continued development of services towards a complete T1 Package.
- Strengthening of out-reach / in-reach to ensure decreased influx and improved peripheral service access and provision
- Strengthen regional meetings as a platform to discuss all clinical issues

CHANGES TO PLANNED TARGETS

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

5.3 SPECIALISED (PSYCHIATRIC) TERTIARY HOSPITAL

PROGRAMME PURPOSE

To strengthen and continuously develop the modern tertiary services platform to adequate levels in order to be responsive to 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:

5.3.1 Specialized Tertiary Hospital

Fort England (Specialized Psychiatric Hospital)

STRATEGIC OBJECTIVES

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

ACHIEVEMENTS

- Appointment of Clinical Psychologist
- One Registrar qualified as a Specialist and successfully registered with HPCSA
- 100% complaints resolution rate

Table B5.3: Performance against Provincial Targets from 2017/18 Annual Performance Plan for sub-programme 5.3-Specialised Psychiatric Tertiary Hospital (Fort England)

Strategic Objective	Performance Indicator	Baseline 2016/17 output	Annual Target 2017/18	Actual Annual achievement 2017/18	Deviation from planned target to actual annual achievement for 2017/18	Comment on deviations
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.7 Hospital achieved 75% and more on National Core Standards self-assessment rate	New Indicator	100%	100%	0	Target achieved
	Num: Hospital achieved 75% and more on National Core Standards self-assessment	-		1		
	Den: Hospital conducted National Core Standards self-assessment	-		1		
2.4 Patient satisfaction rate increased to more than 75% in Health services by 2019	2.4.26 Complaints resolution rate	48	80%	91%	11%	Target over achieved due to improved functionality of governance structures that oversee implementation of the complaints management system; Hospital has a QA coordinator who is assisting with QA programs.
	Numerator: Complaint resolved	24		40		
	Denominator: Complaint received	50		44		
	2.4.34 Complaints resolution within 25 working days rate	48	95%	100%	5%	Target over achieved due to improved functionality of governance structures that oversee implementation of the complaints management system; Hospital has a QA coordinator who is assisting with QA programs.

Strategic Objective	Performance Indicator	Baseline 2016/17 output	Annual Target 2017/18	Actual Annual achievement 2017/18	Deviation from planned target to actual annual achievement for 2017/18	Comment on deviations
	Numerator: Complaint resolved within 25 working days	24		40		
	Denominator: Complaint resolved	50		40		

STRATEGIES TO OVERCOME AREAS OF UNDER PERFORMANCE

- Reinforce management capacity in the institution.
- Implement new provincial protocol to reduce Forensic and State Patient waiting times and Observations.

CHANGES TO PLANNED TARGETS

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

LINKING PERFORMANCE WITH BUDGET

Programme 5: CENTRAL HOSPITAL SERVICES

Appropriation per programme									
Voted funds and Direct charges	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub Programme									
1 **CENTRAL HOSPITAL SERVICES**	1,049,734	9,829	28,214	1,087,777	1,084,905	2,872	99,70%	2,926,360	2,913,621
2 **PROVINCIAL TERTIARY SERVICES**	2,230,503	(9,829)	170,544	2,391,218	2,386,168	5,050	99,80%	-	-
	3,280,237	**-**	**198,758**	**3,478,995**	**3,471,073**	**7,922**	**99,80%**	**2,926,360**	**2,913,621**
Economic classification									
Current payments	**3,212,538**	**-**	**122,091**	**3,334,629**	**3,331,701**	**2,928**	**99,90%**	**2,769,476**	**2,769,476**
Compensation of employees	2,132,907	-	242,248	2,375,155	2,375,151	4	100,00%	1,954,815	1,954,815
Goods and services	1,079,631	(300)	(120,157)	959,174	956,250	2,924	99,70%	812,194	812,194
Interest and rent on land	-	300	-	300	300	-	100,00%	2,467	2,467
Transfers and subsidies	**26,653**	**-**	**54,628**	**81,281**	**81,281**	**-**	**100,00%**	**41,412**	**41,278**
Households	26,653	-	54,628	81,281	81,281	-	100,00%	41,412	41,278
Payments for capital assets	**41,046**	**-**	**22,039**	**63,085**	**58,091**	**4,994**	**92,10%**	**115,472**	**102,867**
Machinery and equipment	41,046	-	22,039	63,085	58,091	4,994	92,10%	115,472	102,867
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	3,280,237	**-**	**198,758**	**3,478,995**	**3,471,073**	**7,922**	**99,80%**	**2,926,360**	**2,913,621**

PART B

PROGRAMME 6

HEALTH SCIENCES AND TRAINING

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

PURPOSE

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

STRATEGIC GOAL BEING ADDRESSED:

Improved Quality of Care.

KEY STRATEGIES IMPLEMENTED TO ACHIEVE STRATEGIC OBJECTIVES

- Staff training in line with the skills development plan

ACHIEVEMENTS

1. Training and development of new health care professionals

During the financial year 2017/18, the Department continued with the support of students pursuing various Health Science and Allied studies throughout South Africa and in Cuba. The EC DOH supported a total of 883 bursars both in South Africa and in Cuba. Of these, 471 bursaries were newly awarded in 2017 as shown in Table B6.1 below.

Bursaries awarded to 1st Year Medical Students: Of the total 471 new bursaries awarded during 2017/18, 97 were awarded for the first time to medical doctors (i.e 1st year and other years of study) whilst 46 were awarded to other clinical fields (Table B6.1). During January to March 2018 (Qrt 4), 56 new bursaries were awarded to clinical students, of which 33 were medical doctors; 16 of the 33 were 1st year students. The Department awarded these bursaries through the MEC bailout program.

1st Year Nursing Students: A total of 351 first year nursing students were awarded bursaries in 2017. The department managed to recruit 351 students in February 2017 and continued to pay allowances throughout the 2017/18 financial year. During quarter 4 of 2018/19 FY, another group of 350 1st year nursing students were awarded bursaries, and these will be on the 2018/19 FY budget.

Table B6.1: DOH awarded bursaries distributed by field of study, 2017/18 intake (MEC Bailout program)

QUALIFICATION	New Intake 2017	New Intake 2018
Medicine	97	33
Dental Science		3
Optometry		1
Orthotitis & Prosthesis	6	1
Pharmacy	3	5
Physiotherapy		1
Dentistry		2
Dietetics		1
Clinical Psychology		1
Clinical Associates	11	0
Occupational Therapy		1
Emergency Care	1	1
Dental Assistant		2
Dental Technology		1
Biomedical Science		2
Forensic Science		1
Speech Therapy	1	
Nursing	351	350
TOTAL	**471**	**406**

NB: The new intake for 2018 was effected in 4th Quarter of 2017/18 but the Financial Implications fall in the new Financial Year 2018/19

LILITHA NURSING COLLEGE

Governance

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

Strengthening Quality Assurance and Research development:

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

Health systems strengthening projects:

- Facilitating Clinical Nursing Practice project with the Provincial three Higher Education institutions (WSU, UFH and NMU) ITECH SA and NDoH for the improvement of both pre and in-service training for both curriculum integration and practice performance improvement for nurses in practice as well, project consisted of two phases ie

- content development of the following priority areas:
    - Adult Patient Care,
    - Child Nursing,
    - Maternal and Child Health,
    - Mental Illness,

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

- Curriculum development and reviews for new nursing programmes:
    - Higher Certificate: Level 5,
    - Diploma in Nursing: Level 6 and
    - Advanced Diploma in Midwifery: Level 7 – submitted to SANC and CHE awaiting accreditation visit from the two statutory bodies;

- **Clinical Skills Simulation laboratories**: 83% (21/25) including current renovation at Mthatha main and Midlands sub campuses

- **Computer laboratories**: 67% (17/25) established at main and some of the sub campuses in the province

- **Library and ICT services**: 54% (14/25) is partnering with WSU at all WSU deaneries in the ECDoH facilities for college students to access WIFI and other connections;

- **Support to Ideal Clinic Realisation**: 16 academics were trained as trainers in Basic Life support programmes to support the PHC reengineering in the teaching and learning platform for the realisation of the Ideal Clinic requirements;

Table B6.2: Specialist Nurse Academic Programmes offered at Lilitha College Campuses:

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

Table B6.3: Number of graduates produced (all categories of nursing students combined) and overall pass rate at Lilitha Nursing College distributed by year of study (passed the examinations)

CAMPUS	YEAR 1 (ENA, EN, 4D, BC, MID, PGDS)	YEAR 2 (EN, 4D, BC)	YEAR 3 (4D)	YEAR 4 (4D)	TOTAL	OVERAL PASS RATE
EL	155/305	105/161	78/97	65/66	403/629	64%
MTHATHA	142/209	166/191	77/83	95/95	480/578	83%
PE	135/185	167/187	58/71	81/86	441/529	83%
QUEENSTOWN	150/186	181/197	76/77	118/118	525/578	91%
LUSIKISIKI	103/129	110/128	63/68	69/69	345/394	88%
TOTAL NO	**685/1014**	**729/864**	**352/396**	**428/434**	**2194/2708**	**81%**

ENROLMENT: 2017/18: ALL ACADEMIC PROGRAMMES:

Table B6.4: Enrolment at Lilitha Nursing College distributed by study course and year level

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

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REGIONAL TRAINING CENTRE

The Regional Training Centre (RTC) is funded to coordinate clinical trainings for the clinical service and clinical support programmes (Programme 7). It coordinates trainings done by District Clinical Specialists Teams, Developmental Partners and RTC Trainers in districts who have trainers i.e Sara Baartman, Nelson Mandela and Amathole, Joe Gqabi. Most of the RTC trainings are funded and facilitated by developmental partners. The achievement of RTC targets is attributed to the work done by the Partners. District Clinical Specialist Teams had contributed to the training of doctors alongside with few Partners who are competent in training the doctors.

Achievements:

5 068 Nurses were trained during the 17/18 FY. This achievement is attributed to facilitation of trainings by District Clinical Specialist Teams, District Trainers at Amathole, Sara Baartman and Nelson Mandela Metro and Developmental Partners. Training of non-Professionals was also achieved through trainings conducted by District Trainers in the three districts and Developmental Partners.

Evaluation of trainings done in the previous years showed a huge gap in knowledge of Community Service Nurses. A pilot was conducted to identify gaps in OR Tambo with the assistance of ITEC in partnership with Lilitha College, University of Fort Hare, Walter Sisulu University and Nelson Mandela Metro University. The four institutions of higher learning were expected to identify gaps and use the information in improving the Clinical Competency of students who are trained. Using pilot results, training plans were developed to be implemented with the 2018 intake of Community Service Nurses.

Table B6.5 Eastern Cape RTC Outputs, 2017/18

Indicator	Baseline (Actual) 16/17	Planned Target 2017/18	Actual achievement 2017/18
No of Doctors trained on HIV/AIDS, TB, STIs and other chronic diseases	786	600	567
No of Nurses trained on HIV/AIDS, TB, STIs and other chronic diseases	5 780	5 500	5968
No of Non-professional trained on HIV/AIDS, TB, STIs and other chronic diseases	2 574	2 000	3574

STRATEGIES TO OVERCOME AREAS OF UNDER PERFORMANCE

- Both basic and post basic intakes are complemented by the number of nurses granted permission to study further and upgrade their nursing qualifications.
- Introduction of the new nursing qualifications ie Higher Certificate in Auxiliary Nursing which is a one Year Programme to start in 2019-2010 depending on the Council of Higher Education and South African Nursing Council accreditation approvals.

Lilitha College of Nursing expenditure contribution:

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

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

Table B6.6: Performance against Annual Targets from 2017/18 Annual Performance Plan for Health Sciences and training.

Strategic objectives	Performance Indicator	Actual achievement 2016/17	Planned Target 2017/18	Actual achievement 2017/18	Deviation from planned target to actual achievement 2017/18	Comment on deviations
2.6 Medical Student receiving bursary by 2019	2.6.1 Number of Bursaries awarded for their first-year medicine students	13	10	97	87	Overachievement is because of the bailout program from the MEC office as the students appealed to the DOH executive faced with exclusion from the academic institutions These students were at various levels of their studies but were awarded for the 1st time during reporting period.
	2.6.2 Number of bursaries awarded for the first-year nursing students	350	350	351	1	One student was awarded from the MEC bail-out project

CHANGES TO PLANNED TARGETS

There were no changes made to targets during the reporting period

LINKING PERFORMANCE WITH BUDGET

Programme 6: HEALTH SCIENCES & TRAINING

Appropriation per programme									
Voted funds and Direct charges	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub Programme									
1 **NURSING TRAINING COLLEGES**	317,558	-	(34,507)	283,051	276,980	6,071	97,90%	289,005	285,627
2 **EMS TRAINING COLLEGE**	15,018	-	3,807	18,825	13,873	4,952	73,70%	11,788	10,657
3 BURSARIES	154,594	-	(12,844)	141,750	141,117	633	99,60%	186,240	186,239
4 OTHER TRAINING	345,776	-	(44,087)	301,689	295,722	5,967	98,00%	268,723	266,849
	832,946	**-**	**(87,631)**	**745,315**	**727,692**	**17,623**	**97,60%**	**755,756**	**749,372**
Economic classification									
Current payments	**644,999**	**-**	**(76,635)**	**568,364**	**562,753**	**5,611**	**99,00%**	**541,960**	**541,960**
Compensation of employees	472,472	-	(1,025)	471,447	468,511	2,936	99,40%	470,198	470,198
Goods and services	172,527	-	(75,610)	96,917	94,242	2,675	97,20%	71,762	71,762
Transfers and subsidies	**164,522**	**-**	**(10,996)**	**153,526**	**153,526**	**-**	**100,00%**	**196,891**	**196,341**
Departmental agencies and accounts	11,013	-	-	11,013	11,013	-	100,00%	8,145	7,739
Households	153,509	-	(10,996)	142,513	142,513	-	100,00%	188,746	188,602
Payments for capital assets	**23,425**	**-**	**-**	**23,425**	**11,413**	**12,012**	**48,70%**	**16,905**	**11,071**
Machinery and equipment	23,425	-	-	23,425	11,413	12,012	48,70%	16,905	11,071
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	832,946	**-**	**(87,631)**	**745,315**	**727,692**	**17,623**	**97,60%**	**755,756**	**749,372**

PART B
PROGRAMME 7
HEALTH SUPPORT SERVICES

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES (HCSS)

PROGRAMME PURPOSE

To render quality, effective and efficient transversal (orthotic & prosthetic, rehabilitation, laboratory, social work services and radiology services) and pharmaceutical to the communities of the Eastern Cape. Health Care support services consists of two sub-programs: Transversal Health Services and pharmaceutical Services.

Transversal Health Services consists of:

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

- Rehabilitation health and disability, laboratory, social work and radiological services are rendered at all Hospitals and/or community health centres.

Pharmaceutical Services is responsible for

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

STRATEGIC OBJECTIVES

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

KEY STRATEGIES IMPLEMENTED TO ACHIEVE OBJECTIVES

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

ACHIEVEMENTS

Transversal Health Services Management

- Reduced the backlog for hearing aids, the waiting period is now 6 weeks
- Six new cochlear implants were done in the 207/18 financial year [Frere Hospital = 3; Livingstone Hospital =3]
- Consignment of 1,537 wheelchairs was received in the 2017/18 financial year.

Human Resources and Development

- Appointed 4 medical O&P specialists at O&P centres. This is expected to assist in reducing the backlog at O&P centres.
- Twenty-nine audiologists were trained in the screening of ototoxicity in patients on DR-TB treatment
- Forty therapists were trained in Wheelchair Basic and intermediate levels of wheelchair seating, a specialty to prevent and manage further disability.
- The program has managed to exceed the planned annual target of 90% for orthosis by issuing 8 800 orthosis. Most of the orthoses supplied are off shelf items which were procured in bulk and were readily available on the shelves. The demand for the orthoses is increasing due to the effectiveness of the orthopaedic clinics in the facilities and the specialists clinics in tertiary hospitals hence the high number of patients issued.

Service delivery platform

Medicines Availability

The stock visibility system (SVS) continued to be implemented at all clinics and health centres. The SVS is a mobile application used by health professionals at 728 clinics and 40 community health centers to scan medicines barcodes and record stock levels for Antiretrovirals (ARVs), tuberculosis (TB) medicines, and vaccines. The purpose of the SVS is to provide timely stock status reports for decision makers. Information on facility levels is accessible at district and provincial office level. The managers use the information to resupply when stock levels are low, or move stock when levels are higher than the average monthly consumption levels.

The data from SVS shows a marked improvement in medicines availability with facilities reporting an availability of 93.4% and 88.6% for antiretroviral tuberculosis medicines respectively. The average medicines availability was at 90.8% in the financial year 2017/18.

There has been a steady improvement in the availability of ARVs, with the province maintaining an above 90% availability throughout the year. Interruptions at the Mthatha Depot were experienced during quarter 4 due to the construction work underway at the depot. There was however, no facility that reported stock out of the medicines being tracked on the SVS.

The province was affected by the countrywide shortage of *Bacillus Calmette-Guerin* (BCG) vaccine. Stock was successfully moved from clinics where the need for this vaccine is low, to hospitals and health centres with high demand for BCG.

Laboratory and Blood Services

The department introduced the nationally endorsed electronic gate-keeping (eGK) rules to manage and rationalize the consumption of laboratory testing services. This system has also reduced unnecessary or duplicate testing and hence wastage. The introduction of the eGK rules has led to a saving on laboratory costs of R2,6 million over a period of six (6) months. 1292 Clinicians have been trained on laboratory services related topics which include phlebotomy, ordering of laboratory collection material, eGK & rational use of lab tests, quality control for HIV rapid screen and cytology.

The department continues to strengthen supervision and technical capacity in laboratory services by placing 11 laboratory service coordinators throughout the province. The coordinators work as a link between the National Health Laboratory Service (NHLS) and the health facilities to ensure availability of appropriate laboratory service.

The availability of quality and safe blood supply is essential to the health service being provided by the Department. The blood is supplied by the South African National Blood Service (SANBS) directly to the health facilities as needed. The department ensures that all hospitals using blood services have functional Blood and Laboratory Users Committees (BLUC). This committee provides the necessary governance to ensure the rational utilization of blood and laboratory services. Hospital Transfusion Committees are being established at various hospitals as a sub-committee of the BLUC, tasked with monitoring utilization of blood.

CCMDD

The central chronic medicines dispensing and distribution (CCMDD) programme is one of the provincial government's initiative to improve access to life saving medicines in the rural communities of our province. The programme is expected to reduce waiting times and minimize the cost incurred by patients when travelling to health facilities to collect their medicines. The programme has grown tremendously in the past year with 80, 054 new patients enrolled. The total number of patients on the programme was 235, 065 at the end of the year. The table below presents a comparison of the patients enrolment in each district from the number of patients enrolled in each district

Central Chronic Medicines Dispensing and Distribution (CCMDD)

The central chronic medicines dispensing and distribution (CCMDD) programme is one of the provincial government's initiative to improve access to life saving medicines in the rural communities of our province. The programme is expected to reduce waiting times and minimize the cost incurred by patients when travelling to health facilities to collect their medicines. The programme grew tremendously during the year under review achieving 52% increase from the previous financial year 2016/17; a total of 80 054 new patients were enrolled with an overall total of 235 065 patients (Table B7.1 from 713 facilities registered on the programme by the end of March 2018, Table B7.2 below.

Table B7.1 : Registered CCMDD patients distributed by health district and FY

DISTRICTS	March 2016/17	March 2017/18	% Annual increase
Alfred Nzo	12 762	21 506	68.5
Amathole	10 000	22 076	120.8
BCM	16 678	27 544	65.2
Chris Hani	13 338	23 717	77.8
Joe Gqabi	4 995	8 392	68.0
NMBM	11 524	22 161	92.3
OR Tambo	81 678	100 681	23.3
Sarah Baartman	4 036	8 988	122.7
Total Province	**155 011**	**235 065**	**51.6**

- **External Pick-up Points**: By end of the FY, there were 120 external pick up points which include Clicks retail stores, private pharmacies, and the SA Post office. This has given the patients the option to collect medicines even after formal business hours and over the weekends.

- **Adherence clubs**: The CCMDD programme is using 571 adherence clubs as part of the differentiated care strategy in the management of HIV&AIDS.

Table B7.2: Distribution of CCMDD pick up points by district, 2017/18

DISTRICT	TOTAL NUMBER OF FACILITIES REGISTERED	TOTAL NUMBER OF FACILITIES WITH ACTIVE CCMDD REGISTRATIONS	TOTAL NUMBER OF EXTERNAL PICK UP POINTS REGISTERED	TOTAL NUMBER OF ADHERENCE CLUBS REGISTERED
A Nzo	73	66	0	21
C Hani	164	161	2	83
Joe Gqabi	43	39	0	1
OR Tambo	146	145	72	221
Amathole	137	106	0	182
BCM	86	83	7	26
NMBM	56	51	38	36
S Baartman	66	62	1	1
EC Prov	**771**	**713**	**120**	**571**

Table B7.3: Performance against Annual Targets from 2017/18 Annual Performance Plan for Programme 7 Health Care Support Services

Strategic objectives	Performance Indicator	Actual achievement 2016/17	Planned Target 2017/18	Actual achievement 2017/18	Deviation from planned target to actual achievement 2017/18	Comment on deviations
1.11 95% of clients eligible for assistive devices provided with wheelchairs hearing aids, aids prosthesis & orthoses by 2019	1.11.1 Percentage of eligible applicants supplied with wheelchairs	88%	90%	53%	-37%	Most of the wheelchairs that were prescribed and procured were the highly specialised ones. These devices consumed most of the budget for this item. The programme also experienced delays in the fulfilment of orders by the suppliers since the specialised wheelchairs require to be customized and that process takes a minimum of 4 months to complete.
	Num: Number of clients supplied with wheelchairs during a reporting period	2 523	2 601	1 537		
	Den: Total clients applied and on waiting list to receive wheelchairs during the same period	2 863	2 890	2 890		
	1.11.2 Percentage of eligible clients supplied with hearing Aids	81%	90%	44%	-46%	The budget was not adequate to meet the target.
	Num: Number of clients supplied with hearing aids during a reporting period	2 110	2 890	1 427		
	Den: Total clients applied and on waiting list to receive hearing aids during the same period	2 592	3 211	3 211		
	1.11.3 Percentage eligible applicants supplied with prosthesis	71%	90%	23.4%	-66.6%	• The Provincial tender for O&P consumables was awarded in the 3rd quarter and procurement processes were done immediately. • Most of the items are imported and it

Strategic objectives	Performance Indicator	Actual achievement 2016/17	Planned Target 2017/18	Actual achievement 2017/18	Deviation from planned target to actual achievement 2017/18	Comment on deviations
						often takes longer for the supplier to deliver. • These components are very costly at about R3000 for below knee; R6000 above knee, and R12 000 for the upper limb. These costs further puts pressure on the available budget
	Num: Number of clients supplied with prosthesis during a reporting period	1 287	1 858	483		
	Den: Total clients applied and on waiting list to receive prosthesis during the same period	1 812	2 064	2064		
	1.11.4 Percentage of eligible applicants supplied with orthosis	96.4%	90%	501.7%	411.7%	Target was over achieved due to the availability of off-the-shelf items.
	Num: Number of clients supplied with orthosis during a reporting period	23 848	1 578	8 800		
	Den: Total clients applied and on waiting list to receive orthosis during the same period	24 744	1 754	1 754		
1.11 90% availability essential drugs in all health facilities by 2019	1.12.1 Percentage of order fulfilment of essential drugs at the depots	84%	85%	84%	1%	This is due to the renovation and construction works in Mthatha depot which affected services delivery given the reduced storage space of medicine
	Num: Number of order fulfilled completely	366 124	489 629	649 999		
	Den: Number of orders received	435 664	576 034	772 662		

STRATEGIES TO OVERCOME AREAS OF UNDER PERFORMANCE

TRANSVERSAL

- The programme will lobby for more funding for both hearing aids and wheelchairs. The funding is mostly consumed by the backlog and the highly specialised wheelchairs. 80% of the prescribed wheelchairs are the highly specialised ones. The programme is also partnering with local non-governmental organisations supporting people living with disabilities in order to reach more people in need of assistive devices.
- The programme has prioritised severe cases and paediatric referrals from the surgeons for assistive devices. This will ensure that we are able to do more with the limited resources available especially for prosthetic devices
- The program will also strengthen the leadership at the O&P centres. A plan is in place to recruit additional Chief Medical Orthotists and Prosthetists in all the three centres to supervise production.

PHARMACEUTICAL

- Refurbish the Mthatha Medical Depot to be compliant with MCC standards.
- Installation of a suitable electronic management system at the depot and facilities
- Continuous follow up of orders with suppliers to quickly identify poorly performing suppliers and take appropriate action to report to contract management, and in some instances explore alternative procurement.
- increase the ordering of Direct Delivery Orders to alleviate the space constraints at the depots
- Filling of critical technical/operational posts at the depot
- Inter depot transfer of stock to improve the availability of medicine
- Enrol more facilities as external pick up points for the CCMDD, tis will ensure improved access to medicines outside office hours
- Demand planning and forecasting, contract management
- Expand list of medicines on SVS as per ideal clinic list

CHANGES TO PLANNED TARGET

Indicator name	Initial target	New targets
1.11.1 Percentage of eligible applicants supplied with wheelchairs	85% (1 796/ 2 113)	90% (2 601/ 2 890)
1.11.2 Percentage of eligible clients supplied with hearing Aids	95% (267/281)	90% (2 890/ 3 211)
1.11.3 Percentage eligible applicants supplied with prosthesis	70% (787/ 1 124)	90% (1 858/ 2 064)
1.11.4 Percentage of eligible applicants supplied with orthosis	95% (16 625/ 17 500)	90% (1 578/ 1 754)

LINKING PERFORMANCE WITH BUDGET

Programme 7: HEALTH CARE SUPPORT SERVICES

Appropriation per programme									
Voted funds and Direct charges	2017/18							2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropria-tion	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub Programme									
1 **ORTHOTIC & PROSTHETIC SERVICES**	47,363	-	(10,929)	36,434	36,270	164	99,50%	44,651	44,545
2 **MEDICINE TRADING ACCOUNT**	83,396	-	(19,449)	63,947	63,728	219	99,70%	57,861	57,316
	130,759	**-**	**(30,378)**	**100,381**	**99,998**	**383**	**99,60%**	**102,512**	**101,861**
Economic classification									
Current payments	**129,775**	**-**	**(30,378)**	**99,397**	**99,397**	**-**	**100,00%**	**100,608**	**100,608**
Compensation of employees	59,115	-	(6,408)	52,707	52,707	-	100,00%	55,972	55,972
Goods and services	70,660	-	(23,970)	46,690	46,690	-	100,00%	44,636	44,636
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	**92**	**-**	**-**	**92**	**34**	**58**	**37,00%**	**185**	**185**
Households	92	-	-	92	34	58	37,00%	185	185
Payments for capital assets	**892**	**-**	**-**	**892**	**567**	**325**	**63,60%**	**1,719**	**1,068**
Machinery and equipment	892	-	-	892	567	325	63,60%	1,719	1,068
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	130,759	**-**	**(30,378)**	**100,381**	**99,998**	**383**	**99,60%**	**102,512**	**101,861**

PART B
PROGRAMME 8
HEALTH FACILITIES MANAGEMENT

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM)

8.1 PROGRAMME PURPOSE

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

The programme consists of four sub-programmes:

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

8.2 POLICY PRIORITIES OF THE PROGRAMME

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

Strategic goals being addressed:

Strategic goal 2: Improved quality of care

KEY STRATEGIES IMPLEMENTED TO ACHIEVE STRATEGIC OBJECTIVES

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

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

ACHIEVEMENTS

Infrastructure Delivery

The department was able to complete six projects during the 2017/18 financial year (see Table B8.1).

TABLE B8.1: Projects completed during 2017/18 Financial Year

S/N	Name of Project	Scope of Works	Project Start Date	Practical Completion Date	Total Project cost
1	Centuli Clinc	New clinic, staff accommodation and associated external works and services – completion contract	19-Feb-15	29-Nov-17	10 981 109
2	Luthubeni Clinic	Replacement of Clinic, new staff accommodation, and other associated external works and services.	16-Feb-15	06-Feb-18	23 047 001
3	Lotana Clinic	Replacement of Clinic, new staff accommodation, and other associated external works and services.	12-Feb-15	08-Feb-18	23 191 067
4	Nolitha Clinic	New clinic, staff accommodation and associated external works and services	12-Feb-15	22-Nov-17	22 896 873
5	Lusikisiki Clinic	Replacement of Clinic, new staff accommodation, and other associated external works and services.	28-Jul-15	23-Jan-18	57 662 825
6	Upgrading of Cecelia Makiwane Hospital	Construction of a Regional Hospital with 530 beds.	01-Jun-15	31-Aug-17	988 283 422

Health Technology

With the maternal child deaths remaining high, procurement of medical equipment largely focussed on this area. To this extent, an amount of R87 million was allocated for procurement of much needed medical equipment for the following critical clinical areas within 26 hospitals:

- Maternity and labour wards
- Neonatal Intensive Care and High Care Units; and Nursery
- Theatres and Recovery Bays
- Emergency units and resuscitation rooms; and
- Out Patient Departments (OPDs)

Further, the programme procured and installed major medical equipment items totalling R95 million. In as far as Cecilia Makiwane hospital commissioning is concerned, a budget allocation to the tune of R46 million was used to procure the equipment. Diagnostic sets and medical furniture were bought for the ideal clinics.

Infrastructure Planning

During the period under review, the department started a process of implementing projects internally. As at end of March 2018, 149 projects were scoped, priced, documented and publicly advertised by the programme. These tenders closed before the end of the year under review. These projects covered the following critical infrastructure areas:

- Frameworks Contracts for scheduled maintenance in areas such as generators, boilers, autoclaves etc.
- Repairs and renovations to clinics and hospitals
- Provision of Fence and construction of guardhouses
- Upgrading of Air Handling Units in Theatre complexes
- Repair and renovations to the existing housing units in various facilities
- Repairs of vertical transportation (lifts and escalators)

Day to Day Maintenance

In January 2017, the department implemented a concept of Facilities Management. Implementation of this concept is broken into the following work packages:

Type of Work	Source of Work
Re-active Maintenance and Breakdowns	This work to be reported to the Call Centre. This is largely meant to respond to crisis and aimed at keeping the facilities operational 24 hours. The focus is to be largely on critical plant, equipment and machinery for purposes of business continuity.
Planned Maintenance Work	This work will be informed by the Asset type and statutory requirements related to the Asset and sometimes determined by the Client. Frameworks contracts are to be implemented for this type of work.
Planned Repairs and Renovations	The Client from time to time based on the assessment required planned refurbishments to be executed at the discretion of the client and instruction(s) will be given in writing to the appointed service provider. This type of work will concern itself with the existing infrastructure shortfalls. No extensive extension, modification and additions will be done.
Planned Refurbishment, Upgrades and Additions	The Client from time to time based on the assessment required planned upgrades to be executed at the discretion of the client and instruction(s) will be given in writing to the appointed service provider. The focus here is to embark on building modifications and additions.

At the core implementation of this concept, are the following key considerations:

- Use of small medium enterprises.
- Over time shift from Re-active Maintenance and Breakdowns to a Planned/Scheduled maintenance region using Framework Contracts. This applies particularly to plant, equipment and machinery.
- Building of a departmental internal capacity, especially at facility for them to be able to deal with day to day type of maintenance.
- Capital projects focus on critical clinical areas as opposed to the fixing everything in a facility.
- Infrastructure focus is more on repairs, renovations as opposed to building new stocks.

To achieve this performance excellence the ECDoH is committed to providing accessible, appropriate and cost-effective health care infrastructure (including buildings, clinical equipment, plant and machinery). The ECDoH therefore must plan effectively for their infrastructure needs and manage the services provision to maintain the infrastructure.

Given the fact that the department was still working on project details with respect to Planned Maintenance and Repairs Work, facilities often used the established Call Centre for reactive maintenance related work.

In the context of the health care infrastructure, the Call Centre was primarily established to assist facilities with the maintenance of critical plant, equipment and machinery. This is essential for patient safety and business continuity. The reality on the ground saw facilities requiring assist with general infrastructure maintenance issues that ought to be dealt with by the facilities themselves.

During the 2017 Provincial Adjustment Estimates period, a decision was taken to decentralise general maintenance budget (R142 million) to facilities. Essentially, this allocation was meant for facilities to deal with day to day maintenance issues.

Expanded Public Works Programme

During this financial year, the department allocated an amount of R2 million to implement EPWP related projects. In terms of an approved business plan, the department is providing on-site further training opportunities. To date, 30 young professionals are gaining the required opportunities in the following areas:

- 26 Clinical Engineering
- 4 Administration staff.

Table B8.2: Performance against annual targets for Health Facilities Management 2017/18 financial year

Strategic objectives	Performance Indicator	Actual achievement 2016/17	Planned Target 2017/18	Actual achievement 2017/18	Deviation from planned target to actual achievement 2017/18	Comment on deviations
2.7 Health facilities refurbished to comply with the National norms and standards by 2019	2.7.1 Number of health facilities that have undergone major and refurbishment in NHI Pilot District	10	7	5	2	St Barnabas Psychiatric Unit and accommodation units in Nessie Knight Hospital not completed on time. In both projects the following factors led to the non – completion of the projects on time: 1. Discovery of medical waste in sites 2. Labour unrest arising out of wages disputes within the main contractor 3. Late payment of contractors
	2.7.2 Number of health facilities that have undergone minor refurbishment in NHI Pilot District	70	4	0	4	Nelson Mandela Academic Neonate project started six months later as was originally planned. The delay was experienced between project advertisement and evaluation period. Fencing and Guardhouses projects were not completed on time and this was largely caused non-availability of the fencing material from the suppliers.
	2.7.3 Number of health facilities that have undergone major refurbishment outside NHI pilot District (excluding facilities in	13	62	0	62	Fencing and Guardhouses projects were not completed on time due to the following: 1. Contractors failing to

Strategic objectives	Performance Indicator	Actual achievement 2016/17	Planned Target 2017/18	Actual achievement 2017/18	Deviation from planned target to actual achievement 2017/18	Comment on deviations
	NHI Pilot District)					meet Health and Safety requirements led to sites closure from time to time. 2. Dispute with local communities in respect of employment requirements led to sites closure 3. Sub-Contractors not working with due diligence led to work to be redone. 4. non Hamburg Clinic was not completed on time and this was caused by a contractor not working with due diligence. The contractor was put on terms.
	2.7.4 Number of health facilities that have undergone minor refurbishment outside NHI pilot District (excluding facilities in NHI Pilot District)	70	3	1010	1 007	The high volume of calls is caused by non-availability of framework contracts in respect of the electrical-mechanical plant, equipment and machinery. The type of work under taken in nature is that of general repairs and maintain acne. Below is number of selected fault calls that were reported and resolved:

Strategies to Improve Infrastructure Delivery

The decision to decentralise the maintenance programme is being implemented and the challenges listed below are experienced. To address these, the department is establishing district maintenance hubs and their characteristics are listed below.

Challenges experienced	Characteristics of district maintenance hubs
Facilities, (particularly from Regional to primary health care) do not have the technical capacity to implement day to day maintenance related works In instances where relative capacity exists, equipment and working tools are not readily available With the exception of Frere and Nelson Mandela Academic Hospitals, all other facilities do not have Management Team solely looking after the maintenance works Financial Management support (SCM and payment) at a district level need to be oriented to deal with infrastructure related services Service providers reluctant to deal with facilities directly, fearing a possibility of non-payment Given the fact that health facilities (particularly hospitals) are operating 24/7, their plant, equipment and machinery (lifts, HVAC, generators, laundry and kitchen equipment, autoclaves, boilers etc.) require close and high skill attention and quick response. Such a skill is not necessarily available within the facility.	Each District Maintenance Hub will have: ○ a qualified Senior Manager responsible for maintenance who will report to District Manager ○ Each District Maintenance Hub will have a call centre ○ Each District Maintenance Hub will have a workshop with the necessary equipment to undertake off site Service and Repairs ○ Each District Maintenance Hub will have Centralised Maintenance Management System (CMMS) ○ Each District Maintenance Hub will be staffed with the relevant officials skilled and have experience in the required skills area. To date 89 have been trained and placed in various facilities. In the next two years the team is planning to provide on job training to over 300 young professionals. ○ Transportation will be provided to the Technicians and Artisans that are based at District Maintenance hubs through pool vehicles or subsidy ○ Each District Maintenance Hub will have a stores for basic spare parts which are needed for routine maintenance ○ Each District Maintenance will have the necessary Personal Protective Clothing for its staff members Each District Maintenance Hub call centre shall be a 24 hour 7 days per week call centre functionality with proper procedures and guidelines for communication shall be maintained by District Maintenance Hubs:

LINKING PERFORMANCE WITH BUDGETS

Programme 8: HEALTH FACILITIES MANAGEMENT

Appropriation per programme									
Voted funds and Direct charges	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub Programme									
1 COMMUNITY HEALTH FACILITIES	161,597	3,166	(13,325)	151,438	155,394	(3,956)	102,60%	297,039	246,170
2 EMERGENCY MEDICAL RESCUE SERVICES	-	-	265	265	281	(16)	106,00%	-	-
3 DISTRICT HOSPITAL SERVICES	711,533	1,738	47,515	760,786	752,511	8,275	98,90%	447,692	429,957
4 PROVINCIAL HOSPITAL SERVICES	300,180	28,082	(38,846)	289,416	289,282	134	100,00%	483,648	479,573
5 OTHER FACILITIES	118,722	(32,986)	(7,508)	78,228	77,046	1,182	98,50%	140,234	140,234
	1,292,032	**-**	**(11,899)**	**1,280,133**	**1,274,514**	**5,619**	**99,60%**	**1,368,613**	**1,295,934**
Economic classification									
Current payments	**360,442**	**-**	**41,356**	**401,798**	**409,705**	**(7,907)**	**102,00%**	**398,022**	**398,022**
Compensation of employees	18,470	-	(1,478)	16,992	16,844	148	99,10%	14,494	14,494
Goods and services	341,972	-	42,834	384,806	392,861	(8,055)	102,10%	379,036	379,036
Interest and rent on land	-	-	-	-	-	-	-	4,492	4,492
Transfers and subsidies	**-**	**-**	**67**	**67**	**67**	**-**	**100,00%**	**-**	**-**
Households	-	-	67	67	67	-	100,00%	-	-
Payments for capital assets	**931,590**	**-**	**(53,322)**	**878,268**	**864,742**	**13,526**	**98,50%**	**970,591**	**897,912**
Buildings and other fixed structures	626,733	19,968	-	646,701	637,152	9,549	98,50%	722,682	654,895
Machinery and equipment	304,857	(19,968)	(53,322)	231,567	227,590	3,977	98,30%	247,909	243,017
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	1,292,032	**-**	**(11,899)**	**1,280,133**	**1,274,514**	**5,619**	**99,60%**	**1,368,613**	**1,295,934**

5. TRANSFER PAYMENTS

5.1 Transfer payments to public entities

The department does not make transfers to public entities.

5.2 Transfer payments to all organisations other than public entities

The department utilises various institutions, government entities, universities, technikons and community-based organisations as vehicles to deliver services. The nature of services to be rendered and the relationship with these organisations is governed by Service Level Agreements. During the year under review, the department transferred R689.346 million to the transferees detailed in the table below, for the period 1 April 2017 to 31 March 2018. Details on these transfer payments are also given in "Grants Paid to Munics" in note 38 to the annual report, as well as Annexures 1B, and 1G respectively of the Annual Financial Statements section.

Funds were transferred to various universities and technikons for the provision of health sciences, training & development, to hospices for palliative care, non-profit organisations for home-based care, municipalities for the devolution of environmental health, the settlement of medico legal claims against the Department and the settlement of leave gratuities (Annexure 1G).

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

NAME OF TRANSFEREE	TYPE OF ORGANISATION	PURPOSE FOR WHICH FUNDS WERE USED	DID THE DEPT COMPLY WITH S38(I)(J) OF PFMA	AMOUNT TRANS-FERRED	AMOUNT SPENT
				R'000	R'000
BLUE CRANE HOSPICE ASSOC T/CUR	HOSPICE	PALLATIVE CARE	YES	250	250
CAMDEBOO HOSPICE T/CUR	HOSPICE	PALLATIVE CARE	YES	295	295
CARE MINISTRY	NPO	HOME BASED CARE (HBC)	YES	500	500
CARING HANDS HBCC T/CUR	NPO	HOME BASED CARE (HBC)	YES	250	250
EMPILISWENI HIV/AIDS & ORPHANS	NPO	HOME BASED CARE HBC)	YES	175	175
FAITH AND HOPE INTEGRATE AIDS PROGRAMME	NPO	HOME BASED CARE (HBC)	YES	165	165
GRAHAMSTOWN HOSPIC NO/PRJ S/A T/CU	HOSPICE	HOME BASED CARE (HBC)	YES	405	405
HERSCHEL COMM EMPOW& UPLIFT T/CU	NPO	HOME BASED CARE (HBC)	YES	250	250
KWANOMZAMO HOME BASED COM T/CUR	NPO	HOME BASED CARE (HBC)	YES	125	125
JABEZ AIDS HEALTH CENTRE T/CUR	NPO	HOME BASED CARE (HBC)	YES	195	195
LADY GREY COMM EMPOW& UPLIF T/CU	NPO	HOME BASED CARE (HBC)	YES	250	250
LESEDI HOSPICE MUSONG T/CUR	HOSPICE	HOME BASED CARE (HBC)	YES	175	175
MANGUZELA THANDANI HOME BASED	NPO	HOME BASED CARE (HBC)	YES	150	150
MASABELANE EDUCATION 4 LIFE GROUP	NPO	HOME BASED CARE (HBC)	YES	150	150
MASANGANE HIV/AIDS PRGM T/CUR	NPO	HOME BASED CARE (HBC)	YES	183	183
MFESANE INGELYFDE VERENING	NPO	HOME BASED CARE (HBC)	YES	500	500
NCEDULUNTU HOME BASED CARE T/CUR	NPO	HOME BASED CARE (HBC)	YES	150	150
NEVER GIVE UP SUPPORT GROUP	NPO	HOME BASED CARE (HBC)	YES	175	175

NAME OF TRANSFEREE	TYPE OF ORGANISATION	PURPOSE FOR WHICH FUNDS WERE USED	DID THE DEPT COMPLY WITH S38(1)(J)	AMOUNT TRANS-FERRED	AMOUNT SPENT
PORT ST JOHNS CREATIVE YOUNG WOMEN GROUP	NPO	HOME BASED CARE (HBC)	YES	150	150
SAKHIMPILO HOME BASED CARE PROJECT	NPO	HOME BASED CARE (HBC)	YES	170	170
SINETHEMBA HOME BASED CARE	NPO	HOME BASED CARE (HBC)	YES	150	150
SIYAKHANYISA HIV&AIDS SUPPORT GROUP	NPO	HOME BASED CARE (HBC)	YES	170	170
SOPHAKAMA COMM BASED DEVELOPMENT	NPO	HOME BASED CARE (HBC)	YES	300	300
ST BERNARDS HOSPICE	HOSPICE	PALLATIVE CARE	YES	500	500
ST FRANCIS HOSPIC N/PRJ S/A T/CU	HOSPICE	PALLATIVE CARE	YES	500	500
UBUNTU CARE & DEVELOPMENT	NPO	HOME BASED CARE (HBC)	YES	150	150
WE CARE COMMUNITY OUTREACH PROGRAMME	NPO	HOME BASED CARE (HBC)	YES	325	325
YIZANI HOME BASED CARE T/CUR	NPO	HOME BASED CARE (HBC)	YES	195	195
EBHENEZER HOME COMMUNITY BASED CARE	NPO	HOME BASED CARE (HBC)	YES	160	160
VUKUZENZELE COMMUNITY DEVELOPMENT ORGANISATION	NPO	HOME BASED CARE (HBC)	YES	165	165
NELSON MANDELA METRO	LOCAL GOVERNMENT	ENVIROMENTAL HEALTH DEVOLUTION	YES	313	313
H/H Empl s/Ben:Leave Gratuity	NATURAL PERSONS	LEAVE GRATUITY	YES	107,375	107,375
H/H Claims against state (Cash)	NATURAL PERSONS	MEDICO-LEGAL CLAIMS	YES	423,396	423,396
H/H: Bursaries (Non-Employee)	NATURAL PERSONS	BURSRIES TO NON-EMPLOYEES	YES	139,971	139,971
HWSETA	SETA	SKILLS LEVY	YES	11,013	11,013
TOTAL				**689,346**	**689,346**

R6.742 R10.85 million of the amount budgeted for during the year under review was not transferred by year end and a roll over was applied for in the equitable share and conditional grant rollovers.

6. CONDITIONAL GRANTS

6.1 Conditional grants and earmarked funds paid

No conditional grants were paid by the department.

6.2 Conditional grants and earmarked funds received

The Department spent R3.805 billion (99.2%) of its adjusted conditional grant allocation of R3.834 billion and under spent by R29.081 million. R22.348 million of this has been requested be rolled over to the 2018/19 financial year.

The tables below detail the conditional grants and ear marked funds received during for the period 1 April 2017 to 31 March 2018.

Department who transferred the grant	Health (Vote 16)
National Health Insurance Grant	
Purpose of the grant	Test innovations necessary for implementing the national Health Insurance. To undertake health system strengthen initiatives identified service delivery interventions; To strengthen the resource management of selected central hospitals. Test innovations in health services delivery and provision for implementing National Health Insurance, allowing for each district to interpret and design innovations relevant to its specific context in line with the vision for realising Universal health coverage for all; to undertake health system strengthening activities in identified focus areas; to assess the effectiveness of interventions/activities undertaken in the districts funded through this grant.
Expected outputs of the grant	Enhanced managerial autonomy, delegation of functions and accountability in districts and health facilities. Provision for a scalable model, including the required institutional arrangements, for a district health authority (DHA) as the contracting agency. Linkages between health service management and administration and how it relates to the functions and responsibilities of DHAs. Provision of models for contracting private providers that include innovative arrangements for harnessing private sector resources at a primary health care level. Provision for a rational referral system based on a re-engineering primary health care platform with a particular focus in rural and previously disadvantaged areas.
Actual outputs achieved	90 fully fledged WBO teams in OR Tambo Procurement of identity clothing and working toolkits for WBO teams A scanner and computer bought for the district office for document scanning 105 PHC facilities have broadband connectivity
Amount per amended DORA (R'000)	R7.723 million
Amount received (R'000)	R7.723 million
Reasons if amount as per DORA was not received (R'000)	Full amount received
Amount spent by the department (R'000)	R6.221 million
Reasons for the funds unspent by the entity	The under spending is attributable to the delays due to reprioritisation and amendments that had to be made to the business plan
Reasons for deviations on performance	Challenges with the appointment of WBO teams which impacted on the training and provision of working tools for the planned new teams Delays with connectivity to facilities.
Measures taken to improve performance	The grant has ceased in 2017/18
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.

Department who transferred the grant	Health (Vote 16)
Health Professions Training and Development Grant	
Purpose of the grant	Support provinces to fund service costs associated with clinical training of health science trainees on the public service platform. To establish a clinical teaching and training capacity as required on the public service platform in the earmarked developmental provinces (Eastern Cape, Northern Cape, North West and Limpopo).
Expected outputs of the grant	Support and strengthen the undergraduate and post graduate teaching and training (undergraduate students, registrars, expanded specialists, and teaching infrastructure in target provinces)
Actual outputs achieved	Number of Registrars appointed as per Business Plan: 52 out of 56 Number of Registrars who completed training: 17 Number of Specialists appointed for Clinical Teaching: 3 new for Cecilia Makiwane Clinical Training Coordinators in support of the clinical teaching: 3 Coordinators appointed for Audio & Speech, Orthotics and Prosthetics, and EMS – for the training and mentoring of students Support and strengthen the grant administration: 2 Administration Officers appointed for Livingstone and Nelson Mandela Central Hospital 3 new specialists appointed at Celia Makiwane Hospitals in the financial year 2016/'17; Health Resource Centres: 6332 health professionals registered on the library database in the 4 health resource centres.
Amount per amended DORA (R'000) Rollover	R226,566 R2,801
Amount received (R'000)	R229,367
Reasons if amount as per DORA was not received	Full amount received
Amount spent by the department (R'000)	R226,652
Reasons for the funds unspent by the entity	Delays in the supply, delivery, installation of specialised medical equipment within the Health Professions Training and Development Grant as well the Emergency Medical Services College.
Reasons for deviations on performance	Aimed for 5 specialists at CMH, ended up with 3 due to inability to attract specialists; Registrars: some declined offers after being interviewed, whilst others only assume during 2017/'18 financial year; On COE, this was due to misallocation of expenditure for 11 Registrars from the PE Region; Machinery & Equipment where delays in committing expenditure coincided with shortages of cash-flow at financial year end.
Measures taken to improve performance	Better planning and intense follow up on service delivery units where the conditional grant funding gets spent.
Monitoring mechanism by the receiving department	Adherence to reporting requirements of DORA, including inter alia In Year Monitoring Reporting and monitoring processes, monthly certification of predetermined objectives, ongoing reviews by National Department Grant Managers (support visits by NDOH). Institutional visits by Provincial HPTD Office.
COMPREHENSIVE HIV/AIDS & TB GRANT:	
Purpose of the grant	To enable the health sector to develop and effective response to HIV and AIDS including universal access to HIV Counselling and Testing(HCT); To support the implementation of the National Operational Plan for comprehensive HIV and Aids treatment care; To subsidise in-part funding for antiretroviral treatment programme.
Expected outputs of the grant	Number of individuals counselled and tested, number of MMC conducted, Number of new patients initiated on ART.
Actual outputs achieved	Strengthen health system in order to support HIV program and TB
Amount per amended DORA (R'000) Rollover	R2,040,454 R10,000
Amount received (R'000)	R2,050,454
Reasons if amount as per DORA was not received	N/A

Department who transferred the grant	Health (Vote 16)
Amount spent by the department (R'000)	R2,042,315
Reasons for the funds unspent by the entity	Transfers to CBOs withheld due to non-compliance with prescribed SCM requirements.
Reasons for deviations on performance	Challenges with data collection tool for TB screening
Measures taken to improve performance	TB screening has now been included in the NIDS and will collected electronically
Monitoring mechanism by the receiving department	Adherence to reporting requirements of DORA, including inter alia In Year Monitoring Reporting and monitoring processes, monthly certification of financial returns, quarterly certification of predetermined objectives, ongoing reviews with National Department Grant Managers.

Department who transferred the grant	Public Works (Vote 7)
EPWP INCENTIVE SOCIAL CLUSTER GRANT:	
Purpose of the grant	To incentivise provincial social sector departments identified in the 2013 Social sector EPWP Log-frame to increase job creation by focusing on the strengthening and expansion of social service programmes that have employment potential.
Expected outputs of the grant	Improve the quality of life of unemployed people through job creation
Actual outputs achieved	Payment of the stipend for Community Care Health Workers across the various districts in the province.
Amount per amended DORA (R'000)	R4,662
Amount received (R'000)	R4,662
Reasons if amount as per DORA was not received	N/A
Amount spent by the department (R'000)	R4,662
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.

Department who transferred the grant	Health (Vote 16)
NATIONAL TERTIARY SERVICS GRANT:	
Purpose of the grant	• Ensure provision of tertiary health services for all South African citizens (including documented foreign nationals) • 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/complexes as agreed to between the province and the national Department of Health (DoH)
Actual outputs achieved	Development of a cath-lab at Nelson Mandela and nelson Mandela academic hospital Procurement of Gamma camera for Livingstone Procurement of Gastro Intestinal Tract unit for Livingstone Bought 5 x-rays 2 digital x-rays Enhanced the CCTV system for the maximum security facility
Amount per amended DORA (R'000) Rollover	R890,973 R4,809
Amount received (R'000)	R895,782

Department who transferred the grant	Health (Vote 16)
Reasons if amount as per DORA was not received	N/A
Amount spent by the department (R'000)	R893,688
Reasons for the funds unspent by the entity (R'000)	The grant spent slightly below expected target mainly due to capital commitment savings, which have since been requested for rollover in the next financial year. The goods and services saving was used to offset the COE overspend per current payments cash flow.
Reasons for deviations on performance	The service load is more than the available resources resulting in more patients being serviced, with an impact on the equitable share budget. The tertiary services platform has been developing over the past +5 years, whilst the NTSG fund has not grown to cater for this development.
Measures taken to improve performance	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.
Monitoring mechanism by the receiving department	The NTSG Programme is monitored by a provincial task team The frequency of the monitoring of the grant at the facilities is as follows: • Monthly: Submission of Grant IYM Reports and Patient Activity DHIS Reports • Quarterly: Submission of the Quarterly Financial and Non-Financial Performance Reports • Quarterly: Through either support visits or combined support meetings • Annually: Through the submission of the Annual Performance Evaluation Report • The grant is monitored by the benefiting hospitals by means of the following methods: • Monthly: Submission of Grant IYM Reports and Patient Activity DHIS Reports • Quarterly: Submission of the Quarterly Financial and Non-Financial Performance Reports
HEALTH FACILITY REVITALISATION GRANT	
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	Following capital projects were completed: o Isikhoba- Construction of a new clinic including external works & staff accommodation o Qebe-Construction of a new clinic including external works & staff accommodation o Frontier Hospital upgrade of Frontier Hospital's OPD, Casualty, Pediatrics and Mother Lodges o Mahlubini-Construction of a new clinic o Vaalbank-Construction of a new clinic o Zabasa-Construction of a new clinic o St Elizabeth Hospital Resource Centre, o Upgrading St Patrick Hospital upgrade o Replacement of Cecelia Makiwane Hospital

Department who transferred the grant	Health (Vote 16)
	○ Procurement of High Care, ICU and Radiology Equipmnt for Cecelia Makiwane Hospital.
Amount per amended DORA (R'000) Rollover	R620,757 R31,665
Amount received (R'000)	R652,422
Reasons if amount as per DORA was not received	N/A
Amount spent by the department (R'000)	R636,286
Reasons for the funds unspent by the entity	Due to procurement delays not all the required medical equipment was procured on time. The following Capital projects were not implemented on schedule: Khutsong TB Hospital was delayed by 3 months due to (a) longer than expected issuance of work permit by the Department of Labour and (b) site closure by small business community demanding to be part of the project. Nessie Knight Hospital work had to be suspended due to the discovery of medical waste on site.
Reasons for deviations on performance	Same as above
Measures taken to improve performance	The department has now henceforth: Packaged its projects in small medium programme of works. These are much easier to procure and implement. These work packages will be implemented internally and this reduces dependency on the use of Implementing Agents. For this purpose, infrastructure procurement committees have been established as well as a panel of contractors also established. Furthermore, the department is a process of completing having framework contracts for all the required medical equipment.
Monitoring mechanism by the receiving department	All projects, included those funded are looked after by the departmental team of engineering professionals. On a monthly basis, these professionals conduct project site visit. Thereafter, they produce monthly financial and non-financial reports.

Department who transferred the grant	Public Works (Vote 7)
EXPANDED PUBLIC WORKS PROGRAMME INCENTIVE	
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 (EPWP) guidelines: o road maintenance and the maintenance of buildings o low traffic volume roads and rural roads o other economic and social infrastructure o tourism and cultural industries o sustainable land-based livelihoods o waste management
Expected outputs of the grant	Number of people employed and receiving income through the EPWP Increased average duration of the work opportunities created
Actual outputs achieved	44 Young professionals were provided with work opportunities as follows: ○ 32 Young professionals were given working opportunity in clinical engineering (medical equipment maintenance). These were placed in various health facilities in the Province. ○ 8 young professionals were given work opportunities in food preparations for patients in various hospitals. ○ 3 young professionals with Public Administration and Office Administration training were given with work opportunities to work in the Provincial Head office of the Infrastructure Unit.

Department who transferred the grant	Public Works (Vote 7)
EXPANDED PUBLIC WORKS PROGRAMME INCENTIVE	
	○ 1 young professional was provided with work opportunity in the area of data capture.
Amount per amended DORA (R'000)	R2,000
Amount received (R'000)	R2,000
Reasons if amount as per DORA was not received	
Amount spent by the department (R'000)	R1,992
Reasons for the funds unspent by the entity	Amount spent in full
Reasons for deviations on performance	N/A
Measures taken to improve performance	N/A
Monitoring mechanism by the receiving department	Monthly reports are received on the payment and progress in respect of the on job training opportunities provided to young people.

7. DONOR FUNDS

Partner Support to District Health Programmes (all levels i.e. Facility, Sub-district and District) YEAR: 2017/18

No	Donor e.g Pepfar	Name of supporting partner	Key support area e.g HIV & AIDS	Scope of support	Level supported e.g. PHC, hospitals, sub-district, district	Total amount spent on support area April 2017 – March 2018
JOE GQABI						
1	Beyond Zero		Advanced Clinical Care Training of clinicians	Training and Health Systems Strengthening	3 Hospitals	undisclosed
NELSON MANDELA BAY HEALTH DISTRICT						
2	USAID (URC TB project)	Mfesane	HIV& AIDS,TB program, Home Based Care	• Treatment adherence • Tracing of defaulters • Awareness campaigns • Basic Nursing care services • TB DOT for DSTB & DRTB clients • Screening of contacts	Sub district A & C	R 500 000.00 (ECDOH) R2 225 399. 00 (URC)
3	• USAID (URC TB project) • Misereor	Care Ministry	TB program, Home Based Care	• TB DOT for DS-TB & DR-TB clients	Sub district A, B & C	• R 500 000.00 • R 2, 600 000.00 • R 500 000.00
4	Global fund	Kethimpilo (AYWG)	HIV/AIDS	She Conquers program in schools • HIV testing services • Empowerment programs • Health Jamborees	Sub district A, & C	SLA with DOE
5	Global Fund	Khethimpilo (Adherence Clubs)	HIV/AIDS	• Establishment and Maintenance of Adherence Clubs	Sub district A,B, & C	Funded NDOH
6	USAID (URC TB project)	Octavovet	TB Program	• TB DOT to DSTB patients	Sub district A,& B	R 1, 547,750
7	PEPFAR Global Fund (Right to Care)	TB HIV Care Association	HIV/AIDS	• Sex worker program • People who Inject Drugs Program	Sub district A,B, & C	
8	NDoH	TB HIV Care Association	HIV/AIDS	• Male Medical Circumcision	Sub district B & C	R 8 320,000.00
9	Foundation for Professional Development (FPD)	Humana People to people	HIV/AIDS	• HIV testing and counselling. • Linkage to care • Condom distribution • TB & NCD screening	Sub district A, B & C	
10	Global Fund: Right To Care Capacity Building	Anova Health Institute: Health4Men	HIV Prevention: Key Populations (Men who have Sex with Men and Transgender People):	• DSD • Capacity building • Prevention	Primary Health Care in the sub district of A, B, C. **Sub-A** NU11 Clinic	Even though the organisation were providing a very good service in the Metro, it was an unfunded mandate.

No	Donor e.g Pepfar	Name of supporting partner	Key support area e.g HIV & AIDS	Scope of support	Level supported e.g. PHC, hospitals, sub-district, district	Total amount spent on support area April 2017 – March 2018
					Sub-B Park Centre Clinic Masakhane Clinic **Sub-C** Kwadwesi Clinic Govan Mbeki Clinic Central Clinic	
11	Global Fund	South African Catholic Bishop's Conference	TB Program	• Intensify Case identification through screening of contacts	Sub district A, B & C	
OR TAMBO						
1	Engrid Le Roux	Pilani	Nutrition	Helping pregnant women	House to house visits in Coffee Bay K.S.D.	Not disclosed
2	PEPFAR	TB HIV Care	WBOT	HIV testing, screening TB,MMC,PEP Smear	Mthatha K.S.D.	Not disclosed
3	HST	CDC	Health System Strengthening	ART,EMTCT HIV testing, screening	Mthatha K.S.D.	Not disclosed
4	SPF	UN	WBOT	Prevention of HIV/AIDS	Mthatha K.S.D.	Not disclosed
5	UNICEF	Mother to Mothers	HIV	ART,EMTCT	Mthatha K.S.D.	Not disclosed
6	TEBA	Anglo American	TB Mining Sector	TB Selicon	Mthatha K.S.D.	Not disclosed
SARAH BAARTMAN						
1.	USAID	USAID TB South Africa Project Managed by (URC)	TB and TBHIV	▪ Reduce TB Infections ▪ Increase sustainability of effective TB response systems ▪ Improve care & treatment of vulnerable populations.	All levels from district, sub districts, hospitals, PHC facilities and community level through the funded NGOs	
2.	KFW - FPD	Khethimpilo	HIV & AIDS	▪ HIV Counselling and testing ▪ TB, STI & NCDs screening ▪ Linkage of referred clients to supported facilities	District PHC Facilities	R 7 908 506
3.	NDOH	TBHIV CARE	MALE MEDICAL CIRCUMCISION	**Key main objectives:** • Reduce the risk of acquiring HIV infection by 50-60 % -reduced risk of ulcerative STIs in adults - protection against prostate and penile cancer - reduced risk of cervical cancer in female sex partners	All levels from district, sub districts, hospitals, PHC facilities, CHCs, Correctional service Centres	Currently the invoice is charged per circumcision which is R1300 a circumcision

No	Donor e.g Pepfar	Name of supporting partner	Key support area e.g HIV & AIDS	Scope of support	Level supported e.g. PHC, hospitals, sub-district, district	Total amount spent on support area April 2017 – March 2018
				-prevention of balanitis, posthitis, phimosis and paraphimosis		
4.	KFW – FPD	CCI	Demand Creation (Mass Media & Social Media)	▪ Knowledge; Attitude and Practises baseline study. ▪ Mapping of High Transmission Areas for activations ▪ Demand Creation ▪ Capacity Building & Tools	District Support	
5.	PEPFAR	Beyond Zero	TB, HIV & AIDS	▪ Health Systems Strengthening ▪ Capacity building	District Support 12 Hospitals and PHC	
6.	Global Fund	ANOVA Health 4 Men	HIV Prevention (Key Pops)	▪ Facility Capacity Building ▪ Mentoring ▪ Technical Assistance ▪ Direct Service Delivery		
7.	Global Fund	NACOSA	HIV & AIDS (Capacity building for District CBO's)	▪ Facility Capacity Building ▪ Technical Assistance ▪ Direct Service Delivery		
CHRIS HANI						
1	PEPFAR	SUCCEED- Stellenbosch University Collaborative Capacity Enhancement through Engagement with Districts	HIV & AIDS	To improve the quality and sustainability of HIV/AIDS and related services through targeted capacity streghtening	Ngcobo Subdistrict: All Saints Hospital and referral cluster facilities.	Non Disclosed
2	PEPFAR	Society for Family Health	HIV & AIDS	HIV and TB Prevention / Identification / HTS/Treatment / Monitoring	Community PHC	Non Disclosed
3	PEPFAR	Soul City Institute	HIV & AIDS OVC	Prevention: 1. Recruitment of young women 15-24 yrs old for Rise Young Women Club, 2. Formation of clubs for young children aged 8-14 years from the primary schools.	Community Schools	Non Disclosed
4	PEPFAR	NACOSA	HIV & AIDS OVC	Indirect service delivery: supports and capacitate sub-recipients to deliver prevention and sexual reproductive health programmes to OVC and	Community Sub-district	Non Disclosed

				YWAG. Prevention / Treatment / Monitoring		
5	PEPFAR	TB/HIV Care Association	HIV & AIDS	Puts integrated care at the heart of responding to TB, HIV, sexually transmitted infections and non-communicable diseases. Work to prevent, find and treat TB and HIV in South Africa as well as targeting interventions to address the needs of populations at risk - adolescents, inmates, sex workers and people who inject drugs.	PHC	Non Disclosed
6	PEPFAR	Masibumbane Development Orgaisation	Adherence guide lines Differentiated care HIV	1. Promote treatment adherence, early linkage and retention. 2.Support the integration of quality improvement and quality assurance programmes and interventions in HIV/AIDS care and treatment services, 3. Support the nationwide roll-out of the National Adherence Guidelines for Chronic Diseases (HIV, TB and NCDs) and Integrated Access to Care and Treatment (I ACT). 4.Strengthen the integration and quality of child and adolescent friendly services (including transitional services) in the mainstream HIV/AIDS care and treatment	PHC Sub-district	Non Disclosed
7	PEPFAR	Africare	HTS and OVC	Comprehensive OVC services delivery: Community HCT,	Sub- District	Non Disclosed

				Family Matters program		
8	PEPFAR	Health Systems Trust	HIV & AIDS	Health Systems Strengthening (CCMDD, ROR, ICRM, PLANNING) Training and Mentoring, - Direct Service Delivery (HTS, ART, OUTREACH)	PHC Sub-district District	Non Disclosed
D	PEPFAR	Khethimpilo	HIV & AIDS	HTS, ART, OUTREACH	PHC Sub-district	Non Disclosed

8. CAPITAL INVESTMENT

8.1 Capital investment, maintenance and asset management plan

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

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

Given that OR Tambo is one of the selected national NHI pilot district and Alfred Nzo being the provincial pilot site, the department continued to focus its infrastructure efforts in these areas. To this end, about 30% of the total number of projects funded are implemented within this region. For the 2017/18 year, the department will focus its infrastructure spending on much needed maintenance of facilities and upgrading to meet National Core Standards and Ideal Clinic standards.

PART C
AUDIT COMMITTEE REPORT

PART C: GOVERNANCE

1. INTRODUCTION

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

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

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

2. RISK MANAGEMENT

Risk Management Framework and Strategy

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

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

Progress on Risk Management

For the year under review, the Risk Management Unit embarked on training of key personnel at poor performing hospitals and clinics in terms of assessment by Office of Health Standards Compliance. The training covered both Ethics and Risk Management.

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

Risk Management Committee (RMC)

The Department has an appointed RMC, which functions in terms on an approved RMC Charter which is reviewed on an annual basis. All the scheduled Risk Committee meetings sat as required to review the plans and activities of the Risk Management Unit (RMU). The Chairperson ensured that the Audit Committee was updated on critical issues identified and progress was made in mitigating identified risks.
The activities of Risk Management were reviewed by Provincial Treasury on a quarterly basis and positive feedback was received in this regard. Risk Management was also assessed by the Department of Performance Monitoring and Evaluation through the MPAT process and obtained a score of 4 out of 4, and the unit was also instrumental in assisting other units to improve their scores.

For 2018/19 year the unit will focus on more risk training for targeted hospitals that have been poorly rated by the Office of Health Standards Compliance (OHSC).

3. FRAUD AND CORRUPTION

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

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

Once Fraud and corruption is confirmed and after the completion of a forensic investigation, the relevant employee who participated in such act is subjected to disciplinary hearing and where prima facie evidence of criminal conduct is detected, a criminal case is registered with the South African Police Services. The Department makes use of a panel of seven highly experienced forensic investigating firms to conduct its investigation into fraud and corruption cases.

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

NO.	DESCRIPTION	TOTAL
1.	Cases investigated during the year under review	107
	Status of Cases	
	- Fraud and corruption cases finalised	52
	- Referred to SAPS	02
	- Referred to Labour	01
	- Investigation completed (finalising report)	14
	- Not fraud related	3
2.	Cases under investigation	35
	TOTAL	**107**

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

In the 2018/2019 year, the Fraud Management Unit will continue to monitor the speedy implementation of recommendations from all completed investigations. In the roll-out of its Fraud Management Plan, the unit will also be working closely with the Risk Management, Internal Audit and Quality Assurance units to ensure effective and seamless management of Fraud Risk in the department.

4. MINIMISING CONFLICT OF INTEREST

The Department adheres to 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 is committed to promote and maintain a high standard of professional ethics throughout its health establishment. This is promoted through entrenching good governance principles and promotion of an ethos of professionalism. The Code of

Conduct establishes good governance and ethical conduct in the public service. It raises issues such as respect for human rights, the rule of law, accountability, transparency, personal conduct and private interests. To support this, the department has strengthened its partnership with the professional bodies operating in the health space.

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

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

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

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

6. HEALTH SAFETY AND ENVIRONMENTAL ISSUES

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

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

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

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

7. PORTFOLIO COMMITTEES

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

- 18 April 2017 — Consideration of the 2017/18 Budget Vote
- 20 April 2017 — Consideration of the 2017/18 Budget Vote
- 02 November 2017 — Discussion of 2016/17 Annual Report
- 10 November 2017 — Discussion of 2016/17 Annual Report and Half Year Oversight Report

In addition, the department met on various occasions to discuss other reports related to the Committee's visits to health institutions as part of their oversight.

8. SCOPA RESOLUTIONS

SCOPA FINDING	SCOPA RECOMMENDATIONS	DEPARTMENTAL RESPONSE
a) The Department's financial stability is negatively impacted by the exorbitant contingent liability (R16 billion) that is attributed to medico legal claims. A comprehensive turnaround strategy has been developed to mitigate the challenge; the plan however is silent on capacitation of core health services which is where the bulk of the challenges are.	a) The focus of the strategy should not be limited to the capacitation of administrative personnel but it should be extended to accommodate health care providers. A bulk of the legal claims emanate from lack of capacity and or failing to meet health care standards at health care facilities.	The department's medico legal strategy focuses on the following critical pillars: Clinical interventions which includes procurement of medical equipment to monitor high risk pregnancy and new-borns; designation of specific facilities to conduct caesarean sections; strengthening of targeted facilities through appointment of midwives, professional nurses and doctors; **training of clinical staff on ESMOE**; and strengthening clinical governance. With regards to capacitation of clinical staff, the department is implementing the following interventions: • Medical Research Council and National Department of Health have trained facility mentors (20 doctors and 53 Professional Nurses on HBB (Helping Babies Breathe) as well as 41 doctors and 104 Professional Nurses on ESMOE. (Essential steps in management of obstetric emergencies. o All hospitals were represented and the trained staff are now able to conduct ongoing training and mentoring including new staff on neonatal resuscitation o They also conduct simulated training (fire drills) for the new staff to ensure competency on emergency skills, improve intrapartum care and ensure adherence to guidelines. o These interventions are directly related is will reduce number of cerebral palsy cases. • 200 health care workers across the province have been trained on Management of Sick and Small Neonates (MSSN). • Alfred Nzo district is also supported by a neonatologist, Dr Lucy Lindley. In terms of providing appropriately resourced health facilities on equipment and personnel, the following capacitation interventions are in place: • C-PAP machines have been provided at St Barnabas, St Patricks, Zitulele, Uitenhage, Butterworth and Humansdorp hospitals. The department is in the process of providing medical air in other designated district hospitals in order be able to also utilise the C-PAP machines. • Other critical equipment procured includes: Baby Warmer Radiant, 12 CPAP – CIRCUIT, 32 Ivac Pumps, 15 Photo therapy lights, 10 portable transport incubators, 17 Pulse Oxymeters, 17 Transcutaneous, bili-check

SCOPA FINDING	SCOPA RECOMMENDATIONS	DEPARTMENTAL RESPONSE
		machine , 17 Trolley Emergency, 15 vital signs monitors and 5 ventilators • Appointments of Community service doctors (68) and post community (25), Staff nurses (219), enrolled nurses (281) has enabled 22 out of 26 priority hospitals to offer 24 hour Caesarian sections. • The department has procured 2 neonatal ICU ambulances. A SLA will be drawn pending signatory By Prof Velaphi. The Ronald Macdonald grant will provide Ambulance ICU equipment and train EMRS staff.
b) Irregular expenditure has been a qualification point since 2011 with the Department failing to satisfy the requirements of S38 (1) (c) (ii) which calls for the prevention of unauthorised, irregular, wasteful and fruitless expenditure. The current balance as at March 2017 is R64, 3 million with a R26, 9 million incurred during the year under review.	b) The Accounting Officer must take seriously the responsibility to prevent irregular expenditure as well as take action against those who have been found to have allowed such transgressions.	The recommendation of SCOPA is acknowledged. The Accounting Officer has implemented systems to prevent irregular expenditure as well as taking action against those who have caused irregular expenditure. Irregular Expenditure for the year under review came about as a result of variation (by means of extending contracts beyond the 15% threshold). In line with the government's insourcing policy, the department took the decision to insource soft services, however the internal processes to effect this, which include the cost-benefit analysis, suitability of facilities to insource etc, resulted in delays in the implementation of this policy, which resulted in existing contracts for the soft services having to be extended beyond the contracted period and beyond the 15% threshold. This was done to ensure continuity of services and non-disruption of services across the health facilities in the province. The department then wrote to Treasury and requested condonation of irregular expenditure for the variation of contracts. Treasury requested a clarification meeting with the department, which set on the 24th April 2018 and additional supporting documentation has been requested by the Treasury and submitted. To date, the final response has not been received from Treasury.
c) The Department failed to comply with section 38(1) (c) (ii) of the PFMA as fruitless and wasteful expenditure amounting to R6.9 million was incurred in the year under review. Further, an expenditure of R11.9 million that relates to previous financial periods has not been condoned.	(c) The Accounting Officer must take corrective action to ensure that the provisions of section 38 (1) (c) (ii) of the PFMA are fully complied with. Controls must therefore be put in place to curb the incurrence of fruitless expenditure as a matter of urgency.	The recommendation of SCOPA is acknowledged. The Accounting Officer has since made the following progress in dealing with fruitless and wasteful expenditure totalling R11.4 million at 31 March 2017; • 70 cases amounting to R8.690 million were investigated and subsequently condoned. • 12 cases amounting to R340 thousand have been investigated and transferred to receivables for recovery.

SCOPA FINDING	SCOPA RECOMMENDATIONS	DEPARTMENTAL RESPONSE
		• The department is in progress with investigating the remaining 91 cases amounting to R3.619 million.
(d) The Department has failed to put measures in place that will ensure that all economic benefits accrued to the revenue account are fully realised to ensure improved revenue collection, an amount of R13.396 was written off as bad debts decreasing the Departments accrued revenue.	(d) The Department must deploy sufficient Human resources to pursue and ensure enhanced debt collection. Sectoral collaboration initiatives with Medical aids and Road accident funds should also be pursued to further this agenda.	The recommendation of SCOPA is noted. The department will be using the newly approved organogram and the migration plan to reprioritise resources to enhance revenue collection interventions in the department. The department is also committing to strengthen its collaborations with GEMS and the Road Accident Fund to collect revenue arising from these agencies.
(e) The Department failed to honour its contractual obligations with suppliers within the 30 day period stipulated by Treasury Regulation 8.2.3. This in turn raises interest charges and leads to a fruitless and wasteful expenditure.	(e) All invoices received must be tracked from date of arrival make necessary follow ups if the need arises and paid within 30 days as stipulated by Treasury Regulation 8.2.3.	The Accounting Officer has approved a demand memo for the invoice tracking system and the department developed specifications to test the market for a suitable service provider for the invoice tracking system. The department has then written to the Provincial Treasury requesting permission to source these services in line with circular 10 of 2017/18 which instructs that departments may not acquire through procurement in-house development or otherwise ERP type solutions (systems/software /software-as-a -service) that might result in duplication of functionality related to the following: IFMS modules, HRM, Payroll, Finance, SCM and Business Intelligence. The department awaits approval from Provincial Treasury's response in this regard
(f) Different interpretations of Instruction Note 3 of 2016/2017 from Treasury have led to the extension and modification of contracts without the approval by a properly delegated official. This has potentially exposed the department to elements of criminality and it goes against the provisions of applicable legislation.	(f) Provincial Treasury must continuously provide support to all departments; the onus however rests with the respective Departments to consult further on issues of interpretation.	The recommendation of the SCOPA is acknowledged. The department has strengthened its interactions with the Provincial Accountant General and the transversal SCM unit to discuss the interpretation of this circular and devise an approach to prevent future misinterpretations of the circulars issued by the Treasury.

9. PRIOR MODIFICATIONS TO AUDIT REPORTS

During the year under review, there were no prior modifications to audit reports.

10. INTERNAL CONTROL UNIT

1. The Internal Control Unit seeks to improve operational efficiency and effectiveness through ensuring compliance with the PFMA and Treasury regulations in all financial transactions. In addition to this is to prevent irregular, fruitless and wasteful and unauthorised expenditure in line with the Policy adopted by the department in the 2015/16 financial year. The Unit held workshops in all institutions and districts during the financial year under review, to empower the respective Pre-audit units on compliance monitoring and training on the processing of leave gratuity claims which has been a challenge over the years.

2. The Unit is also responsible for investigation of financial misconduct cases emanating from non-compliance with financial legislation which results in the incurrence of irregular expenditure and fruitless and wasteful expenditure. A Financial Misconduct Committee is a cross-functional governance structure of the Accounting Officer responsible for providing policy direction and advice on cases of financial misconduct within the department. When cases of financial misconduct have been identified it gets recorded in a register and a letter in terms of Treasury Regulation 4.1.1 is issued to the responsible manager to initiate investigation into the case.

3. During the financial year, the Unit investigated 435 cases (transactions) of irregular expenditure which included 322 cases (transactions) of which 63 employees were identified as doing business with government and 159 cases (transactions) of fruitless and wasteful expenditure. About 387 cases (transactions) were resolved during the year with disciplinary measures being instituted against 58 employees for confirmed cases by the end of the financial year, but not yet finalised.

4. The table below summarises progress on financial misconduct cases relating to irregular expenditure during the financial year:

Description	No of officials	No of transactions
Disciplinary action initiated	58	355
Written warining issued	6	6
No official liable	18	20
Official left department	6	6
Sub-total	**88**	**387**
Cases awaiting Condonation by Provincial Treasury	0	7
Cases not confirmed as irregular(Invalid)	0	31
Cases under investigation	6	10
Total	**94**	**435**

5. Financial Misconduct Quarterly Registers were submitted to Provincial Treasury and annual report submitted to the Public Service Commission in terms of section 85(1) of the PFMA read with TR4.3.1 for the year ended 31 March 2018.

6. Through regular sitting of the Financial Misconduct Committee during the 2018/19 financial year, the department will ensure the prompt finalisation of the pending disciplinary cases and oversee that appropriate sanctions are issued to those who transgress the PFMA.

7. The Internal Control Unit working in conjunction with the SCM and Risk Management units will continue to provide much needed capacity to officials of the department on procurement legislation and procedures with the aim of curbing the prevalent findings of irregular and fruitless and wasteful expenditure.

11. INTERNAL AUDIT AND AUDIT COMMITTEES

INTERNAL AUDIT

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

To ensure independence and sufficient objectivity of the Internal Audit Unit, as well as assure that the Departments objectives are accomplished, Internal Audit reports administratively to the Superintendent General while it reports functionally to the Audit Committee. Internal Audit has unrestricted access to all records and employees of the Department, including the Member of Executive Council, Superintendent General, Members of the Audit Committee as well as Executive and Top Management.

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

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.

Internal Audit has conducted its activities in terms of an approved Internal Audit Plan, with the majority of the activities being assurance reviews. In total, 24 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 the management of the Department. The scope, timing of activities and sites visited were agreed with management prior to the commencement of the audits. The plan received the endorsement of the Audit Committee.

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

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

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

12. Audit Committee Report

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

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

The members of the Committee are as per the table below

Name	Qualifica-tions	Internal or external	If internal, position in the department	Date appointed	Date Resigned	No. of Meetings attended during the year
Mr Trevor Harper (Chairperson)	*CA (SA)*	External	N/A	2 June 2015	N/A	7
Mr Temba Zakuza	*CA (SA), CIA*	External	N/A	2 June 2015	N/A	6
Dr Thobekile Mjekevu	*MBChB*	External	N/A	2 June 2015	N/A	7
Ms Ingrid Kriel	*CA (SA)*	External	N/A	2 June 2015	N/A	7
Ms Princess Mangoma	*B Com Hons*	External	N/A	2 June 2015	24 June 2017	0

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

The term of the Audit Committee came to an end on the 31st March 2018. A new committee comprising of five members has since been constituted. The new members assumed responsibility on the 1st April 2018.Two of the members from the previous committee had served their full term and thus were not eligible for reappointment. Two members have been retained.

The new Audit Committee is composed of the following members:

Name	Qualifica-tions	Internal or external	If internal, position in the department	Date appointed	Date Resigned
Ms Loren Smith	*CA(SA)*	External	N/A	1April 2018	New
Mr Vuyolwethu Tshangana	*B.Proc, LLM*	External	N/A	1 April 2018	New
Ms Refiloe Khwela CA (SA)	*CA (SA)*	External	N/A	1 April 2018	New
Dr. Thobekile Mjekevu	*MBChB*	External	N/A	2 June 2015	Retained
Ms Ingrid Kriel	*CA(SA)*	External	N/A	2 June 2015	Retained

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

3.2. Annexure B: Report of the Audit Committee

Introduction

We are pleased to present our report for the financial year ended 31 March 2018.

Committee members and meetings

The Committee was appointed by the Executive Authority in concurrence with the Accounting Officer.
The Committee is composed of five members. These are Mr Trevor Harper *CA(SA)* (Chairperson), Mr Temba Zakuza *CA(SA) CIA,* Dr Thobekile Mjekevu, Ms Ingrid Kriel *CA(SA)* and Ms Princess Mangoma (resigned 24 June 2017).

The following is a schedule of meetings attended by the committee members for the year ended 31 March 2018:

Member	19 May 2017	26 May 2017	28 July 2017	22 September 2017	17 November 2017	09 February 2018	09 March 2018
Mr Trevor Harper *CA(SA)* (Chairperson)	√	√	√	√	√	√	√
Mr Temba Zakuza *CA(SA) CIA*	√	×	√	√	√	√	√
Dr Thobekile Mjekevu	√	√	√	√	√	√	√
Ms Ingrid Kriel *CA(SA)*	√	√	√	√	√	√	√
Ms Princess Mangoma	×	×	Resigned	Resigned	Resigned	Resigned	Resigned

Key
√ = Present
× = Apology

Audit Committee Responsibility

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

Duties and responsibilities

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

- The reports of Internal Audit detailing their concerns from audits conducted and has considered the appropriateness of responses from management;
- The going concern status of the Department and the quality and reliability of monthly in year and monitoring reports submitted to Provincial Treasury;
- The effectiveness of the internal control systems;
- The effectiveness of the internal audit function and has monitored adherence to the approved annual operational plan;
- The risk areas of the Department's operations;
- The adequacy, reliability and accuracy of the financial information provided to management and other users of such information;
- Any accounting and auditing concerns identified as a result of internal and external audits;
- The Department's compliance with legal and regulatory provisions;
- The activities of the internal audit function, including its annual work programme, coordination with the external auditors, the reports of significant recommendations and the responses of management to these recommendations;
- Responsiveness of the Internal Audit coverage plan to the outcome of risk assessment and the three year rolling plan; and
- The scope and results of the external audit function, its cost-effectiveness, as well as the independence and objectivity of the external auditors.

The Audit Committee is also responsible for:

- Reporting to the Department and the Auditor General where a report implicates any member(s) or the Accounting Officer in fraud, corruption or gross negligence;
- Communicating any concerns it deems necessary to the Executive Authority and the Auditor General;
- Confirming/Approving the Internal Audit Charter and Internal Audit Plan;
- Recommending the Audit Committee Charter to the Accounting Officer for approval.
- Encouraging communication between, senior and executive management, Internal Audit, Health Portfolio Committee and the Auditor General; and
- Reviewing the Annual Financial Statements and Performance Information prior to submission for the annual audit and approval by the Superintendent General.

We believe that we have complied with our responsibilities.

Effectiveness of Internal Control

The Committee has amongst other things, reviewed the following:

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

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

While the controls around managing and reporting on performance information remain an issue, the Audit Committee acknowledges the efforts put in place by management to strengthen internal controls. 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. We report therefore that the systems of internal control, during the financial reporting period under review, were satisfactory.

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

- Measures are put in place to enhance Clinical Services Management to reduce the scourge of medico legal matters.
- The review of the organogram is finalised urgently.
- Critical posts, particularly in the clinical services arena, are filled.
- Document management is improved to ensure sustainable outcomes in the management of and reporting on performance information.
- Significant effort and resources are put in place to further enhance control improvements to ensure a clean audit result is realised.
- For the next year, controls are improved further in terms of both adequacy and effectiveness.

As mandated by the Audit Committee, Internal Audit has:

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

In-Year Monitoring and Monthly/Quarterly Report

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

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

Internal Audit Function

The Committees' role is to coordinate and monitor the activities of the Internal Audit Function. The Committee is able to report on the effectiveness and efficiency of the unit.

We are satisfied that the Internal Audit Function is operating effectively and that it has addressed the risks pertinent to the Department in its audits. The Internal Audit function has adhered to the approved Internal Audit plans and has completed the 2017/18 Annual Internal Audit Plan as approved by the Audit Committee.

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

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

In 2017/18 the Department started the process of ensuring that critical internal audit vacancies are filled. The Audit Committee expects these initiatives to contribute to the Internal Audit Function becoming more efficient, more responsive to challenges and better able to provide audit reports of improved quality to management and the Audit Committee.

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

Due to the size and complexity of the Department however, the Committee remains concerned with the internal capacity and urges management to ensure more funding is made available to ensure all critical internal audit posts are filled.

The Audit Committee is satisfied that the Internal Audit Function maintains an effective internal quality and assurance program that covers all aspects of the Internal Audit Activity. In line with the assessment conducted by the Institute of Internal Auditors and concluded on the 19th January 2017, a "generally conforms" rating can be applied to the internal audit work and the term "Conforms with the Standards for the Professional Practice of Internal Auditing" may be used by the function.

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

Risk Management Function

The committee assists in ensuring that the Department implements effective policies and plans for risk management. These policies and plans are intended to enhance the Department's ability to achieve its strategic objectives. The Risk Management Function ensures that identified risks are monitored and appropriate measures are implemented to manage these.

The Audit Committee has monitored the activities of the Risk Management Function through representation of the Committee by one of the Audit Committee Members at Quarterly meetings of the Risk Committee. The Chairperson of the Risk Committee is a standing invitee at meetings of the Audit Committee. A member of the Audit Committee has been appointed to a permanent position in the Risk Committee. The Chief Audit Executive is similarly a standing invitee at meetings of the risk Committee.

The Committee has considered the functioning of the risk unit and is satisfied that the unit possessed the necessary experience and skill to fulfil its role during the period under review.

Finance Function

The Committee has noted the performance of the Chief Financial Officer and are satisfied that he had the necessary experience and expertise to fulfil this role during the period under review. The Committee has similarly noted and satisfied itself of the appropriateness of the expertise and experience of the Finance Function, including adequacy of resources deployed to this function.

Evaluation of Annual Financial Statements

Special Audit Committee meetings were held on the 18th May 2018 and 25th May 2018 to review the draft financial statements and annual report to be presented to Provincial Treasury and the Auditor General on the 31st May 2018. The Committee performed a high-level review of the financial statements that was based on enquiry from the Chief Financial Officer as to the completeness, accuracy and validity of balances and transactions within the financial statements. In addition, the accounting policies were reviewed and recommendations made as necessary. Following this Audit Committee review of the financial statements, recommendations were made with regards to significant adjustments that were required to the format as well as the presented figures.

Evaluation of Performance Information

The Audit Committee has reviewed the format, content and statutory requirements for compliance pertaining to the preparation of the Annual Report. The committee has also reviewed and commented on the alignment of indicators to make sure they are measurable and relate to the services provided by the Department.

The Committee is unable to provide assurance as to the validity, accuracy and completeness of performance information due to inherent limitations in the monitoring and evaluation systems of the Department. The Committee has urged the Department to develop systems and processes around performance information to enhance the credibility of reports issued.

The Committee is however satisfied that the Annual Report is prepared in terms of the PFMA, Treasury Regulations and other related regulatory requirements for reporting performance.

Auditor General South Africa

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

Conclusion

The Committee concurs with and accepts the Auditor General South Africa report on the annual financial statements and are of the opinion that the annual financial statements should be accepted and read together with the report of the Auditor General.

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

Ms. Ingrid Kriel CA (SA)
Chairperson of the Audit Committee
Eastern Cape Department of Health
31st August 2018

PART D
HUMAN RESOURCES

PART D: HUMAN RESOURCE MANAGEMENT

1. INTRODUCTION

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

2. HUMAN RESOURCES OVERVIEW

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

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

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

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

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

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

3. HUMAN RESOURCES OVERSIGHT STATISTICS

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

3.1 Personnel related expenditure

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

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

Programme	Total Voted Expenditure (R'000)	Compensation of Employees Expenditure (R'000)	Training Expenditure (R'000)	Professional and Special Services (R'000)	Compensation of Employees as percent of Total Expenditure	Average Compensation of Employees Cost per Employee (R'000)	Employment
ADMINISTRATION	589 543.00	390 996.00	0.00	0.00	66.30	8.00	52 246
ASSETS & LIABILITIES	0.00	0.00	0.00	0.00	0.00	0.00	52 246
CENTRAL HOSPITAL SERVICES	3 475 417.00	2 379 320.00	0.00	0.00	68.50	47.00	52 246
DISTRICT HEALTH SERVICES	11 326 512.00	7 809 776.00	0.00	0.00	69.00	156.00	52 246
EMERGENCY MEDICAL SERVICE	1 270 788.00	933 648.00	0.00	0.00	73.50	19.00	52 246
HEALTH CARE AND SUPPORT SERV	100 000.00	52 708.00	0.00	0.00	52.70	1.00	52 246
HEALTH FACILITIES MANAGEMENT	1 278 578.00	16 843.00	0.00	0.00	1.30	0.00	52 246
HEALTH SCIENCE & TRAINING	728 463.00	468 836.00	0.00	0.00	64.40	9.00	52 246
MEDSAS LEDGERS	0.00	0.00	0.00	0.00	0.00	0.00	52 246
MEDSAS SUPPLIES	1 912 144.00	0.00	0.00	0.00	0.00	0.00	52 246
PROVINCIAL HOSPITAL SERVICES	3 500 058.00	2 511 866.00	0.00	0.00	71.80	50.00	52 246
Total as on Financial Systems (BAS)	**24 181 503.00**	**14 563 994.00**	**0.00**	**0.00**	**60.20**	**291.00**	52 246

Table 3.1.1 Personnel expenditure by programme for the period 1 April 2017 and 31 March 2018

Programme	Salaries (R'000)	Overtime (R'000)	HOA (R'000)	Medical Ass. (R'000)	Total Personnel Cost per Programme (R'000)
PRG1: ADMINISTRATION	329 169.00	3 808.00	10 601.00	13 988.00	399 595.00
PRG2: DISTRICT HEALTH SERVICES	6 414 769.00	165 488.00	279 305.00	324 412.00	7 896 527.00
PRG3: EMERGENCY MEDICAL SERVICES	711 451.00	74 252.00	35 326.00	52 465.00	935 728.00
PRG4: PROVINCIAL HOSPITAL SERVICE	1 965 303.00	172 050.00	77 820.00	103 424.00	2 531 590.00
PRG5: CENTRAL HOSPITAL SERVICES	1 810 480.00	212 055.00	64 281.00	87 178.00	2 362 141.00
PRG6: HEALTH SCIENCES & TRAINING	393 003.00	49 927.00	8 061.00	8 696.00	498 110.00
PRG7: HEALTH CARE SUPPORT SERVICES	45 821.00	304.00	2 513.00	2 526.00	56 703.00
PRG8: HEALTH FACILITIES MANAGEMENT	14 908.00	0.00	651.00	95.00	17 694.00
TOTAL	**11 684 904.00**	**677 883.00**	**478 558.00**	**592 784.00**	**14 698 088.00**

Table 3.1.2 Personnel costs by salary band for the period 1 April 2017 and 31 March 2018

Salary Bands	Compensation of Employees Cost including Transfers (R'000)	Percentage of Total Personnel Cost for Department	Average Compensation Cost per Employee (R)	Total Personnel Cost for Department including Goods and Services (R'000)	Number of Employees
01 Lower skilled (Levels 1-2)	728698	5	144040	14698088	5059
02 Skilled (Levels 3-5)	3344765	23	217857	14698088	15353
03 Highly skilled production (Levels 6-8)	3632196	25	335228	14698088	10835
04 Highly skilled supervision (Levels 9-12)	4722002	32	660790	14698088	7146
05 Senior management (Levels 13-16)	944323	7	1537985	14698088	614
09 Other	373	0	93250	14698088	4
10 Contract (Levels 1-2)	818	0	163600	14698088	5
11 Contract (Levels 3-5)	6950	0	165476	14698088	42
12 Contract (Levels 6-8)	183814	1	297916	14698088	617
13 Contract (Levels 9-12)	410171	3	631032	14698088	650
14 Contract (Levels 13-16)	166397	1	1680778	14698088	99
19 Periodical Remuneration	12061	0	241220	14698088	50
20 Abnormal Appointment	461822	3	47917	14698088	9638
TOTAL	**14614387**	**100**	**291634**	**14698088**	**50112**

Table 3.1.3 Salaries, Overtime, Home Owners Allowance and Medical Aid by programme for the period 1 April 2017 and 31 March 2018

Programme	Salaries (R'000)	Salaries as % of Personnel Cost	Overtime (R'000)	Overtime as % of Personnel Cost	HOA (R'000)	HOA as % of Personnel Cost	Medical Ass. (R'000)	Medical Ass. as % of Personnel Cost	Total Personnel Cost per Programme (R'000)
PRG1: ADMINISTRATION	329169	82	3808	1	10601	3	13988	4	399595
PRG2: DISTRICT HEALTH SERVICES	6414769	81	165488	2	279305	4	324412	4	7896527
PRG3: EMERGENCY MEDICAL SERVICES	711451	76	74252	8	35326	4	52465	6	935728
PRG4: PROVINCIAL HOSPITAL SERVICE	1965303	78	172050	7	77820	3	103424	4	2531590
PRG5: CENTRAL HOSPITAL SERVICES	1810480	77	212055	9	64281	3	87178	4	2362141
PRG6: HEALTH SCIENCES & TRAINING	393003	79	49927	10	8061	2	8696	2	498110
PRG7: HEALTH CARE SUPPORT SERVICE	45821	81	304	1	2513	4	2526	5	56703
PRG8: HEALTH FACILITIES MANAGEMEN	14908	84	0	0	651	4	95	1	17694
TOTAL	**11684904**	**80**	**677883**	**5**	**478558**	**3**	**592784**	**4**	**14698088**

Table 3.1.4 Salaries, Overtime, Home Owners Allowance and Medical Aid by salary band for the period 1 April 2017 and 31 March 2018

Salary Bands	Salaries (R'000)	Salaries as % of Personnel Cost	Overtime (R'000)	Overtime as % of Personnel Cost	HOA (R'000)	HOA as % of Personnel Cost	Medical Ass. (R'000)	Medical Ass. as % of Personnel Cost	Total Personnel Cost per Salary Band (R'000)
01 Lower skilled (Levels 1-2)	541007	74	2704	0	65671	9	53499	7	728707
02 Skilled (Levels 3-5)	2554471	76	73770	2	199273	6	228381	7	3363524
03 Highly skilled production (6-8)	2936584	81	49878	1	123747	3	188961	5	3650067
04 Highly skilled supervision (9-12)	3875854	82	226749	5	80237	2	116410	3	4751109
05 Senior management (13-16)	674411	71	192023	20	8639	1	4826	1	951560
09 Other	259	69	0	0	33	9	57	15	373
10 Contract (Levels 1-2)	618	76	0	0	80	10	42	5	818
11 Contract (Levels 3-5)	6190	89	1	0	287	4	116	2	6987
12 Contract (Levels 6-8)	182812	99	216	0	116	0	200	0	184963
13 Contract (Levels 9-12)	315169	77	92886	23	180	0	116	0	410540
14 Contract (Levels 13-16)	123724	74	39655	24	295	0	175	0	167276
19 Periodical Remuneration	12061	100	0	0	0	0	0	0	12061
20 Abnormal Appointment	461743	98	0	0	0	0	0	0	470104
TOTAL	**11684904**	**80**	**677883**	**5**	**478558**	**3**	**592784**	**4**	**14698088**

3.1. Employment and Vacancies

Table 3.2.1 Employment and vacancies by programme as on 31 March 2018

Programme	Number of Posts	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Posts Filled Additional to the Establishment
PRG1: ADMINISTRATION, Permanent	875	716	18	7
PRG2: DISTRICT HEALTH SERVICES, Permanent	27272	23181	15	362
PRG2: DISTRICT HEALTH SERVICES, Temporary	209	209	0	8
PRG3: EMERGENCY MEDICAL SERVICES, Permanent	2670	2653	1	0
PRG4: PROVINCIAL HOSPITAL SERVICE, Permanent	10111	6777	33	10
PRG4: PROVINCIAL HOSPITAL SERVICE, Temporary	68	68	0	0
PRG5: CENTRAL HOSPITAL SERVICES, Permanent	10008	5936	41	1
PRG5: CENTRAL HOSPITAL SERVICES, Temporary	37	37	0	0
PRG6: HEALTH SCIENCES & TRAINING, Permanent	697	646	7	0
PRG7: HEALTH CARE SUPPORT SERVICES, Permanent	269	177	34	0
PRG8: HEALTH FACILITIES MANAGEMENT, Permanent	30	24	20	1
TOTAL	**52246**	**40424**	**23**	**389**

Table 3.2.2 Employment and vacancies by Salary Band as on 31 March 2018 (this table is missing)

Salary Band	Number of Posts on the approved establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Posts Filled Additional to the Establishment
01 Lower Skilled (Levels 1-2), Permanent	6307	5054	20	58
01 Lower Skilled (Levels 1-2), Temporary	5	5	0	0
02 Skilled (Levels 3-5), Permanent	19499	15342	21	116
02 Skilled (Levels 3-5), Temporary	11	11	0	1
03 Highly Skilled Production (Levels 6-8), Permanent	13997	10795	23	94
03 Highly Skilled Production (Levels 6-8), Temporary	40	40	0	1
04 Highly Skilled Supervision (Levels 9-12), Permanent	9807	6904	30	40
04 Highly Skilled Supervision (Levels 9-12), Temporary	242	242	0	6
05 Senior Management (Levels 13-16), Permanent	907	600	34	2
05 Senior Management (Levels 13-16), Temporary	14	14	0	0
09 Other, Permanent	2	2	0	0
09 Other, Temporary	2	2	0	0
10 Contract (Levels 1-2), Permanent	5	5	0	0
11 Contract (Levels 3-5), Permanent	42	42	0	0
12 Contract (Levels 6-8), Permanent	617	617	0	37
13 Contract (Levels 9-12), Permanent	650	650	0	32
14 Contract (Levels 13-16), Permanent	99	99	0	2
TOTAL	**52246**	**40424**	**23**	**389**

Table 3.2.3 Employment and vacancies by critical occupations as on 31 March 2018

Salary Band	Number of Posts on the approved establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Posts Filled Additional to the Establishment
01 Lower Skilled (Levels 1-2), Permanent	6307	5054	20	58
01 Lower Skilled (Levels 1-2), Temporary	5	5	0	0
02 Skilled (Levels 3-5), Permanent	19499	15342	21	116
02 Skilled (Levels 3-5), Temporary	11	11	0	1
03 Highly Skilled Production (Levels 6-8), Permanent	13997	10795	23	94
03 Highly Skilled Production (Levels 6-8), Temporary	40	40	0	1

04 Highly Skilled Supervision (Levels 9-12), Permanent	9807	6904	30	40
04 Highly Skilled Supervision (Levels 9-12), Temporary	242	242	0	6
05 Senior Management (Levels 13-16), Permanent	907	600	34	2
05 Senior Management (Levels 13-16), Temporary	14	14	0	0
09 Other, Permanent	2	2	0	0
09 Other, Temporary	2	2	0	0
10 Contract (Levels 1-2), Permanent	5	5	0	0
11 Contract (Levels 3-5), Permanent	42	42	0	0
12 Contract (Levels 6-8), Permanent	617	617	0	37
13 Contract (Levels 9-12), Permanent	650	650	0	32
14 Contract (Levels 13-16), Permanent	99	99	0	2
TOTAL	**52246**	**40424**	**23**	**389**

3.2. Filling of SMS Posts

Table 3.3.1 SMS post information as on 31 March 2018

SMS Level	Total number of funded SMS posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
Salary Level 16	1	1	0.9	0	0
Salary Level 15	4	4	3.7	0	0
Salary Level 14	19	17	15.7	2	15.4
Salary Level 13	97	86	79,7	11	84.6
Total	121	108	100	13	100

Table 3.3.3 Advertising and filling of SMS posts for the period 1 April 2017 and 31 March 2018

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
Salary Level 16	0	0	0
Salary Level 15	1	1	0
Salary Level 14	1	1	0
Salary Level 13	7	7	0
Total	9	9	0

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 2017 and 31 March 2018

Notes

1. In terms of the Public Service Regulations Chapter 1, Part VII C.1A.2, departments must indicate good cause or reason for not having complied with the filling of SMS posts within the prescribed timeframes. In the event of non-compliance with this regulation, the relevant executive authority or head of department must take appropriate disciplinary steps in terms of section 16A(1) or (2) of the Public Service Act.

3.3. 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 2017 and 31 March 2018

Salary Band	Number of Posts	Number of Jobs Evaluated	% of Posts Evaluated	Number of Posts Upgraded	% of Upgraded Posts Evaluated	Number of Posts Downgraded	% of Downgraded Posts Evaluated
01 Lower Skilled (Levels 1-2)	6312	0	0	4	100	0	0
02 Skilled (Levels 3-5)	19510	0	0	15	53	1	100
03 Highly Skilled Production (Levels 6-8)	14037	0	0	19	58	1	100
04 Highly Skilled Supervision (Levels 9-12)	10049	0	0	18	100	0	0
05 Senior Management Service Band A	648	0	0	1	100	0	0
06 Senior Management Service Band B	95	0	0	0	0	0	0
07 Senior Management Service Band C	146	0	0	1	100	0	0
08 Senior Management Service Band D	32	0	0	0	0	0	0
09 Other	4	0	0	0	0	0	0
10 Contract (Levels 1-2)	5	0	0	0	0	0	0
11 Contract (Levels 3-5)	42	0	0	0	0	0	0
12 Contract (Levels 6-8)	617	0	0	1	100	0	0
13 Contract (Levels 9-12)	650	0	0	1	100	0	0
14 Contract Band A	77	0	0	0	0	0	0
15 Contract Band B	8	0	0	0	0	0	0
16 Contract Band C	12	0	0	0	0	0	0
17 Contract Band D	2	0	0	0	0	0	0
TOTAL	**52246**	**0**	**0**	**60**	**75**	**2**	**100**

There were no new Job Evaluation results for the year under review

Table 3.4.3 Employees with salary levels higher than those determined by job evaluation by occupation for the period 1 April 2017 and 31 March 2018

Occupation	Number of Employees	Job Evaluation Level	Remuneration Level	Reason for Deviation	No of Employees in Department
00	0.00	00	0	0	0
	0.00	0	0	0	
TOTAL	**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 2017 and 31 March 2018

Beneficiaries	African	Asian	Coloured	White	Total
Female	0.00	0.00	1	0.00	1
Male	2	0.00	0.00	1	3
TOTAL	**2**	**0.00**	**1**	**1**	**4**
Employees with a Disability	0.00	0.00	0.00	0.00	0.00

Notes

2. If there were no cases where the salary levels were higher than those determined by job evaluation, keep the heading and replace the table with the following:

Total number of Employees whose salaries exceeded the grades determine by job evaluation	4

3.4. Employment Changes

Table 3.5.1 Annual turnover rates by salary band for the period 1 April 2017 and 31 March 2018

Salary Band	Employment at Beginning of Period	Appointments	Terminations	Turnover Rate
01 Lower Skilled (Levels 1-2) Permanent	5471	609	213	4
01 Lower Skilled (Levels 1-2) Temporary	1	2	0	0
02 Skilled (Levels 3-5) Permanent	15376	1160	725	5
02 Skilled (Levels 3-5) Temporary	11	5	6	55
03 Highly Skilled Production (Levels 6-8) Permanent	9992	1027	773	8
03 Highly Skilled Production (Levels 6-8) Temporary	37	32	34	92
04 Highly Skilled Supervision (Levels 9-12) Permanent	6309	488	582	9
04 Highly Skilled Supervision (Levels 9-12) Temporary	205	242	244	119
05 Senior Management Service Band A Permanent	397	28	30	8
05 Senior Management Service Band A Temporary	8	1	1	13
06 Senior Management Service Band B Permanent	71	5	6	9
06 Senior Management Service Band B Temporary	2	2	2	100
07 Senior Management Service Band C Permanent	87	6	7	8
07 Senior Management Service Band C Temporary	1	1	0	0
08 Senior Management Service Band D Permanent	25	1	2	8
09 Other Permanent	18	0	2	11
09 Other Temporary	2	1	1	50
10 Contract (Levels 1-2) Permanent	11	0	1	9
11 Contract (Levels 3-5) Permanent	45	25	33	73
12 Contract (Levels 6-8) Permanent	653	623	652	100
13 Contract (Levels 9-12) Permanent	549	472	366	67
14 Contract Band A Permanent	67	29	27	40
15 Contract Band B Permanent	7	1	1	14
16 Contract Band C Permanent	14	9	11	79
17 Contract Band D Permanent	6	1	2	33
TOTAL	**39365**	**4770**	**3721**	**10**

Table 3.5.2 Annual turnover rates by critical occupation for the period 1 April 2017 and 31 March 2018

Occupation	Employment at Beginning of Period	Appointments	Terminations	Turnover Rate
ADMINISTRATIVE RELATED Permanent	558	13	34	6
AGRICULTURE RELATED Permanent	2	0	0	0
ALL ARTISANS IN THE BUILDING METAL MACHINERY ETC. Permanent	155	13	9	6
AMBULANCE AND RELATED WORKERS Permanent	2600	31	63	2
ARCHITECTS TOWN AND TRAFFIC PLANNERS Permanent	2	0	0	0
ARTISAN PROJECT AND RELATED SUPERINTENDENTS Permanent	11	1	1	9
AUXILIARY AND RELATED WORKERS Permanent	735	18	60	8
BIOCHEMISTRY PHARMACOL. ZOOLOGY & LIFE SCIE.TECHNI Permanent	1	0	0	0
BOILER AND RELATED OPERATORS Permanent	46	3	4	9
BUILDING AND OTHER PROPERTY CARETAKERS Permanent	105	6	4	4
BUS AND HEAVY VEHICLE DRIVERS Permanent	19	1	1	5
CARTOGRAPHIC SURVEYING AND RELATED TECHNICIANS Permanent	3	0	1	33
CHEMISTS Permanent	51	0	1	2
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC. Permanent	4249	449	303	7
CLIENT INFORM CLERKS (SWITCHB RECEPT INFORM CLERKS) Permanent	191	11	12	6

Occupation	Employment at Beginning of Period	Appointments	Terminations	Turnover Rate
COMMUNICATION AND INFORMATION RELATED Permanent	55	0	2	4
COMMUNITY DEVELOPMENT WORKERS Permanent	2	0	1	50
COMPOSITORS TYPESETTERS & RELATED PRINTING WORKERS Permanent	1	0	0	0
CONSERVATION LABOURERS Permanent	14	0	1	7
DENTAL PRACTITIONERS Permanent	134	34	23	17
DENTAL PRACTITIONERS Temporary	4	4	3	75
DENTAL TECHNICIANS Permanent	3	0	0	0
DENTAL THERAPY Permanent	12	4	1	8
DIETICIANS AND NUTRITIONISTS Permanent	106	29	23	22
DIPLOMATS Permanent	2	0	0	0
ELECTRICAL AND ELECTRONICS ENGINEERING TECHNICIANS Permanent	6	0	0	0
EMERGENCY SERVICES RELATED Permanent	29	0	1	3
ENGINEERING SCIENCES RELATED Permanent	3	1	1	33
ENGINEERS AND RELATED PROFESSIONALS Permanent	15	7	1	7
ENVIRONMENTAL HEALTH Permanent	26	2	3	12
FARM HANDS AND LABOURERS Permanent	28	0	4	14
FINANCE AND ECONOMICS RELATED Permanent	146	2	6	4
FINANCIAL AND RELATED PROFESSIONALS Permanent	65	2	6	9
FINANCIAL CLERKS AND CREDIT CONTROLLERS Permanent	306	11	11	4
FIRE FIGHTING AND RELATED WORKERS Permanent	1	0	0	0
FOOD SERVICES AIDS AND WAITERS Permanent	614	73	41	7
FOOD SERVICES WORKERS Permanent	6	0	1	17
HANDYMEN Permanent	1	0	0	0
HEAD OF DEPARTMENT/CHIEF EXECUTIVE OFFICER Permanent	13	1	0	0
HEALTH SCIENCES RELATED Permanent	551	6	44	8
HOUSEHOLD AND LAUNDRY WORKERS Permanent	842	51	59	7
HOUSEHOLD FOOD AND LAUNDRY SERVICES RELATED Permanent	4	0	1	25
HOUSEKEEPERS LAUNDRY AND RELATED WORKERS Permanent	27	0	3	11
HUMAN RESOURCES & ORGANISAT DEVELOPM & RELATE PROF Permanent	55	0	3	6
HUMAN RESOURCES CLERKS Permanent	264	10	19	7
HUMAN RESOURCES RELATED Permanent	230	10	21	9
INFORMATION TECHNOLOGY RELATED Permanent	15	0	2	13
INSPECTORS OF APPRENTICES WORKS AND VEHICLES Permanent	3	0	0	0
LANGUAGE PRACTITIONERS INTERPRETERS & OTHER COMMUN Permanent	33	0	2	6
LEGAL RELATED Permanent	2	0	0	0
LIBRARIANS AND RELATED PROFESSIONALS Permanent	2	0	0	0
LIBRARY MAIL AND RELATED CLERKS Permanent	59	7	1	2
LIFE SCIENCES RELATED Permanent	3	1	2	67
LIGHT VEHICLE DRIVERS Permanent	188	8	8	4
LOGISTICAL SUPPORT PERSONNEL Permanent	65	1	3	5
MATERIAL-RECORDING AND TRANSPORT CLERKS Permanent	171	2	5	3
MECHANICAL ENGINEERING THECHNICIANS Permanent	1	2	0	0
MEDICAL PRACTITIONERS Permanent	1577	607	435	28
MEDICAL PRACTITIONERS Temporary	229	246	246	107
MEDICAL SPECIALISTS Permanent	156	30	22	14
MEDICAL SPECIALISTS Temporary	22	24	27	123
MEDICAL TECHNICIANS/TECHNOLOGISTS Permanent	30	7	3	10
MESSENGERS PORTERS AND DELIVERERS Permanent	704	32	45	6
MIDDLE MANAGERS Permanent	1	0	0	0
MOTOR VEHICLE DRIVERS Permanent	39	2	0	0
NURSING ASSISTANTS Permanent	5125	622	252	5
OCCUPATIONAL THERAPY Permanent	114	63	44	39
OCCUPATIONAL THERAPY Temporary	2	0	0	0
OPTOMETRISTS AND OPTICIANS Permanent	6	3	3	50
ORAL HYGIENE Permanent	21	1	1	5

Occupation	Employment at Beginning of Period	Appointments	Terminations	Turnover Rate
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS Permanent	1368	42	68	5
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS Temporary	1	0	0	0
OTHER ADMINISTRATIVE POLICY AND RELATED OFFICERS Permanent	418	7	37	9
OTHER INFORMATION TECHNOLOGY PERSONNEL. Permanent	67	4	4	6
OTHER MACHINE OPERATORS Permanent	1	0	1	100
OTHER OCCUPATIONS Permanent	127	1	17	13
PHARMACEUTICAL ASSISTANTS Permanent	20	0	1	5
PHARMACISTS Permanent	633	213	114	18
PHARMACISTS Temporary	5	6	5	100
PHARMACOLOGISTS PATHOLOGISTS & RELATED PROFESSIONA Permanent	1	0	0	0
PHYSICISTS Permanent	6	0	1	17
PHYSIOTHERAPY Permanent	129	63	47	36
PRINTING AND RELATED MACHINE OPERATORS Permanent	1	0	0	0
PROBATION WORKERS Permanent	1	0	0	0
PROFESSIONAL NURSE Permanent	10433	1449	1220	12
PROFESSIONAL NURSE Temporary	2	0	1	50
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS Permanent	64	20	22	34
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS Temporary	1	1	1	100
QUANTITY SURVEYORS & RELA PROF NOT CLASS ELSEWHERE Permanent	1	0	0	0
RADIOGRAPHY Permanent	369	74	60	16
RADIOGRAPHY Temporary	1	4	5	500
RISK MANAGEMENT AND SECURITY SERVICES Permanent	4	0	0	0
ROAD WORKERS Permanent	2	0	1	50
SAFETY HEALTH AND QUALITY INSPECTORS Permanent	17	1	1	6
SECRETARIES & OTHER KEYBOARD OPERATING CLERKS Permanent	1216	22	28	2
SECURITY GUARDS Permanent	27	0	1	4
SECURITY OFFICERS Permanent	2	0	0	0
SENIOR MANAGERS Permanent	127	9	10	8
SHOEMAKERS Permanent	3	0	0	0
SOCIAL SCIENCES RELATED Permanent	3	1	0	0
SOCIAL SCIENCES SUPPLEMENTARY WORKERS Permanent	4	0	1	25
SOCIAL WORK AND RELATED PROFESSIONALS Permanent	117	4	3	3
SPEECH THERAPY AND AUDIOLOGY Permanent	41	28	23	56
STAFF NURSES AND PUPIL NURSES Permanent	3081	334	158	5
STUDENT NURSE Permanent	9	0	2	22
SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHERS Permanent	26	1	4	15
TRADE LABOURERS Permanent	174	31	11	6
TRADE RELATED Permanent	2	1	1	50
TOTAL	**39365**	**4770**	**3721**	**10**

Table 3.5.3 Reasons why staff left the department for the period 1 April 2017 and 31 March 2018

Termination Type	Number	Percentage of Total Resignations
01 Death, Permanent	227	6
01 Death, Temporary	1	0
02 Resignation, Permanent	1272	34
02 Resignation, Temporary	24	1
03 Expiry of contract, Permanent	1061	29
03 Expiry of contract, Temporary	244	7
04 Transfers, Permanent	2	0
06 Discharged due to ill health, Permanent	41	1
06 Discharged due to ill health, Temporary	1	0
07 Dismissal-misconduct, Permanent	52	1
07 Dismissal-misconduct, Temporary	1	0
09 Retirement, Permanent	777	21
09 Retirement, Temporary	1	0
10 Other, Permanent	1	0
10 Other, Temporary	16	0
TOTAL	**3721**	**100**

Table 3.5.4 Promotions by critical occupation for the period 1 April 2017 and 31 March 2018

Occupation	Employment at Beginning of Period	Promotions to another Salary Level	Salary Level Promotions as a % of Employment	Progressions to another Notch within Salary Level	Notch progressions as a % of Employment
ADMINISTRATIVE RELATED	558	7	1	388	70
AGRICULTURE RELATED	2	0	0	2	100
ALL ARTISANS IN THE BUILDING METAL	155	1	1	93	60
AMBULANCE AND RELATED WORKERS	2600	1	0	1085	42
ARCHITECTS TOWN AND TRAFFIC	2	0	0	0	0
ARTISAN PROJECT AND RELATED SUPERINTENDENTS	11	0	0	8	73
AUXILIARY AND RELATED WORKERS	735	1	0	399	54
BIOCHEMISTRY PHARMACOL. ZOOLOGY	1	0	0	1	100
BOILER AND RELATED OPERATORS	46	0	0	27	59
BUILDING AND PROPERTY CARETAKERS	105	0	0	56	53
BUS AND HEAVY VEHICLE DRIVERS	19	0	0	11	58
CARTOGRAPHIC SURVEYING & TECH	3	1	33	2	67
CHEMISTS	51	0	0	36	71
CLEANERS IN OFFICES WORKSHOPS HOSP	4249	1	0	2431	57
CLIENT INFORM CLERKS & OTHER CLERKS	191	2	1	133	70
COMMUNICATION AND INFORMATION	55	0	0	29	53
COMMUNITY DEVELOPMENT WORKERS	2	0	0	1	50
COMPOSITORS TYPESETTERS & RELATED PRINTING WORKERS	1	0	0	0	0
CONSERVATION LABOURERS	14	0	0	9	64
DENTAL PRACTITIONERS	138	0	0	56	41
DENTAL TECHNICIANS	3	0	0	3	100
DENTAL THERAPY	12	0	0	4	33
DIETICIANS AND NUTRITIONISTS	106	1	1	48	45
DIPLOMATS	2	0	0	2	100
ELECTRICAL AND ELECTRONICS ENGINEERING TECHNICIANS	6	0	0	3	50
EMERGENCY SERVICES RELATED	29	0	0	13	45
ENGINEERING SCIENCES RELATED	3	0	0	1	33

Occupation	Employment at Beginning of Period	Promotions to another Salary Level	Salary Level Promotions as a % of Employment	Progressions to another Notch within Salary Level	Notch progressions as a % of Employment
ENGINEERS AND RELATED PROFESSIONALS	15	2	13	6	40
ENVIRONMENTAL HEALTH	26	0	0	14	54
FARM HANDS AND LABOURERS	28	0	0	10	36
FINANCE AND ECONOMICS RELATED	146	1	1	119	82
FINANCIAL AND RELATED PROFESSIONALS	65	0	0	52	80
FINANCIAL CLERKS AND CREDIT CONTROLLERS	306	3	1	230	75
FIRE FIGHTING AND RELATED WORKERS	1	0	0	0	0
FOOD SERVICES AIDS AND WAITERS	614	3	1	387	63
FOOD SERVICES WORKERS	6	0	0	5	83
HANDYMEN	1	0	0	1	100
HEAD OF DEPARTMENT/CHIEF EXECUTIVE OFFICER	13	0	0	7	54
HEALTH SCIENCES RELATED	551	7	1	217	39
HOUSEHOLD AND LAUNDRY WORKERS	842	3	0	505	60
HOUSEHOLD FOOD AND LAUNDRY SERVICES RELATED	4	0	0	3	75
HOUSEKEEPERS LAUNDRY AND RELATED WORKERS	27	0	0	23	85
HUMAN RESOURCES & ORGANISAT DEVELOPM & RELATE PROF	55	0	0	41	75
HUMAN RESOURCES CLERKS	264	3	1	194	74
HUMAN RESOURCES RELATED	230	3	1	154	67
INFORMATION TECHNOLOGY RELATED	15	1	7	6	40
INSPECTORS OF APPRENTICES WORKS AND VEHICLES	3	0	0	0	0
LANGUAGE PRACTITIONERS INTERPRETERS & OTHER COMMUN	33	0	0	20	61
LEGAL RELATED	2	0	0	0	0
LIBRARIANS AND RELATED PROFESSIONALS	2	0	0	2	100
LIBRARY MAIL AND RELATED CLERKS	59	0	0	46	78
LIFE SCIENCES RELATED	3	0	0	0	0
LIGHT VEHICLE DRIVERS	188	2	1	125	67
LOGISTICAL SUPPORT PERSONNEL	65	1	2	51	79
MATERIAL-RECORDING AND TRANSPORT CLERKS	171	0	0	109	64
MECHANICAL ENGINEERING THECHNICIANS	1	0	0	0	0
MEDICAL PRACTITIONERS	1806	12	1	342	19
MEDICAL SPECIALISTS	178	7	4	49	28
MEDICAL TECHNICIANS/TECHNOLOGISTS	30	0	0	23	77
MESSENGERS PORTERS AND DELIVERERS	704	0	0	417	59
MIDDLE MANAGERS	1	0	0	2	200
MOTOR VEHICLE DRIVERS	39	0	0	29	74
NURSING ASSISTANTS	5125	1	0	2075	41
OCCUPATIONAL THERAPY	116	2	2	35	30
OPTOMETRISTS AND OPTICIANS	6	0	0	1	17
ORAL HYGIENE	21	0	0	11	52
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS	1369	8	1	951	70
OTHER ADMINISTRATIVE POLICY AND RELATED OFFICERS	418	6	1	265	63
OTHER INFORMATION TECHNOLOGY PERSONNEL.	67	1	2	43	64
OTHER MACHINE OPERATORS	1	0	0	0	0
OTHER OCCUPATIONS	127	0	0	53	42
PHARMACEUTICAL ASSISTANTS	20	0	0	9	45
PHARMACISTS	638	3	1	204	32
PHARMACOLOGISTS PATHOLOGISTS & RELATED	1	0	0	1	100

Occupation	Employment at Beginning of Period	Promotions to another Salary Level	Salary Level Promotions as a % of Employment	Progressions to another Notch within Salary Level	Notch progressions as a % of Employment
PROFESSIONA					
PHYSICISTS	6	0	0	4	67
PHYSIOTHERAPY	129	0	0	40	31
PRINTING AND RELATED MACHINE OPERATORS	1	0	0	1	100
PROBATION WORKERS	1	0	0	1	100
PROFESSIONAL NURSE	10435	385	4	3955	38
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS	65	0	0	34	52
QUANTITY SURVEYORS & RELA PROF NOT CLASS ELSEWHERE	1	0	0	0	0
RADIOGRAPHY	370	2	1	171	46
RISK MANAGEMENT AND SECURITY SERVICES	4	0	0	3	75
ROAD WORKERS	2	0	0	2	100
SAFETY HEALTH AND QUALITY INSPECTORS	17	1	6	14	82
SECRETARIES & OTHER KEYBOARD OPERATING CLERKS	1216	1	0	505	42
SECURITY GUARDS	27	0	0	15	56
SECURITY OFFICERS	2	0	0	2	100
SENIOR MANAGERS	127	1	1	76	60
SHOEMAKERS	3	0	0	2	67
SOCIAL SCIENCES RELATED	3	0	0	3	100
SOCIAL SCIENCES SUPPLEMENTARY WORKERS	4	0	0	2	50
SOCIAL WORK AND RELATED PROFESSIONALS	117	0	0	39	33
SPEECH THERAPY AND AUDIOLOGY	41	0	0	7	17
STAFF NURSES AND PUPIL NURSES	3081	98	3	1152	37
STUDENT NURSE	9	0	0	0	0
SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHERS	26	0	0	16	62
TRADE LABOURERS	174	0	0	107	62
TRADE RELATED	2	0	0	0	0
UNKNOWN	0	1	0	0	0
TOTAL	**39365**	**573**	**2**	**17829**	**45**

Table 3.5.5 Promotions by salary band for the period 1 April 2017 and 31 March 2018

Salary Band	Employment at Beginning of Period	Promotions to another Salary Level	Salary Level Promotions as a % of Employment	Progressions to another Notch within Salary Level	Notch progressions as a % of Employment
01 Lower Skilled (Levels 1-2), Permanent	5471	0	0	2553	47
01 Lower Skilled (Levels 1-2), Temporary	1	0	0	0	0
02 Skilled (Levels 3-5), Permanent	15376	119	1	7130	46
02 Skilled (Levels 3-5), Temporary	11	0	0	0	0
03 Highly Skilled Production (Levels 6-8), Permanent	9992	220	2	4634	46
03 Highly Skilled Production (Levels 6-8), Temporary	37	0	0	1	3
04 Highly Skilled Supervision (Levels 9-12), Permanent	6309	210	3	3127	50
04 Highly Skilled Supervision (Levels 9-12), Temporary	205	0	0	0	0
05 Senior Management (Levels 13-16), Permanent	580	23	4	270	47
05 Senior Management (Levels 13-16), Temporary	11	0	0	2	18
09 Other, Permanent	18	0	0	0	0
09 Other, Temporary	2	0	0	0	0
10 Contract (Levels 1-2), Permanent	11	0	0	1	9
11 Contract (Levels 3-5), Permanent	45	0	0	13	29
12 Contract (Levels 6-8), Permanent	653	0	0	4	1
13 Contract (Levels 9-12), Permanent	549	1	0	77	14
14 Contract (Levels 13-16), Permanent	94	0	0	17	18
TOTAL	**39365**	**573**	**2**	**17829**	**45**

3.5. Employment Equity

Table 3.6.1 Total number of employees (including employees with disabilities) in each of the following occupational categories as on 31 March 2018

Occupational Categories	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White	Total
02 - PROFESSIONALS	1237	125	130	1492	358	1993	260	92	2345	465	4660
03 - TECHNICIANS AND ASSOCIATE PROF	1929	150	2	2081	52	9443	1305	24	10772	503	13408
09 - LABOURERS AND RELATED WORKERS	2257	134	1	2392	30	4160	262	0	4422	40	6884
08 - PLANT AND MACHINE OPERATORS	258	20	0	278	5	7	2	0	9	0	292
UNKNOWN	19	3	0	22	6	79	5	0	84	1	113
05 - SERVICE SHOP AND MARKET SALES	2691	274	6	2971	71	7451	559	3	8013	151	11206
04 - CLERKS	867	66	1	934	15	2378	154	3	2535	53	3537
01 - SENIOR OFFICIALS AND MANAGERS	56	2	1	59	2	69	5	2	76	7	144
07 - CRAFT AND RELATED TRADE	122	16	1	139	21	20	0	0	20	0	180
TOTAL	**9436**	**790**	**142**	**10368**	**560**	**25600**	**2552**	**124**	**28276**	**1220**	**40424**

Table 3.6.2 Total number of employees (including employees with disabilities) in each of the following occupational bands as on 31 March 2018

Occupational Bands	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White	Total
01 Top Management, Permanent	35	2	16	53	30	17	2	1	20	14	117
01 Top Management, Temporary	0	0	0	0	1	0	0	0	0	0	1
02 Senior Management, Perm	191	18	31	240	54	132	10	17	159	30	483
02 Senior Management, Temp	4	0	0	4	3	1	0	1	2	4	13
03 Professionally qualified, Perm	979	124	42	1145	169	4575	593	50	5218	372	6904
03 Professionally qualified Temp	106	5	14	125	41	67	1	0	68	8	242
04 Skilled technical & foremen, Perm	1884	247	9	2140	86	7016	1068	18	8102	467	10795
04 Skilled technical & foremen, Temporary	18	0	1	19	3	9	2	0	11	7	40
05 Semi-skilled Permanent	4129	282	2	4413	60	10131	619	5	10755	114	15342
05 Semi-skilled Temporary	3	0	1	4	3	1	0	0	1	3	11
06 Unskilled & defined decision making, Perm	1707	87	0	1794	11	3089	155	0	3244	5	5054
06 Unskilled & defined decision making, Temp	2	0	0	2	1	0	0	0	0	2	5
07 Not Available, Permanent	1	0	0	1	0	1	0	0	1	0	2
07 Not Available, Temporary	1	0	0	1	0	0	0	0	0	1	2
08 Contract (Top Management), Permanent	8	0	1	9	2	1	0	1	2	1	14
09 Contract (Senior Management), Permanent	35	1	8	44	19	6	2	4	12	10	85
10 Contract (Professionally Qualified), Perm	144	15	17	176	73	202	54	17	273	128	650
11 Contract (Skilled Technical), Permanent	172	9	0	181	4	322	46	10	378	54	617
12 Contract (Semi-Skilled), Permanent	17	0	0	17	0	25	0	0	25	0	42
13 Contract (Unskilled), Permanent	0	0	0	0	0	5	0	0	5	0	5
TOTAL	**9436**	**790**	**142**	**10368**	**560**	**25600**	**2552**	**124**	**28276**	**1220**	**40424**

Table 3.6.3 Recruitment for the period 1 April 2017 to 31 March 2018

Occupational Bands	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White	Total
01 Top Management, Permanent	3	0	0	3	2	2	0	0	2	0	7
01 Top Management, Temporary	0	0	0	0	1	0	0	0	0	0	1
02 Senior Management, Permanent	16	0	2	18	1	13	0	1	14	0	33
02 Senior Management, Temporary	1	0	0	1	1	0	0	0	0	1	3
03 Professionally qualified man, Perm	123	11	7	141	27	245	30	6	281	39	488
03 Professionally qualified man, Temp	110	7	19	136	29	69	0	0	69	8	242
04 Skilled technical & foremen, Perm	212	13	1	226	3	648	96	4	748	50	1027
04 Skilled technical & foremen, Temp	14	0	1	15	2	9	1	0	10	5	32
05 Semi-skilled & decision making, Perm	236	9	0	245	0	891	23	0	914	1	1160
05 Semi-skilled & decision making, Temp	2	0	0	2	2	0	0	0	0	1	5
06 Unskilled & defined decision making P	209	5	0	214	0	388	7	0	395	0	609
06 Unskilled and defined decision making, T	1	0	0	1	0	0	0	0	0	1	2
07 Not Available, Temporary	1	0	0	1	0	0	0	0	0	0	1
08 Contract (Top Management), Permanent	6	0	0	6	3	0	0	0	0	1	10
09 Contract (Senior Management), Perm	15	0	6	21	4	2	0	1	3	2	30
10 Contract (Professionally qualified), Perm	97	9	14	120	47	162	37	15	214	91	472
11 Contract (Skilled technical), Permanent	167	9	0	176	4	336	46	8	390	53	623
12 Contract (Semi-skilled), Permanent	11	0	0	11	0	14	0	0	14	0	25
TOTAL	**1224**	**63**	**50**	**1337**	**126**	**2779**	**240**	**35**	**3054**	**253**	**4770**

Table 3.6.4 Promotions for the period 1 April 2017 to 31 March 2018

Occupational Bands	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White	Total
01 Top Management, Permanent	14	1	12	27	13	6	0	0	6	8	54
02 Senior Management, Permanent	85	11	17	113	26	67	5	11	83	17	239
02 Senior Management, Temporary	0	0	0	0	0	0	0	1	1	1	2
03 Professionally qualified specialists Perm	410	54	15	479	71	2238	344	25	2607	180	3337
04 Skilled technical qualified workers Perm	799	112	5	916	33	3176	509	5	3690	215	4854
04 Skilled technical qualified workers Temp	0	0	0	0	0	0	0	0	0	1	1
05 Semi-skilled and decision making, Perm	2119	156	2	2277	40	4596	275	1	4872	60	7249
06 Unskilled & decision making, Permanent	827	55	0	882	6	1582	80	0	1662	3	2553
08 Contract (Top Management), Permanent	3	0	0	3	2	1	0	1	2	1	8
09 Contract (Senior Management), Perm	4	0	0	4	1	2	0	0	2	2	9
10 Contract (Professionally qualified), Perm	24	4	1	29	8	26	1	2	29	12	78
11 Contract (Skilled technical), Permanent	0	0	0	0	0	4	0	0	4	0	4
12 Contract (Semi-skilled), Permanent	4	0	0	4	0	9	0	0	9	0	13
13 Contract (Unskilled), Permanent	0	0	0	0	0	1	0	0	1	0	1
TOTAL	**4289**	**393**	**52**	**4734**	**200**	**11708**	**1214**	**46**	**12968**	**500**	**18402**

Table 3.6.5 Terminations for the period 1 April 2017 to 31 March 2018

Occupational Bands	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White	Total
01 Top Management, Permanent	2	0	2	4	3	0	0	0	0	2	9
02 Senior Management, Permanent	13	1	0	14	1	15	1	0	16	5	36
02 Senior Management, Temporary	1	0	0	1	2	0	0	0	0	0	3
03 Professionally qualified and Perm	76	13	1	90	18	403	37	4	444	30	582
03 Professionally qualified and Temp	109	5	15	129	37	67	0	0	67	11	244
04 Skilled technical & qualified Perm	150	15	0	165	11	471	74	0	545	52	773
04 Skilled technical & qualified Temp	12	0	1	13	4	10	1	1	12	5	34
05 Semi-skilled & decision making Perm	202	10	0	212	3	471	30	0	501	9	725
05 Semi-skilled & decision making, Temp	3	0	0	3	2	0	0	0	0	1	6

Occupational Bands	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White	Total
06 Unskilled and decision making, Perm	95	12	0	107	0	104	2	0	106	0	213
07 Not Available, Permanent	2	0	0	2	0	0	0	0	0	0	2
07 Not Available, Temporary	1	0	0	1	0	0	0	0	0	0	1
08 Contract (Top Management), Perm	7	1	0	8	3	0	0	0	0	2	13
09 Contract (Senior Management), Perm	15	0	5	20	5	0	0	0	0	3	28
10 Contract (Professionally qualified), P	87	12	9	108	45	108	15	9	132	81	366
11 Contract (Skilled technical), Permanent	128	4	0	132	5	392	50	7	449	66	652
12 Contract (Semi-skilled), Permanent	7	0	0	7	0	22	3	0	25	1	33
13 Contract (Unskilled), Permanent	1	0	0	1	0	0	0	0	0	0	1
TOTAL	**911**	**73**	**33**	**1017**	**139**	**2063**	**213**	**21**	**2297**	**268**	**3721**

Table 3.6.6 Disciplinary action for the period 1 April 2017 to 31 March 2018

Disciplinary action	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White	Total
Dismissal	3	0	0	3	0	4	0	0	4	0	7
Final Written Warning	7	0	0	7	0	1	0	0	1	0	8
No Outcome	4	0	0	4	0	1	0	0	1	0	5
Suspended Without Pay	14	0	0	14	0	0	1	0	1	0	15
TOTAL	**28**	**0**	**0**	**28**	**0**	**6**	**1**	**0**	**7**	**0**	**35**

Table 3.6.7 Skills development for the period 1 April 2017 to 31 March 2018

Occupational Categories	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White	Total
Legislators & Senior Officials	260	3	6	269	6	816	35	2	853	44	1172
Professionals	1345	48	11	1404	44	6507	498	12	7017	455	8920
Technicians & Associate Profs	277	42	0	319	9	2194	137	0	2331	56	2715
Clerks	361	11	0	372	0	1024	43	0	1067	5	1444
Service and Sales Workers	262	17	0	279	3	1291	35	0	1326	3	1611
Skilled Agriculture and Fishery	0	0	0	0	0	0	0	0	0	0	0
Craft and related Trades Workers	8	4	0	12	0	4	0	0	4	0	16
Plant and Machine Operators	42	0	0	42	0	2	0	0	2	0	44
Elementary Occupations	241	11	0	252	0	780	28	0	808	4	1064
Employees with disabilities	1	0	0	1	4	2	0	1	3	8	16
TOTAL	**2797**	**136**	**17**	**2950**	**66**	**12620**	**776**	**15**	**13411**	**575**	**17002**

3.7 Signing of Performance Agreements by SMS Members

Table 3.7.1 Signing of Performance Agreements by SMS members as on 31 May 2018

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
Salary Level 16	1	1	1	100%
Salary Level 15	5	5	5	100%
Salary Level 14	16	16	16	100%
Salary Level 13	89	89	75	84%
Total	1	1	1	100%

Notes

- In the event of a National or Provincial election occurring within the first three months of a financial year all members of the SMS must conclude and sign their performance agreements for that financial year within three months following the month in which the elections took place. For example if elections took place in April, the reporting date in the heading of the table above should change to 31 July 20ZZ.

Table 3.7.2 Reasons for not having concluded Performance agreements for all SMS members as on 31 March 2018

Reasons
Most of the time their schedules are overlapping and they are serving in various committees which are not relevant to their functions. Their activities are not concentrated in their physical environment and many institutions/districts take the cue from the SMS Members for guidance and directions in order to meet their targets. Their scope of management is wide and crisscrossing the province.

Notes

- The reporting date in the heading of this table should be aligned with that of Table 3.7.1.

Table 3.7.3 Disciplinary steps taken against SMS members for not having concluded Performance agreements as on 31 March 2018

Reasons
The supervisors were advised to disciplinary action against those who defaulted
Warning letter were sent out for those affected SMS members

Notes

3.7.1.1 The reporting date in the heading of this table should be aligned with that of Table 3.7.1.

3.6. 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 2017 to 31 March 2018

Demographics	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)
African, Female	0	25558	0	0	0
African, Male	0	9395	0	0	0
Asian, Female	0	124	0	0	0
Asian, Male	0	142	0	0	0
Coloured, Female	0	2546	0	0	0
Coloured, Male	0	784	0	0	0
Total Blacks, Female	**0**	**28228**	**0**	**0**	**0**
Total Blacks, Male	**0**	**10321**	**0**	**0**	**0**
White, Female	0	1213	0	0	0
White, Male	0	556	0	0	0
Employees with a disability	0	106	0	0	0

Table 3.8.2 Performance Rewards by salary band for personnel below Senior Management Service for the period 1 April 2017 to 31 March 2018

Salary Band	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)
01 Lower Skilled (Levels 1-2)	0	5059	0	0	0
02 Skilled (Levels 3-5)	0	15353	0	0	0
03 Highly Skilled Production (Levels 6-8)	0	10835	0	0	0
04 Highly Skilled Supervision (Levels 9-12)	0	7146	0	0	0
09 Other	0	4	0	0	0
10 Contract (Levels 1-2)	0	5	0	0	0
11 Contract (Levels 3-5)	0	42	0	0	0
12 Contract (Levels 6-8)	0	617	0	0	0
13 Contract (Levels 9-12)	0	650	0	0	0
TOTAL	**0**	**39711**	**0**	**0**	**0**

Table 3.8.3 Performance Rewards by critical occupation for the period 1 April 2017 to 31 March 2018

Critical Occupations	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)
Financial Clerks And Credit Controllers	0	306	0	0	0
Household Food And Laundry Services Related	0	3	0	0	0
Human Resources Clerks	0	256	0	0	0
Security Officers	0	2	0	0	0
Household And Laundry Workers	0	823	0	0	0
Oral Hygiene	0	21	0	0	0
Messengers Porters And Deliverers	0	678	0	0	0
Human Resources & Organisat Developm & Relate Prof	0	51	0	0	0
All Artisans In The Building Metal Machinery Etc.	0	161	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	18	0	0	0

Critical Occupations	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)
Life Sciences Related	0	2	0	0	0
Social Sciences Related	0	4	0	0	0
Boiler And Related Operators	0	45	0	0	0
Finance And Economics Related	0	144	0	0	0
Logistical Support Personnel	0	63	0	0	0
Food Services Workers	0	5	0	0	0
Chemists	0	50	0	0	0
Optometrists And Opticians	0	8	0	0	0
Other Administrat & Related Clerks And Organisers	0	1350	0	0	0
Housekeepers Laundry And Related Workers	0	24	0	0	0
Auxiliary And Related Workers	0	684	0	0	0
Other Occupations	0	108	0	0	0
Legal Related	0	2	0	0	0
Financial And Related Professionals	0	61	0	0	0
Building And Other Property Caretakers	0	102	0	0	0
Probation Workers	0	1	0	0	0
Occupational Therapy	0	137	0	0	0
Home-Based Personal Care Workers	0	1	0	0	0
Medical Technicians/Technologists	0	34	0	0	0
Emergency Services Related	0	28	0	0	0
Radiography	0	384	0	0	0
Diplomats	0	2	0	0	0
Architects Town And Traffic Planners	0	2	0	0	0
Social Sciences Supplementary Workers	0	3	0	0	0
Administrative Related	0	542	0	0	0
Communication And Information Related	0	54	0	0	0
Secretaries & Other Keyboard Operating Clerks	0	1203	0	0	0
Physicists	0	5	0	0	0
Library Mail And Related Clerks	0	66	0	0	0
Cleaners In Offices Workshops Hospitals Etc.	0	4343	0	0	0
Human Resources Related	0	217	0	0	0
Dental Practitioners	0	148	0	0	0
Ambulance And Related Workers	0	2567	0	0	0
Pharmaceutical Assistants	0	19	0	0	0
Student Nurse	0	3	0	0	0
Printing And Related Machine Operators	0	1	0	0	0
Cashiers Tellers And Related Clerks	0	1	0	0	0
Head of Department/Chief Executive Officer	0	14	0	0	0
Trade Labourers	0	194	0	0	0
Physiotherapy	0	144	0	0	0
Environmental Health	0	25	0	0	0
Language Practitioners Interpreters & Other Commun	0	32	0	0	0
Medical Practitioners	0	1992	0	0	0
Social Work And Related Professionals	0	120	0	0	0
Cartographic Surveying And Related Technicians	0	2	0	0	0
Handymen	0	1	0	0	0

Critical Occupations	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)
Road Workers	0	1	0	0	0
Material-Recording And Transport Clerks	0	170	0	0	0
Psychologists And Vocational Counsellors	0	62	0	0	0
Farm Hands And Labourers	0	18	0	0	0
Compositors Typesetters & Related Printing Workers	0	1	0	0	0
Dieticians And Nutritionists	0	115	0	0	0
Other Administrative Policy And Related Officers	0	391	0	0	0
Artisan Project And Related Superintendents	0	11	0	0	0
Fire Fighting And Related Workers	0	1	0	0	0
Inspectors Of Apprentices Works And Vehicles	0	3	0	0	0
Professional Nurse	0	10936	0	0	0
Medical Research And Related Professionals	0	1	0	0	0
Bus And Heavy Vehicle Drivers	0	19	0	0	0
Senior Managers	0	126	0	0	0
Client Inform Clerks(Switchb Recep Inform Clerks)	0	187	0	0	0
Speech Therapy And Audiology	0	47	0	0	0
Pharmacists	0	741	0	0	0
Engineers And Related Professionals	0	23	0	0	0
Middle Managers	0	1	0	0	0
Trade Related	0	2	0	0	0
Other Information Technology Personnel.	0	68	0	0	0
Dental Therapy	0	17	0	0	0
Light Vehicle Drivers	0	185	0	0	0
Electrical And Electronics Engineering Technicians	0	5	0	0	0
Engineering Sciences Related	0	3	0	0	0
Medical Specialists	0	192	0	0	0
Motor Vehicle Drivers	0	41	0	0	0
Dental Technicians	0	3	0	0	0
Security Guards	0	25	0	0	0
Health Sciences Related	0	513	0	0	0
Food Services Aids and Waiters	0	629	0	0	0
Nursing Assistants	0	5288	0	0	0
Conservation Labourers	0	13	0	0	0
Quantity Surveyors & Rela Prof Not Class Elsewhere	0	1	0	0	0
Mechanical Engineering Technicians	0	3	0	0	0
Pharmacologists Pathologists & Related Professional	0	1	0	0	0
Supplementary Diagnostic Radiographers	0	22	0	0	0
Community Development Workers	0	1	0	0	0
Information Technology Related	0	14	0	0	0
Librarians And Related Professionals	0	2	0	0	0
Shoemakers	0	3	0	0	0
Agriculture Related	0	2	0	0	0
Staff Nurses And Pupil Nurses	0	3277	0	0	0
TOTAL	**0**	**40424**	**0**	**0**	**0**

Table 3.8.4 Performance related rewards (cash bonus), by salary band for Senior Management Service for the period 1 April 2017 to 31 March 2018

SMS Band	Number of Beneficiaries	Total Employees	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)	% of SMS Wage Bill	Personnel Cost SMS (R'000)
Band A	0	487	0	0	0	0	659437
Band B	0	94	0	0	0	0	152504
Band C	0	105	0	0	0	0	213560
Band D	0	27	0	0	0	0	93334
TOTAL	**0**	**713**	**0**	**0**	**0**	**0**	**1118836**

3.9 Foreign Workers

Table 3.9.1 Foreign workers by salary band for the period 1 April 2017 and 31 March 2018

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 (6-8)	26	9	26	8	0	0	300	335	35
Highly skilled supervision (9-12)	113	38	145	43	32	91	300	335	35
Other	8	3	5	2	-3	-7	300	335	35
Senior management (13-16)	150	50	155	46	5	14	300	335	35
Skilled (Levels 3-5)	4	1	5	1	1	1	300	335	35
TOTAL	**300**	**100**	**335**	**100**	**35**	**100**	**300**	**335**	**35**

Table 3.9.2 Foreign workers by major occupation for the period 1 April 2017 and 31 March 2018

Major_Occupational Classification	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	3	1	4	1	1	3	300	335	35
Information technology personnel	0	0	1	0	1	3	300	335	35
Professionals and managers	295	98	328	98	33	94	300	335	35
Service workers	1	0	1	0	0	0	300	335	35
Technicians and associated professionals	1	0	1	0	0	0	300	335	35
TOTAL	**300**	**100**	**335**	**100**	**35**	**100**	**300**	**335**	**35**

3.10 Leave utilazation

Table 3.10.1 Sick leave for the period 1 January 2017 to 31 December 2017

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 (1-2)	1	100	1	0	1	1	28144	1
Contract (13-16)	203	92	35	0	6	843	28144	187
Contract (3-5)	39	74	12	0	3	35	28144	29
Contract (6-8)	2827	75	546	2	5	2853	28144	2122
Contract (9-12)	903	69	207	1	4	1811	28144	627
Highly skilled production (6-8)	64548	84	8062	29	8	80031	28144	53936
Highly skilled supervision (9-12)	40122	85	5060	18	8	92474	28144	33912
Lower skilled (1-2)	26669	85	3303	12	8	13519	28144	22575
Senior management (13-16)	2189	83	281	1	8	9333	28144	1815
Skilled (Levels 3-5)	84477	85	10637	38	8	61721	28144	72159
TOTAL	**221978**	**84**	**28144**	**100**	**8**	**262621**	**28144**	**187363**

Table 3.10.2 Disability leave (temporary and permanent) for the period 1 January 2017 to 31 December 2017

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 13-16)	122	100	2	0	61	485	122	1032
Contract (Levels 6-8)	48	100	7	1	7	49	48	1032
Contract (Levels 9-12)	102	100	5	1	20	185	102	1032
Highly skilled production (Level 6-8)	16353	100	358	35	46	20692	16340	1032
Highly skilled supervision (Lev 9-12)	8813	100	198	19	45	19059	8765	1032
Lower skilled (Levels 1-2)	4523	100	124	12	36	2328	4523	1032
Senior management (Levels 13-16)	547	100	9	1	61	2545	547	1032
Skilled (Levels 3-5)	13364	100	329	32	41	9562	13364	1032
TOTAL	**43872**	**100**	**1032**	**100**	**43**	**54905**	**43811**	**1032**

Table 3.10.3 Annual Leave for the period 1 January 2017 to 31 December 2017

Salary Band	Total Days Taken	Average Days per Employee	Number of Employees who took leave
Contract (Levels 1-2)	77	15	5
Contract (Levels 13-16)	1661	17	98
Contract (Levels 3-5)	569	20	29
Contract (Levels 6-8)	10699	13	838
Contract (Levels 9-12)	8491	14	623
Highly skilled production (Levels 6-8)	232329	22	10557
Highly skilled supervision (Levels 9-12)	165520	24	6971
Lower skilled (Levels 1-2)	105335	21	5023
Other	18	18	1
Senior management (Levels 13-16)	12579	20	621
Skilled (Levels 3-5)	320464	21	15085
TOTAL	**857742**	**22**	**39851**

Table 3.10.4 Capped leave for the period 1 January 2017 to 31 December 2017

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 who took Capped leave	Total number of capped leave available at end of period	Number of Employees as at end of period
Contract (Levels 1-2)	0	0	58	0	230	4
Contract (Levels 13-16)	0	0	54	0	1024	19
Contract (Levels 3-5)	2	2	66	1	1054	16
Contract (Levels 6-8)	0	0	112	0	783	7
Contract (Levels 9-12)	0	0	222	0	222	1
Contract Other	0	0	11	0	33	3
Highly skilled production (Levels 6-8)	937	6	75	157	157463	2093
Highly skilled supervision (Levels 9-12)	929	5	81	179	198337	2439
Lower skilled (Levels 1-2)	27	7	64	4	10301	160
Other	0	0	164	0	164	1
Senior management (Levels 13-16)	19	6	57	3	6385	113
Skilled (Levels 3-5)	263	4	58	71	103361	1793
TOTAL	**2177**	**5**	**72**	**415**	**479356**	**6649**

Table 3.10.5 Leave pay-outs for the period 1 April 2017 and 31 March 2018

Reason	Total Amount (R'000)	Number of Employees	Average Payment per Employee (R)
Capped leave pay-outs on termination of service for current financial year	27583	522	52841
Current leave pay-out on termination of service for current financial year	165	19	8684
TOTAL	**27748**	**541**	**51290**

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 and other communicable diseases through direct contact with infected patients, body parts and body fluids. The mode of infection includes cuts, needle pricks, handling of infected body parts and fluids and soiled linen and utensils, breathing infected air.	Standard/Universal Precautions for infection control, Needle Prick protocol, Post Exposure Prophylaxis, Protective Barriers /Equipment and Personal Protective clothing – clothing, gloves, masks, and eye wear, etc. Other interventions include: a) Staff training on infection control and standard / universal precautions b) Warning signage c) Reporting and investigation of occupational exposures d) Education on sharps disposal. 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 has it designated specific staff members to promote the health and well-being of your employees? If so, indicate the number of employees who are involved in this task and the annual budget that is available for this purpose.	**Yes**		The EW Unit has 28 designated personnel: 14 at Districts and Hospital Complexes and 9 at Head Office (including COID unit). The annual operational budget for this programme amounted to R 260 000; R412 000 for the Employee Satisfaction Survey Project and 2 161 000 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
3. Has the department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/services of this Programme.	**Yes**		Employee Assistance and Health Promotion are integrated into four Employee Wellness Sub-programmes. These are aligned to the DPSA Framework and include: HIV & AIDS and TB Workplace, Health and Productivity, SHERQ and Wellness Management. The core services include: Case Management and counselling, Prevention and Education: basic health risk assessments, HIV counselling and testing, TB

Question	Yes	No	Details, if yes
			screening, sport and recreation, Health calendar events, Life Skills (including Financial), presentations, workshops and distribution of information on various Wellness topics Management Training and Advice, EW Programme Promotion, Monitoring and Evaluation
4. Has the department established (a) committee(s) as contemplated in Part VI E.5 (e) of Chapter 1 of the Public Service Regulations, 2001? If so, please provide the names of the members of the committee and the stakeholder(s) that they represent.		**No**	The department has not yet established the Provincial OHS Committee but has focused on building and strengthening OHS Structures at Health Facility Level
5. Has the department reviewed its employment policies and practices to ensure that these do not unfairly discriminate against employees on the basis of their HIV status? If so, list the employment policies/practices so reviewed.	**Yes**		All HR policies have been reviewed and comply with the required principles
6. Has the department introduced measures to protect HIV-positive employees or those perceived to be HIV-positive from discrimination? If so, list the key elements of these measures.			The Department has implemented Case management and counselling services and addresses stigma and discrimination through all Prevention, Education Programmes and training programmes.
7. Does the department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have you achieved.	**Yes**		The EWP has enlisted the assistance of GEMS to conduct HCT. 35 HCT sessions were held and 407 employees tested for HIV. Individual HCT is conducted at Staff Health Clinics within Health Facilities. Employees tested HIV positive and were referred to GEMS HIV Management Programme and offered services by Occupational Health Services and the Employee Assistance Programme.
8. Has the department developed measures/indicators to monitor & evaluate the impact of its health promotion programme? If so, list these measures/indicators.			The current measure is Health Risk Assessments (voluntary screening and testing) which is conducted at events with GEMS and at facility level through Staff Health services so that employees can monitor their own health status. Indicators include the number of HCT sessions, no, of employees screened and tested, number of education and prevention sessions as well as the number of training sessions held with employees; supervisors and shop stewards,

3.12 Labour Relations

Table 3.12.1 Collective agreements for the period 1 April 2017 and 31 March 2018

Subject Matter	Date
No collective agreements were entered into during this period	
NIL	N/A

Table 3.12.2 Misconduct and disciplinary hearings finalised for the period 1 April 2017 and 31 March 2018

Outcome of Disciplinary Cases			
Type of Outcome	**Number**	**Percentage of Total**	**Total**
Correctional Counselling	0		0
Verbal Warning	0		0
Written Warning	15	19%	15
Final Written Warning	27	34%	27
Suspension without Pay	21	27%	21
Dismissal	11	14%	11
Not guilty	5	6%	5
TOTAL	**79**	**100**	**79**

Table 3.12.3 Types of misconduct addressed at disciplinary hearings for the period 1 April 2017 and 31 March 2018

Type of misconduct	Number	Percentage of Total	Total
Disrespect	1	1%	1
Damages And Or Causes Loss Of State Property	2	2,1%	2
Endangers Lives By Disregarding Safety Rules Or Regulations	4	4,2%	4
Prejudices The Administration Or Discipline Of The State	13	14%	13
Steals, Bribes Or Commits Fraud	26	27%	26
Absent From Work Without Reason Or Permission	34	36%	34
Sexual Harassment	0	0	0
Insubordination	3	3,2%	3
Remunerative Work Outside the Dept. Without Approval	0	0	0
Sleeps On Duty Without Approval	1	1%	1
Under Influence Of Habit-Forming/Stupefying Drug	10	10,5%	10
Disrespect / Abusive Or Insolent Behaviour	1	1%	1
Participates In Unlawful Industrial Action	0	0	0
TOTAL	**95**	**100%**	**95**

Table 3.12.4 Grievances logged for the period 1 April 2017 and 31 March 2018

Number of grievances addressed	Number	Percentage of Total	Total
Not resolved	50	42%	50
Resolved	70	58%	70
TOTAL	**120**	**100%**	**120**

Table 3.12.5 Disputes logged with Councils for the period 1 April 2017 and 31 March 2018

Number of disputes addressed	Number	% of total	Total
Upheld	33	14%	33
Dismissed	200	86%	200
TOTAL	**233**	**100%**	**233**

Table 3.12.6 Strike actions for the period 1 April 2017 and 31 March 2018

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

Table 3.12.7 Precautionary suspensions for the period 1 April 2017 and 31 March 2018

Precautionary Suspensions	-
Number of people suspended	10
Number of people whose suspension exceeded 30 days	09
Average number of days suspended	86
Cost (R'000) of suspensions	777144

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 2017 and 31 March 2018

Occupational category	Gender	Number of employees as at 1 April 20YY	Training needs identified at start of the reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	935	0	2150	0	2150
	Male	526	0	1347	0	1347
Professionals	Female	10302	0	7432	0	7432
	Male	2375	0	6123	0	6123
Technicians and associate professionals	Female	8810	0	1984	0	1984
	Male	3833	0	1830	0	1830
Clerks	Female	2652	0	6234	0	6234
	Male	1083	0	4321	0	4321
Service and sales workers	Female	3003	0	1982	0	1982

Occupational category	Gender	Number of employees as at 1 April 20YY	Training needs identified at start of the reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
	Male	1088	0	1733	0	1733
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	49	0	30	0	30
	Male	91	0	25	0	25
Plant and machine operators and assemblers	Female	16	0	10	0	10
	Male	335	0	83	0	83
Elementary occupations	Female	3390	0	1849	0	1849
	Male	1581	0	1765	0	1765
Sub Total	Female	29197	0	21671	0	21671
	Male	10912	0	17227	0	17227
Total		**40019**	**0**	**38898**	**0**	**38898**

Table 3.13.2 Training provided for the period 1 April 2017 and 31 March 2018

Occupational category	Gender	Number of employees as at 1 April 20YY	Training provided within the reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	935	0	899	0	899
	Male	526	0	1091	0	1091
Professionals	Female	10302	129	7484	0	7613
	Male	2375	94	7955	0	8049
Technicians and associate professionals	Female	8810	0	2387	0	2387
	Male	3833	0	2522	0	2522
Clerks	Female	2652	0	1072	0	1072
	Male	1083	0	1396	0	1396
Service and sales workers	Female	3003	0	1329	0	1329
	Male	1088	0	1573	0	1573
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0

Occupational category	Gender	Number of employees as at 1 April 20YY	Training provided within the reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Craft and related trades workers	Female	49	20	4	0	24
	Male	91	27	16	0	43
Plant and machine operators and assemblers	Female	16	0	2	0	2
	Male	335	0	44	0	44
Elementary occupations	Female	3390	0	812	0	812
	Male	1581	0	1032	0	1032
Sub Total	Female	29197	149	13989	0	13989
	Male	10912	121	15629	0	15629
Total		**40019**	**270**	**29618**	**0**	**29888**

3.14 Injury on duty

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

Table 3.14.1 Injury on duty for the period 1 April 2017 and 31 March 2018

Nature of injury on duty	Number	% of total
Required basic medical attention only	144	97
Temporary Total Disablement	0	
Permanent Disablement	5	3
Fatal	0	
Total	**149**	**100**

Table 3.15.1 Report on consultant appointments using appropriated funds for the period 1 April 2017 and 31 March 2018

Project title	Total number of consultants that worked on project	Duration (work days)	Contract value in Rand
Panel of forensic investigators – PWC, KPMG, Deloitte, Integrated Forensic Accounting Services, Sizwe Ntsaluba Gobodo, Ernst and Young, Open Water		12 months	R5 100
Norton Rose Attorneys		05 months	R800

3.9 Severance Packages

Table 3.16.1 Granting of employee initiated severance packages for the period 1 April 2017 and 31 March 2018

Salary band	Number of applications received	Number of applications referred to the MPSA	Number of applications supported by MPSA	Number of packages approved by department
Lower skilled (Levels 1-2)	0	0	0	0
Skilled Levels 3-5)	0	0	0	0
Highly skilled production (Levels 6-8)	0	0	0	0
Highly skilled supervision(Levels 9-12)	0	0	0	0
Senior management (Levels 13-16)	0	0	0	0
Total	0	0	0	0

PART E
FINANCIAL STATEMENTS

PART E: FINANCIAL INFORMATION

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

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

1. I have audited the financial statements of the Eastern Cape Department of Health set out on pages 244 to 351, which comprise the appropriation statement, the statement of financial position as at 31 March 2018, the statement of financial performance and cash flow statement for the year then ended, as well as the notes to the financial statements, including a summary of significant accounting policies.

2. In my opinion, the financial statements present fairly, in all material respects, the financial position of the Eastern Cape Department of Health as at 31 March 2018, and its financial performance and cash flows for the year then ended in accordance with the Modified Cash Standard (MCS) prescribed by the National Treasury and the requirements of the Public Finance Management Act of South Africa, 1999 (Act No. 1 of 1999) (PFMA) and the Division of Revenue Act of South Africa, 2017 (Act No. 3 of 2017) (Dora).

Basis for opinion

3. 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.

4. I am independent of the department in accordance with the International Ethics Standards Board for Accountants' *Code of ethics for professional accountants* (IESBA code) together with the ethical requirements that are relevant to my audit in South Africa. I have fulfilled my other ethical responsibilities in accordance with these requirements and the IESBA code.

5. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Material uncertainty related to financial sustainability

6. Disclosed in note 19 to the financial statements is a contingent liability of R24,3 billion, consisting mainly of medico-legal claims; the settlement of which is uncertain due to the timing and amount of the settlement. The payments in respect of the contingent liability are unfunded and may have a negative impact on the financial sustainability of the department.

Emphasis of matters

7. I draw attention to the matters below. My opinion is not modified in respect of these matters.

Irregular expenditure

8. Irregular expenditure of R283 million that has accumulated over a number of years and that has not been recovered or written off, is disclosed in note 25 to the financial statements. Irregular expenditure of R255,6 million incurred during the current year is included in the amount disclosed.

Accruals and payables not recognised

9. As disclosed in note 21 to the financial statements, payables not recognised, which exceed the payment term of 30 days as required in treasury regulation 8.2.3, amount to R1,3 billion. This amount, in turn, exceeds the voted funds to be surrendered of R62,86 million as disclosed in note 14 to the financial statements by R1,2 billion. The amount of R1,2 billion would therefore have constituted unauthorised expenditure had the amounts due been paid in a timely manner.

Restatement of corresponding figures

10. As disclosed in note 31 to the financial statements, the corresponding figures have been restated as a result of errors corrected during the year ended 31 March 2018 that existed in the financial statements at, and for the year ended, 31 March 2017.

Other matter

11. I draw attention to the matter below. My opinion is not modified in respect of this matter.

Unaudited supplementary schedules

12. The supplementary information set out on pages 352 to 368 does not form part of the financial statements and is presented as additional information. I have not audited these schedules and, accordingly, I do not express an opinion thereon.

Responsibilities of the accounting officer for the financial statements

13. The accounting officer is responsible for the preparation and fair presentation of the financial statements in accordance with the MCS prescribed by the National Treasury and the requirements of the PFMA and Dora, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

14. In preparing the financial statements, the accounting officer is responsible for assessing the department's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the accounting officer either intends to liquidate the department or to cease operations, or has no realistic alternative but to do so.

Auditor-general's responsibilities for the audit of the financial statements

15. My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

16. A further description of my responsibilities for the audit of the financial statements is included in the annexure to this auditor's report.

REPORT ON THE AUDIT OF THE ANNUAL PERFORMANCE REPORT

Introduction and scope

17. In accordance with the Public Audit Act of South Africa, 2004 (Act No. 25 of 2004) (PAA) and the general notice issued in terms thereof, I have a responsibility to report material findings on the reported performance information against predetermined objectives for selected programmes presented in the annual performance report. I performed procedures to identify findings but not to gather evidence to express assurance.

18. My procedures address the reported performance information, which must be based on the approved performance planning documents of the department. I have not evaluated the completeness and appropriateness of the performance indicators included in the planning documents. My procedures also did not extend to any disclosures or assertions relating to planned performance strategies and information in respect of future periods that may be included as part of the reported performance information. Accordingly, my findings do not extend to these matters.

19. I evaluated the usefulness and reliability of the reported performance information in accordance with the criteria developed from the performance management and reporting framework, as defined in the general notice, for the following selected programmes presented in the annual performance report of the department for the year ended 31 March 2018:

Programmes	Pages in the annual performance report
Programme 2 – district health services	74 - 110
Programme 4 – provincial hospital services	118 - 128

20. I performed procedures to determine whether the reported performance information was properly presented and whether performance was consistent with the approved performance planning documents. I performed further procedures to determine whether the indicators and related targets were measurable and relevant, and assessed the reliability of the reported performance information to determine whether it was valid, accurate and complete.

21. The material findings in respect of the usefulness and reliability of the selected programmes are as follows:

Programme 2 – district health services

Reliability of reported performance – various indicators

22. The department did not have an adequate record keeping system to enable reliable reporting on achievement of the indicators listed below. As a result, I was unable to obtain sufficient appropriate audit evidence in some instances, while in other cases the supporting evidence provided did not agree to the reported achievements. Based on the supporting evidence that was provided, the achievement of these indicators was different to the reported achievement in the annual performance report. Consequently, I was unable to determine whether any further adjustments were required to the reported achievements of the indicators listed below:

Indicator number	Indicator	Performance target	Reported achievement	Audited value
3.1.1	OHH registration visit coverage (annualised)	20%	15%	11%
1.1.1	PHC utilisation rate (annualised)	2.8	2.3	2.35
1.5.1	ART Clients remaining on ART end of month	560531	452072	147726
1.5.3	HIV test done – total	1204118	1726702	2073300
1.5.6	Medical male circumcision - Total	31822	60835	3842
1.7.1	Antenatal 1st visit before 20 weeks rate	65%	65%	60.05%
1.7.2	Mother post-natal visit within 6 day's rate	75%	63%	43.76%
1.7.3	Antenatal client initiated on ART rate	97%	86.6%	76,9%
1.8.1	Infant 1st PCR test positive around 10 weeks rate	1.5%	1.2%	0,05%
1.8.5	1.8.5 Diarrhoea case fatality rate	3.5%	3.6%	2.8%
1.8.6	Pneumonia case fatality rate	3.5%	3.7%	4.67%
1.8.7	Severe acute malnutrition case fatality rate	9%	12%	7.98%
1.7.4	Couple year protection rate	65%	49%	44,09%
1.2.4	Cervical cancer screening coverage (annualised)	65%	60.3%	52.85%
1.8.10	Human Papilloma Virus (HPV) vaccine 1st dose	50972	57286	45803
1.8.11	Human Papilloma Virus (HPV) vaccine 2nd dose	57133	44637	51145
1.8.9	Neonatal death in facility rate	12/1000	14/1000	19/1064
1.10.6	Inpatient bed utilization rate	66%	55%	47.42%

Reported achievements not consistent with the planned and reported target - various targets

23. The reported achievement of the following indicators was calculated using a basis that was different to the basis disclosed in the technical indicator descriptor of the planned indicator and target.

Indicator number	Indicator	Planned Target	Actual Performance	Planned basis of calculation	Actual basis of calculation
2.3.22	Ideal Clinic Status determination conducted by Perfect Permanent Team For Ideal Clinic Realisation And Maintenance (PPTICRM)rate (fixed clinic s/CHCs/CDC	20%	27%	Number of facilities that have conducted ideal status determination	Number of facilities that have achieved ideal status determination
1.5.6	Medical male circumcision - Total	31 822	60 835	Total number of medical male circumcisions	Total number of medical male circumcisions and traditional male circumcisions

Performance indicators not well-defined – various indicators

24. The source information and method of calculation for the achievement of the planned indicators listed below were not clearly defined.

Indicator number	Performance indicator	Planned Target	Achievement
1.8.5	Diarrhoea case fatality rate	3.5%	3.6%
1.8.6	Pneumonia case fatality rate	3.5%	3.7%
1.8.7	Severe acute malnutrition case fatality rate.	9%	12%

No evidence was provided for reasons for variances between planned and actual performance - various indicators

25. I was unable to obtain sufficient appropriate audit evidence to support the reason for the variances between the planned target and the achievement reported in the annual performance report. This was due to limitations placed on the scope of my work. I was unable to confirm the reasons for the variances by alternative means. Consequently, I was unable to determine whether any adjustments were required to the reasons for the variances reported of the indicators listed below.

Indicator number	Performance indicator	Planned Target	Achievement	Variance
1.7.2	Mother post-natal visit within 6 day's rate	75%	63%	-12%
1.7.3	Antenatal client initiated on ART rate	97%	86.6%	-10.4%
1.8.1	Infant 1st PCR test positive around 10 weeks	1.5%	1.2%	0.3%
1.8.5	Diarrhoea case fatality rate	3.5%	3.6%	-0.1%
1.8.6	Pneumonia case fatality rate	3.5%	3.7%	-0.2%
1.7.4	Couple year protection rate (int.)	65%	49%	-16%
1.7.5	Maternal mortality in facility ratio (annualised)	115/100 000	128/100 000	-13/100 000

Reasons for variances do not explain why target are not achieved – various indicators

26. The reasons for the variances given for the indicators listed below do not explain why the target is not achieved.

Performance indicator	Planned Target	Achievement	Variance
1.8.5 Diarrhoea case fatality rate	3.5%	3.6%	-0.1%
1.8.6 Pneumonia case fatality rate	3.5%	3.7%	-0.2%
1.7.3 Antenatal client initiated on ART rate	97%	86.6%	-10.4%
1.7.4 Couple year protection rate	65%	49%	-16%
1.8.11 Human Papilloma Virus Vaccine 2nd dose	57133	44637	-12496
1.10.6 Inpatient bed utilisation rate	66%	55%	-11%

Programme 4 – provincial hospital services (regional and specialised hospitals)

Reliability of reported performance – various indicators

27. The reported achievement in the annual performance report did not agree to the supporting evidence provided for the indicator listed below. The supporting evidence provided indicated that the achievement of this indicator was as follows:

Indicator number	Indicator	Performance target	Reported achievement	Audited value
2.3.2	Hospital achieved 75% and more on National Core Standards self-assessment rate	100%	80%	40%
1.10.7	Inpatient bed utilisation rate	75%	68%	42%
2.3.3	Hospital achieved 75% and more on National Core Standards self-assessment rate.	100%	50%	33%
1.10.8	Inpatient bed utilisation rate	71%	50%	21.66%
2.3.4	Hospital achieved 75% and more on National Core Standards self-assessment rate	100%	100%	0%

Basis of calculation is not consistent with the planned and reported target - various indicators

28. The reported achievement of the following indicators was calculated using a basis that was different to the basis disclosed in the technical indicator descriptor of the planned indicator and target.

Indicator number	Indicator	Planned Target	Actual Performance	Planned basis of calculation	Actual basis of calculation
2.3.2	Hospitals achieved 75% and more on National Core Standards self-assessment rate	100%	80%	Numerator: Number of hospitals that have conducted National Core Standard self-assessment to date in current year	Numerator: Hospital achieved 75% and more on National Core Standards self-assessment
1.10.7	Inpatient bed utilisation	75%	68%	Numerator: Inpatient days total x 1 + day patient total x 0.5 Denominator: Inpatient bed days (Inpatient beds *30.42) available	Numerator: Inpatient days + ½ day Denominator: Inpatient bed days (Inpatient beds*30.42)
2.3.3	Hospitals achieved 75% and more on National Core	100%	50%	Numerator: Number of hospitals that have	Numerator: Hospital achieved 75% and more

Indicator number	Indicator	Planned Target	Actual Performance	Planned basis of calculation	Actual basis of calculation
	Standards self-assessment rate			conducted National Core Standard self-assessment to date in current year	on National Core Standards self-assessment
1.10.8	Inpatient bed utilisation	71%	50%	Numerator: Inpatient days total x 1 + day patient total x 0.5 Denominator: Inpatient bed days (Inpatient beds *30.42) available	Numerator: Inpatient days + ½ day Denominator: Inpatient bed days (Inpatient beds*30.42)
2.3.4	Hospitals achieved 75% and more on National Core Standards self-assessment rate	100%	100%	Numerator: Number of hospitals that have conducted National Core Standard self-assessment to date in current year	Numerator: Hospital achieved 75% and more on National Core Standards self-assessment

No evidence was provided for reasons for variances between planned and actual performance - Indicator: 1.10.7 Inpatient Bed Utilisation

29. I was unable to obtain sufficient and appropriate audit evidence for the variance between the planned target of 75% and reported achievement of 68% reported in the annual performance report. Limitations were placed on the scope of my work as 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 reason for the variance reported.

Other matter

30. I draw attention to the matter below.

Achievement of planned targets

31. Refer to the annual performance report on pages 66 to 165 for information on the achievement of planned targets for the year and explanations provided for the under- and overachievement of a significant number of targets. This information should be considered in the context of the material findings on the reliability of the reported performance information in paragraphs 22 to 29 of this report.

Adjustment of material misstatements

32. I identified material misstatements in the annual performance report submitted for auditing. These material misstatements were on the reported performance information of Programme 2 - District Health Services. Those that were not corrected are included in the basis for adverse conclusion paragraphs.

Report on the audit of compliance with legislation

Introduction and scope

33. In accordance with the PAA and the general notice issued in terms thereof, I have a responsibility to report material findings on the compliance of the department with specific matters in key legislation. I performed procedures to identify findings but not to gather evidence to express assurance.

34. The material findings on compliance with specific matters in key legislation are as follows:

Strategic planning

35. Specific information systems were not established to enable the monitoring of progress made towards achieving targets, core objectives and service delivery, as required by public service regulation 25(1)(e)(i) and (iii).

Expenditure management

36. Effective and appropriate steps were not taken to prevent irregular expenditure amounting to R255,6 million, as disclosed in note 25 to the annual financial statements, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. The majority of the irregular expenditure was caused by extensions to contracts that exceeded the thresholds prescribed by the National Treasury.

37. Effective steps were not taken to prevent fruitless and wasteful expenditure amounting to R1,3 million, as disclosed in note 26 to the annual financial statements, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. The majority of the fruitless and wasteful expenditure was caused by interest incurred on late and overdue payments related to the pay-out of medical legal claims.

38. Payments were not made within 30 days or an agreed period after receipt of an invoice, as required by treasury regulation 8.2.3.

Procurement and contract management

39. Bid documentation for the procurement of commodities designated for local content and production did not stipulate the minimum threshold for local production and content, as required by preferential procurement regulation 9(1).

40. Commodities designated for local content and production were procured from suppliers who did not submit a declaration on local production and content, as required by preferential procurement regulation 9(1).

41. Commodities designated for local content and production were procured from suppliers who did not meet the prescribed minimum threshold for local production and content, as required by preferential procurement regulation 9(5).

42. Contracts were extended or modified without the approval of a properly delegated authority, as required by section 44 of the PFMA and treasury regulation 8.1 and 8.2.

Consequence management

43. Disciplinary steps were not taken against some of the officials who had incurred or permitted irregular expenditure, as required by section 38(1)(h)(iii) of the PFMA.

44. Disciplinary steps were not taken against some of the officials who had incurred or permitted fruitless and wasteful expenditure, as required by section 38(1)(h)(iii) of the PFMA.

45. Some of the losses resulting from fruitless and wasteful expenditure were not recovered from the liable persons, as required by treasury regulation 9.1.4.

46. 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.

47. Disciplinary hearings were not held for confirmed cases of financial misconduct committed by some of the officials, as required by treasury regulation 4.1.1.

48. I was unable to obtain sufficient appropriate audit evidence that confirmed cases of improper conduct in the supply chain management system that constituted a crime were reported to the SAPS, as required by treasury regulation 16A9.1(b)(ii).

Other information

49. The department's 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 thereon and those selected programmes presented in the annual performance report that have been specifically reported on in the auditor's report.

50. My opinion on the financial statements and findings on the reported performance information and compliance with legislation do not cover the other information and I do not express an audit opinion or any form of assurance conclusion thereon.

51. 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. If, based on the work I have performed on the other information obtained prior to the date of this auditor's report, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Internal control deficiencies

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

- Policies and procedures were not consistently understood throughout the department and were not drafted with sufficient emphasis on the roles of monitoring and the isolation of responsibilities. The inconsistent understanding and implementation of policies and procedures relating to job responsibilities by some officials at the facilities and districts throughout the province resulted in the repeat performance information and compliance findings raised during the audit.
- Senior management from the monitoring and evaluation unit, responsible for the performance reporting of the department, did not create a specific and achievable action plan to improve the reporting on performance objectives to resolve previously reported findings. Whilst there was a comprehensive action plan for financial and performance reporting, the plan failed to resolve targeted issues. This was due to the lack of commitment of all officials to the implemented processes, which resulted in material findings on performance information and compliance.
- The department did not have an effective records management system to reliably account for the disclosed performance reporting. As a result, the department still had a challenge with the supply of documentation to support its reported performance.

- The department's compliance monitoring process was not effective in the implementation and monitoring of controls to ensure compliance with laws and regulations. This contributed to the repeat compliance findings in the current year.
- The effectiveness of the audit committee and internal audit unit was negatively affected by management's poor response to recommendations for improvements, as evidenced by the findings on the performance report and compliance with applicable laws and regulations.

Other reports

53. I draw attention to the following engagements conducted by various parties that 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.

Investigations

54. The department is internally investigating a number of allegations relating to irregular as well as fruitless and wasteful expenditure. Cases of irregular appointments are also being investigated. All of these investigations were ongoing at the date of this report and the date of the outcome is not known.

AUDITOR-GENERAL

East London

31 July 2018

AUDITOR-GENERAL
SOUTH AFRICA

Auditing to build public confidence

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EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
APPROPRIATION FINANCIAL STATEMENTS - for the year ended 31 March 2018

Appropriation per programme										
Voted funds and Direct charges		2017/18							2016/17	
		Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
	Programme									
1	**ADMINISTRATION**	692,927	-	(93,976)	598,951	587,480	11,471	98.1%	713,452	705,035
2	**DISTRICT HEALTH SERVICES**	11,162,640	-	198,359	11,360,999	11,342,496	18,503	99.8%	10,433,717	10,420,604
3	**EMERGENCY MEDICAL SERVICES**	1,352,642	-	(72,609)	1,280,033	1,279,087	946	99.9%	1,095,488	1,067,653
4	**PROVINCIAL HOSPITALS SERVICES**	3,590,420	-	(100,624)	3,489,796	3,488,361	1,435	100.0%	3,250,469	3,250,197
5	**CENTRAL HOSPITAL SERVICES**	3,280,237	-	198,758	3,478,995	3,471,073	7,922	99.8%	2,926,360	2,913,621
6	**HEALTH SCIENCES & TRAINING**	832,946	-	(87,631)	745,315	727,692	17,623	97.6%	755,756	749,372
7	**HEALTH CARE SUPPORT SERVICES**	130,759	-	(30,378)	100,381	99,998	383	99.6%	102,512	101,861
8	**HEALTH FACILITIES MANAGEMENT**	1,292,032	-	(11,899)	1,280,133	1,274,514	5,619	99.6%	1,368,613	1,295,934
	Programme sub total	**22,334,603**	**-**	**-**	**22,334,603**	**22,270,701**	**63,902**	**99.7%**	**20,646,367**	**20,504,277**
	Statutory Appropriation	**1,978**	**-**	**-**	**1,978**	**1,978**	**-**	**100.0%**	**1,902**	**1,902**
	Member of Executive Council salary	1,978	-	-	1,978	1,978	-	100.0%	1,902	1,902
	TOTAL	**22,336,581**	**-**	**-**	**22,336,581**	**22,272,679**	**63,902**	**99.7%**	**20,648,269**	**20,506,179**

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
APPROPRIATION FINANCIAL STATEMENTS - for the year ended 31 March 2018

Voted funds and Direct charges	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	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: Aid assistance				500				1,945	
Actual amounts per Statement of Financial Performance (Total Revenue)				**22,337,081**				**20,650,214**	
Add: Aid assistance					1,733				111
Prior year unauthorised expenditure approved without funding					1,046				
Actual amounts per Statement of Financial Performance Expenditure					**22,275,458**				**20,506,290**

ppropriation per economic classification									
PROGRAMME 1: ADMINISTRATION	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**20,745,678**	**(183,641)**	**(219,582)**	**20,342,455**	**20,347,078**	**(4,623)**	**100.0%**	**18,670,600**	**18,669,958**
Compensation of employees	14,670,660	(85,926)	(22,692)	14,562,042	14,558,949	3,093	100.0%	13,454,727	13,454,333
Salaries and wages	12,985,442	(199,046)	39,027	12,825,423	12,823,217	2,206	100.0%	11,827,659	11,827,265
Social contributions	1,685,218	113,120	(61,719)	1,736,619	1,735,732	887	99.9%	1,627,068	1,627,068
Goods and services	6,075,018	(98,310)	(200,382)	5,776,326	5,784,042	(7,716)	100.1%	5,206,455	5,206,207
Administrative fees	2,640	1,505	(916)	3,229	2,564	665	79.4%	3,089	3,089
Advertising	11,043	(7,502)	(789)	2,752	2,342	410	85.1%	1,318	1,318
Minor assets	49,914	(3,922)	(11,180)	34,812	23,747	11,065	68.2%	18,916	18,876
	24,710	(1,614)	-	23,096	23,096	-	100.0%	18,348	18,348

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
APPROPRIATION FINANCIAL STATEMENTS - for the year ended 31 March 2018

ppropriation per economic classification									
PROGRAMME 1: ADMINISTRATION	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Audit costs: External									
Bursaries: Employees	15	13,758	(472)	13,301	13,003	298	97.8%	14,235	14,234
Catering: Departmental activities	3,199	439	(514)	3,124	1,751	1,373	56.0%	1,452	1,452
Communication (G&S)	101,636	4,446	(18,633)	87,449	85,765	1,684	98.1%	114,823	114,823
Computer services	90,296	(13,550)	(11,520)	65,226	65,062	164	99.7%	61,307	61,307
Consultants: Business and advisory services	157,778	(48,255)	(25,438)	84,085	82,089	1,996	97.6%	78,206	78,206
Laboratory services	726,232	(73,044)	(17,895)	635,293	634,132	1,161	99.8%	504,704	504,704
Legal services	58,271	(13,510)	(309)	44,452	44,452	-	100.0%	131,269	131,269
Contractors	168,760	1,709	(16,827)	153,642	149,369	4,273	97.2%	55,222	55,222
Agency and support / outsourced services	478,932	(193,200)	(43,539)	242,193	237,501	4,692	98.1%	501,459	501,459
Entertainment	-	-	-	-	-	-	-	22	22
Fleet services (including government motor transport)	266,442	22,370	(98,648)	190,164	189,934	230	99.9%	261,158	261,158
Inventory: Clothing material and accessories	9,243	5,913	(176)	14,980	14,913	67	99.6%	104	104
Inventory: Food and food supplies	155,061	(20,504)	(455)	134,102	130,727	3,375	97.5%	120,187	120,187
Inventory: Fuel, oil and gas	70,266	(3,012)	(12,515)	54,739	54,624	115	99.8%	75,214	75,214
Inventory: Materials and supplies	11,355	22,784	(856)	33,283	33,146	137	99.6%	9,111	9,111
Inventory: Medical supplies	788,132	(97,626)	(9,220)	681,286	680,540	746	99.9%	714,642	714,642
Inventory: Medicine	1,612,017	163,853	217,617	1,993,487	2,007,542	(14,055)	100.7%	1,396,648	1,396,440
Inventory: Other supplies	17,131	24,614	14,336	56,081	55,877	204	99.6%	4	4
Consumable supplies	109,175	(9,912)	1,829	101,092	98,186	2,906	97.1%	135,304	135,305
Consumable: Stationery, printing and office supplies	55,436	(6,203)	(9,769)	39,464	37,762	1,702	95.7%	32,554	32,554
Operating leases	120,834	25,868	(49,869)	96,833	89,033	7,800	91.9%	110,742	110,742
Property payments	724,758	144,437	(59,263)	809,932	843,792	(33,860)	104.2%	675,326	675,326
Transport provided: Departmental activity	2,390	(141)	(157)	2,092	1,466	626	70.1%	802	802

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3

APPROPRIATION FINANCIAL STATEMENTS - for the year ended 31 March 2018

ppropriation per economic classification									
PROGRAMME 1: ADMINISTRATION	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Travel and subsistence	122,417	(8,370)	(15,618)	98,429	107,625	(9,196)	109.3%	100,459	100,459
Training and development	51,442	(8,572)	(29,545)	13,325	12,410	915	93.1%	7,956	7,956
Operating payments	83,270	(20,714)	2	62,558	60,911	1,647	97.4%	55,951	55,951
Venues and facilities	1,790	(279)	(6)	1,505	404	1,101	26.8%	405	405
Rental and hiring	432	(76)	(37)	319	276	43	86.5%	5,518	5,518
Interest and rent on land	-	595	3,492	4,087	4,087	-	100.0%	9,418	9,418
Interest (Incl. interest on unitary payments (PPP))	-	595	2,711	3,306	3,306	-	100.0%	9,418	9,418
Rent on land	-	-	781	781	781	-	100.0%	-	-
Transfers and subsidies	**282,430**	**183,377**	**219,581**	**685,388**	**689,345**	**(3,957)**	**100.6%**	**571,129**	**558,634**
Provinces and municipalities	4,181	-	-	4,181	313	3,868	7.5%	9,874	8,451
Municipalities	4,181	-	-	4,181	313	3,868	7.5%	9,874	8,451
Municipal bank accounts	4,181	-	-	4,181	313	3,868	7.5%	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	9,874	8,451
Departmental agencies and accounts	11,013	-	-	11,013	11,013	-	100.0%	31,197	18,877
Departmental agencies (non-business entities)	11,013	-	-	11,013	11,013	-	100.0%	31,197	18,877
Non-profit institutions	10,152	-	-	10,152	7,278	2,874	71.7%	-	-
Households	257,084	183,377	219,581	660,042	670,741	(10,699)	101.6%	530,058	531,306
Social benefits	82,246	39,316	(13,047)	108,515	107,508	1,007	99.1%	142,496	142,185
Other transfers to households	174,838	144,061	232,628	551,527	563,233	(11,706)	102.1%	387,562	389,121
Payments for capital assets	**1,308,473**	**264**	**1**	**1,308,738**	**1,236,256**	**72,482**	**94.5%**	**1,406,540**	**1,277,587**
Buildings and other fixed structures	626,733	19,968	-	646,701	637,152	9,549	98.5%	722,682	654,895
Buildings	626,733	19,968	-	646,701	637,152	9,549	98.5%	721,266	653,479
Other fixed structures	-	-	-	-	-	-	-	1,416	1,416
	681,740	(19,704)	1	662,037	599,104	62,933	90.5%	683,858	622,692

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3

APPROPRIATION FINANCIAL STATEMENTS - for the year ended 31 March 2018

ppropriation per economic classification									
PROGRAMME 1: ADMINISTRATION	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Machinery and equipment									
Transport equipment	209,720	17,116	25,133	251,969	241,458	10,511	95.8%	288,008	259,036
Other machinery and equipment	472,020	(36,820)	(25,132)	410,068	357,646	52,422	87.2%	395,850	363,656
Payment for financial assets	-	-	-	-	-	-	-	-	-
	22,336,581	**-**	**-**	**22,336,581**	**22,272,679**	**63,902**	**99.7%**	**20,648,269**	**20,506,179**

PROGRAMME 1: ADMINISTRATION	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 OFFICE OF THE MEC	9,426	(1,919)	(1,418)	6,089	4,078	2,011	67.0%	5,041	4,600
2 MANAGEMENT	683,501	1,919	(92,558)	592,862	583,402	9,460	98.4%	708,411	700,435
	692,927	**-**	**(93,976)**	**598,951**	**587,480**	**11,471**	**98.1%**	**713,452**	**705,035**
Economic classification									
Current payments	**678,321**	**(1,965)**	**(93,976)**	**582,380**	**578,150**	**4,230**	**99.3%**	**688,067**	**688,067**
Compensation of employees	417,181	(1,902)	(26,388)	388,891	388,891	-	100.0%	384,511	384,511
Salaries and wages	367,172	808	(26,388)	341,592	341,592	-	100.0%	337,621	337,621
Social contributions	50,009	(2,710)	-	47,299	47,299	-	100.0%	46,890	46,890
Goods and services	261,140	(358)	(67,588)	193,194	188,964	4,230	97.8%	302,924	302,924
Administrative fees	525	-	(164)	361	361	-	100.0%	893	893
Advertising	634	(145)	(267)	222	222	-	100.0%	600	600
Minor assets	6,922	1,694	(4,737)	3,879	75	3,804	1.9%	65	65
Audit costs: External	24,710	(1,970)	-	22,740	22,740	-	100.0%	18,348	18,348
Bursaries: Employees	-	4	-	4	4	-	100.0%	19	19
Catering: Departmental activities	947	(186)	(230)	531	531	-	100.0%	512	512

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3

APPROPRIATION FINANCIAL STATEMENTS - for the year ended 31 March 2018

PROGRAMME 1: ADMINISTRATION	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Communication (G&S)	30,164	(72)	(13,361)	16,731	16,731	-	100.0%	36,365	36,365
Computer services	64,348	-	(6,923)	57,425	57,425	-	100.0%	53,853	53,853
Consultants: Business and advisory services	35,828	-	(25,408)	10,420	9,994	426	95.9%	15,863	15,863
Legal services	44,519	168	(235)	44,452	44,452	-	100.0%	128,183	128,183
Contractors	3,561	(130)	(2,908)	523	523	-	100.0%	979	979
Agency and support / outsourced services	2,694	(2,691)	-	3	3	-	100.0%	954	954
Entertainment	-	-	-	-	-	-	-	22	22
Fleet services (including government motor transport)	9,185	(144)	(3,789)	5,252	5,252	-	100.0%	7,792	7,792
Inventory: Food and food supplies	367	(304)	-	63	63	-	100.0%	18	18
Inventory: Materials and supplies	188	2,983	-	3,171	3,171	-	100.0%	194	194
Inventory: Medical supplies	18	-	(9)	9	9	-	100.0%	4	4
Inventory: Other supplies	362	(190)	-	172	172	-	100.0%	-	-
Consumable supplies	1,639	2,980	-	4,619	4,619	-	100.0%	1,185	1,185
Consumable: Stationery, printing and office supplies	7,695	(79)	(5,129)	2,487	2,487	-	100.0%	2,421	2,421
Operating leases	5,236	(47)	(2,083)	3,106	3,106	-	100.0%	11,743	11,743
Property payments	552	488	-	1,040	1,040	-	100.0%	223	223
Travel and subsistence	17,559	(229)	(2,302)	15,028	15,028	-	100.0%	21,274	21,274
Training and development	620	(456)	-	164	164	-	100.0%	(40)	(40)
Operating payments	2,574	(1,939)	-	635	635	-	100.0%	980	980
Venues and facilities	256	(93)	(6)	157	157	-	100.0%	222	222
Rental and hiring	37	-	(37)	-	-	-	-	252	252
Interest and rent on land	-	295	-	295	295	-	100.0%	632	632
Interest (Incl. interest on unitary payments (PPP))	-	295	-	295	295	-	100.0%	632	632
Transfers and subsidies	**1,525**	**1,701**	**-**	**3,226**	**3,226**	**-**	**100.0%**	**6,797**	**6,768**
Households	1,525	1,701	-	3,226	3,226	-	100.0%	6,797	6,768
Social benefits	1,525	1,710	-	3,235	3,235	-	100.0%	6,001	5,972

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3

APPROPRIATION FINANCIAL STATEMENTS - for the year ended 31 March 2018

PROGRAMME 1: ADMINISTRATION	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Other transfers to households	-	(9)	-	(9)	(9)	-	100.0%	796	796
Payments for capital assets	**13,081**	**264**	**-**	**13,345**	**6,104**	**7,241**	**45.7%**	**18,588**	**10,200**
Machinery and equipment	13,081	264	-	13,345	6,104	7,241	45.7%	18,588	10,200
Transport equipment	6,500	277	-	6,777	5,029	1,748	74.2%	8,691	8,207
Other machinery and equipment	6,581	(13)	-	6,568	1,075	5,493	16.4%	9,897	1,993
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	692,927	**-**	**(93,976)**	**598,951**	**587,480**	**11,471**	**98.1%**	**713,452**	**705,035**

SUBPROGRAMME 1.1: OFFICEOF THE MEC	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**7,415**	**(1,919)**	**(1,418)**	**4,078**	**4,078**	**-**	**100.0%**	**4,555**	**4,555**
Compensation of employees	3,164	(163)	-	3,001	3,001	-	100.0%	2,942	2,942
Goods and services	4,251	(1,756)	(1,418)	1,077	1,077	-	100.0%	1,613	1,613
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Payments for capital assets	**2,011**	**-**	**-**	**2,011**	**-**	**2,011**	**-**	**486**	**45**
Machinery and equipment	2,011	-	-	2,011	-	2,011	-	486	45
Payment for financial assets				**-**		**-**	**-**		
Total	**9,426**	**(1,919)**	**(1,418)**	**6,089**	**4,078**	**2,011**	**67.0%**	**5,041**	**4,600**

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
APPROPRIATION FINANCIAL STATEMENTS - for the year ended 31 March 2018

SUBPROGRAMME 1.2: MANAGEMENT	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**670,906**	**(46)**	**(92,558)**	**578,302**	**574,072**	**4,230**	**99.3%**	**683,512**	**683,512**
Compensation of employees	414,017	(1,739)	(26,388)	385,890	385,890	-	100.0%	381,569	381,569
Goods and services	256,889	1,398	(66,170)	192,117	187,887	4,230	97.8%	301,311	301,311
Interest and rent on land	-	295	-	295	295	-	100.0%	632	632
Transfers and subsidies	**1,525**	**1,701**	**-**	**3,226**	**3,226**	**-**	**100.0%**	**6,797**	**6,768**
Households	1,525	1,701	-	3,226	3,226	-	100.0%	6,797	6,768
Payments for capital assets	**11,070**	**264**	**-**	**11,334**	**6,104**	**5,230**	**53.9%**	**18,102**	**10,155**
Machinery and equipment	11,070	264	-	11,334	6,104	5,230	53.9%	18,102	10,155
Payment for financial assets				**-**		**-**	**-**		
Total	**683,501**	**1,919**	**(92,558)**	**592,862**	**583,402**	**9,460**	**98.4%**	**708,411**	**700,435**

PROGRAMME 2: DISTRICT HEALTH SERVICES	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 DISTRICT MANAGEMENT	897,332	(3,408)	-	893,924	881,476	12,448	98.6%	866,726	866,726
2 COMMUNITY HEALTH CLINICS	2,156,371	37,938	214,242	2,408,551	2,420,417	(11,866)	100.5%	2,163,846	2,163,846
3 COMMUNITY HEALTH CENTRES	1,068,186	(72,322)	(52,817)	943,047	948,991	(5,944)	100.6%	1,019,053	1,019,053
4 COMMUNITY BASED SERVICES	538,541	(19,040)	-	519,501	524,720	(5,219)	101.0%	441,391	439,968
5 OTHER COMMUNITY SERVICES	74,773	12,500	-	87,273	81,360	5,913	93.2%	46,494	46,494
6 HIV/AIDS	2,050,454	4,959	-	2,055,413	2,045,769	9,644	99.5%	1,757,792	1,745,442
7 NUTRITION	44,999	(7,901)	-	37,098	24,872	12,226	67.0%	24,481	24,226
8 CORONER SERVICES	100,000	7,091	-	107,091	100,885	6,206	94.2%	94,818	94,818
9 DISTRICT HOSPITALS	4,231,984	40,183	36,934	4,309,101	4,314,006	(4,905)	100.1%	4,019,116	4,020,031

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
APPROPRIATION FINANCIAL STATEMENTS - for the year ended 31 March 2018

PROGRAMME 2: DISTRICT HEALTH SERVICES	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
	11,162,640	-	198,359	11,360,999	11,342,496	18,503	99.8%	10,433,717	10,420,604

PROGRAMME 2: DISTRICT HEALTH SERVICES	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**10,945,645**	**(84,024)**	**166,121**	**11,027,742**	**11,038,627**	**(10,885)**	**100.1%**	**10,104,366**	**10,103,932**
Compensation of employees	7,946,238	(84,024)	(52,817)	7,809,397	7,809,396	1	100.0%	7,454,402	7,454,008
Salaries and wages	7,031,429	(168,587)	(15,185)	6,847,657	6,847,656	1	100.0%	6,540,392	6,539,998
Social contributions	914,809	84,563	(37,632)	961,740	961,740	-	100.0%	914,010	914,010
Goods and services	2,999,407	-	217,617	3,217,024	3,227,910	(10,886)	100.3%	2,649,539	2,649,499
Administrative fees	747	-	-	747	211	536	28.2%	215	215
Advertising	9,324	(6,932)	-	2,392	2,062	330	86.2%	513	513
Minor assets	23,594	(9,810)	-	13,784	6,523	7,261	47.3%	6,689	6,649
Bursaries: Employees	15	18	-	33	33	-	100.0%	161	161
Catering: Departmental activities	1,861	(18)	-	1,843	390	1,453	21.2%	636	636
Communication (G&S)	41,323	(1,203)	-	40,120	38,616	1,504	96.3%	45,165	45,165
Computer services	11,695	(9,315)	-	2,380	2,216	164	93.1%	1,873	1,873
Consultants: Business and advisory services	85,199	(48,519)	-	36,680	35,110	1,570	95.7%	62,341	62,341
Laboratory services	488,211	(6,792)	-	481,419	480,402	1,017	99.8%	346,764	346,764
Legal services	13,678	(13,678)	-	-	-	-	-	-	-
Contractors	21,829	(17,592)	-	4,237	3,085	1,152	72.8%	3,630	3,630
Agency and support / outsourced services	167,282	(105,331)	-	61,951	57,487	4,464	92.8%	247,087	247,087
Fleet services (including government motor transport)	29,231	28,466	-	57,697	57,467	230	99.6%	57,147	57,147
Inventory: Clothing material and accessories	-	1,194	-	1,194	1,194	-	100.0%	25	25
Inventory: Food and food supplies	68,823	(6,418)	-	62,405	59,105	3,300	94.7%	51,933	51,933

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3

APPROPRIATION FINANCIAL STATEMENTS - for the year ended 31 March 2018

PROGRAMME 2: DISTRICT HEALTH SERVICES	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Inventory: Fuel, oil and gas	17,150	(11,618)	-	5,532	5,422	110	98.0%	13,025	13,025
Inventory: Materials and supplies	3,596	11,786	-	15,382	15,369	13	99.9%	2,723	2,723
Inventory: Medical supplies	351,175	(135,748)	57	215,484	214,756	728	99.7%	239,994	239,994
Inventory: Medicine	1,252,815	191,489	217,617	1,661,921	1,675,981	(14,060)	100.8%	1,238,389	1,238,389
Inventory: Other supplies	3,786	6,541	(57)	10,270	10,227	43	99.6%	-	-
Consumable supplies	58,249	(7,331)	-	50,918	48,141	2,777	94.5%	59,635	59,635
Consumable: Stationery, printing and office supplies	29,558	(8,403)	-	21,155	19,682	1,473	93.0%	13,451	13,451
Operating leases	24,567	(1,188)	-	23,379	15,815	7,564	67.6%	21,918	21,918
Property payments	176,601	171,751	-	348,352	375,462	(27,110)	107.8%	147,032	147,032
Transport provided: Departmental activity	1,211	(51)	-	1,160	534	626	46.0%	337	337
Travel and subsistence	65,353	(10,166)	-	55,187	64,367	(9,180)	116.6%	47,716	47,716
Training and development	884	-	-	884	-	884	-	-	-
Operating payments	49,985	(11,075)	-	38,910	37,771	1,139	97.1%	40,895	40,895
Venues and facilities	1,348	-	-	1,348	247	1,101	18.3%	183	183
Rental and hiring	317	(57)	-	260	235	25	90.4%	62	62
Interest and rent on land	-	-	1,321	1,321	1,321	-	100.0%	425	425
Interest (Incl. interest on unitary payments (PPP))	-	-	1,321	1,321	1,321	-	100.0%	425	425
Transfers and subsidies	**69,718**	**84,024**	**35,613**	**189,355**	**182,610**	**6,745**	**96.4%**	**187,655**	**175,939**
Provinces and municipalities	4,181	-	-	4,181	313	3,868	7.5%	9,874	8,451
Municipalities	4,181	-	-	4,181	313	3,868	7.5%	9,874	8,451
Municipal bank accounts	4,181	-	-	4,181	313	3,868	7.5%	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	9,874	8,451
Departmental agencies and accounts	-	-	-	-	-	-	-	23,052	11,138
Departmental agencies (non-business entities)	-	-	-	-	-	-	-	23,052	11,138
Non-profit institutions	10,152	-	-	10,152	7,278	2,874	71.7%	-	-
Households	55,385	84,024	35,613	175,022	175,019	3	100.0%	154,729	156,350

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3

APPROPRIATION FINANCIAL STATEMENTS - for the year ended 31 March 2018

PROGRAMME 2: DISTRICT HEALTH SERVICES	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Social benefits	32,142	38,116	-	70,258	70,258	-	100.0%	93,358	93,356
Other transfers to households	23,243	45,908	35,613	104,764	104,761	3	100.0%	61,371	62,994
Payments for capital assets	**147,277**	**-**	**(3,375)**	**143,902**	**121,259**	**22,643**	**84.3%**	**141,696**	**140,733**
Machinery and equipment	147,277	-	(3,375)	143,902	121,259	22,643	84.3%	141,696	140,733
Transport equipment	65,836	15,305	-	81,141	76,302	4,839	94.0%	98,067	97,831
Other machinery and equipment	81,441	(15,305)	(3,375)	62,761	44,957	17,804	71.6%	43,629	42,902
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	11,162,640	**-**	**198,359**	**11,360,999**	**11,342,496**	**18,503**	**99.8%**	**10,433,717**	**10,420,604**

SUBPROGRAMME 2.1: DISTRICT MANAGEMENT	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**823,349**	**(18,601)**	**-**	**804,748**	**792,300**	**12,448**	**98.5%**	**769,504**	**769,504**
Compensation of employees	649,349	28,818	-	678,167	678,318	(151)	100.0%	670,203	670,203
Goods and services	174,000	(47,419)	-	126,581	113,982	12,599	90.0%	99,301	99,301
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	**31,142**	**7,256**	**-**	**38,398**	**38,398**	**-**	**100.0%**	**31,778**	**31,778**
Households	31,142	7,256	-	38,398	38,398	-	100.0%	31,778	31,778
Payments for capital assets	**42,841**	**7,937**	**-**	**50,778**	**50,778**	**-**	**100.0%**	**65,444**	**65,444**
Machinery and equipment	42,841	7,937	-	50,778	50,778	-	100.0%	65,444	65,444
Payment for financial assets				**-**		**-**	**-**		
Total	**897,332**	**(3,408)**	**-**	**893,924**	**881,476**	**12,448**	**98.6%**	**866,726**	**866,726**

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3

APPROPRIATION FINANCIAL STATEMENTS - for the year ended 31 March 2018

SUBPROGRAMME 2.2: COMMUNITY HEALTH CLINICS	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**2,142,016**	**36,012**	**217,617**	**2,395,645**	**2,410,355**	**(14,710)**	**100.6%**	**2,150,386**	**2,150,386**
Compensation of employees	1,561,910	831	-	1,562,741	1,562,741	-	100.0%	1,477,050	1,477,050
Goods and services	580,106	35,181	217,617	832,904	847,614	(14,710)	101.8%	673,336	673,336
Transfers and subsidies	**-**	**6,085**	**-**	**6,085**	**6,085**	**-**	**100.0%**	**13,460**	**13,460**
Households	-	6,085	-	6,085	6,085	-	100.0%	13,460	13,460
Payments for capital assets	**14,355**	**(4,159)**	**(3,375)**	**6,821**	**3,977**	**2,844**	**58.3%**	**-**	**-**
Machinery and equipment	14,355	(4,159)	(3,375)	6,821	3,977	2,844	58.3%	-	-
Payment for financial assets				**-**		**-**	**-**		
Total	**2,156,371**	**37,938**	**214,242**	**2,408,551**	**2,420,417**	**(11,866)**	**100.5%**	**2,163,846**	**2,163,846**

SUBPROGRAMME 2.3: COMMUNITY HEALTH CENTRES	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**1,062,863**	**(88,541)**	**(52,817)**	**921,505**	**928,745**	**(7,240)**	**100.8%**	**1,009,022**	**1,009,022**
Compensation of employees	882,927	(88,541)	(52,817)	741,569	741,569	-	100.0%	821,900	821,900
Goods and services	179,936	-	-	179,936	187,176	(7,240)	104.0%	187,122	187,122
Transfers and subsidies	**-**	**16,219**	**-**	**16,219**	**16,219**	**-**	**100.0%**	**4,634**	**4,634**
Households	-	16,219	-	16,219	16,219	-	100.0%	4,634	4,634
Payments for capital assets	**5,323**	**-**	**-**	**5,323**	**4,027**	**1,296**	**75.7%**	**5,397**	**5,397**
Machinery and equipment	5,323	-	-	5,323	4,027	1,296	75.7%	5,397	5,397
Payment for financial assets				**-**		**-**	**-**		
Total	**1,068,186**	**(72,322)**	**(52,817)**	**943,047**	**948,991**	**(5,944)**	**100.6%**	**1,019,053**	**1,019,053**

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
APPROPRIATION FINANCIAL STATEMENTS - for the year ended 31 March 2018

SUBPROGRAMME 2.4: COMMUNITY BASED SERVICES	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**523,777**	**(22,479)**	**-**	**501,298**	**510,385**	**(9,087)**	**101.8%**	**421,933**	**421,933**
Compensation of employees	401,131	17,276	-	418,407	418,407	-	100.0%	355,481	355,481
Goods and services	122,646	(39,755)	-	82,891	91,978	(9,087)	111.0%	66,452	66,452
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	**4,181**	**1,124**	**-**	**5,305**	**1,437**	**3,868**	**27.1%**	**12,146**	**10,723**
Provinces and municipalities	4,181	-	-	4,181	313	3,868	7.5%	9,874	8,451
Households	-	1,124	-	1,124	1,124	-	100.0%	2,272	2,272
Payments for capital assets	**10,583**	**2,315**	**-**	**12,898**	**12,898**	**-**	**100.0%**	**7,312**	**7,312**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	10,583	2,315	-	12,898	12,898	-	100.0%	7,312	7,312
Payment for financial assets				**-**		**-**	**-**		
Total	**538,541**	**(19,040)**	**-**	**519,501**	**524,720**	**(5,219)**	**101.0%**	**441,391**	**439,968**

SUBPROGRAMME: 2.5: OTHER COMMUNITY SERVICES	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**69,711**	**13,860**	**-**	**83,571**	**78,559**	**5,012**	**94.0%**	**46,094**	**46,094**
Compensation of employees	52,037	17,663	-	69,700	69,700	-	100.0%	41,696	41,696
Goods and services	17,674	(3,803)	-	13,871	8,859	5,012	63.9%	4,398	4,398
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Payments for capital assets	**5,062**	**(1,360)**	**-**	**3,702**	**2,801**	**901**	**75.7%**	**400**	**400**
Machinery and equipment	5,062	(1,360)	-	3,702	2,801	901	75.7%	400	400
Software and other intangible assets				-		-	-		
Payment for financial assets				**-**		**-**	**-**		
Total	**74,773**	**12,500**	**-**	**87,273**	**81,360**	**5,913**	**93.2%**	**46,494**	**46,494**

SUBPROGRAMME 2.6: HIV?AIDS	2017/18	2016/17

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3

APPROPRIATION FINANCIAL STATEMENTS - for the year ended 31 March 2018

	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**2,028,127**	**4,252**	**-**	**2,032,379**	**2,025,609**	**6,770**	**99.7%**	**1,703,427**	**1,702,993**
Compensation of employees	720,040	(204)	-	719,836	719,684	152	100.0%	661,896	661,502
Goods and services	1,308,087	4,456	-	1,312,543	1,305,925	6,618	99.5%	1,041,531	1,041,491
Transfers and subsidies	**11,152**	**(653)**	**-**	**10,499**	**7,625**	**2,874**	**72.6%**	**23,794**	**11,878**
Departmental agencies and accounts	-	-	-	-	-	-	-	23,052	11,138
Non-profit institutions	10,152			10,152	7,278	2,874	71.7%		
Households	1,000	(653)	-	347	347	-	100.0%	742	740
Payments for capital assets	**11,175**	**1,360**	**-**	**12,535**	**12,535**	**-**	**100.0%**	**30,571**	**30,571**
Machinery and equipment	11,175	1,360	-	12,535	12,535	-	100.0%	30,571	30,571
Payment for financial assets				**-**		**-**	**-**		
Total	**2,050,454**	**4,959**	**-**	**2,055,413**	**2,045,769**	**9,644**	**99.5%**	**1,757,792**	**1,745,442**

SUBPROGRAMME: 2.7: NUTRITION	**2017/18**							**2016/17**	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**32,184**	**-**	**-**	**32,184**	**24,836**	**7,348**	**77.2%**	**22,745**	**22,745**
Compensation of employees	-	-	-	-	-	-	-	5	5
Goods and services	32,184	-	-	32,184	24,836	7,348	77.2%	22,740	22,740
Transfers and subsidies	**-**	**36**	**-**	**36**	**36**	**-**	**100.0%**	**-**	**-**
Households	-	36	-	36	36	-	100.0%	-	-
Payments for capital assets	**12,815**	**(7,937)**	**-**	**4,878**	**-**	**4,878**	**-**	**1,736**	**1,481**
Machinery and equipment	12,815	(7,937)	-	4,878	-	4,878	-	1,736	1,481
Payment for financial assets				**-**		**-**	**-**		
Total	**44,999**	**(7,901)**	**-**	**37,098**	**24,872**	**12,226**	**67.0%**	**24,481**	**24,226**

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
APPROPRIATION FINANCIAL STATEMENTS - for the year ended 31 March 2018

SUBPROGRAMME: 2.8: CORONER SERVICES	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**94,226**	**5,247**	**-**	**99,473**	**93,267**	**6,206**	**93.8%**	**86,692**	**86,692**
Compensation of employees	74,572	6,453	-	81,025	81,025	-	100.0%	73,185	73,185
Goods and services	19,654	(1,206)	-	18,448	12,242	6,206	66.4%	13,507	13,507
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Payments for capital assets	**5,774**	**1,844**	**-**	**7,618**	**7,618**	**-**	**100.0%**	**8,126**	**8,126**
Machinery and equipment	5,774	1,844	-	7,618	7,618	-	100.0%	8,126	8,126
Payment for financial assets				**-**		**-**	**-**		
Total	**100,000**	**7,091**	**-**	**107,091**	**100,885**	**6,206**	**94.2%**	**94,818**	**94,818**

SUBPROGRAMME: 2.9: DISTRICT HOSPITALS	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**4,169,392**	**(13,774)**	**1,321**	**4,156,939**	**4,174,571**	**(17,632)**	**100.4%**	**3,894,563**	**3,894,563**
Compensation of employees	3,604,272	(66,320)	-	3,537,952	3,537,952	-	100.0%	3,352,986	3,352,986
Goods and services	565,120	52,546	-	617,666	635,298	(17,632)	102.9%	541,152	541,152
Interest and rent on land	-	-	1,321	1,321	1,321	-	100.0%	425	425
Transfers and subsidies	**23,243**	**53,957**	**35,613**	**112,813**	**112,810**	**3**	**100.0%**	**101,843**	**103,466**
Households	23,243	53,957	35,613	112,813	112,810	3	100.0%	101,843	103,466
Payments for capital assets	**39,349**	**-**	**-**	**39,349**	**26,625**	**12,724**	**67.7%**	**22,710**	**22,002**
Machinery and equipment	39,349	-	-	39,349	26,625	12,724	67.7%	22,710	22,002
Payment for financial assets				**-**		**-**	**-**		
Total	**4,231,984**	**40,183**	**36,934**	**4,309,101**	**4,314,006**	**(4,905)**	**100.1%**	**4,019,116**	**4,020,031**

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
APPROPRIATION FINANCIAL STATEMENTS - for the year ended 31 March 2018

PROGRAMME 3: EMERGENCY MEDICAL SERVICES	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 **EMERGENCY TRANSPORT**	1,240,186	(52,727)	(144,642)	1,042,817	1,041,871	946	99.9%	910,189	884,039
2 **PLANNED PATIENT TRANSPORT**	112,456	52,727	72,033	237,216	237,216	-	100.0%	185,299	183,614
	1,352,642	**-**	**(72,609)**	**1,280,033**	**1,279,087**	**946**	**99.9%**	**1,095,488**	**1,067,653**

PROGRAMME 3: EMERGENCY MEDICAL SERVICES	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**1,222,690**	**-**	**(107,268)**	**1,115,422**	**1,115,425**	**(3)**	**100.0%**	**975,306**	**975,306**
Compensation of employees	869,557	-	64,069	933,626	933,626	-	100.0%	712,944	712,944
Salaries and wages	778,441	(21,860)	64,069	820,650	820,650	-	100.0%	609,347	609,347
Social contributions	91,116	21,860	-	112,976	112,976	-	100.0%	103,597	103,597
Goods and services	353,133	-	(171,337)	181,796	181,799	(3)	100.0%	262,362	262,362
Administrative fees	327	-	(327)	-	-	-	-	1	1
Advertising	502	-	(502)	-	-	-	-	-	-
Minor assets	3,817	-	(3,141)	676	676	-	100.0%	2,587	2,587
Bursaries: Employees	-	-	-	-	-	-	-	9	9
Catering: Departmental activities	170	-	(98)	72	72	-	100.0%	26	26
Communication (G&S)	10,810	-	(3,531)	7,279	7,279	-	100.0%	8,599	8,599
Computer services	-	-	-	-	-	-	-	50	50
Contractors	11,558	-	(11,444)	114	114	-	100.0%	669	669

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
APPROPRIATION FINANCIAL STATEMENTS - for the year ended 31 March 2018

PROGRAMME 3: EMERGENCY MEDICAL SERVICES	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Agency and support / outsourced services	5,280	-	(4,467)	813	813	-	100.0%	5,842	5,842
Fleet services (including government motor transport)	213,285	-	(94,291)	118,994	118,994	-	100.0%	185,642	185,642
Inventory: Clothing material and accessories	8,195	4,469	-	12,664	12,667	(3)	100.0%	-	-
Inventory: Food and food supplies	20	-	-	20	20	-	100.0%	-	-
Inventory: Fuel, oil and gas	9,403	(2,242)	(6,698)	463	463	-	100.0%	908	908
Inventory: Materials and supplies	153	21	-	174	174	-	100.0%	214	214
Inventory: Medical supplies	9,184	(4,689)	-	4,495	4,495	-	100.0%	4,952	4,952
Inventory: Medicine	-	583	-	583	583	-	100.0%	773	773
Inventory: Other supplies	993	1,654	-	2,647	2,647	-	100.0%	-	-
Consumable supplies	1,623	(1,129)	-	494	494	-	100.0%	9,284	9,284
Consumable: Stationery, printing and office supplies	2,502	(1,179)	-	1,323	1,323	-	100.0%	1,879	1,879
Operating leases	65,590	-	(47,125)	18,465	18,465	-	100.0%	28,234	28,234
Property payments	6,062	1,582	-	7,644	7,644	-	100.0%	4,684	4,684
Transport provided: Departmental activity	157	-	(157)	-	-	-	-	-	-
Travel and subsistence	3,392	788	444	4,624	4,624	-	100.0%	7,112	7,112
Operating payments	-	252	-	252	252	-	100.0%	897	897
Venues and facilities	93	(93)	-	-	-	-	-	-	-
Rental and hiring	17	(17)	-	-	-	-	-	-	-
Transfers and subsidies	**3,049**	**-**	**-**	**3,049**	**2,100**	**949**	**68.9%**	**2,564**	**2,562**
Households	3,049	-	-	3,049	2,100	949	68.9%	2,564	2,562
Social benefits	3,049	-	-	3,049	2,100	949	68.9%	2,564	2,562

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3

APPROPRIATION FINANCIAL STATEMENTS - for the year ended 31 March 2018

PROGRAMME 3: EMERGENCY MEDICAL SERVICES	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Payments for capital assets	**126,903**	**-**	**34,659**	**161,562**	**161,562**	**-**	**100.0%**	**117,618**	**89,785**
Machinery and equipment	126,903	-	34,659	161,562	161,562	-	100.0%	117,618	89,785
Transport equipment	125,519	-	21,984	147,503	147,503	-	100.0%	111,533	85,018
Other machinery and equipment	1,384	-	12,675	14,059	14,059	-	100.0%	6,085	4,767
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	1,352,642	**-**	**(72,609)**	**1,280,033**	**1,279,087**	**946**	**99.9%**	**1,095,488**	**1,067,653**

SUBPROGRAMME: 3.1: EMERGENCY TRANSPORT	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**1,126,514**	**(52,727)**	**(151,084)**	**922,703**	**922,706**	**(3)**	**100.0%**	**821,325**	**821,325**
Compensation of employees	820,900	(52,727)	-	768,173	768,173	-	100.0%	586,508	586,508
Goods and services	305,614	-	(151,084)	154,530	154,533	(3)	100.0%	234,817	234,817
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	**3,049**	**-**	**-**	**3,049**	**2,100**	**949**	**68.9%**	**2,564**	**2,562**
Households	3,049	-	-	3,049	2,100	949	68.9%	2,564	2,562
Payments for capital assets	**110,623**	**-**	**6,442**	**117,065**	**117,065**	**-**	**100.0%**	**86,300**	**60,152**
Machinery and equipment	110,623	-	6,442	117,065	117,065	-	100.0%	86,300	60,152
Payment for financial assets				**-**		**-**	**-**		
Total	**1,240,186**	**(52,727)**	**(144,642)**	**1,042,817**	**1,041,871**	**946**	**99.9%**	**910,189**	**884,039**

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
APPROPRIATION FINANCIAL STATEMENTS - for the year ended 31 March 2018

SUBPROGRAMME: 3.2: PLANNED PATIENT TRANSPORT	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**96,176**	**52,727**	**43,816**	**192,719**	**192,719**	**-**	**100.0%**	**153,981**	**153,981**
Compensation of employees	48,657	52,727	64,069	165,453	165,453	-	100.0%	126,436	126,436
Goods and services	47,519	-	(20,253)	27,266	27,266	-	100.0%	27,545	27,545
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Payments for capital assets	**16,280**	**-**	**28,217**	**44,497**	**44,497**	**-**	**100.0%**	**31,318**	**29,633**
Machinery and equipment	16,280	-	28,217	44,497	44,497	-	100.0%	31,318	29,633
Payment for financial assets				**-**		**-**	**-**		
Total	**112,456**	**52,727**	**72,033**	**237,216**	**237,216**	**-**	**100.0%**	**185,299**	**183,614**

PROGRAMME 4: PROVINCIAL HOSPITALS SERVICES	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Sub programme									
1 **GENERAL (REGIONAL) HOSPITALS**	2,541,836	65,722	75,009	2,682,567	2,685,261	(2,694)	100.1%	2,382,602	2,382,538
2 **TB HOSPITALS**	352,915	(46,122)	-	306,793	303,673	3,120	99.0%	271,632	271,424
3 PSYCHIATRIC MENTAL HOSPITALS	695,669	(19,600)	(175,633)	500,436	499,427	1,009	99.8%	596,235	596,235
	3,590,420	**-**	**(100,624)**	**3,489,796**	**3,488,361**	**1,435**	**100.0%**	**3,250,469**	**3,250,197**

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
APPROPRIATION FINANCIAL STATEMENTS - for the year ended 31 March 2018

PROGRAMME 4: PROVINCIAL HOSPITALS SERVICES	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**3,549,290**	**(97,652)**	**(240,893)**	**3,210,745**	**3,209,342**	**1,403**	**100.0%**	**3,090,893**	**3,090,685**
Compensation of employees	2,752,742	-	(240,893)	2,511,849	2,511,845	4	100.0%	2,405,489	2,405,489
Salaries and wages	2,430,022	(9,407)	(214,641)	2,205,974	2,205,970	4	100.0%	2,119,089	2,119,089
Social contributions	322,720	9,407	(26,252)	305,875	305,875	-	100.0%	286,400	286,400
Goods and services	796,548	(97,652)	(2,171)	696,725	695,326	1,399	99.8%	684,002	683,794
Administrative fees	210	(36)	(65)	109	20	89	18.3%	77	77
Advertising	-	1	-	1	1	-	100.0%	163	163
Minor assets	4,442	(2,579)	-	1,863	1,863	-	100.0%	2,174	2,174
Bursaries: Employees	-	7	-	7	7	-	100.0%	29	29
Catering: Departmental activities	221	(110)	(80)	31	111	(80)	358.1%	45	45
Communication (G&S)	8,299	(337)	-	7,962	7,962	0	100.0%	17,391	17,391
Computer services	2,455	(759)	(234)	1,462	1,462	-	100.0%	1,353	1,353
Consultants: Business and advisory services	45	-	(30)	15	15	-	100.0%	2	2
Laboratory services	87,500	(35,246)	(442)	51,812	52,128	(316)	100.6%	58,653	58,653
Legal services	74	-	(74)	-	-	-	-	3,086	3,086
Contractors	31,864	(27,984)	-	3,880	3,855	25	99.4%	9,101	9,101
Agency and support / outsourced services	156,762	(35,265)	-	121,497	121,409	88	99.9%	162,215	162,215
Fleet services (including government motor transport)	9,475	(4,939)	-	4,536	4,536	-	100.0%	8,310	8,310
Inventory: Clothing material and accessories	376	181	(131)	426	426	-	100.0%	57	57
Inventory: Food and food supplies	56,155	(13,026)	-	43,129	43,054	75	99.8%	46,947	46,947
Inventory: Fuel, oil and gas	20,609	(1,622)	(240)	18,747	18,747	-	100.0%	25,364	25,364
Inventory: Materials and supplies	-	2,525	-	2,525	2,525	-	100.0%	3,115	3,115
Inventory: Medical supplies	56,342	38,157	-	94,499	94,481	18	100.0%	110,093	110,093
Inventory: Medicine	232,129	(78,526)	-	153,603	153,603	-	100.0%	81,504	81,296
Inventory: Other supplies	11,136	2,233	-	13,369	13,326	43	99.7%	4	4

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3

APPROPRIATION FINANCIAL STATEMENTS - for the year ended 31 March 2018

PROGRAMME 4: PROVINCIAL HOSPITALS SERVICES	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Consumable supplies	13,582	2,891	-	16,473	16,428	45	99.7%	29,550	29,550
Consumable: Stationery, printing and office supplies	4,701	611	(419)	4,893	4,842	51	99.0%	6,277	6,277
Operating leases	4,178	11,974	(456)	15,696	15,687	9	99.9%	19,563	19,563
Property payments	75,636	59,693	-	135,329	134,041	1,288	99.0%	92,360	92,360
Transport provided: Departmental activity	885	(545)	-	340	340	-	100.0%	425	425
Travel and subsistence	12,070	(8,960)	-	3,110	3,110	-	100.0%	3,582	3,582
Training and development	27	238	-	265	265	-	100.0%	108	108
Operating payments	7,221	(6,134)	-	1,087	1,041	46	95.8%	2,440	2,440
Venues and facilities	93	(93)	-	-	-	-	-	-	-
Rental and hiring	60	(2)	-	58	41	17	70.7%	14	14
Interest and rent on land	-	-	2,171	2,171	2,171	-	100.0%	1,402	1,402
Interest (Incl. interest on unitary payments (PPP))	-	-	1,390	1,390	1,390	-	100.0%	1,402	1,402
Rent on land	-	-	781	781	781	-	100.0%	-	-
Transfers and subsidies	**16,871**	**97,652**	**140,269**	**254,792**	**266,501**	**(11,709)**	**104.6%**	**135,625**	**135,561**
Households	16,871	97,652	140,269	254,792	266,501	(11,709)	104.6%	135,625	135,561
Social benefits	16,871	(510)	-	16,361	16,361	-	100.0%	24,265	24,265
Other transfers to households	-	98,162	140,269	238,431	250,140	(11,709)	104.9%	111,360	111,296
Payments for capital assets	**24,259**	**-**	**-**	**24,259**	**12,518**	**11,741**	**51.6%**	**23,951**	**23,951**
Machinery and equipment	24,259	-	-	24,259	12,518	11,741	51.6%	23,951	23,951
Transport equipment	5,922	2,090	-	8,012	6,666	1,346	83.2%	13,726	13,726
Other machinery and equipment	18,337	(2,090)	-	16,247	5,852	10,395	36.0%	10,225	10,225
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	3,590,420	**-**	**(100,624)**	**3,489,796**	**3,488,361**	**1,435**	**100.0%**	**3,250,469**	**3,250,197**

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3

APPROPRIATION FINANCIAL STATEMENTS - for the year ended 31 March 2018

SUBPROGRAMME: 4.1: GENERAL (REGIONAL) HOSPITALS	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**2,514,374**	**(34,384)**	**(65,260)**	**2,414,730**	**2,414,059**	**671**	**100.0%**	**2,235,692**	**2,235,692**
Compensation of employees	2,029,300	(11,117)	(67,431)	1,950,752	1,950,745	7	100.0%	1,786,126	1,786,126
Goods and services	485,074	(23,267)	-	461,807	461,143	664	99.9%	448,165	448,165
Interest and rent on land	-	-	2,171	2,171	2,171	-	100.0%	1,401	1,401
Transfers and subsidies	**13,640**	**100,106**	**140,269**	**254,015**	**265,724**	**(11,709)**	**104.6%**	**132,079**	**132,015**
Households	13,640	100,106	140,269	254,015	265,724	(11,709)	104.6%	132,079	132,015
Payments for capital assets	**13,822**	**-**	**-**	**13,822**	**5,478**	**8,344**	**39.6%**	**14,831**	**14,831**
Machinery and equipment	13,822	-	-	13,822	5,478	8,344	39.6%	14,831	14,831
Payment for financial assets				**-**		**-**	**-**		
Total	**2,541,836**	**65,722**	**75,009**	**2,682,567**	**2,685,261**	**(2,694)**	**100.1%**	**2,382,602**	**2,382,538**

SUBPROGRAMME: 4.2: TB HOSPITALS	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**344,488**	**(45,303)**	**-**	**299,185**	**298,915**	**270**	**99.9%**	**264,419**	**264,211**
Compensation of employees	222,712	11,117	-	233,829	233,829	-	100.0%	182,423	182,423
Goods and services	121,776	(56,420)	-	65,356	65,086	270	99.6%	81,996	81,788
Transfers and subsidies	**1,149**	**(819)**	**-**	**330**	**330**	**-**	**100.0%**	**1,542**	**1,542**
Households	1,149	(819)	-	330	330	-	100.0%	1,542	1,542
Payments for capital assets	**7,278**	**-**	**-**	**7,278**	**4,428**	**2,850**	**60.8%**	**5,671**	**5,671**
Machinery and equipment	7,278	-	-	7,278	4,428	2,850	60.8%	5,671	5,671
Payment for financial assets				**-**		**-**	**-**		
Total	**352,915**	**(46,122)**	**-**	**306,793**	**303,673**	**3,120**	**99.0%**	**271,632**	**271,424**

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
APPROPRIATION FINANCIAL STATEMENTS - for the year ended 31 March 2018

SUBPROGRAMME: 4.3: PSYCHIATRIC MENTAL HOSPITALS	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**690,428**	**(17,965)**	**(175,633)**	**496,830**	**496,368**	**462**	**99.9%**	**590,782**	**590,782**
Compensation of employees	500,730	-	(173,462)	327,268	327,271	(3)	100.0%	436,940	436,940
Goods and services	189,698	(17,965)	(2,171)	169,562	169,097	465	99.7%	153,841	153,841
Interest and rent on land	-	-	-	-	-	-	-	1	1
Transfers and subsidies	**2,082**	**(1,635)**	**-**	**447**	**447**	**-**	**100.0%**	**2,004**	**2,004**
Households	2,082	(1,635)	-	447	447	-	100.0%	2,004	2,004
Payments for capital assets	**3,159**	**-**	**-**	**3,159**	**2,612**	**547**	**82.7%**	**3,449**	**3,449**
Machinery and equipment	3,159	-	-	3,159	2,612	547	82.7%	3,449	3,449
Payment for financial assets				**-**		**-**	**-**		
Total	**695,669**	**(19,600)**	**(175,633)**	**500,436**	**499,427**	**1,009**	**99.8%**	**596,235**	**596,235**

PROGRAMME 5: CENTRAL HOSPITAL SERVICES	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 **CENTRAL HOSPITAL SERVICES**	1,049,734	9,829	28,214	1,087,777	1,084,905	2,872	99.7%	2,926,360	2,913,621
2 **PROVINCIAL TERTIARY SERVICES**	2,230,503	(9,829)	170,544	2,391,218	2,386,168	5,050	99.8%	-	-
	3,280,237	**-**	**198,758**	**3,478,995**	**3,471,073**	**7,922**	**99.8%**	**2,926,360**	**2,913,621**

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3

APPROPRIATION FINANCIAL STATEMENTS - for the year ended 31 March 2018

PROGRAMME 5: CENTRAL HOSPITAL SERVICES	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**3,212,538**	**-**	**122,091**	**3,334,629**	**3,331,701**	**2,928**	**99.9%**	**2,769,476**	**2,769,476**
Compensation of employees	2,132,907	-	242,248	2,375,155	2,375,151	4	100.0%	1,954,815	1,954,815
Salaries and wages	1,893,655	-	218,992	2,112,647	2,112,647	-	100.0%	1,723,544	1,723,544
Social contributions	239,252	-	23,256	262,508	262,504	4	100.0%	231,271	231,271
Goods and services	1,079,631	(300)	(120,157)	959,174	956,250	2,924	99.7%	812,194	812,194
Administrative fees	-	21	-	21	21	-	100.0%	151	151
Advertising	401	(357)	-	44	44	-	100.0%	34	34
Minor assets	7,036	(4,239)	-	2,797	2,797	-	100.0%	1,734	1,734
Bursaries: Employees	-	-	-	-	-	-	-	5	5
Catering: Departmental activities	-	48	-	48	48	-	100.0%	45	45
Communication (G&S)	7,235	5,668	-	12,903	12,903	-	100.0%	4,443	4,443
Computer services	3,850	(1,213)	(86)	2,551	2,551	-	100.0%	1,330	1,330
Consultants: Business and advisory services	100	(76)	-	24	24	-	100.0%	-	-
Laboratory services	146,701	(27,646)	(17,453)	101,602	101,602	-	100.0%	99,287	99,287
Contractors	97,219	(21,156)	(42,278)	33,785	30,861	2,924	91.3%	24,102	24,102
Agency and support / outsourced services	93,017	(49,913)	(12,755)	30,349	30,349	-	100.0%	67,122	67,122
Fleet services (including government motor transport)	3,369	(1,628)	-	1,741	1,741	-	100.0%	-	-
Inventory: Clothing material and accessories	-	54	-	54	54	-	100.0%	-	-
Inventory: Food and food supplies	29,696	(756)	(455)	28,485	28,485	-	100.0%	21,289	21,289
Inventory: Fuel, oil and gas	23,091	12,444	(5,577)	29,958	29,958	-	100.0%	35,902	35,902
Inventory: Materials and supplies	5,771	(2,377)	-	3,394	3,394	-	100.0%	1,904	1,904
Inventory: Medical supplies	350,110	(11,942)	(8,905)	329,263	329,263	-	100.0%	324,510	324,510

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3

APPROPRIATION FINANCIAL STATEMENTS - for the year ended 31 March 2018

PROGRAMME 5: CENTRAL HOSPITAL SERVICES	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Inventory: Medicine	127,068	50,304	-	177,372	177,372	-	100.0%	75,867	75,867
Inventory: Other supplies	403	13,392	-	13,795	13,795	-	100.0%	-	-
Consumable supplies	26,298	(5,422)	(2,648)	18,228	18,228	-	100.0%	30,916	30,916
Consumable: Stationery, printing and office supplies	7,476	(901)	-	6,575	6,575	-	100.0%	5,090	5,090
Operating leases	15,497	18,245	-	33,742	33,742	-	100.0%	26,296	26,296
Property payments	126,368	32,286	(30,000)	128,654	128,654	-	100.0%	85,911	85,911
Transport provided: Departmental activity	137	(75)	-	62	62	-	100.0%	40	40
Travel and subsistence	5,120	(2,413)	-	2,707	2,707	-	100.0%	3,676	3,676
Training and development	1,255	(1,255)	-	-	-	-	-	90	90
Operating payments	2,413	(1,393)	-	1,020	1,020	-	100.0%	2,450	2,450
Interest and rent on land	-	300	-	300	300	-	100.0%	2,467	2,467
Interest (Incl. interest on unitary payments (PPP))	-	300	-	300	300	-	100.0%	2,467	2,467
Transfers and subsidies	**26,653**	**-**	**54,628**	**81,281**	**81,281**	**-**	**100.0%**	**41,412**	**41,278**
Households	26,653	-	54,628	81,281	81,281	-	100.0%	41,412	41,278
Social benefits	26,653	-	(13,742)	12,911	12,911	-	100.0%	7,996	7,862
Other transfers to households	-	-	68,370	68,370	68,370	-	100.0%	33,416	33,416
Payments for capital assets	**41,046**	**-**	**22,039**	**63,085**	**58,091**	**4,994**	**92.1%**	**115,472**	**102,867**
Machinery and equipment	41,046	-	22,039	63,085	58,091	4,994	92.1%	115,472	102,867
Transport equipment	600	-	3,149	3,749	3,749	-	100.0%	51,151	51,151
Other machinery and equipment	40,446	-	18,890	59,336	54,342	4,994	91.6%	64,321	51,716
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	3,280,237	**-**	**198,758**	**3,478,995**	**3,471,073**	**7,922**	**99.8%**	**2,926,360**	**2,913,621**

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
APPROPRIATION FINANCIAL STATEMENTS - for the year ended 31 March 2018

SUBPROGRAMME: 5.1: CENTRAL HOSPITAL SERVICES								2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**1,022,038**	**9,829**	**(2,222)**	**1,029,645**	**1,026,773**	**2,872**	**99.7%**	**2,769,476**	**2,769,476**
Compensation of employees	685,547	-	47,462	733,009	733,005	4	100.0%	1,954,815	1,954,815
Goods and services	336,491	9,535	(49,684)	296,342	293,474	2,868	99.0%	812,194	812,194
Interest and rent on land	-	294	-	294	294	-	100.0%	2,467	2,467
Transfers and subsidies	**13,742**	**-**	**25,781**	**39,523**	**39,523**	**-**	**100.0%**	**41,412**	**41,278**
Households	13,742	-	25,781	39,523	39,523	-	100.0%	41,412	41,278
Payments for capital assets	**13,954**	**-**	**4,655**	**18,609**	**18,609**	**-**	**100.0%**	**115,472**	**102,867**
Machinery and equipment	13,954	-	4,655	18,609	18,609	-	100.0%	115,472	102,867
Payment for financial assets				**-**		**-**	**-**		
Total	**1,049,734**	**9,829**	**28,214**	**1,087,777**	**1,084,905**	**2,872**	**99.7%**	**2,926,360**	**2,913,621**

SUBPROGRAMME: 5.2: PROVINCIAL TERTIARY SERVICES								2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**2,190,500**	**(9,829)**	**124,313**	**2,304,984**	**2,304,928**	**56**	**100.0%**	**-**	**-**
Compensation of employees	1,447,360	-	194,786	1,642,146	1,642,146	-	100.0%	-	-
Goods and services	743,140	(9,835)	(70,473)	662,832	662,776	56	100.0%	-	-
Interest and rent on land	-	6	-	6	6	-	100.0%	-	-
Transfers and subsidies	**12,911**	**-**	**28,847**	**41,758**	**41,758**	**-**	**100.0%**	**-**	**-**
Households	12,911	-	28,847	41,758	41,758	-	100.0%	-	-
Payments for capital assets	**27,092**	**-**	**17,384**	**44,476**	**39,482**	**4,994**	**88.8%**	**-**	**-**
Machinery and equipment	27,092	-	17,384	44,476	39,482	4,994	88.8%	-	-
Payment for financial assets				**-**		**-**	**-**		
Total	**2,230,503**	**(9,829)**	**170,544**	**2,391,218**	**2,386,168**	**5,050**	**99.8%**	**-**	**-**

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
APPROPRIATION FINANCIAL STATEMENTS - for the year ended 31 March 2018

PROGRAMME 6: HEALTH SCIENCES & TRAINING	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 **NURSING TRAINING COLLEGES**	317,558	-	(34,507)	283,051	276,980	6,071	97.9%	289,005	285,627
2 **EMS TRAINING COLLEGE**	15,018	-	3,807	18,825	13,873	4,952	73.7%	11,788	10,657
3 BURSARIES	154,594	-	(12,844)	141,750	141,117	633	99.6%	186,240	186,239
4 OTHER TRAINING	345,776	-	(44,087)	301,689	295,722	5,967	98.0%	268,723	266,849
	832,946	**-**	**(87,631)**	**745,315**	**727,692**	**17,623**	**97.6%**	**755,756**	**749,372**

PROGRAMME 6: HEALTH SCIENCES & TRAINING	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**644,999**	**-**	**(76,635)**	**568,364**	**562,753**	**5,611**	**99.0%**	**541,960**	**541,960**
Compensation of employees	472,472	-	(1,025)	471,447	468,511	2,936	99.4%	470,198	470,198
Salaries and wages	413,107	-	21,319	434,426	431,490	2,936	99.3%	434,409	434,409
Social contributions	59,365	-	(22,344)	37,021	37,021	-	100.0%	35,789	35,789
Goods and services	172,527	-	(75,610)	96,917	94,242	2,675	97.2%	71,762	71,762
Administrative fees	729	1,608	(360)	1,977	1,937	40	98.0%	1,752	1,752
Advertising	-	100	(20)	80	-	80	-	-	-
Minor assets	3,363	4	(2,759)	608	608	-	100.0%	543	543
Audit costs: External	-	356	-	356	356	-	100.0%	-	-
Bursaries: Employees	-	13,729	(472)	13,257	12,959	298	97.8%	14,012	14,011
Catering: Departmental activities	-	705	(106)	599	599	-	100.0%	188	188
Communication (G&S)	1,675	-	(10)	1,665	1,485	180	89.2%	1,681	1,681
Computer services	2,263	(2,263)	-	-	-	-	-	-	-
Consultants: Business and advisory services	308	340	-	648	648	-	100.0%	-	-

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3

APPROPRIATION FINANCIAL STATEMENTS - for the year ended 31 March 2018

PROGRAMME 6: HEALTH SCIENCES & TRAINING	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Laboratory services	3,820	(3,360)	-	460	-	460	-	-	-
Contractors	1,219	(598)	-	621	449	172	72.3%	-	-
Agency and support / outsourced services	47,551	-	(19,971)	27,580	27,440	140	99.5%	16,716	16,716
Fleet services (including government motor transport)	1,575	804	(568)	1,811	1,811	-	100.0%	2,033	2,033
Inventory: Clothing material and accessories	672	(37)	(45)	590	520	70	88.1%	-	-
Inventory: Fuel, oil and gas	-	10	-	10	5	5	50.0%	2	2
Inventory: Materials and supplies	757	494	32	1,283	1,159	124	90.3%	171	171
Inventory: Medical supplies	1,730	2,574	1,557	5,861	5,861	-	100.0%	4,646	4,646
Inventory: Medicine	5	3	-	8	3	5	37.5%	2	2
Inventory: Other supplies	417	391	-	808	690	118	85.4%	-	-
Consumable supplies	5,414	(4,296)	-	1,118	1,034	84	92.5%	2,369	2,369
Consumable: Stationery, printing and office supplies	2,772	3,722	(4,221)	2,273	2,095	178	92.2%	1,548	1,548
Operating leases	4,507	(2,884)	(90)	1,533	1,307	226	85.3%	2,537	2,537
Property payments	30,868	(13,902)	(11,533)	5,433	5,433	-	100.0%	1,799	1,799
Transport provided: Departmental activity	-	525	-	525	525	-	100.0%	-	-
Travel and subsistence	11,031	11,452	(7,499)	14,984	14,984	-	100.0%	13,058	13,058
Training and development	48,416	(6,903)	(29,545)	11,968	11,937	31	99.7%	7,631	7,631
Operating payments	3,434	(2,574)	-	860	397	463	46.2%	1,075	1,075
Rental and hiring	1	-	-	1	-	1	-	-	-
Transfers and subsidies	**164,522**	**-**	**(10,996)**	**153,526**	**153,526**	**-**	**100.0%**	**196,891**	**196,341**
Departmental agencies and accounts	11,013	-	-	11,013	11,013	-	100.0%	8,145	7,739
Departmental agencies (non-business entities)	11,013	-	-	11,013	11,013	-	100.0%	8,145	7,739
Households	153,509	-	(10,996)	142,513	142,513	-	100.0%	188,746	188,602
Social benefits	1,914	-	628	2,542	2,542	-	100.0%	8,127	7,983
Other transfers to households	151,595	-	(11,624)	139,971	139,971	-	100.0%	180,619	180,619
Payments for capital assets	**23,425**	**-**	**-**	**23,425**	**11,413**	**12,012**	**48.7%**	**16,905**	**11,071**

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
APPROPRIATION FINANCIAL STATEMENTS - for the year ended 31 March 2018

PROGRAMME 6: HEALTH SCIENCES & TRAINING	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Machinery and equipment	23,425	-	-	23,425	11,413	12,012	48.7%	16,905	11,071
Transport equipment	4,419	29	-	4,448	2,195	2,253	49.3%	4,209	2,825
Other machinery and equipment	19,006	(29)	-	18,977	9,218	9,759	48.6%	12,696	8,246
Payment for financial assets	-	-	-	-	-	-	\-	-	-
	832,946	**-**	**(87,631)**	**745,315**	**727,692**	**17,623**	**97.6%**	**755,756**	**749,372**

SUBPROGRAMME: 6.1: NURSING TRAINING COLLEGES								2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**309,931**	**-**	**(34,886)**	**275,045**	**270,387**	**4,658**	**98.3%**	**278,906**	**278,906**
Compensation of employees	273,858	-	(24,767)	249,091	246,155	2,936	98.8%	251,840	251,840
Goods and services	36,073	-	(10,119)	25,954	24,232	1,722	93.4%	27,066	27,066
Transfers and subsidies	**1,914**	**-**	**379**	**2,293**	**2,293**	**-**	**100.0%**	**3,459**	**3,316**
Households	1,914	-	379	2,293	2,293	-	100.0%	3,459	3,316
Payments for capital assets	**5,713**	**-**	**-**	**5,713**	**4,300**	**1,413**	**75.3%**	**6,640**	**3,405**
Machinery and equipment	5,713	-	-	5,713	4,300	1,413	75.3%	6,640	3,405
Payment for financial assets				-		-	-		
Total	**317,558**	**-**	**(34,507)**	**283,051**	**276,980**	**6,071**	**97.9%**	**289,005**	**285,627**

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
APPROPRIATION FINANCIAL STATEMENTS - for the year ended 31 March 2018

SUBPROGRAMME: 6.2: EMS TRAINING COLLEGE								2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**9,339**	**-**	**3,713**	**13,052**	**12,791**	**261**	**98.0%**	**7,709**	**7,709**
Compensation of employees	6,244	-	1,497	7,741	7,741	-	100.0%	6,760	6,760
Goods and services	3,095	-	2,216	5,311	5,050	261	95.1%	949	949
Transfers and subsidies	**-**	**-**	**94**	**94**	**94**	**-**	**100.0%**	**-**	**-**
Households	-	-	94	94	94	-	100.0%	-	-
Payments for capital assets	**5,679**	**-**	**-**	**5,679**	**988**	**4,691**	**17.4%**	**4,079**	**2,948**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	5,679	-	-	5,679	988	4,691	17.4%	4,079	2,948
Payment for financial assets				**-**		**-**	**-**		
Total	**15,018**	**-**	**3,807**	**18,825**	**13,873**	**4,952**	**73.7%**	**11,788**	**10,657**

SUBPROGRAMME: 6.3: BURSARIES								2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**2,999**	**-**	**(1,254)**	**1,745**	**1,112**	**633**	**63.7%**	**1,098**	**1,098**
Goods and services	2,999	-	(1,254)	1,745	1,112	633	63.7%	1,098	1,098
Transfers and subsidies	**151,595**	**-**	**(11,590)**	**140,005**	**140,005**	**-**	**100.0%**	**185,142**	**185,141**
Households	151,595	-	(11,590)	140,005	140,005	-	100.0%	185,142	185,141
Payments for capital assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Payment for financial assets				**-**		**-**	**-**		
Total	**154,594**	**-**	**(12,844)**	**141,750**	**141,117**	**633**	**99.6%**	**186,240**	**186,239**

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SUBPROGRAMME: 6.4: OTHER TRAINING	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**322,730**	**-**	**(44,208)**	**278,522**	**278,463**	**59**	**100.0%**	**254,247**	**254,247**
Compensation of employees	192,370	-	22,245	214,615	214,615	-	100.0%	211,598	211,598
Goods and services	130,360	-	(66,453)	63,907	63,848	59	99.9%	42,649	42,649
Transfers and subsidies	**11,013**	**-**	**121**	**11,134**	**11,134**	**-**	**100.0%**	**8,290**	**7,884**
Departmental agencies and accounts	11,013	-	-	11,013	11,013	-	100.0%	8,145	7,739
Households	-	-	121	121	121	-	100.0%	145	145
Payments for capital assets	**12,033**	**-**	**-**	**12,033**	**6,125**	**5,908**	**50.9%**	**6,186**	**4,718**
Machinery and equipment	12,033	-	-	12,033	6,125	5,908	50.9%	6,186	4,718
Payment for financial assets				**-**		**-**	**-**		
Total	**345,776**	**-**	**(44,087)**	**301,689**	**295,722**	**5,967**	**98.0%**	**268,723**	**266,849**

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 **ORTHOTIC & PROSTHETIC SERVICES**	47,363	-	(10,929)	36,434	36,270	164	99.5%	44,651	44,545
2 **MEDICINE TRADING ACCOUNT**	83,396	-	(19,449)	63,947	63,728	219	99.7%	57,861	57,316
	130,759	**-**	**(30,378)**	**100,381**	**99,998**	**383**	**99.6%**	**102,512**	**101,861**

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PROGRAMME 7: HEALTH CARE SUPPORT SERVICES	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**129,775**	**-**	**(30,378)**	**99,397**	**99,397**	**-**	**100.0%**	**100,608**	**100,608**
Compensation of employees	59,115	-	(6,408)	52,707	52,707	-	100.0%	55,972	55,972
Salaries and wages	52,050	-	(6,629)	45,421	45,421	-	100.0%	48,516	48,516
Social contributions	7,065	-	221	7,286	7,286	-	100.0%	7,456	7,456
Goods and services	70,660	-	(23,970)	46,690	46,690	-	100.0%	44,636	44,636
Administrative fees	102	(102)	-	-	-	-	-	-	-
Advertising	126	(121)	-	5	5	-	100.0%	-	-
Minor assets	740	(127)	(543)	70	70	-	100.0%	40	40
Communication (G&S)	2,130	390	(1,731)	789	789	-	100.0%	979	979
Computer services	5,685	-	(4,277)	1,408	1,408	-	100.0%	2,848	2,848
Contractors	1,510	(1,373)	-	137	137	-	100.0%	206	206
Agency and support / outsourced services	6,346	-	(6,346)	-	-	-	-	1,523	1,523
Fleet services (including government motor transport)	322	(215)	-	107	107	-	100.0%	234	234
Inventory: Clothing material and accessories	-	52	-	52	52	-	100.0%	-	-
Inventory: Fuel, oil and gas	13	16	-	29	29	-	100.0%	13	13
Inventory: Materials and supplies	890	31	(888)	33	33	-	100.0%	1	1
Inventory: Medical supplies	19,573	110	(1,920)	17,763	17,763	-	100.0%	24,216	24,216
Inventory: Other supplies	34	79	-	113	113	-	100.0%	-	-
Consumable supplies	2,139	(479)	(138)	1,522	1,522	-	100.0%	1,662	1,662
Consumable: Stationery, printing and office supplies	632	(142)	-	490	490	-	100.0%	1,791	1,791
Operating leases	1,140	(114)	(115)	911	911	-	100.0%	451	451
Property payments	4,102	133	(1,662)	2,573	2,573	-	100.0%	1,367	1,367
Travel and subsistence	7,293	-	(6,350)	943	943	-	100.0%	2,113	2,113
Training and development	240	(196)	-	44	44	-	100.0%	65	65
Operating payments	17,643	2,058	-	19,701	19,701	-	100.0%	7,127	7,127
Interest and rent on land	-	-	-	-	-	-	-	-	-

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
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PROGRAMME 7: HEALTH CARE SUPPORT SERVICES	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Transfers and subsidies	**92**	**-**	**-**	**92**	**34**	**58**	**37.0%**	**185**	**185**
Households	92	-	-	92	34	58	37.0%	185	185
Social benefits	92	-	-	92	34	58	37.0%	185	185
Payments for capital assets	**892**	**-**	**-**	**892**	**567**	**325**	**63.6%**	**1,719**	**1,068**
Machinery and equipment	892	-	-	892	567	325	63.6%	1,719	1,068
Transport equipment	545	(206)	-	339	14	325	4.1%	631	278
Other machinery and equipment	347	206	-	553	553	-	100.0%	1,088	790
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	130,759	**-**	**(30,378)**	**100,381**	**99,998**	**383**	**99.6%**	**102,512**	**101,861**

SUBPROGRAMME: 7.1: ORTHOTIC & PROSTHETIC SERVICES								2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**47,073**	**-**	**(10,936)**	**36,137**	**36,137**	**-**	**100.0%**	**44,344**	**44,344**
Compensation of employees	21,604	-	(4,396)	17,208	17,208	-	100.0%	18,586	18,586
Goods and services	25,469	-	(6,540)	18,929	18,929	-	100.0%	25,758	25,758
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	**-**	**-**	**7**	**7**	**7**	**-**	**100.0%**	**76**	**76**
Households	-	-	7	7	7	-	100.0%	76	76
Payments for capital assets	**290**	**-**	**-**	**290**	**126**	**164**	**43.4%**	**231**	**125**
Machinery and equipment	290	-	-	290	126	164	43.4%	231	125
Payment for financial assets				**-**		**-**	**-**		
Total	**47,363**	**-**	**(10,929)**	**36,434**	**36,270**	**164**	**99.5%**	**44,651**	**44,545**

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SUBPROGRAMME: 7.2: MEDICINE TRADING ACCOUNT	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**82,702**	**-**	**(19,442)**	**63,260**	**63,260**	**-**	**100.0%**	**56,264**	**56,264**
Compensation of employees	37,511	-	(2,012)	35,499	35,499	-	100.0%	37,386	37,386
Goods and services	45,191	-	(17,430)	27,761	27,761	-	100.0%	18,878	18,878
Transfers and subsidies	**92**	**-**	**(7)**	**85**	**27**	**58**	**31.8%**	**109**	**109**
Households	92	-	(7)	85	27	58	31.8%	109	109
Payments for capital assets	**602**	**-**	**-**	**602**	**441**	**161**	**73.3%**	**1,488**	**943**
Machinery and equipment	602	-	-	602	441	161	73.3%	1,488	943
Payment for financial assets				**-**		**-**	**-**		
Total	**83,396**	**-**	**(19,449)**	**63,947**	**63,728**	**219**	**99.7%**	**57,861**	**57,316**

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
	R'000	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Sub programme									
1 COMMUNITY HEALTH FACILITIES	161,597	3,166	(13,325)	151,438	155,394	(3,956)	102.6%	297,039	246,170
2 EMERGENCY MEDICAL RESCUE SERVICES	-	-	265	265	281	(16)	106.0%	-	-
3 DISTRICT HOSPITAL SERVICES	711,533	1,738	47,515	760,786	752,511	8,275	98.9%	447,692	429,957
4 PROVINCIAL HOSPITAL SERVICES	300,180	28,082	(38,846)	289,416	289,282	134	100.0%	483,648	479,573
5 OTHER FACILITIES	118,722	(32,986)	(7,508)	78,228	77,046	1,182	98.5%	140,234	140,234
	1,292,032	**-**	**(11,899)**	**1,280,133**	**1,274,514**	**5,619**	**99.6%**	**1,368,613**	**1,295,934**

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APPROPRIATION FINANCIAL STATEMENTS - for the year ended 31 March 2018

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**360,442**	**-**	**41,356**	**401,798**	**409,705**	**(7,907)**	**102.0%**	**398,022**	**398,022**
Compensation of employees	18,470	-	(1,478)	16,992	16,844	148	99.1%	14,494	14,494
Salaries and wages	18,470	-	(2,510)	15,960	15,813	147	99.1%	13,721	13,721
Social contributions	-	-	1,032	1,032	1,031	1	99.9%	773	773
Goods and services	341,972	-	42,834	384,806	392,861	(8,055)	102.1%	379,036	379,036
Administrative fees	-	14	-	14	14	-	100.0%	-	-
Advertising	56	(48)	-	8	8	-	100.0%	8	8
Minor assets	-	11,135	-	11,135	11,135	-	100.0%	5,084	5,084
Communication (G&S)	-	-	-	-	-	-	-	200	200
Consultants: Business and advisory services	36,298	-	-	36,298	36,298	-	100.0%	-	-
Contractors	-	70,542	39,803	110,345	110,345	-	100.0%	16,535	16,535
Fleet services (including government motor transport)	-	26	-	26	26	-	100.0%	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	-	22	22
Inventory: Materials and supplies	-	7,321	-	7,321	7,321	-	100.0%	789	789
Inventory: Medical supplies	-	13,912	-	13,912	13,912	(0)	100.0%	6,227	6,227
Inventory: Medicine	-	-	-	-	-	-	-	113	113
Inventory: Other supplies	-	514	14,393	14,907	14,907	(0)	100.0%	-	-
Consumable supplies	231	2,874	4,615	7,720	7,720	-	100.0%	704	704
Consumable: Stationery, printing and office supplies	100	168	-	268	268	-	100.0%	97	97
Operating leases	119	(118)	-	1	-	1	-	-	-
Property payments	304,569	(107,594)	(16,068)	180,907	188,945	(8,038)	104.4%	341,950	341,950
Transport provided: Departmental activity	-	5	-	5	5	-	100.0%	-	-
Travel and subsistence	599	1,158	89	1,846	1,862	(16)	100.9%	1,928	1,928
Training and development	-	-	-	-	-	-	-	102	102
Operating payments	-	91	2	93	94	(1)	101.1%	87	87
Rental and hiring	-	-	-	-	-	-	-	5,190	5,190

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PROGRAMME 8: HEALTH FACILITIES MANAGEMENT	2017/18							2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Interest and rent on land	-	-	-	-	-	-	-	4,492	4,492
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	4,492	4,492
Transfers and subsidies	**-**	**-**	**67**	**67**	**67**	**-**	**100.0%**	**-**	**-**
Households	-	-	67	67	67	-	100.0%	-	-
Social benefits	-	-	67	67	67	-	100.0%	-	-
Payments for capital assets	**931,590**	**-**	**(53,322)**	**878,268**	**864,742**	**13,526**	**98.5%**	**970,591**	**897,912**
Buildings and other fixed structures	626,733	19,968	-	646,701	637,152	9,549	98.5%	722,682	654,895
Buildings	626,733	19,968	-	646,701	637,152	9,549	98.5%	721,266	653,479
Other fixed structures	-	-	-	-	-	-	-	1,416	1,416
Machinery and equipment	304,857	(19,968)	(53,322)	231,567	227,590	3,977	98.3%	247,909	243,017
Transport equipment	379	(379)	-	-	-	-	-	-	-
Other machinery and equipment	304,478	(19,589)	(53,322)	231,567	227,590	3,977	98.3%	247,909	243,017
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	1,292,032	**-**	**(11,899)**	**1,280,133**	**1,274,514**	**5,619**	**99.6%**	**1,368,613**	**1,295,934**

SUBPROGRAMME: 8.1: COMMUNITY HEALTH FACILITIES								2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**23,500**	**-**	**(8,389)**	**15,111**	**15,111**	**-**	**100.0%**	**103,359**	**103,359**
Compensation of employees	-	-	107	107	107	-	100.0%	-	-
Goods and services	23,500	-	(8,496)	15,004	15,004	-	100.0%	103,359	103,359
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Payments for capital assets	**138,097**	**3,166**	**(4,936)**	**136,327**	**140,283**	**(3,956)**	**102.9%**	**193,680**	**142,811**
Buildings and other fixed structures	104,578	16,700	-	121,278	126,214	(4,936)	104.1%	180,957	134,980

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SUBPROGRAMME: 8.1: COMMUNITY HEALTH FACILITIES								2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Machinery and equipment	33,519	(13,534)	(4,936)	15,049	14,069	980	93.5%	12,723	7,831
Payment for financial assets				-		-	-		
Total	**161,597**	**3,166**	**(13,325)**	**151,438**	**155,394**	**(3,956)**	**102.6%**	**297,039**	**246,170**

SUBPROGRAMME: 8.2: EMERGENCY MEDICAL RESCUE SERVICES								2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**-**	**-**	**248**	**248**	**264**	**(16)**	**106.5%**	**-**	**-**
Compensation of employees	-	-	171	171	170	1	99.4%	-	-
Goods and services	-	-	77	77	94	(17)	122.1%	-	-
Transfers and subsidies	**-**	**-**	**17**	**17**	**17**	**-**	**100.0%**	**-**	**-**
Households	-	-	17	17	17	-	100.0%	-	-
Payments for capital assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Payment for financial assets				-		-	-		
Total	**-**	**-**	**265**	**265**	**281**	**(16)**	**106.0%**	**-**	**-**

SUBPROGRAMME: 8.3: DISTRICT HOSPITAL SERVICES								2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**272,964**	**-**	**47,478**	**320,442**	**320,479**	**(37)**	**100.0%**	**136,962**	**136,962**
Compensation of employees	-	-	7,712	7,712	7,712	-	100.0%	356	356
Goods and services	272,964	-	39,766	312,730	312,767	(37)	100.0%	132,276	132,276
Interest and rent on land	-	-	-	-	-	-	-	4,330	4,330

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SUBPROGRAMME: 8.3: DISTRICT HOSPITAL SERVICES								2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Transfers and subsidies	**-**	**-**	**37**	**37**	**37**	**-**	**100.0%**	**-**	**-**
Households	-	-	37	37	37	-	100.0%	-	-
Payments for capital assets	**438,569**	**1,738**	**-**	**440,307**	**431,995**	**8,312**	**98.1%**	**310,730**	**292,995**
Buildings and other fixed structures	262,473	7,603	-	270,076	264,761	5,315	98.0%	186,655	168,920
Machinery and equipment	176,096	(5,865)	-	170,231	167,234	2,997	98.2%	124,075	124,075
Payment for financial assets				**-**		**-**	**-**		
Total	**711,533**	**1,738**	**47,515**	**760,786**	**752,511**	**8,275**	**98.9%**	**447,692**	**429,957**

SUBPROGRAMME: 8.4: PROVINCIAL HOSPITAL SERVICES								2016/17	
	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**63,978**	**-**	**9,527**	**73,505**	**73,371**	**134**	**99.8%**	**117,199**	**117,199**
Compensation of employees	18,470	-	(9,468)	9,002	8,855	147	98.4%	9,894	9,894
Goods and services	45,508	-	18,995	64,503	64,516	(13)	100.0%	107,266	107,266
Interest and rent on land	-	-	-	-	-	-	-	39	39
Transfers and subsidies	**-**	**-**	**13**	**13**	**13**	**-**	**100.0%**	**-**	**-**
Households	-	-	13	13	13	-	100.0%	-	-
Payments for capital assets	**236,202**	**28,082**	**(48,386)**	**215,898**	**215,898**	**-**	**100.0%**	**366,449**	**362,374**
Buildings and other fixed structures	140,960	28,651	-	169,611	169,611	-	100.0%	255,338	251,263
Machinery and equipment	95,242	(569)	(48,386)	46,287	46,287	-	100.0%	111,111	111,111
Payment for financial assets				**-**		**-**	**-**		
Total	**300,180**	**28,082**	**(38,846)**	**289,416**	**289,282**	**134**	**100.0%**	**483,648**	**479,573**

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
APPROPRIATION FINANCIAL STATEMENTS - for the year ended 31 March 2018

	Adjusted Appropria-tion	Shifting of Funds	Virement	Final Appropria-tion	Actual Expenditure	Variance	Expenditure as % of final appropria-tion	Final Appropria-tion	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**-**	**-**	**(7,508)**	**(7,508)**	**480**	**(7,988)**	**(6.4%)**	**40,502**	**40,502**
Compensation of employees	-	-	-	-	-	-	-	4,244	4,244
Goods and services	-	-	(7,508)	(7,508)	480	(7,988)	(6.4%)	36,135	36,135
Interest and rent on land	-	-	-	-	-	-	-	123	123
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Payments for capital assets	**118,722**	**(32,986)**	**-**	**85,736**	**76,566**	**9,170**	**89.3%**	**99,732**	**99,732**
Buildings and other fixed structures	118,722	(32,986)	-	85,736	76,566	9,170	89.3%	99,732	99,732
Payment for financial assets				**-**		**-**	**-**		
Total	**118,722**	**(32,986)**	**(7,508)**	**78,228**	**77,046**	**1,182**	**98.5%**	**140,234**	**140,234**

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2018

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	598 951	587 480	11 471	1,92%

An amount of R93,979 million was adjusted from the Programme, through the use of virements, to Programme 2 in order to primarily fund medico-legal claim settlements incurred by that Programme in the current financial year.

The net underspend of R11,471 million in the Programme, primarily vesting in Goods & Services as well as Machinery and Equipment, arose due to the delayed receipt of invoices from suppliers for purchases made for the Enhanced Revenue Generation and Document Management Projects.

The Department has made application to Provincial Treasury for the amount to be approved for rollover funding in 2018/19.

District Health Services	11 360 999	11 342 496	18 503	0,16%

An amount of R198,359 million was adjusted into the Programme from other Programmes through the use of virements, in order to primarily fund medico-legal claim settlements incurred by the Programme in the current financial year as well ongoing goods and services pressures experienced in Sub Programmes District Management and Community Health Clinics.

The net underspend of R18,503 million in the Programme, primarily vesting in Machinery and Equipment and Transfers, were due to the delayed receipt of invoices from suppliers and outstanding transfers to several Community Based Organisations who were found to be non-compliant with conditions precedent in the service level agreements respectively.

The Department has made application to Provincial Treasury for the amount to be approved for rollover funding in 2018/19.

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2018

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
	R'000	R'000	R'000	%
Emergency Medical Services	1 280 033	1 279 087	946	0,07%

An amount of R72,610 million was adjusted from the Programme, through the use of virements, to the various Clinical Service Programmes in order to primarily fund medico-legal claim settlements incurred by those Programmes in the current financial year.

The net underspend of R946 thousand in the Programme, primarily vests in the balance remaining for the payment of leave gratuities.

Provincial Hospital Services	3 489 796	3 488 361	1 435	0,04%

An amount of R100,624 million was adjusted from the Programme, through the use of virements, to Programme 5, in order to align the net combined programmes' Cost of Employees budget, wherein expenditure had been distorted between the two clinical programmes having arisen from problematic link codes between Persal and BAS.

The net underspend of R1 435 million in the Programme, primarily vesting in Machinery and Equipment, arose due to the delayed receipt of invoices from suppliers for medical equipment deliveries towards the end of the financial year.

The Department has made application to Provincial Treasury for the amount to be approved for rollover funding in 2018/19.

Central Hospital Services	3 478 995	3 471 073	7 922	0,23%

An amount of R198,758million was adjusted into the Programme, through the use of virements from primarily Programme 4 as well as several other Programmes

The net underspend of R7 922 million in the Programme, primarily vesting in Machinery and Equipment, arose due to the delayed receipt of invoices from suppliers for the supply, delivery and installation of specialised medical equipment towards the end of the financial year.

The Department has made application to Provincial Treasury for the amount to be approved for rollover funding in 2018/19.

Health Science and Training	745 315	727 692	17 623	2,36%

An amount of R30,378 million was adjusted from the Programme, through the use of virements, to the various Clinical Service Programmes in order to primarily fund medico-legal claim settlements incurred by those Programmes in the current financial year.

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2018

The net underspend of R17 623 million in the Programme, primarily vesting in Machinery and Equipment, arose due to the delayed receipt of invoices from suppliers for purchases made for the medical depots.

The Department has made application to Provincial Treasury for the amount to be approved for rollover funding in 2018/19.

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
	R'000	R'000	R'000	%
Health Care and Support Services				
	100 381	99 998	383	0,38%

An amount of R30,378 million was adjusted away from the Programme through the use of virements, to various Clinical Service Programmes in order to primarily fund medico-legal claim settlements incurred by those Programmes in the current financial year

The net underspend of R383 thousand in the Programme, primarily vesting in Machinery and Equipment was due to the delayed receipt of invoices from suppliers.

The Department has made application to Provincial Treasury for the amount to be approved for rollover funding in 2018/19.

Health Facilities Management				
	1 280 133	1 274 514	5 619	0,44%

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2018

An amount of R11,899 million was adjusted away from the Programme through the use of virements, to various Clinical Service Programmes in order to primarily fund medico-legal claim settlements incurred by those Programmes in the current financial year

The net underspend of R5,619 million in the Programme, primarily vesting in Buildings & other Fixed Structures as well as Machinery and Equipment was due to the delayed receipt of invoices from contractors and suppliers.

The Department has made application to Provincial Treasury for the amount to be approved for rollover funding in 2018/19.

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	14 562 042	14 558 949	3 093	0,02%
Goods and services	5 776 326	5 784 042	(7 716)	-0,13%
Interest and rent on land	4 087	4 087	-	0,00%
Transfers and subsidies				
Provinces and municipalities	4 181	313	3 868	92,51%
Departmental agencies and accounts	11 013	11 013	-	0,00%
Non-profit institutions	10 152	7 278	2 874	28,31%
Households	660 042	670 741	(10 699)	-1,62%
Payments for capital assets				
Buildings and other fixed structures	646 701	637 152	9 549	1,48%
Machinery and equipment	662 037	599 104	62 933	9,51%

Compensation of Employees (CoE) - underspent by a net amount of R3,092 million, representing the residual unspent funds on the 2017/18 Adjusted Estimates of Provincial Revenue and Expenditure (AEPRE) additional human resources funding for the medico legal intervention project.

Goods and Services - overspent by R7,716 million, primarily attributable to repairs and maintenance expenditure necessarily incurred in the maintenance of the various departmental institutions.

Transfers and Subsidies overspent by a net amount of R3,957 million, primarily having arisen through the residual settlement of medico legal claims.

Payments for Capital Assets underspent by R72,482 million, represented primarily by delays experienced within the timeous receipt of documentation for several items of clinical equipment procured in support of the medico legal intervention project.

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2018

The Department has made application to Provincial Treasury for the amount to be approved for rollover funding in 2018/19.

		Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
		R'000	R'000	R'000	%
4,3	**Per conditional grant**				
	National Tertiary Services grant	895 782	893 688	2 094	0,23%
	Health Professions Training and Development grant	229 367	226 652	2715	1,18%
	HIV/ AIDS grant	2 050 454	2 042 315	8 139	0,40%
	Health Facility Revitalisation grant	652 422	636 286	16 136	2,47%
	EPWP Integrated	2 000	1 992	8	0,40%
	EPWP incentive social cluster	4 662	4 662	-	0,00%
		3 834 687	**3 805 595**	**29 092**	**0,00%**

The net conditional grants under - expenditure of R29,092 million is represented by applications made to Provincial Treasury for the rollover of funds to the 2018/19 financial year:

National Tertiary Services Grant (NTSG) – the application for rollovers is represented primarily by delays experienced with the timeous receipt of documentation for several items of clinical equipment procured in support of the medico legal intervention project.

Comprehensive HIV, AIDS and TB Grant - The under expenditure and application for rollovers is primarily due to the Grant not being able to transfer several tranches to various Community Based Organisations (CBO's) as a result of delayed compliance with prescripts within service level agreements.

Health Professions Training and Development Grant (HPTD) - the application for rollovers is represented primarily by delays experienced with the timeous receipt of documentation for several items of clinical equipment procured in support of the medico legal intervention project.

Health Facility Revitalisation Grant - The under expenditure and hence application for rollovers represents contracted commitments arising from slow progress in the submission of progress certificates for payment as well as invoices for medical equipment procured as part of the medico legal intervention project.

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2018

	Note	2017/18 R'000	2016/17 R'000
REVENUE			
Annual appropriation	1	22,334,603	20,646,367
Statutory appropriation	2	1,978	1,902
Departmental revenue	3	-	-
Aid assistance	4	500	1,945
TOTAL REVENUE		**22,337,081**	**20,650,214**
EXPENDITURE			
Current expenditure			
Compensation of employees	5	14,558,946	13,454,351
Goods and services	6	5,784,042	5,206,166
Interest and rent on land	7	4,086	9,423
Aid assistance	4	1,733	111
Total current expenditure		**20,348,807**	**18,670,051**
Transfers and subsidies			
Transfers and subsidies	8	689,346	558,640
Total transfers and subsidies		**689,346**	**558,640**
Expenditure for capital assets			
Tangible assets	9	1,236,259	1,277,599
Intangible assets	9	-	-
Total expenditure for capital assets		**1,236,259**	**1,277,599**
Unauthorised expenditure approved without funding		1,046	-
TOTAL EXPENDITURE		**22,275,458**	**20,506,290**
SURPLUS/(DEFICIT) FOR THE YEAR		**61,623**	**143,924**

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2018

	Note	2017/18 R'000	2016/17 R'000
Reconciliation of Net Surplus/(Deficit) for the year			
Voted Funds		62,856	142,090
Annual appropriation		33,764	72,855
Conditional grants		29,092	69,235
Departmental revenue and NRF Receipts	15	-	-
Aid assistance	4	(1,233)	1,834
SURPLUS/(DEFICIT) FOR THE YEAR		**61,623**	**143,924**

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
STATEMENT OF FINANCIAL POSITION
as at 31 March 2018

	Note	2017/18 R'000	2016/17 R'000
ASSETS			
Current Assets		**197,242**	**248,360**
Unauthorised expenditure	10	-	1,046
Cash and cash equivalents	11	38,898	134,554
Prepayments and advances	12	2,250	2,250
Receivables	13	156,094	110,510
Non-Current Assets		**3,399**	**3,900**
Receivables	13	3,399	3,900
TOTAL ASSETS		**200,641**	**252,260**
LIABILITIES			
Current Liabilities		**104,859**	**182,520**
Voted funds to be surrendered to the Revenue Fund	14	62,856	142,092
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	15	19,817	19,635
Payables	16	18,969	16,189
Aid assistance unutilised	4	3,217	4,604
TOTAL LIABILITIES		**104,859**	**182,520**
NET ASSETS		**95,782**	**69,740**
Represented by:			
Recoverable revenue		95,782	69,740
TOTAL		**95,782**	**69,740**

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
STATEMENT OF CHANGES IN NET ASSETS
for the year ended 31 March 2018

	Note	2017/18 R'000	2016/17 R'000
Recoverable revenue			
Opening balance		69,740	48,201
Transfers		**26,042**	**21,539**
Debts revised		(1,030)	(1,722)
Debts recovered (included in departmental receipts)		(1,775)	(1,015)
Debts raised		28,847	24,276
Closing balance		**95,782**	**69,740**

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
CASH FLOW STATEMENT
for the year ended 31 March 2018

	Note	2017/18 R'000	2016/17 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		**22,550,060**	**20,849,394**
Annual appropriated funds received	1.1	22,334,603	20,646,367
Statutory appropriated funds received	2	1,978	1,902
Departmental revenue received	3	212,581	198,880
Interest received	3.2	398	300
Aid assistance received	4	500	1,945
Net (increase)/ decrease in working capital		(41,257)	76,743
Surrendered to Revenue Fund		(355,286)	(284,773)
Surrendered to RDP Fund/Donor		(154)	-
Current payments		(20,345,767)	(18,660,628)
Interest paid	7	(4,086)	(9,423)
Payments for financial assets		-	-
Transfers and subsidies paid		(689,346)	(558,640)
Net cash flow available from operating activities	17	**1,114,164**	**1,412,673**
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	9	(1,236,259)	(1,277,599)
Proceeds from sale of capital assets	3.3	397	-
Net cash flows from investing activities		**(1,235,862)**	**(1,277,599)**
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/ (decrease) in net assets		26,042	21,539
Net cash flows from financing activities		**26,042**	**21,539**
Net increase/ (decrease) in cash and cash equivalents		(95,656)	156,613
Cash and cash equivalents at beginning of period		134,554	(22,059)
Cash and cash equivalents at end of period	18	**38,898**	**134,554**

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
ACCOUNTING POLICIES
for the year ended 31 March 2018

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.

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
ACCOUNTING POLICIES
for the year ended 31 March 2018

	Any amount owing to the relevant revenue fund at the reporting date is recognised as a payable in the statement of financial position.
7.3	**Accrued departmental revenue** Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when: • it is probable that the economic benefits or service potential associated with the transaction will flow to the department; and • the amount of revenue can be measured reliably. The accrued revenue is measured at the fair value of the consideration receivable. Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents. 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

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
ACCOUNTING POLICIES
for the year ended 31 March 2018

	• the sum of the minimum lease payments made, including any payments made to acquire ownership at the end of the lease term, excluding interest.
8.5.1	**Interest and rent on land** Interest and rental payments are recognised as an expense in the statement of financial performance when the final authorisation for payment is effected on the system (by no later than 31 March of each year). This item excludes rental for the use of buildings or other fixed structures. If it is not possible to distinguish between payment for the use of land and the fixed structures on it, the whole amount is recorded under goods and services.
9	**Aid Assistance**
9.1	**Aid assistance received** Aid assistance received in cash is recognised in the statement of financial performance when received. In-kind aid assistance is recorded in the notes to the financial statements on the date of receipt and is measured at fair value. Aid assistance not spent for the intended purpose and any unutilised funds from aid assistance that are required to be refunded to the donor are recognised as a payable in the statement of financial position.
9.2	**Aid assistance paid** Aid assistance paid is recognised in the statement of financial performance on the date of payment. Aid assistance payments made prior to the receipt of funds are recognised as a receivable in the statement of financial position.
10	**Cash and cash equivalents** Cash and cash equivalents are stated at cost in the statement of financial position. Bank overdrafts are shown separately on the face of the statement of financial position as a current liability. For the purposes of the cash flow statement, cash and cash equivalents comprise cash on hand, deposits held, other short-term highly liquid investments and bank overdrafts.
11	**Prepayments and advances** Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash. Prepayments and advances are initially and subsequently measured at cost.
12	**Loans and receivables** Loans and receivables are recognised in the statement of financial position at cost plus accrued interest, where interest is charged, less amounts already settled or written-off. Write-offs are made according to the department's write-off policy.
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**

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
ACCOUNTING POLICIES
for the year ended 31 March 2018

	Loans and payables are recognised in the statement of financial position at cost.
16	**Capital Assets**
16.1	**Immovable capital assets** Immovable capital assets are initially recorded in the notes to the financial statements at cost. Immovable capital assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition. Where the cost of immovable capital assets cannot be determined reliably, the immovable capital assets are measured at fair value for recording in the asset register. Immovable capital assets are subsequently carried at cost and are not subject to depreciation or impairment. Subsequent expenditure that is of a capital nature is added to the cost of the asset at the end of the capital project unless the immovable asset is recorded by another department in which case the completed project costs are transferred to that department.
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 is added to the cost of the asset at the end of the capital project unless the movable asset is recorded by another department/entity in which case the completed project costs are transferred to that department.
16.3	**Intangible assets** Intangible assets are initially recorded in the notes to the financial statements at cost. Intangible assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition. Internally generated intangible assets are recorded in the notes to the financial statements when the department commences the development phase of the project. Where the cost of intangible assets cannot be determined reliably, the intangible capital assets are measured at fair value and where fair value cannot be determined; the intangible assets are measured at 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 that is of a capital nature is added to the cost of the asset at the end of the capital project unless the intangible asset is recorded by another department/entity in which case the completed project costs are transferred to that department.
17	**Provisions and Contingents**
17.1	**Provisions** Provisions are recorded in the notes to the financial statements when there is a present legal or constructive obligation to forfeit economic benefits as a result of events in the past and it is 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

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
ACCOUNTING POLICIES
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	statement of financial position.
17.3	**Contingent liabilities** Contingent liabilities are recorded in the notes to the financial statements when there is a possible obligation that arises from past events, and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department or when there is a present obligation that is not recognised because it is not probable that an outflow of resources will be required to settle the obligation or the amount of the obligation cannot be measured reliably.
17.4	**Contingent assets** Contingent assets are recorded in the notes to the financial statements when a possible asset arises from past events, and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department.
17.5	**Commitments** Commitments (other than for transfers and subsidies) are recorded at cost in the notes to the financial statements when there is a contractual arrangement or an approval by management in a manner that raises a valid expectation that the department will discharge its responsibilities thereby incurring future expenditure that will result in the outflow of cash.
18	**Unauthorised expenditure** Unauthorised expenditure is recognised in the statement of financial position until such time as the expenditure is either: • approved by Parliament or the Provincial Legislature with funding and the related funds are received; or • approved by Parliament or the Provincial Legislature without funding and is written off against the appropriation in the statement of financial performance; or • transferred to receivables for recovery. Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure.
19	**Fruitless and wasteful expenditure** Fruitless and wasteful expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the total value of the fruitless and or wasteful expenditure incurred. Fruitless and wasteful expenditure is removed from the notes to the financial statements when it is resolved or transferred to receivables for recovery. Fruitless and wasteful expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.
20	**Irregular expenditure** Irregular expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the value of the irregular expenditure incurred unless it is impracticable to determine, in which case reasons therefore are provided in the note. Irregular expenditure is removed from the note when it is either condoned by the relevant authority, transferred to receivables for recovery or not condoned and is not recoverable. Irregular expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.
21	**Changes in accounting policies, accounting estimates and errors** Changes in accounting policies that are effected by management have been applied retrospectively in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the change in policy. In such instances the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable. Changes in accounting estimates are applied prospectively in accordance with MCS requirements. Correction of errors is applied retrospectively in the period in which the error has occurred in accordance with MCS

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	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** A related party transaction is a transfer of resources, services or obligations between the reporting entity and a related party. Related party transactions within the Minister's portfolio are recorded in the notes to the financial statements when the transaction is not at arm's length. Key management personnel are those persons having the authority and responsibility for planning, directing and controlling the activities of the department. The number of individuals and their full compensation is recorded in the notes to the financial statements.
28	**Key management personnel** Key management members are those persons having the authority and responsibility for planning directing and controlling the activities of the department. All officials from level 14 and above are deemed to be key management personnel.
29	**Inventories *(Effective from date determined in a Treasury Instruction)*** At the date of acquisition, inventories are recorded at cost price in the notes to the financial statements Where inventories are acquired as part of a non-exchange transaction, the cost of inventory is its fair value at the date of acquisition. Inventories are subsequently measured at the lower of cost and net realisable value or the lower of cost and current replacement value. Subsequent measurement of the cost of inventory is determined on the weighted average basis.
30	**Public-Private Partnerships**

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	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

	2017/18			2016/17	
Programmes	Final Appropriation R'000	Actual Funds Received R'000	Funds not requested/ not received R'000	Final Appropriation R'000	Appropriation Received R'000
Pr1 Health Administration	598,951	598,951	-	713,452	713,452
Pr2 District Health Services	11,360,999	11,360,999	-	10,433,717	10,433,717
Pr3 Emergency Medical Services	1,280,033	1,280,033	-	1,095,488	1,095,488
Pr4 Provincial Hospital Services	3,489,796	3,489,796	-	3,250,469	3,250,469
Pr5 Central Hospital Services	3,478,995	3,478,995	-	2,926,360	2,926,360
Pr6 Health Science & Training	745,315	745,315	-	755,756	755,756
Pr7 Health Care & Support Services	100,381	100,381	-	102,512	102,512
Pr8 Health Facilities Management	1,280,133	1,280,133	-	1,368,613	1,368,613
Total	**22,334,603**	**22,334,603**	**-**	**20,646,367**	**20,646,367**

Funds are requested in order to pay for the planned activities of the department.
The Notes to the Appropriation Statement give variance explanations per programme and the recourse to be taken. Roll overs for the unrequested funds have been applied for from Provincial Treasury.

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			2017/18 R'000	2016/17 R'000
1.2	**Conditional grants**			
	Total grants received	*37*	3,834,687	3,462,368
2	**Statutory Appropriation**			
	Member of executive committee		1,978	1,902
	Total		**1,978**	**1,902**
	Actual Statutory Appropriation received		**1,978**	**1,902**
3	**Departmental Revenue**			
	Sales of goods and services other than capital assets	*3.1*	191,996	194,161
	Interest, dividends and rent on land	*3.2*	398	304
	Sales of capital assets	*3.3*	397	-
	Transactions in financial assets and liabilities	*3.4*	20,585	4,715
	Total revenue collected		**213,376**	**199,180**
	Less: Own revenue included in appropriation	*15*	213,376	199,180
	Departmental revenue collected		**-**	**-**

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			2017/18 R'000	2016/17 R'000
3.1	**Sales of goods and services other than capital assets**	*3*		
	Sales of goods and services produced by the department		**191,832**	**193,951**
	Sales by market establishment		19,714	22,394
	Administrative fees		3,179	3,253
	Other sales		168,939	168,304
	Sales of scrap, waste and other used current goods		164	210
	Total		**191,996**	**194,161**
3.2	**Interest, dividends and rent on land**	*3*		
	Interest		398	300
	Rent on land		-	4
	Total		**398**	**304**
3.3	**Sales of capital assets**	*3*		
	Tangible assets			
	Machinery and equipment		397	-
			397	**-**
3.4	**Transactions in financial assets and liabilities**	*3*		
	Receivables		2,985	2,506
	Stale cheques written back		18	64
	Other Receipts including Recoverable Revenue		17,582	2,145
	Total		**20,585**	**4,715**

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		Note	2017/18 R'000	2016/17 R'000
4	**Aid Assistance**			
	Opening Balance		4,604	2,770
	Transferred from statement of financial performance		(1,233)	1,834
	Transferred to/from retained funds		-	-
	Paid during the year		(154)	-
	Closing Balance		**3,217**	**4,604**
4.1	**Analysis of balance by source**			
	Aid assistance from RDP		-	-
	Aid assistance from other sources		3,217	4,604
	Closing Balance		**3,217**	**4,604**
4.2	**Analysis of balance**			
	Aid assistance unutilised		3,217	4,604
	Aid assistance repayable		-	-
	Closing Balance		**3,217**	**4,604**
4.3	**Aid assistance expenditure per economic classification**			
	Current		1,733	111
	Capital		-	-
	Transfers and subsidies		-	-
	Total aid assistance expenditure		**1,733**	**111**

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	Note	2017/18 R'000	2016/17 R'000
5 Compensation of Employees			
5.1 Salaries and wages			
Performance award		4,690	5,092
Service Based		14,115	16,811
Compensative/circumstantial		1,912,594	1,545,079
Periodic payments		12,301	16,065
Other non-pensionable allowances		1,610,945	1,567,401
Total		**12,823,216**	**11,828,155**
5.2 Social Contributions			
Employer contributions			
Pension		1,140,352	1,068,042
Medical		592,429	555,032
UIF		18	96
Bargaining council		2,931	3,026
Total		**1,735,730**	**1,626,196**
Total compensation of employees		**14,558,946**	**13,454,351**
Average number of employees		50,122	48,150

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	Note	2017/18 R'000	2016/17 R'000
6 Goods and services			
Administrative fees		2,403	3,094
Advertising		2,507	1,315
Minor assets	*6.1*	23,752	18,843
Bursaries (employees)		13,360	14,234
Catering		1,748	1,449
Communication		85,763	114,821
Computer services	*6.2*	65,058	61,306
Consultants: Business and advisory services		82,084	78,205
Laboratory services		634,132	504,704
Legal services		44,452	130,713
Contractors		149,367	55,572
Agency and support / outsourced services		237,502	501,667
Entertainment		-	22
Audit cost – external	*6.3*	22,739	18,348
Fleet services		189,932	261,155
Inventory	*6.4*	2,977,371	2,315,663
Consumables	*6.5*	135,949	167,895
Operating leases		89,037	110,737
Property payments	*6.6*	843,789	675,334
Rental and hiring		276	5,519
Transport provided as part of the departmental activities		943	804
Travel and subsistence	*6.7*	108,155	100,454
Venues and facilities		406	404
Training and development		12,378	7,952
Other operating expenditure	*6.8*	60,939	55,956
Total		**5,784,042**	**5,206,166**

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			2017/18 R'000	2016/17 R'000
6.1	**Minor assets**	6		
	Tangible assets		**23,752**	**18,843**
	Machinery and equipment	33	23,752	18,843
	Intangible assets		**-**	**-**
	Patents, licences, copyright, brand names, trademarks		-	-
	Total		**23,752**	**18,843**
6.2	**Computer services**	6		
	SITA computer services		21,386	25,936
	External computer service providers		43,672	35,370
	Total		**65,058**	**61,306**
6.3	**Audit cost – external**	6		
	Regularity audits		22,739	18,348
	Total		**22,739**	**18,348**
6.4	**Inventory**	6		
	Clothing material and accessories		14,912	105
	Food and food supplies		130,723	120,188
	Fuel, oil and gas		54,622	75,212
	Learning and teaching support material		-	-
	Materials and supplies		89,020	9,120
	Medical supplies		680,549	714,610
	Medicine		2,007,545	1,396,428
	Total		**2,977,371**	**2,315,663**

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		Note	2017/18 R'000	2016/17 R'000
6.5	**Consumables**	6		
	Consumable supplies		98,154	135,296
	Uniform and clothing		58,951	59,484
	Household supplies		30,920	66,695
	Building material and supplies		-	1,513
	Communication accessories		1	-
	IT consumables		6,915	5,859
	Other consumables		1,367	1,745
	Stationery, printing and office supplies		37,795	32,599
	Total		**135,949**	**167,895**
6.6	**Property payments**	6		
	Municipal services		267,622	266,758
	Property maintenance and repairs		202,397	355,647
	Other		373,770	52,929
	Total		**843,789**	**675,334**
6.7	**Travel and subsistence**	6		
			108,155	100,454
	Local		107,942	100,039
	Foreign		213	415
	Total		**108,155**	**100,454**
6.8	**Other operating expenditure**	6		
	Professional bodies, membership and subscription fees		215	884
	Resettlement costs		2,530	4,681
	Other		58,194	50,391
	Total		**60,939**	**55,956**

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		Note	2017/18 R'000	2016/17 R'000
7	**Interest and Rent on Land**			
	Interest paid		4,086	9,423
	Total		**4,086**	**9,423**
8	**Transfers and Subsidies**			
	Provinces and municipalities	*38*	313	8,451
	Departmental agencies and accounts	*ANNEXURE 1B*	18,291	18,876
	Higher education institutions		-	-
	Households	*ANNEXURE 1G*	670,742	531,313
	Total		**689,346**	**558,640**
9	**Expenditure for capital assets**			
9.1	**Tangible assets**		**1,236,259**	**1,277,599**
	Buildings and other fixed structures	*35*	637,152	654,894
	Machinery and equipment	32	599,107	622,705
	Intangible assets		**-**	**-**
	Software	34	-	-
	Total		**1,236,259**	**1,277,599**

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9.2 Analysis of funds utilised to acquire capital assets - 2017/18

	Voted Funds	Aid assistance	TOTAL
	R'000	R'000	R'000
Tangible assets	**1,236,259**	**-**	**1,236,259**
Buildings and other fixed structures	637,152	-	637,152
Machinery and equipment	599,107	-	599,107
Intangible assets	**-**	**-**	**-**
Software			-
Total	**1,236,259**	**-**	**1,236,259**

9.3 Analysis of funds utilised to acquire capital assets - 2016/17

	Voted Funds	Aid assistance	TOTAL
	R'000	R'000	R'000
Tangible assets	**1,277,599**	**-**	**1,277,599**
Buildings and other fixed structures	654,894	-	654,894
Machinery and equipment	622,705	-	622,705
Intangible assets	**-**	**-**	**-**
Software			-
Total	**1,277,599**	**-**	**1,277,599**

9.4 Finance lease expenditure included in Expenditure for capital assets

	2017/18	2016/17
	R'000	R'000
Tangible assets	**241,463**	**207,102**
Machinery and equipment	241,463	207,102
Total	**241,463**	**207,102**

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS
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	Note	2017/18 R'000	2016/17 R'000
10 Unauthorised Expenditure			
10.1 Reconciliation of unauthorised expenditure		1,046	91,449
Unauthorised expenditure - discovered in the current year		-	-
Less: Amounts approved by Parliament/Legislature with funding		-	(90,403)
Less: Amounts approved by Parliament/Legislature without funding and written off in the Statement of Financial Performance		**(1,046)**	**-**
Current		(1,046)	-
Unauthorised expenditure awaiting authorisation / written off		**-**	**1,046**
10.2 Analysis of unauthorised expenditure awaiting authorisation per economic classification			
Current		-	1,046
Total		**-**	**1,046**
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		-	1,046
Total		**-**	**1,046**

	2017/18	2016/17

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2018

		Note	R'000	R'000
11	**Cash and Cash Equivalents**			
	Consolidated Paymaster General Account		38,890	134,554
	Cash receipts		8	-
	Disbursements			
	Total		**38,898**	**134,554**
12	**Prepayments and Advances**			
	Staff advances		-	-
	Travel and subsistence		-	-
	Advances paid (Not expensed)	*12.1*	2,250	2,250
			2,250	**2,250**

		Note	Balance as at 1 April 2017	Less: Amount expensed in current year	Add: Current Year advances	Balance as at 31 March 2018
12.1	**Advances paid (Not expensed)**	**12**	**R'000**	**R'000**	**R'000**	**R'000**
	National departments	*Annex8A*	2,250	-	-	2,250
			2,250	**-**	**-**	**2,250**

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS
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		Note	2017/18 Current	2017/18 Non-current	2017/18 Total	2016/17 Current	2016/17 Non-current	2016/17 Total
			R'000	R'000	R'000	R'000	R'000	R'000
13	**Receivables**							
	Claims recoverable	13.1/Ann 4	13,612	-	13,612	650	-	650
	Trade receivables	13.2	1,431	-	1,43	1,132	-	1,132
	Recoverable expenditure	13.3	1,997	-	1,997	2,181	-	2,181
	Staff debt	13.4	13,283	3,399	16,682	5,069	3,900	8,969
	Fruitless and wasteful expenditure	13.5	144	-	144	586	-	586
	Other debtors	13.6	125,627	-	125,627	100,892	-	100,892
	Total		**156,094**	**3,399**	**159,493**	**110,510**	**3,900**	**114,410**

The split between current and non-current receivables for 2016/17 was restated in the current year to adhere to the Modified Cash Standard relating to Financial Statement Presentation. Refer to note 31.1 for further details.

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
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		Note	2017/18 R'000	2016/17 R'000
13.1	**Claims recoverable**	13		
	National departments		12,472	1
	Provincial departments		1,140	649
	Total		**13,612**	**650**
13.2	**Trade receivables**	13		
	Suppliers		1,431	1,132
	Total		**1,431**	**1,132**
13.3	**Recoverable expenditure *(disallowance accounts)***	13		
	Dishonoured Cheques		466	12
	Salary rebates		1,531	2,169
	Total		**1,997**	**2,181**

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			2017/18 R'000	2016/17 R'000
13.4	**Staff debt**	13		
	Salary Debt		16,682	8,969
	Total		**16,682**	**8,969**
13.5	**Fruitless and wasteful expenditure**	13		
	Opening balance		586	-
	Less amounts recovered		(781)	(6)
	Less amounts written off		-	-
	Transfers from note 32 Fruitless and Wasteful expenditure		339	587
	Interest		-	5
	Total		**144**	**586**
13.6	**Other debtors**	*13*		
	Medsas debtors		54	517
	Ex-Employees		118,835	94,393
	Breach of contract - Bursary holders		6,494	5,982
	Tax debt		244	-
	Total		**125,627**	**100,892**
13.7	**Impairment of receivables**			
	Estimate of impairment of receivables		107,218	50,502
	Total		**107,218**	**50,502**

It is the departments policy to impair all receivables, other than debts held by current employees, that are older than 1 year.

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		Note	2017/18 R'000	2016/17 R'000
14	**Voted Funds to be Surrendered to the Revenue Fund**			
	Opening balance		142,092	79,755
	Transfer from statement of financial performance		62,856	142,090
	Add: Unauthorised expenditure for current year		-	-
	Voted funds not requested/not received	*1.1*	-	-
	Paid during the year		(142,092)	(79,753)
	Closing balance		**62,856**	**142,092**
15	**Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund**			
	Opening balance		19,635	25,475
	Transfer from Statement of Financial Performance		-	-
	Own revenue included in appropriation	*3*	213,376	199,180
	Paid during the year		(213,194)	(205,020)
	Closing balance		**19,817**	**19,635**
16	**Payables - current**			
	Amounts owing to other entities	*Annex 5*	-	-
	Advances received	*16.1*	16,873	15,557
	Clearing accounts	*16.2*	2,096	632
	Total		**18,969**	**16,189**

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		Note	2017/18 R'000	2016/17 R'000
16.1	**Advances received**	*16*		
	Public entities	Annex 8B	16,873	15,557
	Total		**16,873**	**15,557**
16.2	**Clearing accounts**	*16*		
	Salary finance and other institutions		1,166	140
	Pension recoverable		930	492
	Total		**2,096**	**632**
17	**Net cash flow available from operating activities**			
	Net surplus/(deficit) as per Statement of Financial Performance		61,623	143,924
	Add back non cash/cash movements not deemed operating activities		1,052,541	1,268,749
	(Increase)/decrease in receivables – current		(45,083)	(27,071)
	(Increase)/decrease in prepayments and advances		-	(2,250)
	(Increase)/decrease in other current assets		1,046	90,403
	Increase/(decrease) in payables – current		2,780	15,661
	Proceeds from sale of capital assets		-	-
	(Increase)/decrease in other financial assets		-	-
	Expenditure on capital assets		1,236,259	1,277,599
	Surrenders to Revenue Fund		(355,286)	(284,773)
	Surrenders to RDP Fund/Donor		(154)	-
	Voted funds not requested/not received		-	-
	Own revenue included in appropriation		212,979	199,180
	Other non-cash items		-	-
	Net cash flow generated by operating activities		**1,114,164**	**1,412,673**
18	**Reconciliation of cash and cash equivalents for cash flow purposes**			
	Consolidated Paymaster General account		38,890	134,554
	Cash receipts		8	-
	Total		**38,898**	**134,554**

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19 Contingent liabilities and contingent assets

19.1 Contingent liabilities

Liable to	Nature	Note	2017/18 R'000	2016/17 R'000
Housing loan guarantees	Employees	*Annex 3A*	2,931	3,040
Claims against the department		*Annex 3B*	24,193,619	16,658,078
Other interdepartmental payables		*Annex 5*	460	296
Other		*Annex 3B*	129,581	89,677
Total			**24,326,591**	**16,751,091**

19.2 Contingent assets

Nature of contingent asset				
OSD			887	887
Total			**887**	**887**

Claims against the department

Claims against the department mainly consist of Medico legal claims. These claims are at various stages within the legal process. The possible final value of the claims is dependent on many uncertain variables that are not in 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

Notwithstanding the quantum of the contingent liability balance disclosed above the department has prepared its financial statements on the going concern basis.

The health sector is a specialised and highly regularised industry due to the nature of services that are provided to the public. The Department has been paying high settlements and legal fees as a consequent of medico legal claims brought against it.

The Department has developed its medico legal strategy implementation plan (MLSIP), which is a short term, medium and long term action plan to reduce the financial impact of the contingent liabilities of the department and improve the quality of care of patients. It comprises the following interventions, packages to prevent Cerebral Palsy, electronic patient records management systems, promotion of early intervention, targeted district hospital to provide full packages of services, capacity for medical legal defence, rationalization of contingent liability records, amendments to the legislative frameworks, anti-fraud and corruption activities and reporting.

Theses interventions are expected to reduce the number of payments made and the number of medical negligence case brought against the department.

HROPT

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Relating to HROPT, during the current year, affected employees have had R100 per month deducted from their salaries and this amounted to R0,489 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 (R328,284 million). If all affected staff pay their R100 until they retire, the department will recover R8,5 million. If affected staff die, none of the outstanding balances receivable by the department. Due to the uncertainty relating to the combination of the above scenarios, the value of the contingent asset relating to HROPT payments is between nil and R328,284 million. The present value of the R8,5 million has been included in Staff debt per note 13 above.

Walter Sisulu University

The department utilises various institutions, government entities, Universities and CBOs as vehicles to deliver services to the communities of the province. The nature of services to be rendered and relationship with these organisations is governed by Service Level Agreements.

The Department observed non-compliance by WSU to the requirements of their SLAs, in particular financial reporting, resulting in increased pressure on the ECDoH to enforce Sections 38(i) J&K of the Public Finance Management Act in keeping with the responsibilities and expectations of the Accounting Officer, the National Department of Health and Auditor General.

At all material times, the funding provided by the Department of Health was ring fenced and governed by legislation including the Division of Revenue Act, Public Finance Management Act and Treasury Regulations.

It has now become apparent from draft financials recently submitted to the Department, that the University has loaned to itself a substantial amount of money from the Health Professions Training and Development Grant (HPTDG) Health Professional Training and Development Fund in order to meet several of its other operating expenses.

In acting as aforesaid and utilising the funding contrary of the provisions of the agreement between the parties, the Walter Sisulu University has breached a material term of the contract between the parties.

In the circumstances, the Department of Health has demanded that the University repay the amount.

		Note	2017/18 R'000	2016/17 R'000
20	**Commitments**			
	Current expenditure		**1,084,193**	**721,894**
	Approved and contracted		1,084,193	721,894
	Approved but not yet contracted		-	-
	Capital Expenditure		**2,161,154**	**1,659,118**
	Approved and contracted		2,041,438	1,659,118
	Approved but not yet contracted		119,716	-
	Total Commitments		**3,245,347**	**2,381,012**

Commitments at 31 March 2018 that exceed one year amount to R 1,856 972 billion.

				2017/18 R'000	2016/17 R'000
21	**Accruals and payables not recognised**				
21.1	**Accruals**				
	Listed by economic classification	**30 days**	**30+ days**	**Total**	**Total**

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Goods and services	357,988	-	**357,988**	187,888
Transfers and subsidies	123,365	-	**123,365**	5,617
Capital assets	51,182	-	**51,182**	12,614
Total	**532,535**	**-**	**532,535**	**206,119**

Listed by programme level	**R'000**	**R'000**
Pr1 Health Administration	56,765	28,348
Pr2 District Health Services	173,480	40,727
Pr3 Emergency Medical Services	17,674	16,115
Pr4 Provincial Hospital Services	136,071	61,379
Pr5 Central Hospital Services	22,106	4,936
Pr6 Health Science and Training	44,301	928
Pr7 Health Care and Support Services	16	36
Pr8 Health Facilities Development and Maintenance	82,122	53,650
Total	**532,535**	**206,119**

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				2017/18 R'000	2016/17 R'000
21.2	**Payables not recognised**				
	Listed by economic classification	**30 days**	**30+ days**	**Total**	**Total**
	Goods and services	472,590	1,197,772	1,670,362	1,526,134
	Transfers and subsidies	14,121	88,722	102,843	175,172
	Capital assets	10,981	8,205	19,186	6,678
	Total	**497,692**	**1,294,699**	**1,792,391**	**1,707,984**
	Listed by programme level			**R'000**	**R'000**
	Pr1 Health Administration			332,256	202,240
	Pr2 District Health Services			443,795	439,814
	Pr3 Emergency Medical Services			22,801	56,234
	Pr4 Provincial Hospital Services			326,584	241,265
	Pr5 Central Hospital Services			75,165	71,605
	Pr6 Health Science and Training			14,596	23,340
	Pr7 Health Care and Support Services			496,489	653,832
	Pr8 Health Facilities Development and Maintenance			80,705	19,654
	Total			**1,792,391**	**1,707,984**
	Confirmed balances with departments		*Annex 5*	338,969	188,238
	Total			**338,969**	**188,238**
22	**Employee benefits**				
	Leave entitlement			547,189	514,898
	Service bonus (Thirteenth cheque)			375,528	347,319
	Performance awards			-	-
	Capped leave commitments			572,897	623,916
	Other			178,352	176,861
	Total			**1,673,966**	**1,662,994**

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 2018 which will be recovered from future monthly leave credits earned. The value of this leave is R16,1 million (2017: R13,9 million).

Included under Other are HR accruals. Only claims validated as at 31 March 2018 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 awa

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23 Lease commitments

23.1 Operating leases expenditure

2017/18

	Buildings and other fixed structures	Machinery, equipment, and motor vehicles	Total
	R'000	R'000	R'000
Not later than 1 year	-	-	-
Later than 1 year and not later than 5 years	-	-	-
Later than five years	-	-	-
Total lease commitments	**-**	**-**	**-**

2016/17

	Buildings and other fixed structures	Machinery, equipment, and motor vehicles	Total
	R'000	R'000	R'000
Not later than 1 year	13,771	-	13,771
Later than 1 year and not later than 5 years	-	-	-
Later than five years	-	-	-
Total lease commitments	**13,771**	**-**	**13,771**

23.2 Finance leases expenditure

2017/18

	Motor Vehicles	Machinery and equipment	Total
	R'000	R'000	R'000
Not later than 1 year	128,134	17,622	145,756
Later than 1 year and not later than 5 years	94,080	7,049	101,129
Later than five years		-	-
Total lease commitments	**222,214**	**24,671**	**246,885**

2016/17

	Motor Vehicles	Machinery and equipment	Total
	R'000	R'000	R'000
Not later than 1 year	116,156	5,443	121,599
Later than 1 year and not later than 5 years	100,671	2,333	103,004
Later than five years	-	-	-
Total lease commitments	**216,827**	**7,776**	**224,603**
LESS: finance costs	-	-	-
Total present value of lease liabilities	**216,827**	**7,776**	**224,603**

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The department entered into an agreement with Government Fleet Management Services, a trading entity, of the Department of Transport for the provision of Fleet Services to the Department. The agreement commenced on 1 March 2012 and shall continue for an indefinite period. The Department may cancel the agreement at any time by giving GFMS 3 months notice and returning the vehicles to GFMS".

In terms of Clause 4.1 of the agreement, ownership of the vehicles will remain vested in GFMS and will not be transferred to the departments at the end of the lease term."

During the year under review, the Department had the free use of buildings from the Department of Roads and Public Works.

	Note	2017/18 R'000	2016/17 R'000
24 Receivables for departmental revenue			
Sales of goods and services other than capital assets		202,303	205,771
Total		**202,303**	**205,771**
24.1 Analysis of receivables for departmental revenue			
Opening balance		205,771	195,329
Less: Amounts received		(157,078)	(153,346)
Add: Amounts recognised		202,248	200,790
Less: Amounts written-off/reversed as irrecoverable		(48,638)	(37,002)
Closing balance		**202,303**	**205,771**
24.2 Receivables for department revenue written off			
Nature of losses			
Patient debt		48,638	37,002
Total		**48,638**	**37,002**
24.3 Impairment of accrued departmental revenue			
Estimate of impairment of accrued departmental revenue		153,620	161,714
Total		**153,620**	**161,714**

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	Note	2017/18	2016/17
		R'000	R'000
25 Irregular expenditure			
25.1 Reconciliation of irregular expenditure			
Opening balance		35,233	180,680
Prior period error	*25.4*	-	(29,064)
As restated		35,233	151,616
Add: Irregular expenditure - relating to prior year	*25.2*	11,081	48
Add: Irregular expenditure - relating to current year	*25.2*	255,546	26,861
Less: Prior year amounts condoned	*25.3*	(18,791)	(143,263)
Less: Current year amounts condoned	*25.3*	(56)	(29)
Irregular expenditure awaiting condonation		**283,013**	**35,233**
Analysis of awaiting condonation per age classification			
Current year		255,490	26,832
Prior years		27,523	8,401
Total		**283,013**	**35,233**

25.2 Details of irregular expenditure identified current year

Incident	Disciplinary steps taken/criminal proceedings	2017/18 R'000
Non-compliance with SCM procedures - various	Under investigation for disciplinary action or recovery	187,331
Non-compliance - PFMA, S43	Under investigation for disciplinary action or recovery	79,296
		266,627

25.3 Details of irregular expenditure condoned

Incident	Condoned by (condoning authority)	
Non-compliance SCM-Various	DOH BAC	18,847
		18,847

25.4 Irregular expenditure - prior year error

Relating to prior to 2016/17 (affecting the opening balance)	**(29,064)**

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Invalid irregular expenditure relating to the opening balance	(29,064)
Relating to 2016/17	-
Irregular expenditure - relating to current year	-
	(29,064)

During the current year the department found invalid irregular expenditure previously incorrectly included in the opening balance of 2016/17. The total invalid irregular expenditure found was R 29,064 million. The prior year opening balance is reduced by this amount to include only confirmed valid irregular expenditure items. Refer to note 31.2 for further details.

		Note	2017/18 R'000	2016/17 R'000
26	**Fruitless and wasteful expenditure**			
26.1	**Reconciliation of fruitless and wasteful expenditure**			
	Opening balance		11,400	34,292
	Prior period error		-	-
	As restated		11,400	34,292
	Fruitless and wasteful expenditure – relating to prior year		250	274
	Fruitless and wasteful expenditure – relating to current year	*26.3*	998	6,855
	Less: Amounts resolved		(8,690)	(29,434)
	Less: Amounts transferred to receivables for recovery	*13.5*	(339)	(587)
	Fruitless and wasteful expenditure awaiting condonement		**3,619**	**11,400**
26.2	**Analysis of awaiting condonement per economic classification**			
	Current		3,471	3,613
	Capital		148	7,787
	Total		**3,619**	**11,400**

26.3 Analysis of Current Year's Fruitless and wasteful expenditure

Incident	Disciplinary steps taken/criminal proceedings	2017/18 R'000

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Damages	Disciplinary stages		549
Interest	Disciplinary stages		387
Penalties	Disciplinary stages		-
Other	Disciplinary stages		62
		Total	**998**

26.4 Details of fruitless and wasteful expenditure under investigation (not in the main note)

Incident	
Damages cases where personal liability due to lack of reasonable care has not been established yet by state attorney	1,127,019

27 Related parties

27.1 Related parties of the Department of Health Eastern Cape:

Departments: Office of the Premier, Provincial Legislature, Department of Health, Department of Social Development and Special Programmes, Department of Roads and Public Works, Department of Education, Department of Local Government and Traditional Affairs, Department of Rural Development and Agrarian Reform, Department of Economic Development, Environmental Affairs and Tourism, Department of Transport, Department of Human Settlements, Provincial Planning and Treasury, Department of Sport, Recreation, Arts and Culture and the Department of Safety and Liaison.

Provincial Public Entities: Eastern Cape Arts Council, Eastern Cape Gambling and Betting Board, Eastern Cape Liquor Board, Eastern Cape Parks and Tourism Agency, Eastern Cape Rural Development Agency and the Eastern Cape Socio-Economic Consultative Council.

Provincial Government Business Enterprises: East London Industrial Development Zone Corporation, Eastern Cape Development Corporation, and Mayibuye Transport Corporation.

27.2 Related party transactions

During the year under review, the Department had free use of buildings from the Department of Roads and Public Works.

28 Key management personnel

	No. of Individuals	2017/18 R'000	2016/17 R'000
Political office bearer	1	1,978	1,902
Officials:			
Level 15 to 16	9	13,269	12,901

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Level 14		18	17,374	18,025
Total			**32,621**	**32,828**

29 Public Private Partnerships

Contract fee paid		**76,874**	**66,641**
	Fixed component	69,126	60,265
	Indexed component	7,748	6,376

Humansdorp Hospital Co-Location PPP

Contract Fee Paid:

		2017/18 R'000	2016/17 R'000
Fixed Component:			
Waste Management		282	243
Building Costs			
Estate Maintenance and Engineering		1 140	983
Cleaning		1 613	1 391
Gardens		402	347
Laundry		532	459
Security		618	533
Personnel services (Reception Services)		560	483
Personnel services (She coordinator)		187	161
Less: Offset Services		(787)	(678)
	Subtotal	**4 547**	**3 921**

Indexed Component			
Current Expenditure		**2 270**	**2 056**
Goods and Services			
Catering Services		1 400	1 235
Interest		-	4

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	2017/18 R'000	2016/17 R'000
Other Costs	870	817
Control Total	**6 817**	**5 977**

The Eastern Cape Department of Health recognised the potential for the establishment of a private facility in partnership with the existing Humansdorp district hospital, as well as the need to optimally use the available resources at the hospital and allow the development and expansion of the hospital by the private sector.

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

Terms of the agreement / Obligations to acquire or build items of property, plant and equipment / other rights and obligations (e.g. major overhauls)
The Project embarked on by the Concessionaire through the conclusion of the agreement, involved the granting of Concession Rights by the Provincial Government to the Concessionaire against the payment of variable concession fees and the construction of a thirty bed private facility, 3 bed high care bed unit, the enlarging of the current Humansdorp hospital entrance and administration area for use by both Parties as well as enlarging of the casualty and outpatient ward including two consulting rooms and a dentist room, the building and/or upgrading of two new operating theatres, a new CSSD, a new radiology unit, a new laboratory and the refurbishment and upgrade of the existing Humansdorp hospital

The Concessionaire further provides maintenance and facility management services to the Humansdorp hospital in return for the payment of service payments to the Concessionaire by the Provincial Government.

Nature and extent of rights to use specified assets
As described above.

Obligations to provide or rights to expect provision of services
The Provincial Government has granted to the Concessionaire, the exclusive right during the Concession Period to use and operate the project facilities, carry out operations to combine the different strengths of both government and private sector for the more efficient utilization of government resources, add on existing resources through private sector investment, improve maintenance of existing resources through the creation of income generating activities for the benefit of both the Concessionaire and the Department and further as provided for in terms of the Agreement:

Included is the construction and installation of additional project facilities (including the installation of furniture, equipment, fixtures and fittings, as the case may be) strictly in accordance with the design documents and construction requirements.

Obligation to deliver or rights to receive specified assets at the end of the concession period
The Concessionaire has, and will have, no title, ownership, limited ownership, lien, or leasehold rights or any other rights of title with regard to the existing project facilities which vest and shall remain to vest in the Provincial Government, for the duration of the agreement, as well as after expiry or earlier termination thereof.
The Department will become owner of all movable additional project facilities with effect from expiry or earlier termination of this agreement and the Department shall become owner of all immovable additional project facilities and additional project facilities which are in any way affixed to the concession area or improvements thereon (such as fixtures, fittings and equipment) as soon as the same are affixed, but excluding such equipment and furniture which are listed and excluded from additional project facilities as defined.

Renewal and termination options
The agreement will automatically be terminated on expiry of the twenty – one year concession period, unless terminated earlier in accordance with the provisions of the agreement.

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

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Contract Fee Paid:

	2017/18 R'000	2016/17 R'000
Contract Fee paid		
Unitary fee	64 580	56 344
Current expenditure		
Goods and services	5 478	4 320
CSSD Consumables -Port Alfred	57	15
Overtime	5	-
Utilities Port Alfred	54	-
Utilities Settlers	89	-
Non-liquid gasses - Settlers	328	329
Non-liquid Gasses - Port Alfred	146	113
Photostat copies - Port Alfred	58	45
Photostat copies - Settlers	100	185
Radiology Service - Port Alfred	1 127	715
Radiology Service - Settlers	1 127	790
Telephone Recovery - Port Alfred	142	147
Water & Electricity - Port Alfred	932	730
Water & Electricity - Settlers	1 313	1 249
TOTAL	**70 057**	**60 664**

Description of the arrangement

The concession agreement (15year contract to May 2022) was signed on the 7 May 2007 and incorporates the Port Alfred and Settlers District Hospitals.

It incorporates the financing, design, upgrade and refurbishment of the facilities and provision of operational and associated services including hard and soft facilities management and life-cycle maintenance, refreshment and replacement of selected equipment (including medical equipment, medical instrumentation and durables), IM&T and furniture at the above-named hospitals together with the co-location of private hospital facilities to be operated by the Private Party, all in terms of a Public Private Partnership, as regulated by the Treasury Regulations to the Public Finance Management Act, No 1 of 1999, as amended.

Terms of the agreement / Obligations to acquire or build items of property, plant and equipment / other rights and obligations (e.g. major overhauls)

The Project embarked on by the Concessionaire through the conclusion of this Agreement, involved the granting of Concession Rights by the Provincial Government to the Concessionaire against the payment of variable concession fees and 30 private beds, private pharmacy, private administration, two Private consulting rooms, 60 public beds, public outpatients facility, public pharmacy. public administration, shared facilities for labour ward, maternity ward, radiology, casualty, theatres, CSSD, kitchen & staff facilities,

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mortuary, stores, linen areas and plant and workshop areas, the refurbishment and upgrading of existing facilities at the Port Alfred and Settlers Hospitals.

Nature and extent of rights to use specified assets
As described above.

Obligations to provide or rights to expect provision of services
The Provincial Government has granted to the Concessionaire, the exclusive right during the Concession Period to use and operate the project facilities, carry out operations to combine the different strengths of both government and private sector for the more efficient utilization of government resources, add on existing resources through private sector investment; and improve maintenance of existing resources through the creation of income generating activities for the benefit of both the Concessionaire and the Department.

Furthermore as provided for in terms of the agreement, to construct and install the additional project facilities (including the installation of furniture, equipment, fixtures and fittings, as the case may be) strictly in accordance with the design documents and construction requirements; generate, charge and collect revenues from the operation and management of the project facilities during the concession period, use the concession area and project facilities for the purposes of the project, whether exclusively or jointly with the Provincial Government; and provide the Services to the Provincial Government against payment of Service Payments in accordance with the Payment Mechanism by the Provincial Government.

Obligation to deliver or rights to receive specified assets at the end of the concession period
The rights of use of the project site and facilities afforded to the private party do not confer or be deemed to confer upon the private party a right of ownership, mortgage, pledge, lien, a lease, a licence or any other security interest or right of limited ownership in the project site or any of the facilities other than rights of way for purposes of performing the project deliverables. Title to the project site and facilities, including all improvements thereto, shall at all times vest in the institution without encumbrance.

The private party will upon expiry or early termination of this agreement, subject to the provisions of the agreement, hand over the facilities (including the private facilities) to the institution free of any encumbrance or of any liabilities or debt, and shall not, save as provided for in the agreement, be entitled to payment of any amounts in connection therewith.

	2017/18 R'000	2016/17 R'000
30 Agent-principal arrangements		
30.1 Department acting as the principal		
Fees paid to Coega development corporation	1,992	51,487
	1,992	**51,487**

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.

		2016/17		
31 Prior period errors				
	Note	**Amount bef error correction R'000**	**Prior period error R'000**	**Restated amount R'000**
31.1 Correction of prior period error				

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Receivables				
Current Receivables	13	57,367	53,143	110,510
Non-Current Receivables	13	57,043	(53,143)	3,900
Net effect		**114,410**	**-**	**114,410**

Reclassification of non-current receivables to current receivables based on expected recoverability and not age as previously classified

31.2 Correction of prior period error

Irregular expenditure				
Opening balance reduced due to Invalid Irregular expenditure	25	180,680	(29,064)	151,616
Net effect		**180,680**	**(29,064)**	**151,616**

Through further investigations it was found that previously recorded irregular expenditure was not irregular. Irregular expenditure had to be reduced accordingly

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32 Movable Tangible Capital Assets

MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Opening balance	Value adjustments	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	2,098,460	-	372,536	4,430	2,466,566
Transport assets	109,062	-	-	1,005	108,057
Computer equipment	112,611	-	46,975	483	159,103
Furniture and office equipment	93,043	-	11,750	426	104,367
Other machinery and equipment	1,783,744	-	313,811	2,516	2,095,039
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	**2,098,460**	**-**	**372,536**	**4,430**	**2,466,566**

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	2,723	30,778

Reasons for Assets under investigation are due to the fact that assets purchased 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.

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32.1 ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Cash	Non-cash	(Capital work-in-progress current costs and finance lease payments)	Received current, not paid (Paid current year, received prior year	Total
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	581,394	32,605	(241,463)	-	372,536
Transport assets	241,463	-	(241,463)	-	-
Computer equipment	16,399	30,576	-	-	46,975
Furniture and office equipment	9,721	2,029	-	-	11,750
Other machinery and equipment	313,811	-	-	-	313,811
TOTAL	**581,394**	**32,605**	**(241,463)**	**-**	**372,536**

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32.2 DISPOSALS OF MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Sold for cash	Transfer out or destroyed or scrapped	Total disposals	Cash received Actual
	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	4,430	-	4,430	397
Transport assets	1,005	-	1,005	397
Computer equipment	483	-	483	-
Furniture and office equipment	426	-	426	-
Other machinery and equipment	2,516	-	2,516	-
TOTAL	**4,430**	**-**	**4,430**	**397**

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32.3 MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2017

	Opening balance	Prior period error	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	**1,700,361**	**-**	**415,760**	**17,661**	**2,098,460**
Transport assets	108,349	-	713	-	109,062
Computer equipment	91,788	-	21,041	218	112,611
Furniture and office equipment	89,230	-	3,869	56	93,043
Other machinery and equipment	1,410,994	-	390,137	17,387	1,783,744
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	**1,700,361**	**-**	**415,760**	**17,661**	**2,098,460**

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33.1 MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Machinery and equipment	Total
	R'000	R'000
Opening balance	522,093	522,093
Additions	23,540	23,540
Disposals	1,668	1,668
TOTAL MINOR ASSETS	**543,965**	**543,965**

	Machinery and equipment	Total
Number of R1 minor assets	14,401	14,401
Number of minor assets at cost	445,711	445,711
TOTAL NUMBER OF MINOR ASSETS	**460,112**	**460,112**

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	542	839

Reasons for Assets under investigation are due to the fact that assets purchased 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.

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33.2 Minor assets

MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2017

	Machinery and equipment	Total
	R'000	R'000
Opening balance	510,292	510,292
Prior period error	-	-
Additions	13,739	13,739
Disposals	1,938	1,938
TOTAL MINOR ASSETS	**522,093**	**522,093**

	Machinery and equipment	Total
Number of R1 minor assets	14,401	14,401
Number of minor assets at cost	438,006	438,006
TOTAL NUMBER OF MINOR ASSETS	**452,407**	**452,407**

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34 MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Opening balance	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000
Computer Software	1,549	-	-	1,549
TOTAL INTANGIBLE CAPITAL ASSETS	**1,549**	**-**	**-**	**1,549**

34.1 ADDITIONS TO INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Cash	Non-cash	(Development work-in-progress current costs)	Received current, not paid (Paid current year, received prior year	Total
	R'000	R'000	R'000	R'000	R'000
Computer Software	-	-	-	-	-
TOTAL ADDITIONS TO INTANGIBLE CAPITAL ASSETS	**-**	**-**	**-**	**-**	**-**

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34.2 DISPOSALS OF INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Sold for cash	Transfer out or destroyed or scrapped	Total disposals	Cash received Actual
	R'000	R'000	R'000	R'000
Computer Software	-	-	-	-
TOTAL DISPOSAL OF INTANGIBLE CAPITAL ASSETS	-	-	-	-

34.3 MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2017

	Opening balance	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000
Computer Software	1,549	-	-	1,549
TOTAL INTANGIBLE CAPITAL ASSETS	1,549	-	-	1,549

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35 Immovable Tangible Capital Assets

MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Opening balance	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	2,755,831	1,356,592	-	4,112,423
Dwellings	-	-	-	-
Non-residential buildings	2,755,831	1,356,592	-	4,112,423
Other fixed structures	-	-	-	-
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	**2,755,831**	**1,356,592**	**-**	**4,112,423**

Additions

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35.1 ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Cash	Non-cash	(Capital work-in-progress current costs and finance lease payments)	Received current, not paid (Paid current year, received prior year	Total
	R'000	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	637,152	1,300,264	(580,824)	-	1,356,592
Dwellings	-	-	-	-	-
Non-residential buildings	637,152	1,300,264	(580,824)	-	1,356,592
Other fixed structures	-	-	-	-	-
TOTAL ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS	637,152	1,300,264	(580,824)	-	1,356,592

Movement for 2016/17

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35.2 MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2017

	Opening balance	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	1,632,593	1,123,238	-	2,755,831
Dwellings	-	-	-	-
Non-residential buildings	1,632,593	1,123,238	-	2,755,831
Other fixed structures	-	-	-	-
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	1,632,593	1,123,238	-	2,755,831

35.3 Assets subjected to transfer in terms of S42 of the PFMA 2017/18

	No of Assets	Value of Assets R'000
BUILDINGS AND OTHER FIXED STRUCTURES	5	209,181
Dwellings	-	-
Non-residential buildings	5	209,181
Other fixed structures	-	-
TOTAL	5	209,181

35.4 Assets subjected to transfer in terms of S42 of the PFMA 2016/17

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	No of Assets	Value of Assets R'000
BUILDINGS AND OTHER FIXED STRUCTURES	5	209,181
Dwellings	-	-
Non-residential buildings	5	209,181
Other fixed structures	-	-
TOTAL	**5**	**209,181**

Capital Work-in-progress

35.5 **CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2018**

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	Note	Opening Balance 1 April 2017	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing Balance 31 March 2018
	Annexure 7	R'000	R'000	R'000	R'000
Buildings and other fixed structures		2,286,122	580,824	(1,300,264)	1,566,682
Machinery and equipment		-	-	-	-
Intangible assets		-	-	-	-
TOTAL		**2,286,122**	**580,824**	**(1,300,264)**	**1,566,682**

	2017/18	2016/17
Accruals and payables not recognised relating to Capital WIP	R'000	R'000
Amounts relating to progress certificates received but not paid at year end and therefore not included in capital work-in-progress		
	20,533	7,151
Total	**20,533**	**7,151**

Age analysis on ongoing projects	Number of projects Planned, construction not started	Planned, construction started	2017/18 Total R'000
0 to 1 year	109	19	194,618
1 to 3 year(s)	21	14	857,864
3 to 5 years	-	13	314,328
Longer than 5 years	3	4	199,872
Total	**133**	**50**	**1,566,682**

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35.6 CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2017

	Note	Opening Balance 1 April 2016	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing Balance 31 March 2017
	Annexure 7	R'000	R'000	R'000	R'000
Buildings and other fixed structures		2,756,001	653,360	(1,123,239)	2,286,122
Machinery and equipment		-	-	-	-
Intangible assets		-	-	-	-
TOTAL		**2,756,001**	**653,360**	**(1,123,239)**	**2,286,122**

36. Events after reporting date

36.1 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.

36.2 Non-adjusting events after reporting date

No non-adjusting events after the reporting date were identified by management that would affect the operations of the department or the results of those operations significantly.

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37. STATEMENT OF CONDITIONAL GRANTS RECEIVED

NAME OF DEPARTMENT	2017/18								2016/17	
	GRANT ALLOCATION				SPENT					
	Division of Revenue Act / Prov Grants	Roll Overs	Other Adj	Total Available	Amount received by dept	Amount spent by dept	Under / (over-spending)	% 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	890,973	4,809	-	895,782	895,782	893,688	2,094	99.8%	856,363	841,819
Health Professions Training and Development Grant	226,566	2,801	-	229,367	229,367	226,652	2,715	98.8%	213,212	207,518
HIV & AIDS grant	2,040,454	10,000	-	2,050,454	2,050,454	2,042,315	8,139	99.6%	1,757,792	1,745,377
Health Facility Revitalisation Grant	620,757	31,665	-	652,422	652,422	636,286	16,136	97.5%	619,041	584,160
EPWP Integrated	2,000	-	-	2,000	2,000	1,992	8	99.6%	4,025	4,025
EPWP incentive social cluster	4,662	-	-	4,662	4,662	4,662	-	100.0%	4,212	4,013
National Health Insurance	-	-	-	-	-	-	-		7,723	6,221
	3,785,412	**49,275**	**-**	**3,834,687**	**3,834,687**	**3,805,595**	**29,092**	**99.2%**	**3,462,368**	**3,393,133**

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38 STATEMENT OF CONDITIONAL/UNCONDITIONAL GRANTS PAID TO MUNICIPALITIES

	2017/18						
	GRANT ALLOCATION				TRANSFER		
NAME OF MUNICIPALITY	Division of Revenue Act	Roll Overs	Adjustments	Total Available	Actual Transfer	Funds Withheld	Re-allocations by National Treasury or National Department
	R'000	R'000	R'000	R'000	R'000	R'000	R'000
AMATHOLE DISTRICT	1,312	303	-	1,615	-	-	
BUFFALO CITY METRO	-	-	-	-	-	-	-
NELSON MANDELA METRO	2,115	451	-	2,566	313	-	-
ALFRED NZO DISTRICT	-	-	-	-	-	-	-
JOE GQABI DISTRICT	-	-	-	-	-	-	-
CHRIS HANI DISTRICT	-	-	-	-	-	-	-
OR TAMBO DISTRICT	-	-	-	-	-	-	-
	3,427	**754**	**-**	**4,181**	**313**	**-**	**-**

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ANNEXURE 1A
STATEMENT OF CONDITIONAL GRANTS AND OTHER TRANSFERS TO MUNICIPALITIES

NAME OF MUNICIPALITY	2017/18						2016/17
	GRANT ALLOCATION				TRANSFER		
	DoRA and other transfers	Roll Overs	Adjustments	Total Available	Actual Transfer	Funds Withheld	Division of Revenue Act
	R'000	R'000	R'000	R'000	R'000	R'000	R'000
AMATHOLE DISTRICT	1,312	303	-	1,615	-	-	4,403
BUFFALO CITY METRO	-	-	-	-	-	-	-
NELSON MANDELA METRO	2,115	451	-	2,566	313	-	1,010
ALFRED NZO DISTRICT	-	-	-	-	-	-	635
JOE GQABI DISTRICT	-	-	-	-	-	-	940
CHRIS HANI DISTRICT	-	-	-	-	-	-	-
OR TAMBO DISTRICT	-	-	-	-	-	-	2,886
	3,427	**754**	**-**	**4,181**	**313**	**-**	**9,874**

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ANNEXURE 1B
STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

DEPARTMENT/AGENCY/ACCOUNT	2017/18						2016/17
	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
BERLIN ADVICE CENTRE	-	-	-	-	-		325
BLUE CRANE HOSPICE ASSOC T/CUR	545	500	(545)	500	250	50%	500
CAMDEBOO HOSPICE T/CUR	295	295	(295)	295	295	100%	590
CARE MINISTRY	500	500	(750)	250	500	200%	1,000
CARING HANDS HBCC T/CUR	250	250	-	500	250	50%	750
EMPILISWENI HIV/AIDS & ORPHANS	-	-	175	175	175	100%	325
FAITH AND HOPE INTEGRATE AIDS PROGRAMME	-	-	165	165	165	100%	325
GOOD SAMARITAN HOME	-	-	-	-	-		325
GOOD SHEPHERD HOSPICE	-	-	200	200	-	0%	325
GRAHAMSTOWN HOSPIC NO/PRJ S/A T/CU	516	800	(911)	405	405	100%	810
GWEBINDLALA HIV/AIDS ORGANISATION	-	-	-	-	-		325
HERSCHEL COMM EMPOW& UPLIFT T/CU	500	250	(500)	250	250	100%	500

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ANNEXURE 1B
STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS (CONTINUED)

DEPARTMENT/AGENCY/ACCOUNT	2017/18						2016/17
	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
HLUMANI HIV/AIDS CARE GIVERS	-	-	-	-	-		325
HOUSE OF HOPE HOSPICE	-	-	-	-	-		325
IKAMVELIHLE REHAB CENTRE	-	165	(165)	-	-		325
KWANOMZAMO HOME BASED COM T/CUR	125	135	(135)	125	125	100%	500
IKHWEZI WOMEN'S SUPPORT CENTRE	-	165	-	165	-	0%	325
IKWEZI LOMSO CHILD & FAMILY WELFARE SOCIETY	-	350	(350)	-	-		325
ILITHA COMMUNITY PSYCHOLOGICAL SERVICES	-	-	160	160	-	0%	250
ILITHA LETHEMBA T/CUR	-	-	-	-	-		300
ISIPHO CHARITY TRUST	300	600	(900)	-	-		390
JABEZ AIDS HEALTH CENTRE T/CUR	195	195	(195)	195	195	100%	325
KEISKAMMA TRUST	-	165	(5)	160	-	0%	250
LADY GREY COMM EMPOW& UPLIF T/CU	250	250	(250)	250	250	100%	525
LESEDI HOSPICE MUSONG T/CUR	175	175	(175)	175	175	100%	300
MANGUZELA THANDANI HOME BASED	150	150	(150)	150	150	100%	300
MASABELANE EDUCATION 4 LIFE GROUP	150	150	(150)	150	150	100%	325
MASAKHANE PEELTON SUPPORT GROUP	-	-	-	-	-		547
MASANGANE HIV/AIDS PRGM T/CUR	183	185	(185)	183	183	100%	325

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ANNEXURE 1B
STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS (CONTINUED)

DEPARTMENT/AGENCY/ACCOUNT	2017/18						2016/17
	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
MASIBAMBISANE HOME BASED CARE & SUPPORT GROUPS	-	-	-	-	-		500
MASIPHILISANE HOME BAS CARE T/CU	17	-	232	249	-	0%	-
MASITHETHE COUNCILLING SERVICES	-	-	-	-	-		450
MATATIELE ADVICE CENTRE T/CUR	150	150	(150)	150	-	0%	750
MFESANE INGELYFDE VERENING	205	500	(160)	545	500	92%	325
MPUMA KAPA MULTI PURPOSE	-	165	(15)	150	-	0%	300
NAZARETH HAVEN HOSPICE T/CUR	-	-	-	-	-		325
NCEDISIZWE HBC	-	165	(165)	-	-		300
NCEDULUNTU HOME BASED CARE T/CUR	300	150	(300)	150	150	100%	325
NEVER GIVE UP SUPPORT GROUP	-	-	175	175	175	100%	325
PORT ST JOHNS CREATIVE YOUNG WOMEN GROUP	-	-	150	150	150	100%	325
SAKHIMPILO HOME BASED CARE PROJECT	325	-	(155)	170	170	100%	325
SICELUSIZO DEVELOPMENT TRUST	-	165	(165)	-	-		325
SINAKO WELLNESS AND DEVELOPMENT ORGANISATION	-	-	170	170	-	0%	450
SINETHEMBA HOME BASED CARE	150	150	(300)	-	150		325
SINETHEMBA ORGANISATION	-	-	-	-	-		325

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ANNEXURE 1B
STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS (CONTINUED)

	2017/18						2016/17
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
SINOTHANDO HOME OF SAFETY	75	165	(90)	150	-	0%	325
SIYAKHANYISA HIV&AIDS SUPPORT GROUP	-	165	5	170	170	100%	325
SIZANENGUQU HOME COMMUNITY BASED CARE	325	165	(330)	160	-	0%	600
SOPHAKAMA COMM BASED DEVELOPMENT	500	600	(800)	300	300	100%	325
SOPHUMELELA CLINIC INCORPORATED	-	165	-	165	-	0%	1,000
ST BERNARDS HOSPICE	610	1,000	(1,110)	500	500	100%	-
ST FRANCIS HOSPIC N/PRJ S/A T/CU	-	-	500	500	500	100%	600
THYILULWAZI MULTIPURPOS CNT T/CU	600	300	(900)	-	-		450
UBUNTU CARE & DEVELOPMENT	150	-	-	150	150	100%	325
UKHAMBA PROJECTS	325	-	(155)	170	-	0%	325
UMTATA WOMENS SUPPORT CENTRE	325	-	(325)	-	-		325
WE CARE	-	165	(165)	-	-		325
WE CARE COMMUNITY OUTREACH PROGRAMME	325	350	(675)	-	325		390
YIZANI HOME BASED CARE T/CUR	195	200	(200)	195	195	100%	-
EBHENEZER HOME COMMUNITY BASED CARE	-	-	160	160	160	100%	-
KHANYISANI HIV/AIDS AWARENESS	-	-	165	165	-	0%	-
MZAMOMHLE HCBC PROJECTS	-	-	165	165	-	0%	-
NDONGA HCBC	-	-	175	175	-	0%	-

ANNEXURE 1B

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STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS (CONTINUED)

	2017/18						2016/17
	TRANSFER ALLOCATION				TRANSFER		
DEPARTMENT/AGENCY/ACCOUNT	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer	Available funds transferred	Appro-priation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
NYWARA HOME BASED CARE	-	-	150	150	-	0%	-
SIYAKHANA HBC	-	-	175	175	-	0%	-
SIYAPHILA HBC	-	-	175	175	-	0%	-
VUKUZENZELE COMMUNITY DEVELOPMENT ORGANISATION	-	-	165	165	165	100%	-
HWSETA	37,950	-	(26,937)	11,013	11,013	100%	8,145
	46,661	**10,000**	**(35,496)**	**21,165**	**18,291**	**99%**	**31,197**

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
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ANNEXURE 1G

STATEMENT OF TRANSFERS TO HOUSEHOLDS

	2017/18						2016/17
	TRANSFER ALLOCATION				EXPENDITURE		
HOUSEHOLDS	Adjusted appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appro-priation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Transfers							
Districts	55,385	-	119,637	175,022	175,023	100%	95,511
Clinical H/Comp	43,524	-	292,549	336,073	347,783	103%	51,063
Other	158,175	-	(9,228)	148,947	147,936	99%	203,322
Total	**257,084**	**-**	**402,958**	**660,042**	**670,742**		**349,896**

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ANNEXURE 1H
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2017/18 R'000	2016/17 R'000
Received in cash			
Livingstone Hospital Board	Cheque	-	50
		-	50
Received in kind			
Donald Woods Foundation	Office Furniture	1	
Medhold	Theatre Equipment	9	
Med-El Implant	Cochlear Implants	488	
Mercedes Benz SA EVP	Jungle gym for the ward's playground	30	
Medtronic	Bone Anchored Hearing Aid	54	
National Department of Health	Computer Equipment	32,605	
Livingstone Hospital Board	Office Furniture		61
National Department of Health	Computer Equipment		13,796
National Department of Health	Furniture & Office Equipment		1,387
		33,187	15,244
TOTAL		**33,187**	**15,294**

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ANNEXURE 11
STATEMENT OF AID ASSISTANCE RECEIVED

		2016/17				
NAME OF DONOR	PURPOSE	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		2,223	-	-	-	2,223
Office of the Premier		39	-	-	-	39
HW SETA		-	-	-	-	-
IDZ		857	-	78	-	779
Tirelo Bosha		1,474	500	1,655	154	165
Methodist Church of South Africa		11	-	-	-	11
TOTAL		**4,604**	**500**	**1,733**	**154**	**3,217**

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
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ANNEXURE 3A

STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2018 - LOCAL

Guarantee in respect of Housing

GUARANTOR INSTITUTION	original guaranteed capital amount	Opening balance 1 April 2017	Guarantees draw downs during the year	Guaranteed repayments/ cancelled/ reduced/ released during the year	Revaluations	Closing balance 31 March 2018	Guaranteed interest for year ended 31 March 2017	Realised losses not recoverable i.e. claims paid out
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
ABSA	-	161	-	16	-	145	-	-
Standard Bank	-	519	-	57	-	462	-	-
Nedbank	-	329	(14)	-	-	315	-	-
Nedbank LTD (NBS)	-	169	-	-	-	169	-	-
FNB (Firstrand)	-	934	-	22	-	912	-	-
FNB (Saambou Bank)	-	151	-	-	-	151	-	-
Peoples Bank (FBC FID)	-	108	-	-	-	108	-	-
GBS Mutual	-	34	-	-	-	34	-	-
Southnet Financial Services	-	10	-	-	-	10	-	-
Old Mutual (Nedbank)	-	460	-	-	-	460	-	-
Investec	-	57	-	-	-	57	-	-
Unique Finance	-	108	-	-	-	108	-	-
	-	3,040	(14)	95	-	2,931	-	-

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
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ANNEXURE 3B
STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2018

Nature of liability	Opening balance 1 April 2017	Liabilities incurred during the year	Liabilities paid/ cancelled/ reduced during the year	Liabilities recoverable (Provide details hereunder)	Closing balance 31 March 2018
	R'000	R'000	R'000	R'000	R'000
Claims against the department					
Legal Claims	16,658,078	8,412,274	876,733	-	24,193,619
TOTAL	16,658,078	8,412,274	876,733	-	24,193,619
Other					
OR Tambo Municipality	21,467	-	21,467	-	-
Coega Development corporation fees dispute	68,210	61,371	-	-	129,581
	89,677	61,371	21,467	-	129,581
	16,747,755	**8,473,645**	**898,200**	**-**	**24,323,200**

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
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ANNEXURE 4

CLAIMS RECOVERABLE

	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
Government entity	**31/03/2018**	**31/03/2017**	**31/03/2018**	**31/03/2017**	**31/03/2018**	**31/03/2017**
	R'000	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**
Department						
Department of Public Works EC	48	-	-	18	48	18
Department of Rural Development EC	-	-	28	-	28	-
Department of Sports, Arts and Culture EC	-	-	36	-	36	-
National Department of Health	-	-	12,338	-	12,338	-
National Department Planning, Monitoring and Evaluation	134	-	-	-	134	-
National Department of Labour	-	-	-	1	-	1
Department of Health KZN	526	74	-	-	526	74
Department of Health Gauteng	-	-	155	139	155	139
Department of Health WC	74	-	-	400	74	400
Department of Health FS	177	18	-	-	177	18
Department of Health NC	-	-	77	-	77	-
Department of Health Mpumalanga	19	-	-	-	19	-
Total	**978**	**92**	**12,634**	**558**	**13,612**	**650**

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
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ANNEXURE 5

INTER-GOVERNMENT PAYABLES

		Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
GOVERNMENT ENTITY		**31/03/2018**	**31/03/2017**	**31/03/2018**	**31/03/2017**	**31/03/2018**	**31/03/2017**
		R'000	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**
DEPARTMENTS							
Current							
EC Office of the Premier		-	-	303	255	303	255
EC:Social Development		75	-	-	-	75	-
EC: Public Works		-	-	24	-	24	-
EC: Department of Transport		80,928	64,972	-	-	80,928	64,972
National Department of Justice		257,966	123,208	-	-	257,966	123,208
KZN Arts and Culture		-	-	-	15	-	15
Limpopo Agriculture		-	41	-	-	-	41
Health Gauteng		-	-	15	-	15	-
WC Health		-	-	65	26	65	26
Health FS		-	17	-	-	-	17
Health Mpumulanga		-	-	53	-	53	-
Total		**338,969**	**188,238**	**460**	**296**	**339,429**	**188,534**

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
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ANNEXURE 6
INVENTORY

	Note	2017/18		2016/17	
		Quantity	R'000	Quantity	R'000
Inventory					
Opening balance		-	469,338	-	486,438
Add/(Less): Adjustments to prior year balances		-	557	-	57,609
Add: Additions/Purchases - Cash	6.4	-	2,977,371	-	2,315,667
Add: Additions - Non-cash		-	4,165	-	5,613
(Less): Disposals		-	(18,044)	-	(4,741)
(Less): Issues		-	(2,937,535)	-	(2,391,248)
Add/(Less): Adjustments		-	-	-	-
Closing balance		**-**	**495,852**	**-**	**469,338**

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
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ANNEXURE 7A
Movement in Capital Work-in-Progress
MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2018

	Opening balance R'000	Current Year Capital WIP R'000	Completed Assets R'000	Closing balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	2,286,122	580,824	(1,300,264)	1,566,682
Dwellings				-
Non-residential buildings	2,286,122	580,824	(1,300,264)	1,566,682
Other fixed structures	-	-	-	-
TOTAL	**2,286,122**	**580,824**	**(1,300,264)**	**1,566,682**

Age analysis on ongoing projects	Number of projects		2017/18
	Planned, construction not started	Planned, construction started	Total R'000
0 to 1 year	109	19	194,618
1 to 3 year(s)	21	14	857,864
3 to 5 years	-	13	314,328
Longer than 5 years	3	4	199,872
Total	**133**	**50**	**1,566,682**

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
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ANNEXURE 7A
Movement in Capital Work-in-Progress (continued)
MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2017

	Opening balance R'000	Current Year Capital WIP R'000	Completed Assets R'000	Closing balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	2,756,001	653,360	(1,123,239)	2,286,122
Dwellings	-	-	-	-
Non-residential buildings	2,756,001	653,360	(1,123,239)	2,286,122
Other fixed structures	-	-	-	-
TOTAL	**2,756,001**	**653,360**	**(1,123,239)**	**2,286,122**

ANNEXURE 8A
INTER-ENTITY ADVANCES PAID (note 12)

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2018	31/03/2017	31/03/2018	31/03/2017	31/03/2018	31/03/2017
	R'000	R'000	R'000	R'000	R'000	R'000
NATIONAL DEPARTMENTS						
Current						
National Department of Health	2,250	2,250	-	-	2,250	2,250
Total	**2,250**	**2,250**	**-**	**-**	**2,250**	**2,250**

EASTERN CAPE DEPARTMENT OF HEALTH - VOTE 3
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
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ANNEXURE 8B
INTER-ENTITY ADVANCES RECEIVED (note 16)

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2018	31/03/2017	31/03/2018	31/03/2017	31/03/2018	31/03/2017
	R'000	R'000	R'000	R'000	R'000	R'000
PUBLIC ENTITIES						
Current						
Health & Welfare Sector Education Training Authority (SETA)	16,873	15,557	-	-	16,873	15,557
Total	**16,873**	**15,557**	**-**	**-**	**16,873**	**15,557**
Current	**16,873**	**15,557**	**-**	**-**	**16,873**	**15,557**
Non-current	**-**	**-**	**-**	**-**	**-**	**-**

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