



Province of the
EASTERN CAPE
HEALTH

ANNUAL REPORT 2022/ 2023 FINANCIAL YEAR VOTE NO. 3



Together, moving the health system forward

AIDS Help Line: 0800 012 322
24 hour Call Centre: 0800 0323 64
Website: www.echealth.gov.za



TABLE OF CONTENTS

PART A: GENERAL INFORMATION	5
1. DEPARTMENT GENERAL INFORMATION	6
2. LIST OF ABBREVIATIONS / ACRONYMS	7
3. FOREWORD BY MEC OF THE DEPARTMENT	9
4. REPORT OF THE ACCOUNTING OFFICER	11
4.1 OVERVIEW OF THE OPERATIONS OF THE DEPARTMENT	11
4.2 OVERVIEW OF THE FINANCIAL RESULTS OF THE DEPARTMENT	11
4.3 PROGRAMME EXPENDITURE	13
4.4 UNAUTHORISED EXPENDITURE, FRUITLESS AND WASTEFUL EXPENDITURE	23
4.5 STRATEGIC FOCUS OVER THE SHORT TO MEDIUM TERM PERIOD	24
4.6 PUBLIC PRIVATE PARTNERSHIPS	29
4.7 DISCONTINUED KEY ACTIVITIES / ACTIVITIES TO BE DISCONTINUED	30
4.8 NEW OR PROPOSED KEY ACTIVITIES	30
4.9 SUPPLY CHAIN MANAGEMENT (SCM)	30
4.10 GIFTS AND DONATIONS RECEIVED IN KIND FROM NON-RELATED PARTIES	32
4.11 EXEMPTIONS AND DEVIATIONS RECEIVED FROM NATIONAL TREASURY	32
4.12 EVENTS AFTER REPORTING DATE	32
4.13 OTHER	32
4.14 ACKNOWLEDGEMENTS AND APPRECIATION	33
4.15 CONCLUSION	33
4.16 APPROVAL AND SIGN-OFF	33
5. STATEMENT OF RESPONSIBILITY AND CONFIRMATION OF THE ACCURACY OF THE ANNUAL REPORT	34
6. STRATEGIC OVERVIEW.	35
6.1 VISION	35
6.2 MISSION	35
6.3 VALUES	35
7. LEGISLATIVE AND OTHER MANDATES	35
8. ORGANISATIONAL STRUCTURE	39
9. ENTITIES REPORTING TO THE MEC	40
PART B: PERFORMANCE INFORMATION	41
1. AUDITOR'S GENERAL REPORT: PREDETERMINED OBJECTIVES	42
2. OVERVIEW OF DEPARTMENTAL PERFORMANCE	43
2.1. SERVICE DELIVERY ENVIRONMENT	43
2.1.1 DEMOGRAPHIC PROFILE OF THE EASTERN CAPE PROVINCE	43
2.1.2 THE SOCIO-ECONOMIC PROFILE OF THE EC PROVINCE	44
2.1.3 DISEASE BURDEN	46
2.1.4 SERVICE DELIVERY PLATFORM	51
2.1.5. PROBLEMS ENCOUNTERED IN SERVICE DELIVERY AND CORRECTIVE MEASURES TAKEN	59
2.1.6. EXTERNAL FACTORS THAT IMPACTED ON SERVICE DELIVERY	61
2.2. SERVICE DELIVERY IMPROVEMENT PLAN	61
2.3. ORGANISATIONAL ENVIRONMENT	62
2.4. KEY POLICY DEVELOPMENTS AND LEGISLATIVE CHANGES	63
3. PROGRESS TOWARDS ACHIEVEMENT OF INSTITUTIONAL IMPACTS AND OUTCOMES	64
4. INSTITUTIONAL PROGRAMME PERFORMANCE INFORMATION	67
4.1. PROGRAMME 1: HEALTH ADMINISTRATION AND MANAGEMENT	68
4.1. PROGRAMME 1: HEALTH ADMINISTRATION AND MANAGEMENT	69
1.1 SUB-PROGRAMME: HEALTH ADMINISTRATION - OFFICE OF THE MEC	69

1.2	SUB-PROGRAMME: HEALTH MANAGEMENT	73
	PROGRAMME 2:	79
	DISTRICT HEALTH 4.2. PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)	79
2.1	SUB – PROGRAMME: DISTRICT MANAGEMENT	80
2.2	SUB-PROGRAMME: CLINICS	82
2.3	SUB – PROGRAMME: COMMUNITY HEALTH CENTERS (CHCS)	85
2.4	SUB-PROGRAMME: COMMUNITY BASED SERVICES – DISEASE PREVENTION AND CONTROL (NON-COMMUNICABLE DISEASES)	87
2.5	SUB-PROGRAMME: PUBLIC HEALTH / OTHER COMMUNITY BASED SERVICES	90
2.6	SUB-PROGRAMME: HIV & AIDS, STI & TB (HAST) CONTROL	94
2.7	MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION (MCWH&N)	102
2.7.1	WOMEN'S HEALTH SERVICES	102
2.7.2	CHILD HEALTH SERVICES AND INTEGRATED NUTRITION PROGRAMME (INP)	103
2.8	SUB-PROGRAMME: CORONER SERVICES	108
2.9	SUB PROGRAMME: DISTRICT HOSPITALS	111
4.3	PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)	117
3.1	PROGRAMME PURPOSE	117
4.4.	PROGRAMME 4: REGIONAL AND SPECIALISED HOSPITAL SERVICES	123
4.2.	SUB- PROGRAMME: SPECIALISED TB HOSPITALS	129
4.3.	SUB – PROGRAMME: SPECIALISED PSYCHIATRIC HOSPITALS	133
4.5.	PROGRAMME 5: CENTRAL & TERTIARY HOSPITAL	137
4.5.	SUB-PROGRAMME PURPOSE FOR CENTRAL HOSPITALS 5.1	138
5.2.	SUB-PROGRAMME PURPOSE FOR TERTIARY HOSPITAL SERVICES	146
5.3.	SUB- PROGRAMME SPECIALISED (PSYCHIATRIC) TERTIARY HOSPITAL	155
4.6.	PROGRAMME 6: HEALTH SCIENCES AND TRAINING (HST)	160
6.1	PROGRAMME PURPOSE	160
	PROGRAMME: 6.3 BURSARIES	161
	HEALTH PROFESSIONALS STUDENTS RECEIVING BURSARIES	161
4.7.	PROGRAMME 7: HEALTH CARE SUPPORT SERVICES (HCSS)	170
7.1	PROGRAMME PURPOSE	170
4.8.	PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM)	183
8.1	PROGRAMME PURPOSE	183
4.9.	REPORTING ON THE INSTITUTIONAL RESPONSE TO THE COVID-19 PANDEMIC	208
5.	TRANSFER PAYMENTS	209
5.1.	TRANSFER PAYMENTS TO PUBLIC ENTITIES	209
5.2.	TRANSFER PAYMENTS TO ALL ORGANISATIONS OTHER THAN PUBLIC ENTITIES	209
6.	CONDITIONAL GRANTS	209
6.1.	CONDITIONAL GRANTS AND EARMARKED FUNDS PAID	209
7.	DONOR FUNDS	214
7.1	DONOR FUNDS RECEIVED	214
8.	CAPITAL INVESTMENT	214
8.1	CAPITAL INVESTMENT, MAINTENANCE AND ASSET MANAGEMENT PLAN	214
	PART C: GOVERNANCE	218
1.	INTRODUCTION	219
2.	RISK MANAGEMENT	219
3.	FRAUD AND CORRUPTION	219
4.	MINIMISING CONFLICT OF INTEREST	220
5.	CODE OF CONDUCT	222
6.	HEALTH SAFETY AND ENVIRONMENTAL ISSUES	222
7.	PORTFOLIO COMMITTEES	223
8.	SCOPA RESOLUTIONS	224

9.	PRIOR MODIFICATIONS TO AUDIT REPORTS	235
10.	INTERNAL CONTROL UNIT	236
11.	INTERNAL AUDIT AND AUDIT COMMITTEES	237
12.	AUDIT COMMITTEE REPORT	
13.	B-BBEE COMPLIANCE PERFORMANCE INFORMATION	245
PART D: HUMAN RESOURCE MANAGEMENT		246
1.	INTRODUCTION	247
1.1	THE STATUS OF HUMAN RESOURCES IN THE DEPARTMENT	247
1.2	HUMAN RESOURCE PRIORITIES FOR THE YEAR UNDER REVIEW AND IMPACT OF THESE	247
1.3	WORKFORCE PLANNING AND KEY STRATEGIES TO ATTRACT AND RECRUIT A SKILLED AND CAPABLE WORKFORCE	248
1.4	EMPLOYEE WELLNESS PROGRAMMES	248
1.5	HIGHLIGHT ACHIEVEMENTS AND CHALLENGES FACED BY THE DEPARTMENT, AS WELL AS FUTURE HUMAN RESOURCE PLANS/GOALS	249
2.	HUMAN RESOURCE OVERSIGHT STATISTICS	251
3.1.	PERSONNEL RELATED EXPENDITURE	251
3.2.	EMPLOYMENT AND VACANCIES	253
3.3.	FILLING OF SMS POSTS	256
3.4.	JOB EVALUATION	257
3.5.	EMPLOYMENT CHANGES	258
3.6.	EMPLOYMENT EQUITY	263
3.7.	SIGNING OF PERFORMANCE AGREEMENTS BY SMS MEMBERS	266
3.8.	PERFORMANCE REWARDS	266
3.9.	FOREIGN WORKERS	269
3.10.	LEAVE UTILISATION	270
3.12.	LABOUR RELATIONS	274
3.13.	SKILLS DEVELOPMENT.	275
3.14.	INJURY ON DUTY	276
3.15.	UTILISATION OF CONSULTANTS.	276
3.16.	SEVERANCE PACKAGES.	277
PART E: PFMA COMPLIANCE REPORT		278
2.7.1	INFORMATION ON IRREGULAR, FRUITLESS AND WASTEFUL, UNAUTHORISED EXPENDITURE AND MATERIAL LOSSES	279
2.7.2	INFORMATION ON LATE AND/OR NON-PAYMENT OF SUPPLIERS	282
2.7.3	INFORMATION ON SUPPLY CHAIN MANAGEMENT	284
PART F: FINANCIAL INFORMATION		284
1.	REPORT OF THE AUDITOR GENERAL	334
2.	ANNUAL FINANCIAL STATEMENTS	

PART A

GENERAL INFORMATION



I. DEPARTMENT GENERAL INFORMATION

PHYSICAL ADDRESS:

Eastern Cape Department of Health
Dukumbana Building
Independence Avenue
Bhisho, Eastern Cape

POSTAL ADDRESS:

Private Bag X 0038
Bhisho 5605
REPUBLIC OF SOUTH AFRICA

TELEPHONE NUMBER/S:

+27 (0)40 608 1111

FAX NUMBER:

+27 (0)40 608 1334 or +27 (0)86 617 4500

EMAIL ADDRESS:

info@echealth.gov.za

WEBSITE ADDRESS:

www.echealth.gov.za

2. LIST OF ABBREVIATIONS / ACRONYMS

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

OHH	Outreach Households
OHS	Occupational Health and Safety
OPD	Outpatient Department
OSD	Occupational Specific Dispensation
OTP	Office of the Premier
PAJA	Promotion of Administration Justice Act
PAIA	Promotion of Access to Information Act
PCR	Polymerase Chain Reactive
PDE	Patient Day Equivalent
PDMT	Provincial District Management Team
PDP	Provincial Development Plan
PEC	Patient Experience of Care
PEPFAR	President's Emergency Plan for Aids Relief
PERSAL	Personnel and Salary System
PGDP	Provincial Growth and Development Plan
PHC	Primary Health Care
PMIS	Project Management Information System
PMTCT	Prevention of Mother-To-Child Transmission
PMTSF	Provincial Medium Term Strategic Framework
PPE	Personal Protective Equipment
PPPs	Public-Private Partnerships
PPTICRM	Perfect Permanent Team for Ideal Clinic Realization and Maintenance
PSI	Patient Safety Incident
RDP	Reconstruction and Development Programme
RCCE	Risk Communication and Community Engagement
RPHC	Re-engineering of Primary Health Care
SABS	South African Blood Services
SADHS	South African Demographic Health Survey
SAHR	South African Human Rights
SARS	Severe Acute Respiratory Syndrome
SD	Status Determination
SDGs	Sustainable Development Goals
SCM	Supply Chain Management
SIU	Special Investigative Unit
SLA	Service Level Agreement
SOP	Standard Operating Procedure
SOPA	State of the Province Address
Stats SA	Statistics South Africa
SVS	Stock Visibility Solution
TB	Tuberculosis
THIS	TB HIV Information System
TROA	Total Clients Remaining on ART
TV	Television
UHC	Universal Health Coverage
UPS	Uninterrupted Power Supply
WBPHCOTs	Ward-Based Primary Health Care Outreach Teams
WHO	World Health Organisation
YLL	Years Life Lost

3. FOREWORD BY MEC OF THE DEPARTMENT

As the Department of Health, we reminisce over our triumph and learnings taken from the COVID-19 pandemic as we set to Renew, Reset and Rebuild Together in the Year 2022-2023. This was a process of rebuilding the EC Health Care System. Armed with our new graduates from the Epidemiology Training Programme, a first of its kind in South Africa, we can proudly declare our readiness for any future pandemics.

I am privileged and honoured to present the 2022/ 23 Annual Report for the outcomes on priorities set for the 6th Administration.

We continue with our zeal of bringing health services to the people, despite a strained budget. We have had to find innovative ways of ensuring service continuity as we adapted to load shedding.

We implemented our “Health Turn-Around” Strategy as a programme to promote equity, efficiency, effectiveness and quality provision of health services. This strategy is anchored on five pillars: (a) Financial sustainability (b) Integrated Medico-legal interventions (c) Service Delivery Optimisation; (d) Digitalisation and e-Health; and (e) Clinical-Continued provision of quality healthcare to communities continues. The Year 2022/23 was marked with strides towards achievement of targets set for the Medium Term Strategic Framework by the end of term of the 6th term of government.

We note the landmark judgement by Judge Griffiths on the Noyila Matter, in favour of the department, however, we sympathise with the families and commit to continue to provide rehabilitation services and support in such unfortunate incidents. This wise ruling balances the reparation and needs of the plaintiffs with the need to also provide health and care for the 90% of the 6,7 million uninsured citizens, dependent on State health services. The Court was persuaded that the Department is able to provide reasonable care at our facilities. There is thus no need for an upfront lump sum payment for future medical care. This saves millions that can remain in the budget for planned service delivery.

This outcome is part of a number of measures that have been put in place to support the integrated medico- legal strategy - HR recruitment, training of relevant cadres, investment in infrastructure and equipment, thereby enhancing capacity to comply with the Noyila judgement. Some of these investments to capacitate the legal team include creation of new critical posts and recruitment of senior manager and legal admin officers. We also capacitated our rehabilitation therapists and assistants on wheelchair sitting (72 and 48 therapists respectively).

On Infrastructure, specialised machinery to the value of Four million five hundred thousand rand (R4,5-million) has been procured for rehabilitation services with five hundred and seventy-eight thousand, eight hundred and twenty rand (R578, 825) utilized for equipment specifically required for the public defence at the three centres of excellence.

Partnerships with Civil Society Organisations in curbing the spread of HIV and TB has been the cornerstone of prevention and promotion of health through our Primary Healthcare approach. The cascade achievements in 2022/23 against the 95:95:95 targets for HIV and AIDS was 92:75:91 and TB 96:93:75, respectively.

Mental Health and Care has received attention during 2022/23 as the Department moved towards strengthening a human-rights and community-based approach to mental health services. The Department has responded to the National call for a targeted approach to addressing Mental Health care needs. We created mental health registered counsellor posts and recruited (31) registered counsellors across all districts, anticipated to start in the 2023/24 financial year. The Department has appointed Mental Health Review Boards, covering all regions of the province, and they have commenced their duties in earnest.

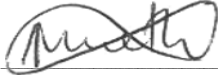
We appointed and trained governance structures to strengthen leadership and continuously improve operations and accountability in our facilities.

Progress was made towards the realisation of NHI by 2026. The Department continued to ensure that ward-based community outreach teams are able to reach far-flung communities throughout the province, by providing suitable vehicles for this purpose. To modernise the fleet, we ordered 137 specially adapted mobile vehicles for primary health care in 2022/23. Delivery is expected during 2023/24 financial year.

The Department made major investments of R1,002 billion spent in the Health Infrastructure programme, with projects in 2022/23 to address historical challenges which includes R461,1million for buildings, plant and machinery - R541,0 million - with the Health facilities revitalisation grant spent in its entirety. Much needed equipment like digitalised X-ray machines, life-saving equipment and critical equipment for theatre was amongst those items procured during 2022/23 financial year.



In conclusion, I wish to acknowledge the continued support by our Premier and the Cabinet, Portfolio Committee on Health under the leadership of the Chairperson, our partners (NGOs; traditional and religious leaders; partners in business, civil society, international donors and organised labour) and other government departments. I also appreciate hard work done by our management, health professionals and support teams, in pursuit of comprehensive quality health services.



Hon. N. Meth (MPL)
Member of the Executive Council
31 August 2023

4. REPORT OF THE ACCOUNTING OFFICER

4.1 Overview of the operations of the department

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

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

Finance branch which consists of: (i) Financial Management Services, (ii) Management Accounting Services, (iii) Supply Chain Management

Human Resources and Corporate services branch which consists of: (i) Information, Communication and Technology (ii) Human Resources Management (ii) Human Resources Development (iv) Corporate Services (v) Health Facilities Management (vi) Internal Audit (vii) Strategy and Organizational Performance

Hospital and Clinical Support Management branch which consists of: (i) Provincial Hospital Services, (ii) Clinical Support Services, (iii) Emergency Medical Services, (iv) Quality Assurance Management.

District Health Services Management branch consist of: (i) District Health Support (ii) Communicable Diseases (iii) Health Programmes

4.2 Overview of the Financial Results of the Department

The department has spent 99.80% - R28,189,296 billion against a final adjusted appropriation of R28,251,570 billion for the financial year ending 31 March 2023, resulting in an under expenditure of R62,274 million or 0,20%. The expenditure is inclusive of the payment of several funded and unfunded Medico-Legal Claims, writs and otherwise; and is a 56% reduction on the under-expenditure reported of R142 million at the end of 2021/22.

Overall, conditional grants have spent 99.46% of the adjusted appropriation – R5,896,747 billion against a final adjusted appropriation of R5,928,868 billion for the financial year ending 31 March 2023, resulting in an under expenditure of R32,121 million or 0.54%. However, applications for conditional grant rollovers of R31.013 million from the 2022-23 to the 2023-24 financial year have been made. The rollovers amount to R24,825 million for the National Tertiary Services Conditional Grant and R6,188 million for the District Health Programme Conditional Grant (Comprehensive HIV Component).

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

Goods and Services - spent at 103.02% and incurred a net overspending of R223,195 million for the year, primarily as a result of pressure within the clinical programmes to continue delivery of public health care services uninterrupted. This pressure in the clinical programmes having arisen from the payment of payables and accruals at the vote level (of R4.6 billion) at the beginning of the financial year under review, treated as a first charge of the 2022/23 budget allocation, with the knock on effect being that by the 31 March 2023 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

This overspending was primarily funded from several non-clinical programmes having given up a portion of their cash flows in favour of mitigating the pressure within the clinical programmes.

Transfers and Subsidies - spent overall at 83.2% and incurred net under spending of R105,195 million for the year, primarily the residual funded portion of the writs application budget allocation of R377,002 million received in the 2022/23 1st AEPRE [Reprioritisation allocation for Medico Legal Claims - R164,802 million; Provincial Allocations: Payment of Medico Legal Claims – R151,680 million (front loaded 2023/24 - R58,405 million, front loaded 2024/25 - R55,761million, New Funds – PRF - R37,514 million) and R60,520 internal reprioritisation).

The Department was primed and ready to pay the writs that became due following the Court ruling during 2022/23 but was unable to pay all amounts due to beneficiary trust accounts administered by the Plaintiffs' Messrs Standard Trust.

Payment for Capital Assets - spent at 85.6% and incurred net underspending of R218,403 million for the year. Only a small part of this is due to under-spending on for capital assets related to a conditional grant: there is a conditional grant rollover requested from the 2022-23 to the 2023-24 financial year for an amount of R25,80 million for the National Tertiary Services Conditional Grant, the bulk of which is in respect of medical & allied / health technology equipment and computer equipment. The impact of the Ukraine/Russia war on the global supply chain for medical technology was evident as suppliers were not able to deliver ordered machinery and equipment before the year end. The majority of the under-spend is attributable to that portion of the cash flows that had to be used in favour of mitigating the pressure within the clinical programmes and thereby ensure the delivery of public health care services.

Table 4.2.1 Departmental Receipts

Departmental Receipts	2022/2023			2021/2022		
	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	279 878	171 433	108 445	267 134	67 433	199 703
Interest, dividends and rent on land	304	353	- 49	232	255	-23
Financial transactions in assets and liabilities	17 230	14 948	2 282	16 695	5 890	10 806
Total	297 412	186 734	110 678	284 061	73 578	210 486

The Department collected R186,734 million of own revenue, a significant increase compared to the 2021/22 collection of R73,578 million. The 2022/23 collection against the projection of R297,412 million, was an under-collection of R110,678 million.

Thirty-seven percent (37%) of the under collection is primarily attributable to the Road Accident Fund (RAF) not settling claims submitted for extensive services rendered by the department over the past financial years. It had unilaterally deemed the Official Accident Report (OAR) as material to validate the supplier claims, but these reports are not in the control of the department. The department continued to engage for the waiver of the OAR requirement, to which the RAF ultimately agreed to in October 2022, and claims submission resumed in November 2022. Payments processed by the RAF to the Department as at 31 March 2023 amount to R34 million. An intra- and extra-departmental task team has initiated a project for the collection of the outstanding accounts.

In addition, the department is further continuing to engage with several government departments and entities for the settlement of outstanding amounts owing, including inter alia the Department of Justice and Constitutional Development (DOJ), National SAPS, Correctional Services.

The department continues with the prioritized migration to the integrated HMS2 patient administration and billing application software to several hospitals in support of its eHealth strategy. This system includes a revenue module and provides performance information allowing the local management team as well as Head Office to track billing and revenue collection at that facility where the system has been implemented. By the end of March 2023, HMS2 has been rolled out to twenty hospitals.

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, Compensation for Occupational Injuries and Disease Act).

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 only the externally funded patient fees by 4.1 % in the year under review.

Free Services

The mandate of the Department of Health is to provide health care services to the citizens of this country. In exercising that mandate and in terms of policy, there are circumstances under which patients will receive services free of charge independently of their classification as full paying or subsidized patients. Such circumstances include infectious,

communicable diseases, pregnant women and children. Also, patients classified under H0 category receive free services. It is not possible to quantify the cost of the free services rendered. Elective healthcare services do not qualify as free services and patients are required to pay the “undiscounted” UPFS fee upfront.

4.3 Programme Expenditure

Table 4.3.1: Programme Expenditure

VOTED AND CHARGES	FUNDS DIRECT	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
Programme							
ADMINISTRATION		844 490	844 484	6	768 147	768 147	-
DISTRICT HEALTH SERVICES		14 989 392	15 077 221	-87 829	15 066 109	15 094 877	- 28 768
EMERGENCY MEDICAL SERVICES		1 454 643	1 452 877	1 766	1 406 088	1 353 522	52 566
PROVINCIAL HOSPITAL SERVICES		3 820 678	3 926 710	-106 032	3 677 124	3 686 353	- 9 229
CENTRAL HOSPITAL SERVICES		4 757 397	4 713 574	43 823	4 628 724	4 751 526	- 122 802
HEALTH SCIENCES AND TRAINING		1 048 363	985 706	62 657	859 573	774 759	84 814
HEALTH CARE SUPPORT SERVICES		159 020	115 053	43 967	160 886	112 986	47 900
HEALTH FACILITIES MANAGEMENT		1 175 491	1 071 575	103 916	1 206 263	1 087 913	118 350
Programme sub total		28 249 474	28 187 200	62 274	27 772 914	27 630 083	142 831
Statutory Appropriation		2 096	2 096	-	1 820	1 820	-
Member of Executive Council salary		2 096	2 096	-	1 820	1 820	-
TOTAL		28 251 570	28 189 296	62 274	27 774 734	27 631 903	142 831

The department has spent 99.80% - R28,189,296 billion against a final adjusted appropriation of R28,251,570 billion for the financial year ending 31 March 2023, resulting in an under expenditure of R62,274 million or 0,20%.

Programme I: Administration

Table 4.3.2: Programme I - Administration

Programme I: ADMINISTRATION							
		2022/23			2021/22		
		Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
Sub programme							
1.	OFFICE OF THE MEC	8 089	6 156	1 933	9,018	5,756	3,262
2.	MANAGEMENT	836 401	838 328	-1 927	759,129	762,391	-3,262
		844 490	844 484	6	768,147	768,147	0
Economic classification							
	Current payments	773 483	729 429	44 054	717 664	708 601	9 062
	Compensation of employees	421 925	393 917	28 008	401 264	395 812	5 452
	Goods and services	351 558	332 601	18 957	314 527	310 216	4 311
	Interest and rent on land	0	2 911	-2 911	1 873	2 573	-701
	Transfers and subsidies	2 369	4 200	-1 831	10 113	10 257	-144
	Households	2 369	4 200	-1 831	10 113	10 257	-144
	Payments for capital assets	68 638	110 855	-42 217	40 371	49 289	-8 918
	Machinery and equipment	68 638	110 855	-42 217	40 371	49 289	-8 918
	Payment for financial assets	-	-	-	-	-	-
		844 490	844 484	6	768 147	768 147	-

The Programme spent at 100% after adjusting for funds shifts and virements of -R11,154 million post 2022/23 2nd AEPRE. The programme gave up this portion of its cash flows in favour of mitigating the goods and services pressure within the clinical District Health Services Programme to continue delivery of public health care services uninterrupted. This pressure in the clinical programmes having arisen from the payment of payables and accruals of 2021/22 at the vote level at the beginning of the financial year under review, as explained above.

Programme 2: District Health Services

Table 4.3.3: Programme 2 – District Health Services

PROGRAMME 2: DISTRICT HEALTH SERVICES							
		2022/23			2021/22		
		Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
Sub programme							
1.	DISTRICT MANAGEMENT	1 049 490	1 084 075	- 34 585	1 237 997	1 107 030	130 967
2.	COMMUNITY HEALTH CLINICS	2 799 463	2 942 147	- 142 684	2 979 387	3 196 102	- 216 715
3.	COMMUNITY HEALTH CENTRES	1 492 994	1 409 766	83 228	1 364 840	1 417 103	- 52 263
4.	COMMUNITY BASED SERVICES	834 764	819 164	15 600	596 831	585 025	11 806
5.	OTHER COMMUNITY SERVICES	311 846	208 015	103 831	64 171	77 412	-13 241
6.	HIV/AIDS	2 762 178	2 795 830	-33 652	3 116 477	2 851 055	265 422
7.	NUTRITION	41 874	31 097	10 777	39 779	30 100	9 679
8.	CORONER SERVICES	116 411	132 897	-16 486	129 651	137 156	- 7 505
9.	DISTRICT HOSPITALS	5 580 372	5 654 230	- 73 858	5 536 976	5 693 894	-156 918
		14 989 392	15 077 221	-87 829	15 066 109	15 094 877	- 28 768
Economic classification							
	Current payments	14 421 717	14 663 863	- 242 146	14 729 597	14 810 440	- 80 843
	Compensation of employees	10 200 571	10 137 436	63 135	10 194 688	10 117 843	76 845
	Goods and services	4 221 146	4 504 824	- 283 678	4 534 909	4 691 268	-156 359
	Interest and rent on land	-	21 603	- 21 603	-	1 329	- 1 329
	Transfers and subsidies	384 661	296 649	88 012	105 056	113 039	- 7 983
	Departmental agencies and accounts	6	-	6	-	-	-
	Non-profit institutions	34 412	26 528	7 884	-	-	-
	Households	350 243	270 121	80 122	105 056	113 039	- 7 983
	Payments for capital assets	183 014	116 709	66 305	231 456	171 398	60 058
	Buildings and other fixed structures	-	-	-	60 000	-	60 000
	Machinery and equipment	183 014	116 709	66 305	171 456	171 398	58
		14 989 392	15 077 221	- 87 829	15 066 109	15 094 877	-28 768

The Programme spent at 100.60 % (over by R87, 829 million) after adjusting for funds shifts and virements of +R160, 159 million post 2022/23 2nd AEPRE. Overspending was primarily caused by goods and services pressures vesting in the Community Health Clinics sub programme, to continue the delivery of public health care services uninterrupted.

The budget pressures in the programme having arisen from the payment of payables and accruals at the vote level of (R4.6 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2023 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

Programme 3: Emergency Medical Services

Table 4.3.4: Programme 3 - Emergency Medical Services

PROGRAMME 3: EMERGENCY MEDICAL SERVICES							
		2022/23			2021/22		
		Final	Actual	(Over)/ Under	Final	Actual	(Over)/ Under
		Appropriation	Expenditure	Expenditure	Appropriation	Expenditure	Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
Sub programme							
1.	EMERGENCY TRANSPORT	1 215 684	1 209 639	6 045	1 120 416	1 089 966	30 450
2.	PLANNED PATIENT TRANSPORT	238 959	243 238	- 4 279	285 672	263 556	22 116
		1 454 643	1 452 877	1 766	1 406 088	1 353 522	52 566
Economic classification							
	Current payments	1 265 025	1 264 249	776	1 263 176	1 210 602	52 574
	Compensation of employees	1 023 050	1 022 603	447	1 051 361	998 795	52 566
	Goods and services	241 975	241 646	329	211 815	211 807	8
	Transfers and subsidies	3 970	3 028	942	3 792	3 971	- 179
	Households	3 970	3 028	942	3 792	3 971	- 179
	Payments for capital assets	185 648	185 600	48	139 120	138 949	171
	Buildings and other fixed structures	-	-	-	-	-	-
	Machinery and equipment	185 648	185 600	48	139 120	138 949	171
		1 454 643	1 452 877	1 766	1 406 088	1 353 522	52 566

The Programme spent at 99.9% (under by R1,766 million) after adjusting for funds shifts and virements of +R76,000 million post 2022/23 2nd AEPRE. The programme received a portion of its cash flows from Programmes 6 and 8 in favour of mitigating the pressure to continue delivery of public health care services uninterrupted.

This pressure in the clinical programmes having arisen from the payment of payables and accruals at the vote level of (R4.6 billion) at the beginning of the current financial year, treated as a first charge of the 2021/22 budget allocation, with the knock on effect being that the 31 March 2023 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

Programme 4: Provincial Hospital Services

Table 4.3.5: Programme 4 - Provincial Hospital Services

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES							
		2022/23			2021/22		
		Final	Actual	(Over)/ Under	Final	Actual	(Over)/ Under
		Appropriation	Expenditure	Expenditure	Appropriation	Expenditure	Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
Sub programme							
1.	GENERAL (REGIONAL) HOSPITALS	2 722 831	2 909 523	- 186 692	2 725 830	2 748 880	- 23 050
2.	TB HOSPITALS	447 634	387 954	59 680	385 691	382 771	2 920
3.	PSYCHIATRIC MENTAL HOSPITALS	650 213	629 233	20 980	565 603	554 702	10 901
		3 820 678	3 926 710	- 106 032	3 677 124	3 686 353	- 9 229
Economic classification							
	Current payments	3 684 890	3 797 684	- 112 794	3 633 236	3 646 550	- 13 314
	Compensation of employees	2 930 698	3 056 817	- 126 119	2 924 095	2 979 731	- 55 636
	Goods and services	754 192	728 650	681 327	709 141	666 224	42 917
	Interest and rent on land	-	12 217	- 12 217	-	595	- 595
	Transfers and subsidies	92 434	120 207	- 27 773	29 942	25 773	4 169
	Households	92 434	120 207	- 27 773	29 942	25 773	4 169
	Payments for capital assets	43 354	8 819	34 535	13 946	14 030	84
	Machinery and equipment	43 354	8 819	34 535	13 946	14 030	84
		3 820 678	3 926 710	- 106 032	3 677 124	3 686 353	9 229

The Programme spent at 102.8% (over by R106,032 million) after adjusting for funds shifts and virements of +R133,827 million post 2022/23 2nd AEPRE. Overspending primarily occurred in the General (Regional) Hospitals sub programme vesting in compensation of employees as a result of incorrect PERSAL/BAS link codes by and between several programmes.

Programme 5: Central Hospital Services

Table 4.3.6: Programme 5 - Central Hospital Services

Programme 5: CENTRAL HOSPITAL SERVICES							
		2022/23			2021/22		
		Final	Actual	(Over)/ Under	Final	Actual	(Over)/ Under
		Appropriation	Expenditure	Expenditure	Appropriation	Expenditure	Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
Sub programme							
1.	CENTRAL HOSPITAL SERVICES	1 740 366	1 702 835	37 531	1 473 430	1 521 690	- 48 260
2.	PROVINCIAL TERTIARY SERVICES	3 017 031	3 010 739	6 292	3 155 294	3 229 836	- 74 542
		4 757 397	4 713 574	43 823	4 628 724	4 751 526	- 122 802
Economic classification							
	Current payments	4 437 685	4 512 638	- 74 953	4 461 820	4 657 936	- 196 116
	Compensation of employees	3 197 409	3 196 308	1 101	3 267 222	3 409 840	- 142 618
	Goods and services	1 240 276	1 314 174	- 73 898	1 194 598	1 247 909	- 53 311
	Interest and rent on land	-	2 156	- 2 156	-	187	- 187
	Transfers and subsidies	69 606	37 772	31 834	27 409	23 202	4 207
	Households	69 606	37 772	31 834	27 409	23 202	4 207
	Payments for capital assets	250 106	163 164	86 942	139 495	70 388	69 107
	Buildings and other fixed structures	98 000	17 509	80 491	-	-	-
	Machinery and equipment	152 106	145 655	6 451	139 495	70 388	69 107
		4 757 397	4 713 574	43 823	4 628 724	4 751 526	- 122 802

The Programme spent at 99.1% (under by R43,823 million) after adjusting for funds shifts and virements of -R153,000 million post 2022/23 2nd AEPRE. The under expenditure also represents the unspent amount in support of the application for conditional grant rollover submitted relating to the National Tertiary Services Conditional Grant as well as the writs that could not be paid over whilst the trust accounts were being set up.

Programme 6: Health Sciences & Training

Table 4.3.7: Programme 6 - Health Sciences & Training

Programme 6: HEALTH SCIENCES AND TRAINING							
		2022/23			2021/22		
		Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
Sub programme							
1.	NURSING TRAINING COLLEGES	263 469	237 777	25 692	277 329	259 301	18 028
2.	EMS TRAINING COLLEGE	15 254	10 522	4 732	14 996	11 960	3 036
3.	BURSARIES	68 379	49 152	19 227	192 639	179 132	13 507
4.	OTHER TRAINING	701 261	688 255	13 006	374 609	324 366	50 243
		1 048 363	985 706	62 657	859 573	774 759	84 814
Economic classification							
	Current payments	955 166	917 579	37 587	683 263	606 611	76 652
	Compensation of employees	826 179	809 225	16 954	536 476	483 560	52 916
	Goods and services	128 987	108 354	20 633	146 787	123 051	23 736
	Transfers and subsidies	71 584	57 589	13 995	160 183	156 311	3 872
	Departmental agencies and accounts	16 867	16 866	1	13 149	13 075	74
	Households	54 717	40 723	13 994	147 034	143 236	3 798
	Payments for capital assets	21 613	10 538	11 075	16 127	11 837	4 290
	Machinery and equipment	21 613	10 538	11 075	16 127	11 837	4 290
		1 048 363	985 706	62 657	859 573	774 759	84 814

The Programme spent at 94.0% (under by R62,657 million) after adjusting for funds shifts and virements of -R90,000 million post 2022/23 2nd AEPRE. The programme gave up a portion of its cash flows in favour of mitigating the pressure within the clinical programmes to continue delivery of public health care services uninterrupted. This pressure in the clinical programmes having arisen from the payment of payables and accruals at the vote level of (R4.6 billion) at the beginning of the current financial year, treated as a first charge of the 2022/23 budget allocation, with the knock on effect being that the 31 March 2023 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

Programme 7: Health Care Support Services

Table 4.3.8: Programme 7 - Health Care Support Services

Programme 7: HEALTH CARE SUPPORT SERVICES							
		2022/23			2021/22		
		Final	Actual	(Over)/ Under	Final	Actual	(Over)/ Under
		Appropriation	Expenditure	Expenditure	Appropriation	Expenditure	Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
Sub programme							
1.	ORTHOTIC & PROSTHETIC SERVICES	87 710	53 386	34 324	95 247	50 920	44 327
2.	MEDICINE TRADING ACCOUNT	71 310	61 667	9 643	65 639	62 066	3 573
		159 020	115 053	43 967	160 886	112 986	47 900
Economic classification							
	Current payments	143 832	109 355	34 477	142 304	110 469	31 835
	Compensation of employees	79 305	70 240	9 065	68 045	69 782	- 1 737
	Goods and services	64 527	39 115	25 412	74 259	40 687	33 572
	Transfers and subsidies	100	31	69	-	39	- 39
	Households	100	31	69	-	39	- 39
	Payments for capital assets	15 088	5 667	9 421	18 582	2 478	16 104
	Machinery and equipment	15 088	5 667	9 421	18 582	2 478	16 104
		159 020	115 053	43 967	160 886	112 986	47 900

The Programme spent at 72.35% (under by R43,967 million) after adjusting for funds shifts and virements of -R13,828 million post 2022/23 2nd AEPRE. The underspend is attributable inter alia to the department budgeting for the mandate of a "public healthcare remedy" for the provision of healthcare services in the public healthcare sector rather than lump sum settlements for future medical care in medico-legal claims.

The defences have envisaged the development of the common law to allow for a "public healthcare defence" and an "undertaking to pay defence" to be raised in medico-legal claims against the state. This is premised on the approach that if the department is required to continue to pay claims on the basis of full, up-front settlements of estimated future medical and other expenses this will, in time, overwhelm the ECDOH's capacity to meet its constitutionally mandated health service delivery obligations. The judgement was handed down on the 7 February 2023, indicating clearly how the common law is to accommodate the public health defence; and affirming the goods and services that the State will provide to the plaintiff during his lifetime.

Although the plaintiff indicated during March 2023 that she will be taking the landmark judgement on appeal, agreement was reached that the order is to be implemented whilst the appeal process is underway. This means that Department started with the process of implementing the Court order in the new financial year and the savings in the 2022/23 year against this line item was utilised to offset the budget pressures within the clinical programmes to continue delivery of public health care services uninterrupted. (This pressure in the clinical programmes having arisen from the payment of payables and accruals at the vote level of (R4.6 billion) at the beginning of the current financial year, treated as a first charge of the 2022/23 budget allocation, with the knock on effect being that the 31 March 2023 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.)

Programme 8: Health Facilities Management

Table 4.3.9: Programme 8 – Health Facilities Management

Programme 8: HEALTH FACILITIES MANAGEMENT							
		2022/23			2021/22		
		Adjusted Budget	Actual Expenditure	(Over)/Under Expenditure	Final Budget	Actual Expenditure	Variance
		R'000	R'000	R'000	R'000	R'000	R'000
Sub programme							
1.	COMMUNITY HEALTH FACILITIES	280 402	215 004	65 398	207 869	186 906	20 963
2.	EMERGENCY MEDICAL RESCUE SERVICES	-	-	-	-	-	-
3.	DISTRICT HOSPITAL SERVICES	620 578	567 534	53 044	726 163	595 470	130 693
4.	PROVINCIAL HOSPITAL SERVICES	265 435	287 279	-21 844	254 000	275 833	-21 833
5.	OTHER FACILITIES	9 076	1 758	7 318	18 231	29 704	-11 473
		1 175 491	1 071 575	103 916	1 206 263	1 087 913	118 350
Economic classification							
	Current payments	422 884	371 209	51 675	311 964	374 535	62 571
	Compensation of employees	32 324	24 157	8 167	43 184	22 754	-2 043
	Goods and services	390 560	347 052	43 508	268 780	351 781	83 001
	Transfers and subsidies	-	53	-53	-	5	5
	Households	-	53	-53	-	5	5
	Payments for capital assets	752 607	700 313	52 294	894 299	713 373	-180 926
	Buildings and other fixed structures	494 363	443 605	50 758	707 417	575 252	-132 165
	Machinery and equipment	258 244	256 708	1 536	186 882	138 121	-48 761
		1 175 491	1 071 575	103 916	1 206 263	1 087 913	118 350

The Programme spent at 91.2% (under by R103,916 million) after adjusting for funds shifts and virements of -R102,000 million post 2022/23 2nd AEPRE. The programme gave up a portion of its equitable share cash flows in favour of mitigating the pressure within the clinical programmes to continue delivery of public health care services uninterrupted, as explained above. The conditional grant allocations were spent entirely.

Virements and Fund Shifts

In terms of section 43 (1) of the PFMA, read in conjunction with Treasury Regulations 6.3.1, the Department utilized savings in the amount appropriated under a main division within a vote towards the defrayment of excess expenditure under another main division within the same vote, not having been directed otherwise by Provincial Treasury. Shifting of funds amounted to R369,978 million and virement of funds amounted to R383,209 million.

Roll-overs – Conditional grants and Equitable share

Conditional grants

Overall, conditional grants have spent 99.46% of the adjusted appropriation. Applications for conditional grant rollovers of R31.013 million from the 2022-23 to the 2023-24 financial year have been made amounting to R24,825 million for the National Tertiary Services Conditional Grant and R6,188 million for the District Health Programme Conditional Grant. (Comprehensive HIV Component) – non-profit institutions that provide home based care.

The bulk of the National Tertiary Services Grant application is in respect of medical & allied / health technology equipment and computer equipment. These are essential life-saving equipment used for various tertiary level medical interventions as the Department develops and modernises the service.

Equitable share

The Department has made application to Provincial Treasury to approve the application for the rollover of R90,931 million (Excluding interest paid) within the department's equitable share households (Claims against the State) - [inclusive of medico legal writ application matters at year end awaiting notification of the establishment of the relevant trusts with Standard Trust], from the 2023 to the 2024 financial year:

The application will be funded from the residual funded portion of the writs application budget allocation of R377,002 million received in the 2022/23 AEPRE [Reprioritisation allocation for Medico Legal Claims - R164,802 million; Provincial Allocations: Payment of Medico Legal Claims – R151,680 million (front loaded 2023/24 - R58,405 million, front loaded 2024/25 - R55,761 million, New Funds – PRF - R37,514 million) and R60,520 internal reprioritisation).

The writs application arose through the Department, Provincial Treasury (PT) and Office of the Premier launching an application to provide for staggered payments instead of lump sum medico legal payments. In terms of this application to the court, in order to alleviate the burden on the budget, the Province requested that current judgement debts be paid in instalments, with R500,000 initial instalments and, thereafter, annually in amounts as determined by the PT, over a period ranging from 12 months to 8 years.

An interim order was agreed to on 17 August 2021 which resulted in the writs being stayed, pending the writs application. This translated into the temporary cessation of lump sums flowing out of the Departmental coffers. In the 2021/22 AEPRE, the department received a provincial budget allocation amounting to R24,500 million for the execution of the above-named writs.

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

From 2021/22, a total of R202.155 million was allocated for the writs and was based on paying the 46 cases of the writs on an instalment basis. The 2021/22 adjustment estimate allocated an amount of R24.500 million towards the writs, while for the 2022/23 main budget an amount of R63.489 million was allocated for the payment of writs for these 46 cases. Since the court application was dismissed, these 46 cases of writs became due and had to be settled as upfront, lump sum payments in 2022/23.

These 46 cases of writs totalled R379.971 million. Originally, the writ cases consisted of 46 cases of which 2 cases were payable in instalments. A total of 12 cases are plaintiffs who were represented by Messrs Enzo Meyers and Nonxuba Inc respectively which required the establishment of the relevant Trust Funds to be set up with Standard Trust. As explained above, there were some delays in the establishment of the Trusts that led to the payments for the Nonxuba/ Enzo Meyers payments being rolled over into the 2023/24 financial year.

4.4 Unauthorised Expenditure, Fruitless and Wasteful Expenditure

Unauthorised Expenditure

The department has spent 99.80% - R28,189,296 billion against a final adjusted appropriation of R28,251,570 billion resulting in an under expenditure of R62,274 million or 0,20%. The expenditure is inclusive of the payment of several funded and unfunded Medico-Legal Claims, writs and otherwise.

For the year under review, the Department has not incurred unauthorized expenditure at the Vote level and has incurred overspending of R193,865 million at the Programmes level. This amount is made up of R87,833 million (Programme 2 - District Health Services) and R106,032 million (Programme 4 - Provincial Hospital Services) [adjusted for underspending of the conditional grants within those programmes].

The unauthorised expenditure has, in the current financial year been mitigated by the reprioritisation of the Department's budget through the shifting (R383,209 million) and virement (R369,978 million) of funds in terms of Treasury Regulations 6.3 and Sections 43 and 76(3) of the PFMA.

The unauthorised expenditure of R87,833 million (Prog 2) has primarily arisen within the above-named clinical programme having been caused by goods and services pressures vesting to continue the delivery of public health care services uninterrupted; as well as the payment of unbudgeted and unfunded medico and legal settlements not funded as part of the writs application budget allocation of R377,002 million received in the 1st 2022/23 Adjustment Estimates of Provincial Revenue and Expenditure (AEPRE).

Further, the budget pressures experienced by the department arose from the payment of payables and accruals at the vote level of (R4.6 billion) at the beginning of the current financial year, treated as a first charge of the 2022/23 budget allocation, with the knock on effect being that the 31 March 2023 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

The unauthorised expenditure of R106,032 million (Prog 4) has arisen within this clinical programme primarily vesting in compensation of employees as a result of incorrect PERSAL/BAS link codes by and between several programmes; as well as the payment of unbudgeted and unfunded medico and legal settlements not funded as part of the writs application budget allocation of R377,002 million received in the 1st 2022/23 Adjustment Estimates of Provincial Revenue and Expenditure (AEPRE).

Fruitless and Wasteful Expenditure

Irregular expenditure was reduced from R83 957 million in the previous financial year to R6 579 million during 2022/23, a decrease of about 93%. The current year irregular expenditure is attributed to deviations and procurement on expired contracts. The matters were referred to Employee Relations to institute disciplinary steps but were not finalised by financial year-end.

Fruitless and wasteful expenditure incurred in the current financial year amounted to R42,496 million with about 84% or 35 467 million attributed to interest charged on late settlement of medico-legal claims which are not funded in the budget of the department. Hence a legal opinion was sought from the State Attorney on whether officials of the department could be held liable by law for this fruitless and wasteful expenditure in terms of Treasury Regulations 12.2.1 and 12.2.2. Thus, interest incurred on late settlement of medico-legal claims was written off on the basis of the legal opinion so obtained which indicated that the officials cannot be held liable as they were not responsible for the budget process of the department. Other cases of fruitless and wasteful expenditure are attributable to vehicle damages and an insignificant amount of penalties due to non-attendance by employees of scheduled events. Such cases were assessed, and negligence confirmed was considered financial misconduct and referred to Employee Relations to institute disciplinary steps with confirmed financial losses transferred to the debt account for recovery.

4.5 Strategic Focus over the short to medium term period

4.5.1 Health Services Realisation

The Health Turnaround strategy was conceptualised during August to December 2021, presented to the stakeholders for input at various platforms, including but not limited to top management meetings, the strategic review session in February 2022 with social partners and external stakeholders, the cabinet Lekgotla sessions until its adoption as the provincial Health Turnaround Strategy. This formed the framework for all interventions that give effect to the turnaround. Progress reports are provided at various platforms with organised labour, management and external stakeholders.

The Department had to commence with mission critical matters right away, given the complexities of the challenges we face and the need to deal with urgent organisational structural matters like the haemorrhaging of money from the budget due to the upfront medico-legal settlements. There were also some projects that could be initiated and/or accelerated, some work having commenced before that period. This included:

- Work within the Medico-legal pillar with the launching of the stay of writs of execution on the 17 August 2021 and the Noyila test case for the public health defence and undertaking to pay around mid-November 2021.
- The department also kicked off the Digitalisation and eHealth pillar with the roll out of HMS2 to ten facilities in the Nelson Mandela Bay area in the 1 September 2021.
- The financial sustainability pillar also kick-started with an engagement with senior managers in finance to develop the Finance related projects that would ensure stemming of the loss of funds, optimal utilisation of the budget, management of cost-drivers, introducing efficiencies through digitalisation and addressing issues of revenue and increasing income through strategic partnerships.

Activities to support the health Turnaround was integrated into the APP and operational plans of 2022/23 and for 23/24.

Aim of the health turnaround strategy

The Health Turnaround Strategy aims to address the strategic, organisational and service challenges and move the health system towards a re-engineered sustainable service platform that is digitally enabled, data-driven and focussed on disease prevention and health promotion.

The foundation of the strategy is a performance-driven organizational culture that has three layers:

- Effective leadership, capable teams and valued employees.
- Institutionalizing performance reporting and management system.
- Progressive change management, stakeholder engagement and strategic marketing & communication.

Executive summary of the Progress of the Health Turnaround strategy, summarized by pillar, includes the following highlights:

4.5.2 Towards Financial Sustainability

The Department has stemmed the haemorrhage of funds from the budget through the upfront, lump sum medico-legal settlements by launching two critical legal defence strategies - the Stay of Writs and public health defence medico-legal strategies. The Department thus spent less than R500m total expenditure across the last two financial years since the implementation of the health turnaround. This is significantly less than the projected R2b outflow to settle cases on the Court rolls for these years, had the coordinated legal defences not been mounted.

The Department is working with Provincial Treasury to complete a fully motivated application to the SCOPA for condonation of the unauthorised expenditure related to medico-legal settlements of around R3,5 billion in claim settlements and associated State Attorney costs of around R850 million. This can be done through a finance bill that can restore this funding to the departmental funding baseline and significantly reduce the accruals and payables.

Accruals and payables of around R4,6 billion impacts supplier payments within 30 days and causes avoidable crises like:

- No electricity supply to facilities by municipalities affecting clinical services and administrative operations, exacerbating impact of load shedding.
- Closure of accounts by drug companies causing backlog at the depots and running out of certain medication line items at depot and certain facilities.
- Withdrawal of security from facilities causing unnecessary risk to patients, staff and assets

The department is pleased to report a 98% reduction in in-year irregular expenditure to under R10 million in 2022/23 from R105 million in 2021/22 due to improvements in SCM systems and controls.

Table 4.5.1: In-year Irregular Expenditure

Current Year Irregular Expenditure	Amount R'000	Variance	
		Amount	%
2017/18	255 628		
2018/19	295 354	39 726	16%
2019/20	265 761	-29 593	-10%
2020/21	156 538	-109 223	-41%
2021/22	104 900	-51 638	-33%
2022/23	6 579	-98 321	-98%

There are several projects initiated in 2022/23 that aim to contain cost-drivers such as NHLS and Blood Products; security; overtime; and so on, that are being implemented and contributing to cost-savings.

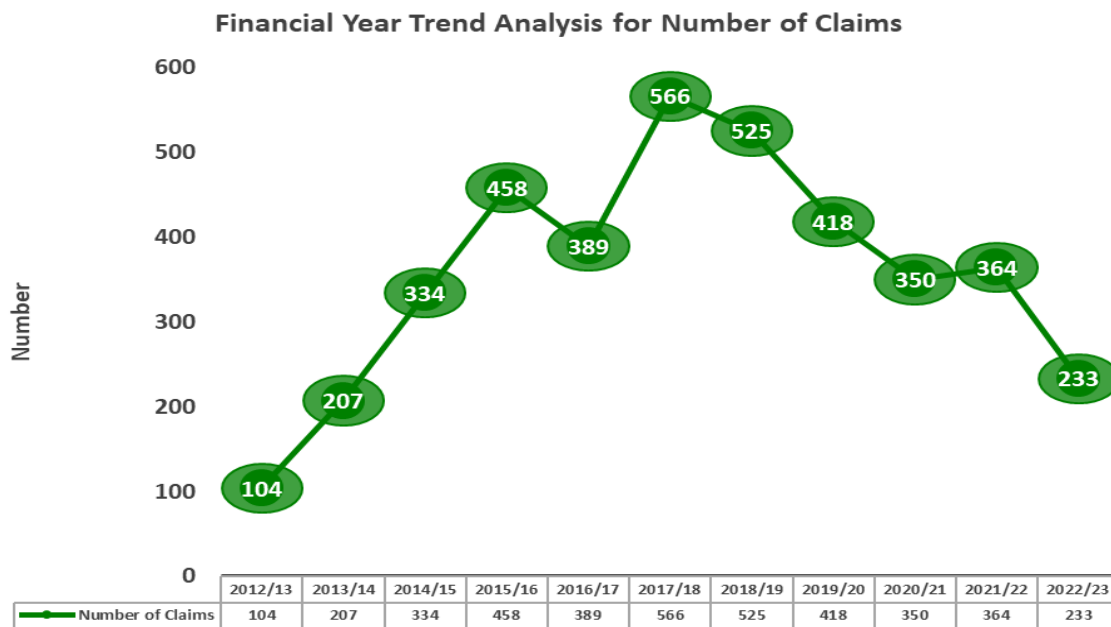
4.5.3 Integrated Medico-legal Strategy

There has been a reduction in the number of medico-legal claims year on year, with the biggest drop observed in the last two years, illustrated in the table and graph below:

Table 4.5.3.1: Number of medico-legal claims year on year

Financial Year	Number of Claims	Variance Yr on Yr	
		No	%
2012/13	104		
2013/14	207	103	99%
2014/15	334	127	61%
2015/16	458	124	37%
2016/17	389	-69	-15%
2017/18	566	177	46%
2018/19	525	-41	46%
2019/20	418	-107	-20%
2020/21	350	-68	-16%
2021/22	364	14	4%
2022/23	233	-131	-36%

Figure 4.5.3.1: Number of medico-legal claims year on year



As can be seen in the table above:

- There were 233 new claims registered in 2022/23 vs 364 in the 2021/22 year.
- This is a 36% reduction in new claims registered in 2022/23 compared with the previous year.
- And a 58% reduction compared to the peak number of 566 claims in 2017/18.

The Noyila public health defence judgment released on the 7 February 2023, found in favour of the ECDOH, sets an important precedent in the Eastern Cape. The judgment opens the door for the ECDOH to raise the public healthcare remedy and undertaking to pay remedy in pending and future medical negligence cases against it. In future cases, the ECDOH will not have to prove that the law should be developed in each and every case. Instead, it will be able to raise the remedies as alternatives to a once-and-for all lump sum damages award. The Plaintiff has been granted leave to appeal to the SCA whilst the Department has been granted permission to proceed with implementing the order, whilst the appeal runs its course in the 2023/24 year.

Rehabilitation Centres of Excellence

From within the 43 facilities currently providing cerebral pulse services, the department has prioritised facilities in all eight districts and are expected to operate using the hub and spoke model to promote the efficient use of resources. The Department has commenced with the first three centres of excellence to be established in the 2021/22 financial year, one for each region (Cecilia Makhivane Hospital (Central Region), Nelson Mandela Academic Hospital (Eastern Region), Dora Nginza (Western Region)). As indicated, these three will serve as referral sites for their surrounding hospitals as these facilities are being resourced with adequate equipment and trained and skilled personnel. The details pertaining to critical staff appointed and equipment procured during 2022/23 has been reported in the MEC Foreword and will also be presented in programme 7.

Three specialised and custom-made vehicles to accommodate Cerebral Palsy children, care-givers and wheelchairs in the management of Cerebral palsy in NMAH, CMH and Dora Nginza have been delivered and are already in use during 2022/23. This has been one of the critical deliverables to ease pressure on the transportation of CP children.

The Department has invested in training therapists on Cerebral Palsy Management, basic and intermediate level of wheelchair seating. This training is one of the key expertise required to be able to prescribe and issue a wheelchair to the cerebral palsy patient. The training of these Therapists has significantly increased the number of trained Therapists for the management of Cerebral Palsy in the Province.

All medico legal cases are being coordinated through the Specialised Litigation Unit (SLU). This seeks to ensure a consistent and coordinated approach across all cases, where the public health defence is being advanced. Norton-Rose Fullbright and Smith/Tabata Consortium's 36-month contract kicked in at the beginning of the fourth quarter and is also supporting the department in its defence on ML cases especially in the Eastern Region.

Both OTP and ECDOH have been focusing on the stabilisation of the Legal Units with the following capacity built in ECDOH, with budget injection from Provincial Treasury: Senior Manager Legal Services has been appointed 3× Senior Legal Admin Officers; and 1 × Legal Admin Officer, with 2 others to join in the new financial year 21 x Admin Clerks in support of Contingent Liability

A 36-month contract has been awarded to Norton-Rose Fullbright/Smith Tabata consortium as a panel of legal experts to assist with the defences of cases before the court; effective from 1 January 2023. Bolstering Admin Support focused on strengthening the PAIA management through a centralized approach where the 21 Admin Support Clerks & 30 Records Clerks were employed for deployment to digitizing critical maternal record onto HMS2.

Turnaround times on PAIA have improved with information gathered from facilities and scanned to the system. The Records Management Strategy will see the department focusing on securing registries, whilst improving the existing registry infrastructure across highly litigated facilities as priority as the next focus area. Through the Hub Approach, clinical teams led by our specialist are playing a very critical part in formulating our defence.

Progress to date with the HMS2 Rollout by the end of the Fourth Quarter is illustrated in the figure below:

Figure 4.5.3.2: HMS2 rollout progress



There are two main arms to achieve the strategic objective of preventing future medical negligence claims:

- Improving the quality of clinical services where litigation commonly ensuring the best and safest care for moms and babies
- Conducting forensic investigation into medico-legal cases, focusing on past or decided cases to clear any suspicions on the reasons for losing the cases and the amounts and terms at which government settled.

Best and Safest Care for Moms and Babies

The Department achieved a significant reduction in maternal mortality rates in the third quarter of 2022/2023 financial year to 89 per 100,000 live births and a slight kick up to 113.8 per 100,000 live births in the fourth quarter. This is significantly down when compared to around 147 deaths per 100,000 live births during COVID-19 and immediately after COVID around 141 per 100,000 pre-COVID-19.

There is a downward trend in deaths related to Severe Acute Malnutrition with a case fatality rate of 6,4% in the fourth quarter compared with the 2021/22 year of 9,7%. Immunisation coverage improved from 69% in 2021/22 to 82%.

Medico-legal training is an ongoing activity, with a particular focus in 2022/23 on the following key areas:

- Training of Midwives on Leadership: Training commenced in Quarter 3 and is being offered through Stellenbosch University with fifty-six (56) Midwives enrolled on the course.
- Training Clinicians on Computer Skills: In-service training of Clinicians on computer skills is currently underway whilst an eLearning Strategy is being developed.

- Training of Clinicians on clinical skills: A virtual training program was piloted by DCSTs during 2022/23 and is currently within the Supply Chain processes for tender advertising; after which training will commence. This training program plans to enrol 420 Doctors, 366 Advanced Midwives and 723 Midwives.
- In the interim, the department continued with the rollout of ESMOE Trainings that were face-to-face as the Regulations level allow physical training sessions. This training was funded through the HIV/AIDS Grant.
- Clinical Leadership Course: This course is currently within the Supply Chain processes for tender advertising; after which training will commence. Specifications were developed during 2022/23

Forensic Investigations into Medico Legal Claims

Reconciliation and analysis of the Office of the State Attorney account with ECDOH started in March 2023 and expected completion date is 31 August 2023. Forensic Audit Unit (FAU) has also initiated reconciliation and analysis of the attorney trust bank account for criminal prosecution. The trial is continuing in the Western Cape High Court, where PT is assisting the Legal Practice Council to strike off the roll a firm of attorney for Trust related malpractice costing the ECDOH approximately R2,8bn and the next trial date is August 2023.

DPCI and NPA with PT are also working together in a criminal matter involving a firm of attorneys on R46m worth of Medico legal claims against the department during 2022/23. The date of the trial was 26 April 2023 in the Specialised Commercial Crimes court in East London

4.5.4 Service Delivery Optimisation

The Departmental Task Team (DTT) - organized labour with management, supported by the OTP and DPSA experts-kicked off the service delivery review and realignment to the NHI and District Development Model. This will lead to an updated, single organogram that incorporates a rationalized, repurposed service delivery platform. By the end of March 2023, a draft Service Delivery Model was shaping for technical review by OTP and DPSA before being presented to the Executive Management team. In parallel, work has commenced on incorporating the Service Delivery Optimisation proposals, SDM and organogram. Work has also commenced on the migration plan, in the event that there may be a need for staff movement.

The Human Resources for Health summit held in August 2022 recognizes the financial situation of the Department and the need for organizational stability and a strengthening of labour relations. A programme of action to give effect to this commitment will be drafted for the year ahead. The appointed task team is to meet to identify those matters that may be considered for tabling at the Bargaining Chamber.

On ensuring infrastructure is optimally utilized, the Department has re-prioritized its budget and shifted significant proportion of the budget in the MTEF towards maintenance and much needed machinery and equipment. A clean-up campaign to bring our facilities into habitable state across the next three years was commenced in 2022/23. The bills of quantity and adverts for the first 80 facilities across all facilities was advertised in 2022/23 and is being adjudicated – this will provide visible change to our users as we aim to do carpentry, painting and plumbing at these sites.

4.5.5 Digitalisation and eHealth

ROLL OUT OF HMS2

The eHealth intervention comprises several deliverables that are divided into two implementation phases. The system being deployed is the in-house developed system HMS2, with zero licensing costs for the Department, which is now being extended to the Free State Province.

The Department has made significant progress in implementing the eHealth intervention, having implemented Phase 1 in 20 hospitals and the full Phase 2 modules were implemented as part of an initial pilot at Frere Hospital. The original target completion date for phase 1 modules at the 28 priority facilities was 31 March 2024 but based on the status of implementation, completion is estimated around October to November 2023.

One of the key deliverables of the eHealth intervention is the electronic PAIA and medico-legal modules, which provide a centralized solution for storing and reporting on all PAIA and medico-legal claims. All such claims are now electronically stored in respective registers and reported on as part of routine reporting and data analytics. Additionally, the Department has begun establishing an electronic data warehouse where routine data for NHLS, SANBS, and Persal are provided to facilities for improved decision-making and interventions where required.

CALL & DISPATCHING SYSTEM, DIGITISING EMS SERVICES

The Department has completed the customisation of the Call and Dispatching System in EMS and invested in the necessary infrastructure in 2022/23.

The department had increased the number of call taking staff in the EMS communication centres around the province. A total of 54 call centre staff were recruited in the 2022/23 financial year. This staff will assist in the effective utilization of the call taking and dispatch system.

CONNECTIVITY & BROADBAND ACCESS

From the original 28 priority hospitals, 50% have been equipped with broadband, while the remaining 50% are utilizing the National RT contract to access LTE connectivity. The department has established a provincial eHealth steering committee, which is driving the project implementation with good interdepartmental support from Provincial Treasury and OTP. The committee comprises various business units representing the Department in all areas of core business, including clinical, finance, supply chain management, facilities management, risk management, and more.

Recently, a Deputy Director of ICT has been appointed to report on and work closely with the Premier's office to drive broadband, resulting in positive changes, with more sites being connected. The Department is hopeful that the remainder of these sites will receive broadband within the 2023/2024 financial year. OTP did prioritize all the eHealth-identified sites.

Despite good progress, the Department faces challenges related to broadband connectivity and power supply. While broadband uptime has improved from the previous year, SITA needs to ensure a more robust and redundant solution to prevent facilities from going offline. Similarly, power remains a significant challenge, with the Department utilizing uninterrupted power supply units and generators where available, but it is becoming increasingly difficult to ensure sustainable power where facilities are not excluded from load shedding.

4.5.6 Building Healthier Communities

The Department has invested in staffing, training and equipment to improve health outcomes and the quality of mental health, EMS and forensic services – these will be shared further in the details of the programme performance. The department highlights achieved in 2022/23 included:

- A significant reduction in maternal mortality rates in the third quarter to 85,8 per 100,000 live births and 112 deaths per 100,000 live births in the fourth quarter compared to around 157 deaths per 100,000 live births during covid-19 and the lowest rate of around 108 per 100,000 pre-covid-19.
- Reduction Child U5 Years Deaths and a reduction in deaths due to Diarrhoea, Severe Acute Malnutrition and Pneumonia in children under 5 years with Immunization Under 1-year coverage remaining above 82%, in the main due to the catch-up campaigns launched.
- Achieved HIV/AIDS 92: 73: 90 and TUBERCULOSIS: 96: 93: 75 -Operation Phuthuma is a quality improvement approach that encourages prioritization in monitoring the poor performing indicators of all the Health programmes including HAST.

4.6 Public Private Partnerships

Co-Location PPP: Humansdorp Hospital

The agreement for public private partnerships in this regard started on 27 June 2003 to 30 June 2023 with Metro Star Hospital Life Healthcare Ltd (previously Afrox Healthcare Ltd). This was as regulated by the Treasury Regulations to the Public Finance Management Act, no 1 of 1999.

The Project embarked on by the Concessionaire through the conclusion of the agreement, involved the granting of Concession Rights by the Provincial Government to the Concessionaire against the payment of variable concession fees and the construction of a thirty bed private facility, 3 bed high care bed unit, the enlarging of the current Humansdorp hospital entrance and administration area for use by both Parties as well as enlarging of the casualty and outpatient ward including two consulting rooms and a dentist room, the building and/or upgrading of two new operating theatres, a new CSSD, a new radiology unit, a new laboratory and the refurbishment and upgrade of the existing Humansdorp hospital.

The Concessionaire further provides maintenance and facility management services to the Humansdorp hospital in return for the payment of service payments to the Concessionaire by the Provincial Government. The agreement will automatically be terminated on expiry of the twenty-one-year concession period, unless terminated earlier in accordance with the provisions of the agreement.

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

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

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

Contract Fee Paid: No unitary fees have been paid in the current nor previous financial year as there is a legal process in progress which deals with the termination of the public-private partnership ("PPP") agreement with Nalithemba Hospitals (Pty) Ltd.

4.7 Discontinued key activities / Activities to be discontinued

There are no activities to be discontinued.

4.8 New or proposed key activities

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

4.9 Supply Chain Management (SCM)

No unsolicited bid proposals were implemented during year under review. The department has introduced measures to address the weaknesses that resulted in irregular expenditure in prior years.

Extension of Contracts:

In ensuring that approval is sought from the delegated authority, the Bid Award Committee (BAC) has put in measures in place to prevent extension of contracts.

The Department is also focusing on the implementation of the Departmental procurement plan which is the main potential contributor to the contract extensions.

These interventions have resulted in the reduction of new contract extensions and prevention of extensions above 15% threshold.

Deviations:

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

Local Content:

Workshops on the implementation process were followed by Supplier Day Workshops which were conducted during the year 2022/23.

Conflict of Interest:

Supplier day workshops were conducted during the year 2022/23 and follow up sessions are planned for the year. These interventions have resulted in 0 direct conflicts Q1, Q3 and Q4 of 2022/23 and 0 potentially conflicted employees on the Central Supplier Database for Q1 and Q4. Nine potentially Conflicted cases relate to NPOs and Cooperatives. Treasury was unable to deregister them and the department is engaging CEOs and DMs for assistance.

There has been a significant reduction in direct conflict year-on-year because of the measures put in place and the strengthening of controls (see figure 4.9.1 and table 4.9.1 below). The 2022/23 financial year saw one conflict - a clinician who serves on the SA Blood Services (SABS) Board – contributing to a record of 566 transactions of conflict due to the nature of the service rendered. Every order for a pint of blood was regarded as a count of conflict of interest. SABS is the only service provider for blood products, though. This matter is under investigation.

Figure 4.9.1: Number of direct conflicts



Table 4.9.1: Number of direct conflicts

FY	Number of Purchase Orders Issued - Direct Conflict	Variance to Prior Year
17/18 FY	124	
18/19 FY	31	-93
19/20 FY	15	-16
20/21 FY	22	7
21/22 FY	1	-21
22/23 FY	0	-1

Challenges experienced in SCM and how they were resolved:

1. Turn-around times with the implementation of the procurement plan. There were plans to improve and the following interventions were introduced:

- Collaboration of facilities to prevent duplication of efforts and improve quality as well as achieve value for money.
- The Department has partnered with Clinton Health Access Initiative (CHAI) and developed a procurement plan and contract management monitoring tool. The rollout is scheduled during September to October of 2023 with the kick-off planned for the 07 September 2023.
- Performance monitoring has been escalated to the executive level wherein monthly reports are presented during the IYM briefing sessions.
- Catch-up plans were developed which included monitoring meetings with Implementing Agents.

2. Governance

- During the previous financial year there was an increased number of allegations of fraud related cases reported.
- Although the investigations are handled by the Fraud unit, audit outcomes were utilised to determine areas of risk.
- A Workshop was held with all districts on the 08 December 2022 to capacitate and create awareness.
- Various new (or first time) long term, rate-based contracts were implemented during the year under review to reduce split procurement through quotation processes - this had been identified as a risk area within SCM.

3. Manual processes

- Plans are in place to digitise SCM processes. The Department has participated in LOGIS enhancement projects for contracts management, and asset management.
- The ICN standardisation LOGIS project was completed in partnership with CHAI and a catalogue was developed to improve monitoring, controls and better turnaround times.

4. High SCM vacancy rate across the province

- The budget constraints in the department have affected the filling of vacant and replacement post. This was identified as a high risk for the Department with a potential for audit/governance regress.
- The Department's EMT has agreed to prioritise the filling of SCM posts during the 2023/24 financial year.

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

The Department continued to receive gifts and donations to the value of R28 003 million as indicated in Annexure IH to the Annual Financial Statements.

4.11 Exemptions and Deviations received from National Treasury

There were no exemptions and deviations received from National Treasury.

4.12 Events after reporting date

Adjusting events after reporting date

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

Non-adjusting events after reporting date

Co-Location PPP: Port Alfred & Settlers Hospitals in Port Alfred and Grahamstown: As reported in the previous financial year, the Department is in the legal process as a result of termination received from the Concessionaire, Messrs Nalithemba Hospitals (Pty) Ltd

4.13 Other

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

4.14 Acknowledgements and Appreciation

The Accounting Officer would like to acknowledge and appreciate the enduring Political support of the Honourable Premier and MEC; to the Chapter nine and ten oversight bodies and Clinic Committees and Hospital Boards whose feedback assist with identifying specific areas of concern; the colleagues in other national and provincial government departments whose fellowship and collaboration is greatly appreciated; and to our strategic partners whose pragmatic assistance in our time of need will never be forgotten.

I want to extend a special word of appreciation to the unwavering Health management team who have embraced the Health Turnaround strategy as we renewed our commitment to serve post-COVID, reset our agenda and programmes, and commenced the rebuilding process during 2022/23. Our incremental improvements and achievements in 2022/23 would not have been possible without your leadership in the face of adversity.

To our leadership of organised labour, after an admittedly bumpy start to the financial year, we are pleased at the strides we are making together to bring stability to our department - your progressive leadership is noted and appreciated and we look forward to building on the foundation we have started laying in 2022/23.

And of course, last and certainly not least, the committed and hard-working health care professionals and support teams at the frontline who brought us through COVID19. Each and every day you show up and administer compassionate care, prevent disease, rehabilitate and promote good health. The laudable improvements in health outcomes and experience of care reported in this annual report can be attributable to your direct efforts. We remain committed to finding ways that promote a conducive environment for you to perform optimally.

4.15 Conclusion

The Annual Report of 2022/23 saw the department unleash the health turnaround strategy as a means of addressing the key strategic challenges of post-COVID service backlogs; diminishing financial resources; drained human Resources for Health and dissatisfaction with the resultant quality of health and care that we were able to provide.

We have deployed the available resources to ensure we fill much needed critical posts, procured the necessary goods and services, and invested in our plant, machinery and equipment to the tune of over R541.0 million.

The structural and systemic issues will not be fixed in its entirety in one short financial year but the measurable improvements reported above and in the in the programmes below are an indication that we are on the right track.

The Department appreciates the support of the Office of the Premier and Provincial Treasury; however, it must be indicated that the national departments have a pivotal role to play in the passing of the Amendment of the State Liability Bill and to find innovative ways of restructuring the historical debt. The Department has stabilised the accruals and payables through the integrated medico-legal strategy and through financial management discipline in 2022/23. We need a fighting chance to deliver on our Annual Performance Plans and the removal of the accruals and payables will not only ensure our creditors can all be paid within 30 days but will also eliminate the opportunity cost of management having to attend to avoidable debt-induced "crises".

And finally, promoting good health, preventing and controlling disease, and rehabilitation to optimal functionality requires a whole of society approach. We appreciate and will strengthen our partnerships with our communities, families and patients as we strive to improve access to quality health and care in the Eastern Cape, building on the achievements and good progress made in the 2022/23 financial year. We are renewed, ready and capable!

4.16 Approval and Sign-off

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



Dr R. Wagner
Accounting Officer
31 August 2023

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

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

- All information and amounts disclosed throughout the annual report are consistent.
- The annual report is complete, accurate and is free from any omissions.
- The annual report has been prepared in accordance with the guidelines on the annual report as issued by National Treasury.
- The Annual Financial Statements (Part E) have been prepared in accordance with the modified cash standard and the relevant frameworks and guidelines issued by the National Treasury.
- The Accounting Officer is responsible for the preparation of the annual financial statements and for the judgements made in this information.
- The Accounting Officer is responsible for establishing, and implementing a system of internal control that has been designed to provide reasonable assurance as to the integrity and reliability of the performance information, the human resources information and the annual financial statements.
- The external auditors are engaged to express an independent opinion on the annual financial statements.
- In my opinion, the annual report fairly reflects the operations, the performance information, the human resources information and the financial affairs of the Department for the financial year ended 31 March 2023.

Yours faithfully



Dr R. Wagner
Accounting Officer
31 August 2023

6. STRATEGIC OVERVIEW.

6.1 VISION

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

6.2 MISSION

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

6.3 VALUES

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

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

7. LEGISLATIVE AND OTHER MANDATES

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

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

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

Legislation falling under the Minister of Health's portfolio

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

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

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

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

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

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

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

Health Professions Act, 1974 (Act No. 56 of 1974) - Provides for the regulation of health professions, in particular

medical practitioners, dentists, psychologists and other related health professions, including community service by these professionals.

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

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

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

National Health Act, 2003 (Act No. 61 of 2003) - Provides a framework for a structured health system within the Republic, taking into account the obligations imposed by the Constitution and other laws on the national, provincial, and local governments with regard to health services. The objectives of the National Health Act (NHA) are to: unite the various elements of the national health system in a common goal to actively promote and improve the national health system in South Africa; provide for a system of co-operative governance and management of health services, within national guidelines, norms and standards, in which each province, municipality and health district must deliver quality health care services; establish a health system based on decentralised management, principles of equity, efficiency, sound governance, internationally recognized standards of research and a spirit of enquiry and advocacy which encourage participation; promote a spirit of co-operation and shared responsibility among public and private health professionals and providers and other relevant sectors within the context of national, provincial and district health plans; and create the foundation of the health care system, and understood alongside other laws and policies which relate to health in South Africa.

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

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

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

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

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

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

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

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

Other legislation applicable to the Department

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

Broad-based Black Economic Empowerment Act, 2003 (Act No.53 of 2003) - Provides for the promotion of black economic empowerment in the manner that the state awards contracts for services to be rendered, and incidental matters.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HEALTH SECTOR POLICIES AND STRATEGIES

National Health Insurance Bill

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

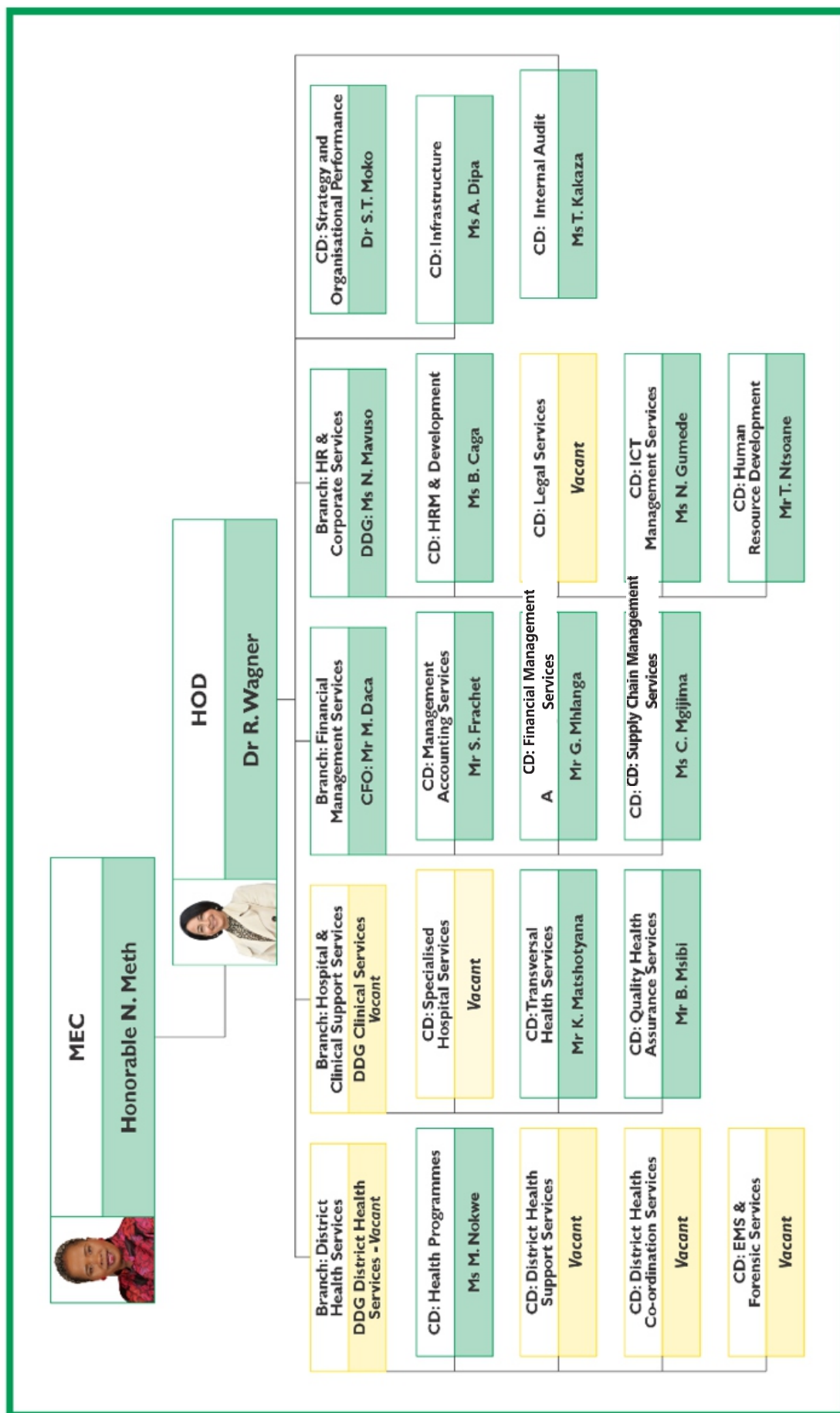
In many countries, effective Universal Health Coverage has been shown to contribute to improvements in key indicators such as life expectancy through reductions in morbidity, premature mortality (especially maternal and child mortality) and disability. An increasing life expectancy is both an indicator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

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

National Development Plan (NDP): Vision 2030

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

8. ORGANISATIONAL STRUCTURE



9. ENTITIES REPORTING TO THE MEC

Table 9.1: Entities reporting to the MEC

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

PART B

PERFORMANCE INFORMATION



Province of the
EASTERN CAPE
HEALTH

I. AUDITOR'S GENERAL REPORT: PREDETERMINED OBJECTIVES

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

Refer to page 331 of the Report of the Auditor General South Africa, published as Part F: Financial Information

2. OVERVIEW OF DEPARTMENTAL PERFORMANCE

2.1. Service Delivery Environment

2.1.1 Demographic profile of the Eastern Cape Province

The 2022 Stats SA mid-year population estimates suggested that the Eastern Cape Province has a total population of 6,676,691 constituted largely of a younger population. The youth constituted about 63.2% of the provincial population. Children under 5 years constitute 10.6% of the general population. The population pyramid below also shows that both males and females they almost have the same numbers at birth up until becoming young adults. With males having a slight edge over their female counterparts up to the age of 35 years. More women live beyond the age of 35 years when compared against men. As a result, the capacity of the Eastern Cape 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 as a result of the imbalances of the past.

Population Pyramid

Fig. 1: Eastern Cape Population by age and sex (Stats SA mid-year population estimates, 2022)

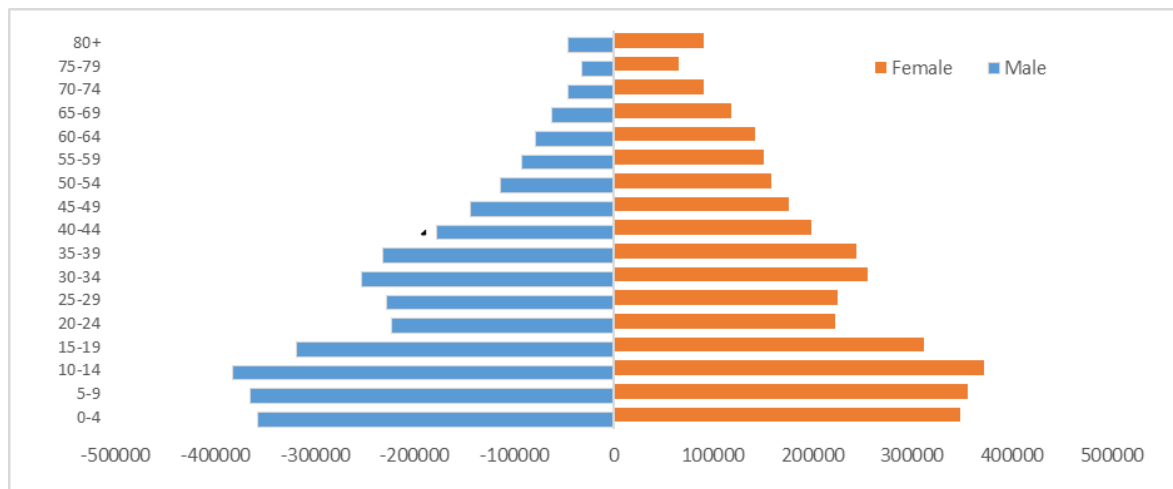


Table A1: Population Distribution by Health District Municipality (DM), 2021 estimates

District	% of total population ¹	Total population ¹	Males ¹	Females ¹	Size of area (km ²) ²
Alfred Nzo	12,3	824 296	359 587	464 709	10 731.2
Amathole	11,7	781 063	372 062	409 001	21 594.9
Buffalo City Metro	11,9	797 '681	385 541	412 139	2 535.9
Chris Hani	10,5	700 900	333 042	367 858	36 143.5
Joe Gqabi	5,1	341 611	163 581	178 030	25 662.7
Nelson Mandela Metro	18,2	1 212 654	579 407	633 247	1 958.9
OR Tambo	23,0	1 534 692	722 589	812 103	12 095.5
Sarah Baartman	7,2	483 794	239 947	243 847	58 243.3
Eastern Cape	100,0	6 676 691	3 155 756	3 520 934	168,966.0

Data Sources: ¹ Stats SA mid-year population estimates 2022; ² Population Census, 2011

Fig. 2: District municipalities of the Eastern Cape Province



2.1.2 The socio-economic profile of the EC Province

Poverty, unemployment, education, housing, access to piped water and sanitation are the social determinants of health that characterize the Eastern Cape Province, in particular the districts of Alfred Nzo, Amathole, Chris Hani and OR Tambo. This is evident in the socio-economic indicators in Table A2 below, as well as the maps that follow. Figure 3 below showed the Eastern Cape as the worst province affected by lack of job opportunities as reported by Statistics South Africa Quarterly Labour Force Survey (Quarter I of 2023). These poor socio-economic conditions directly affect the health outcomes and the quality of life of the larger population of the Eastern Cape. Alfred Nzo - the district with the highest poverty headcount at 22.0% - has the lowest percentage of the population with medical aid coverage (at only 3.5%). The huge population has a very limited medical aid coverage, and province-wide 89.3% of the population depend on government health services or pay for their medical bills in private health facilities.

Socio-economic indicators

Table A2: Labour force characteristics in the EC (Stats SA Labour Force Survey: Quarter I 2023)									
	Oct-Dec 2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sep 2022	Oct-Dec 2022	Qtr-to-qtr change	Year-on-year change	Qtr-to-qtr change	Year-on-year change
	Thousand	Thousand	Thousand	Thousand	Thousand	Thousand	Thousand	Per cent	Per cent
Population 15–64 yrs	4 425	4 440	4 455	4 469	4 483	14	58	0,3	1,3
Labour force	2 307	2 349	2 359	2 384	2 367	-17	60	-0,7	2,6
Employed	1 293	1 343	1 360	1 380	1 421	41	128	3,0	9,9
Unemployed	1 014	1 006	999	1 004	946	-58	-68	-5,8	-6,8
Not economically active	2 118	2 091	2 095	2 085	2 116	32	-2	1,5	-0,1
Discouraged work-seekers	333	341	294	172	142	-30	-190	-17,3	-57,2
Other	1 785	1 751	1 802	1 913	1 974	61	189	3,2	10,6
Rates (%)									
Unemployment rate	44,0	42,8	42,4	42,1	40,0	-2,1	-4,0	-	-
Employed/population ratio (absorption)	29,2	30,2	30,5	30,9	31,7	0,8	2,5	-	-
Labour force participation rate	52,1	52,9	53,0	53,3	52,8	-0,5	0,7	-	-

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

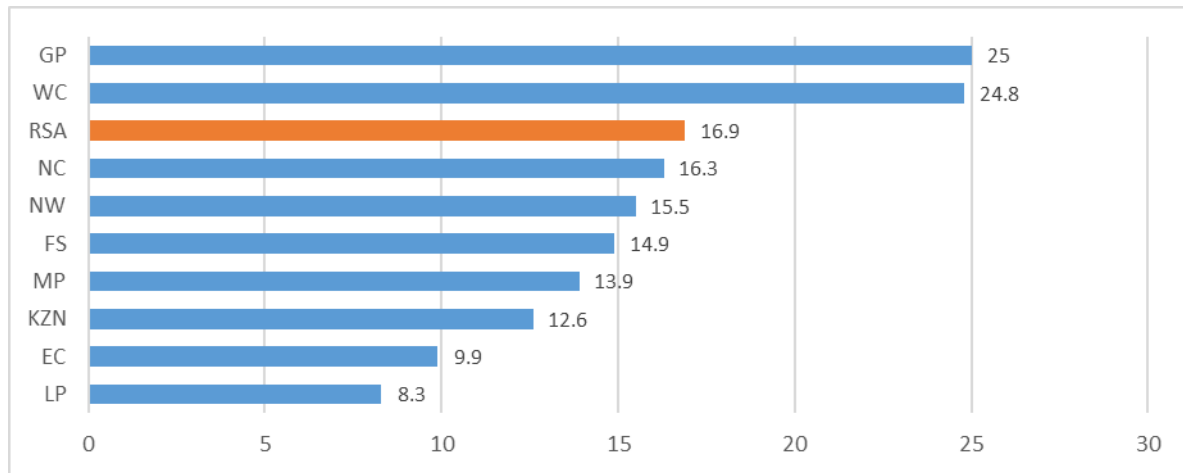
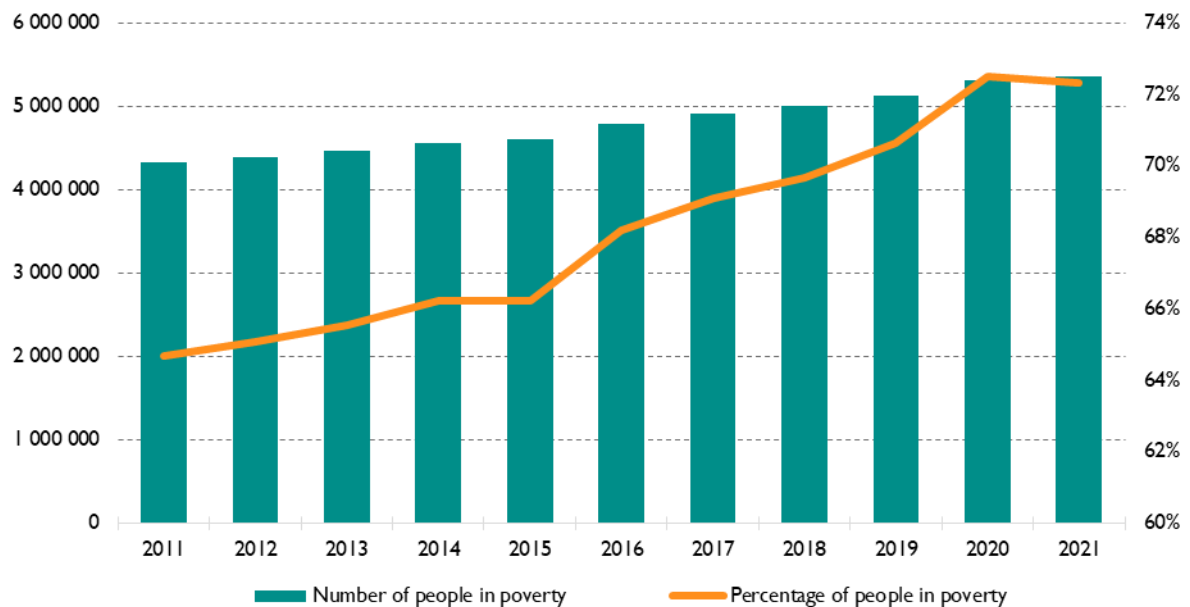


Fig.4: Number and percentage of people in poverty in the Eastern Cape, 2011-2021



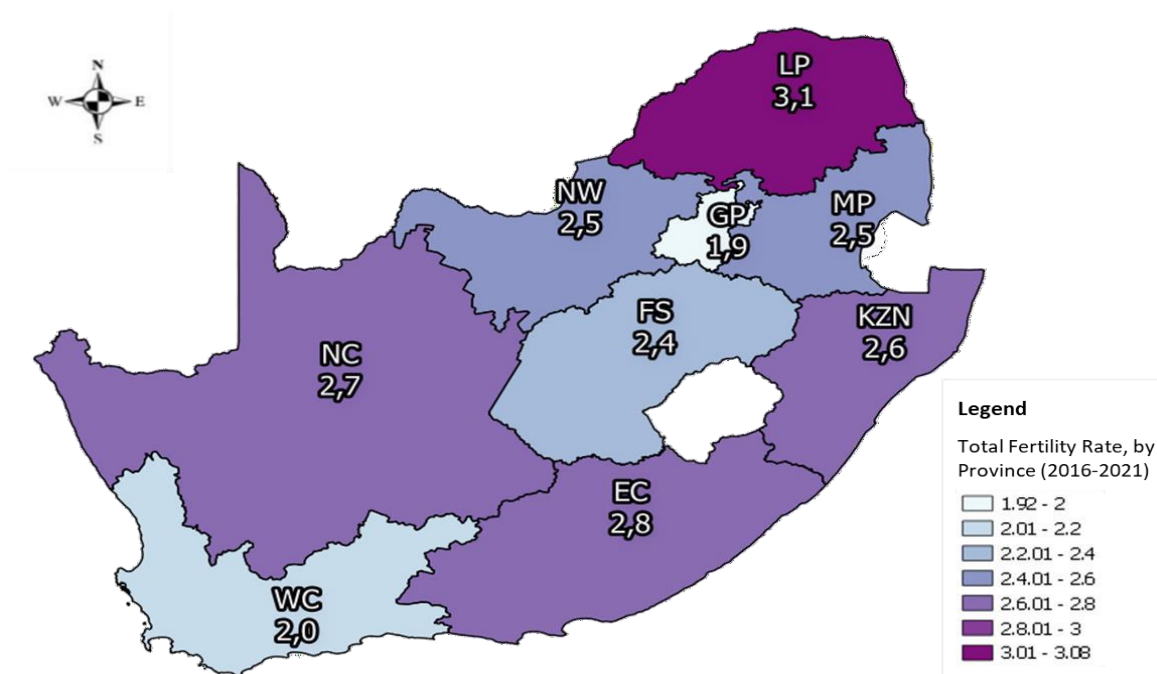
Source: IHS Markit Regional eXplorer

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

District/ Metro	Percentage of people in poverty ¹	Unemployment Rate ¹	No schooling ¹ (Age 15+ yrs)	Medical Aid Coverage ³	Access to piped water ¹	Households with flush/ ventilation improved Pit toilet ¹
Alfred Nzo	86.6	42.1	2.8	3.8	59.7	90.4
Amathole	76.7	40.4	3.7	4.3	84.7	82.6
Buffalo City M	60.6	32.5	1.5	22.4	98.8	92.6
Chris Hani	74.4	36.8	4.6	4.9	89.6	87.4
Joe Gqabi	74.0	32.7	3.5	5.0	85.2	88.5
N Mandela M	57.7	28.7	0.9	20.4	99.7	97.2
OR Tambo	83.6	55.4	3.8	4.2	59.9	90.4
S Baartman	60.3	19.0	2.1	8.8	98.7	93.6
E Cape	72.3	45.2	2.8	9.8	84.3	90.9

Source: ¹ IHS Markit Regional eXplorer 2021, ² Stats SA CS 2016, ³ DHB 2018/19

Fig 5: Provincial average total fertility rate, 2016–2021



2.1.3 Disease Burden

Generally, the disease burden is high, and service platform is overburdened due to social determinants of health that the Department has no control over. The intervention that the Department had put in place is IGR collaboration and integrated planning across sectors. According to Stats SA 2021 report; TB, HIV, Diabetes and Hypertension remained among the top causes of mortality in the province.

Top 10 underlying causes of natural deaths by sex in EC

Figure 6: Male

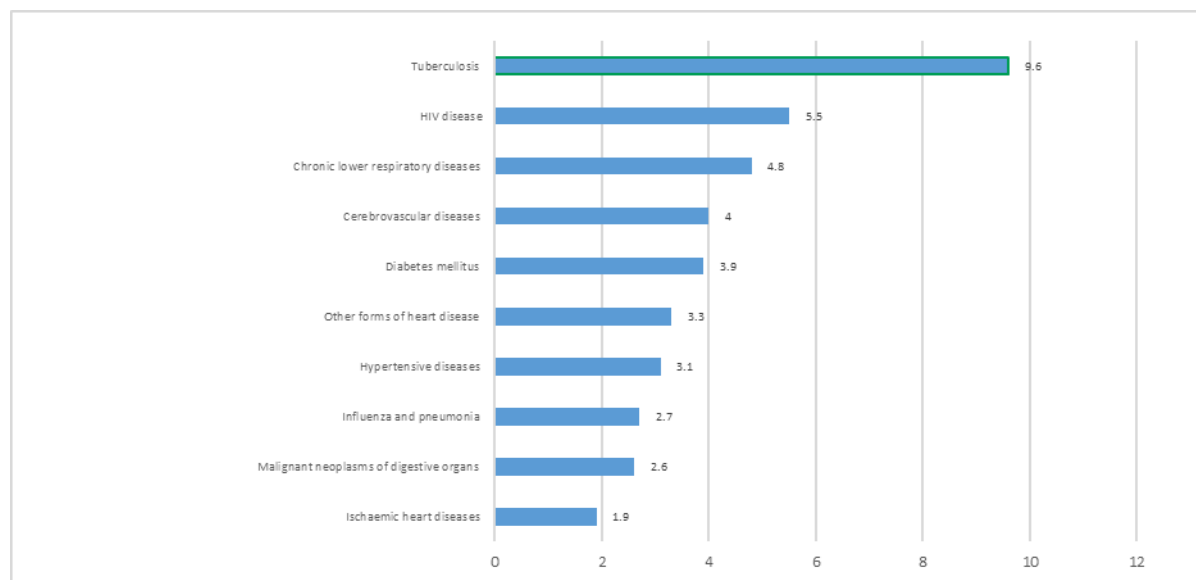
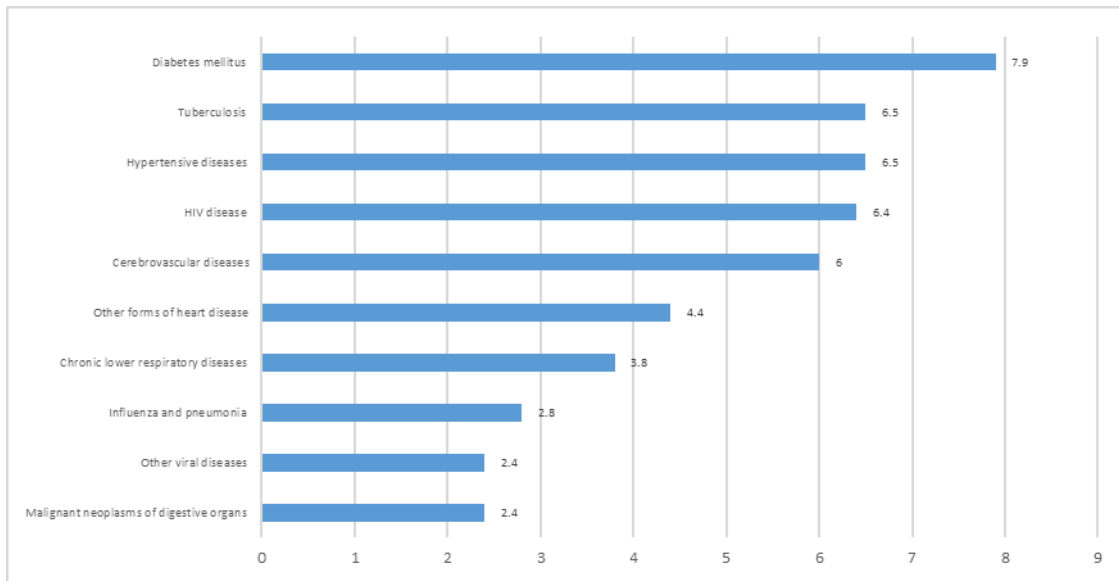


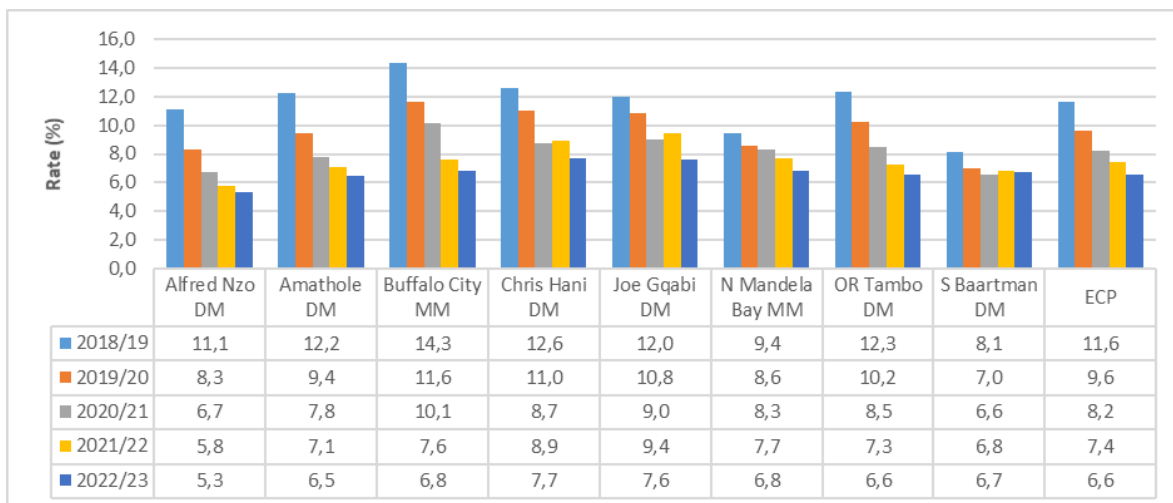
Figure 7: Female



HIV/AIDS & STI

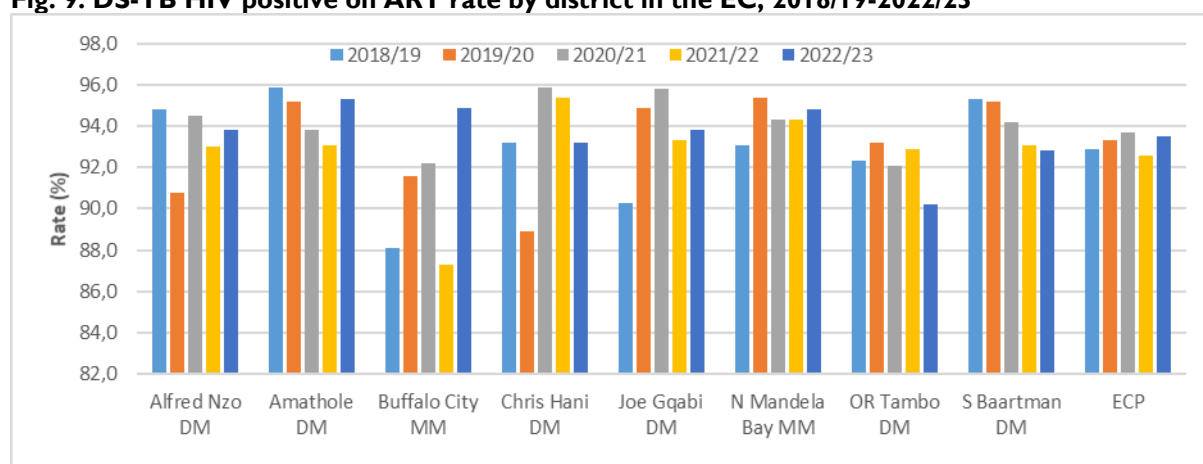
The HIV pandemic remains among the leading causes of morbidity and mortality in the province. There are HIV positive clients whom they continue to be picked when attending the antenatal care. The DS-TB HIV positive clients on ART remains above 90% in the last five financial years.

Fig. 8: Antenatal client HIV 1st test positive rate, 2018/19-2022/23



Source: DHIS 2023

Fig. 9: DS-TB HIV positive on ART rate by district in the EC, 2018/19-2022/23

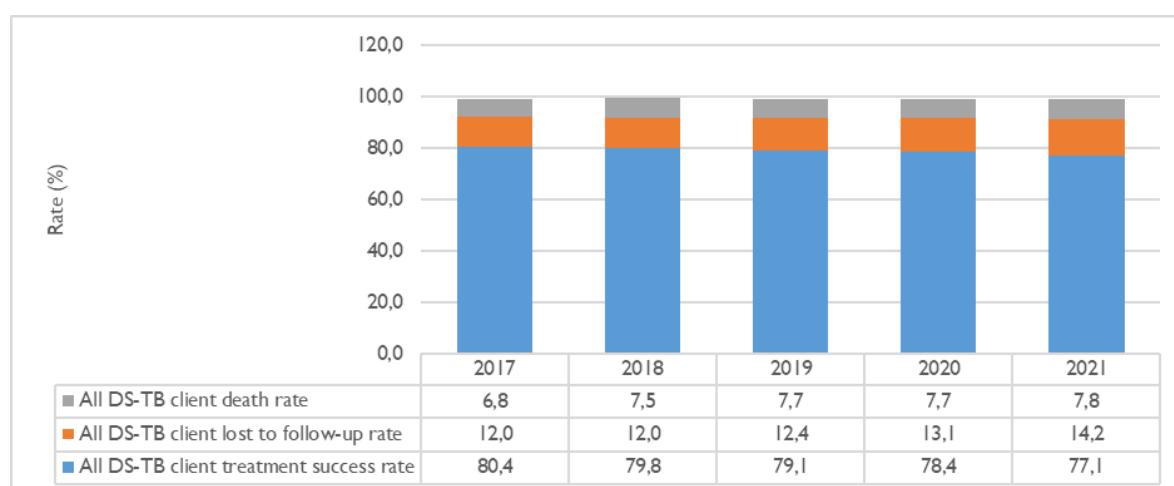


Source: DHIS 2023

Tuberculosis

The declining treatment success rate as appearing in figure 10 below may be associated with the increasing loss to follow up rate over the period 2017 to 2021. During the same period, the death rate remained constant.

Fig. 10: All DS- TB client treatment success, loss to follow-up & death rate, 2017-2021



Source: DHIS 2023

Maternal & Child

Early neonatal deaths remained at 10% in the province in the past 4 financial years with OR Tambo remaining the most affected when compared with the other district. However, a decline is noted during the same period. There is a concern with the Amathole, Chris Hani and Nelson Mandela Metro where there were constant increases in the past 4 financial years. These increases were also observed on the maternal mortality rate in Chris Hani and Nelson Mandela Metro with Amathole being among the districts the lowest MMR. The under 5 years' case fatality rate has declined in the last financial year on children with pneumonia, diarrhoea and severe acute malnutrition.

Fig. 11: Early neonatal death in facility rate by district in the EC, 2019/20-2022/23

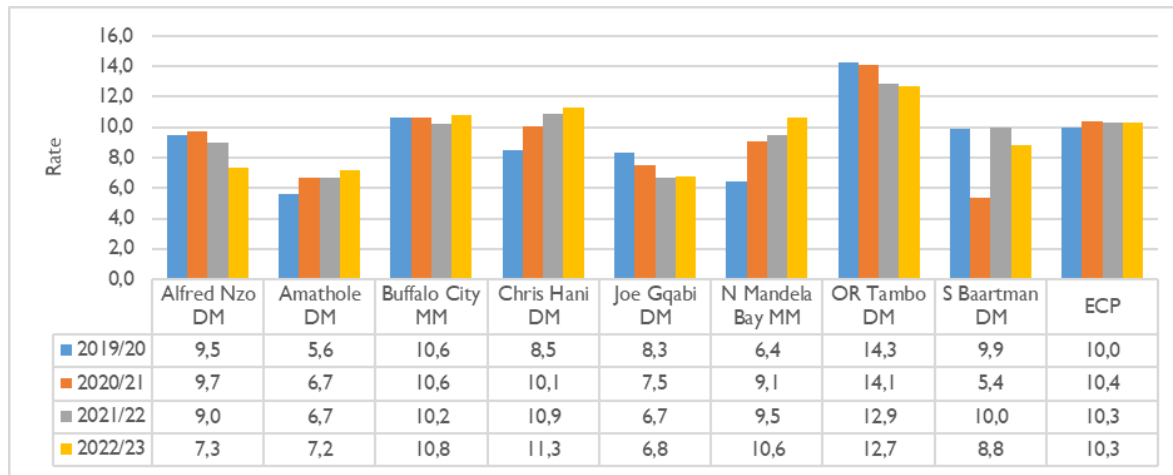


Fig. 12: Under 5-year child diarrhoea, pneumonia & severe acute malnutrition case fatality rate in the EC, 2019/20 - 2022/23

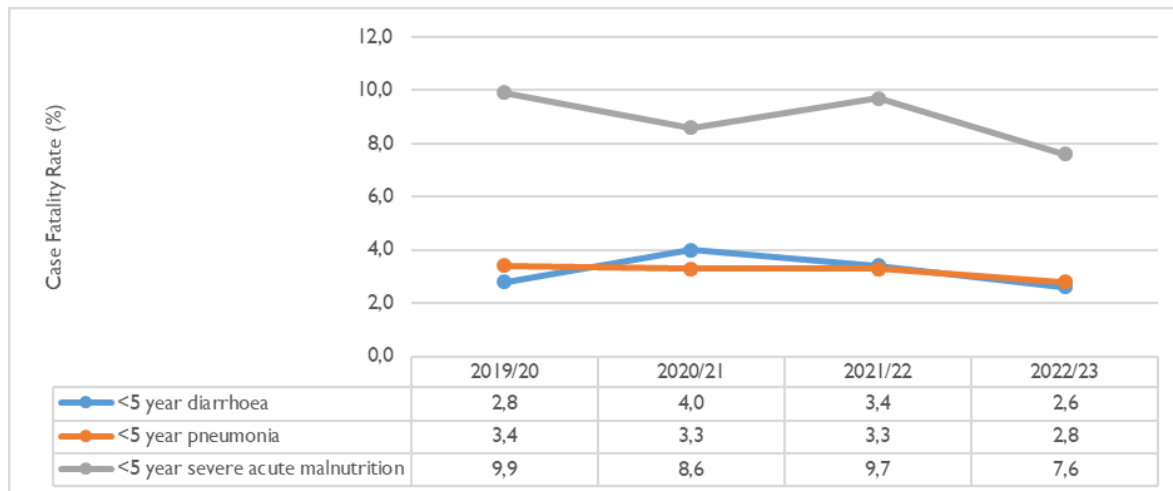
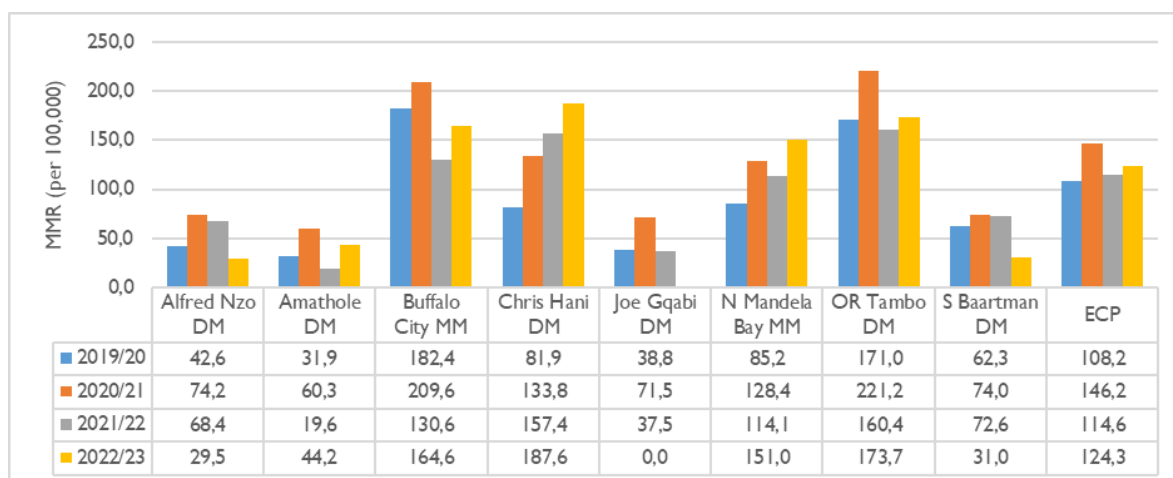


Fig.13: Maternal mortality in facility ratio by district in EC, 2019/20 - 2022/23



Cancer

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

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

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

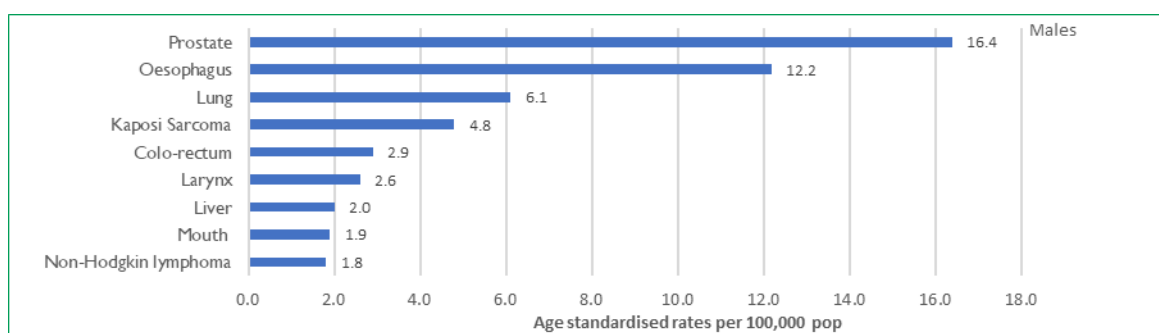
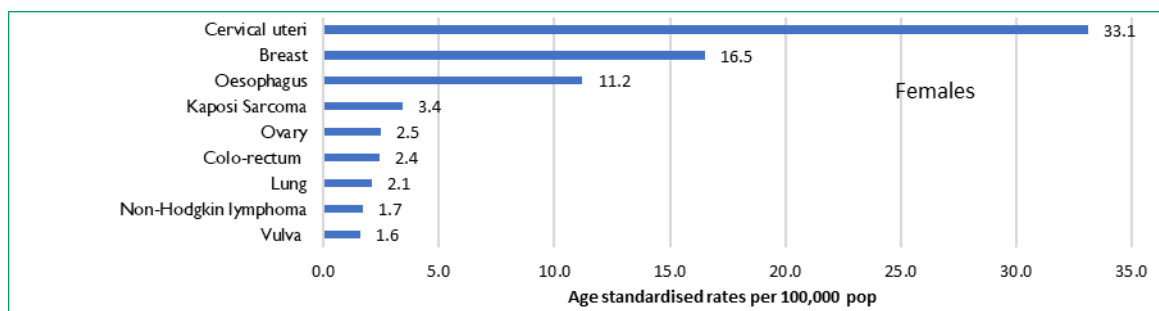


Fig. 15: Most common cancers in women in the Eastern Cape (SAMRC 2018)



2.1.4 Service Delivery Platform

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

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

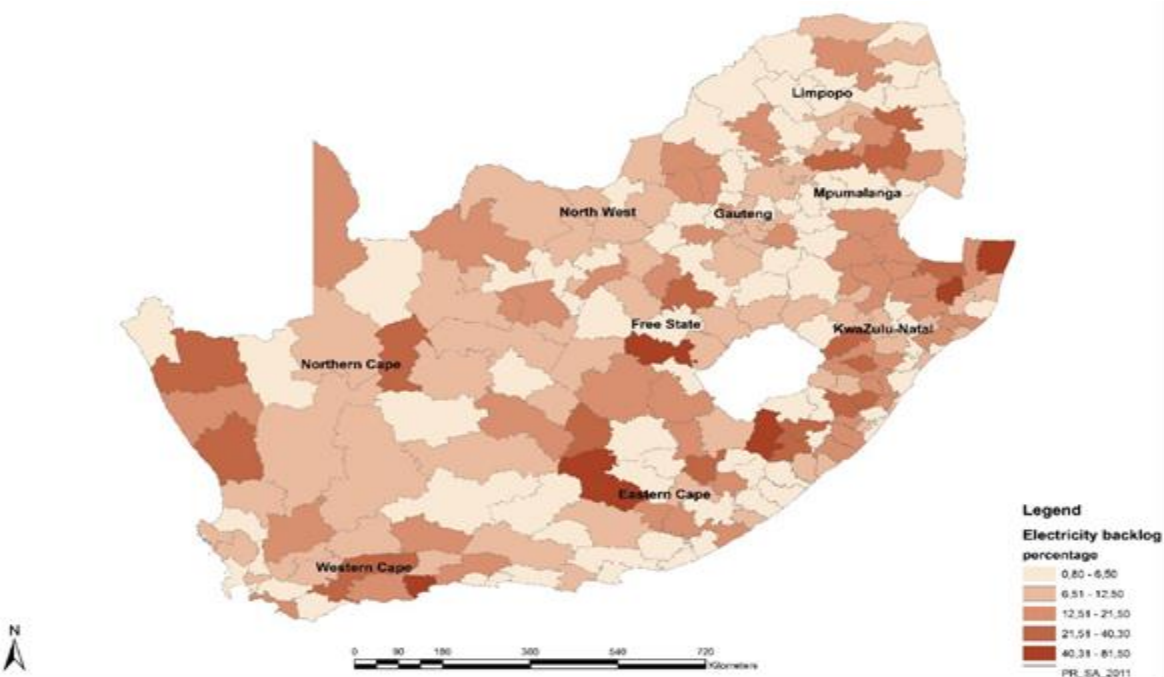
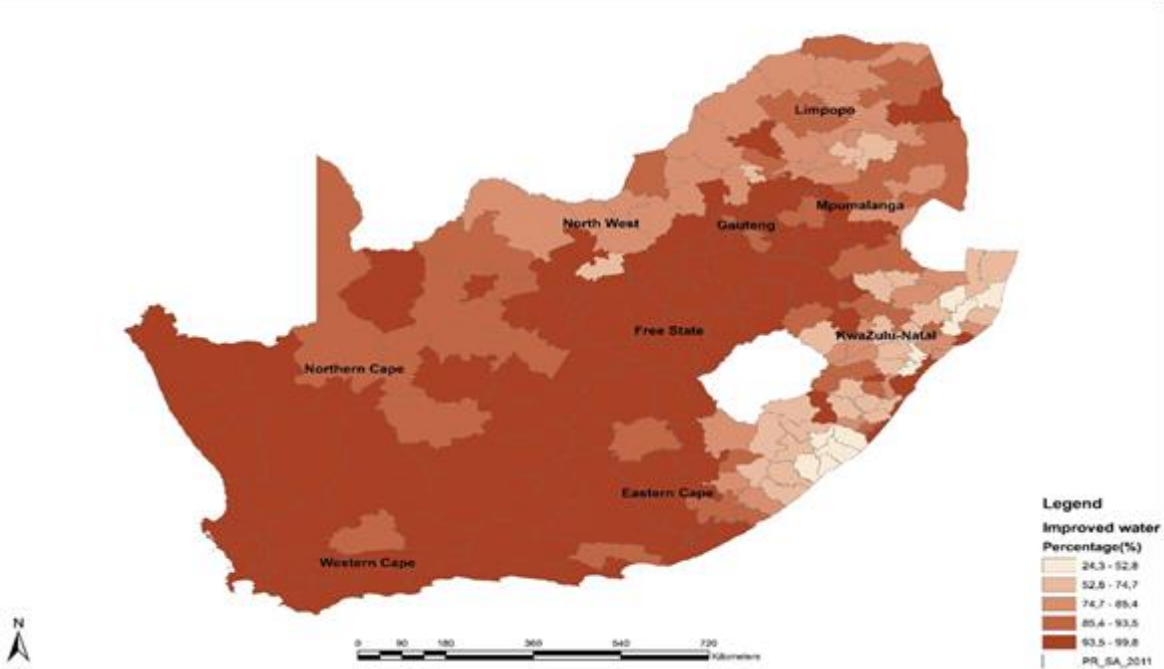


Fig. 17: Municipal access to improved water (Source: Stats SA)



District Health Services

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

There are 775 PHC facilities across the province, which are made up of 734 Clinics and 42 Community Health Centres (CHCs) complemented by 152 non fixed facilities and 66 district hospitals. PHC facilities are the entry points to the health systems and provide PHC package relevant for each level; and are referral points for the community-based services.

PHC Facilities Quality Improvement Initiative

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

All districts conducted status determination (Peer Review Update - PRUs) and PPTICRM Updates as the final annual assessments 2022/23 according to set standard framework for the ICRM.

In total 42 clinics obtained Ideal status out of 46 targeted for the FY. Two CHCs obtained Ideal Status out of 8 targeted for the FY. In total 44 PHC facilities obtained Ideal Clinic Status for the FY. Accumulative Ideal status was 192 by the end of 2022/23 FY.

Patient Experience of Care (PEC)

In improving the quality of health services and ensuring that Patient experience of care in fixed public health facilities improves facilities are required to conduct surveys on the Patient Experience of Care where a number of satisfied responses is calculated against the total number of responses. For the financial year under review (2022/23) the clinics managed to achieve 85% which translate to a total number of 549 679 satisfied responses, while with CHCs a patient satisfaction rate of 77% was achieved for the province.

Improve leadership, management and governance

In compliance with the National Health Act, no. 61 of 2003, chapter 4, 27 (1) (a) Provincial Health Council and Provincial Advisory committee meetings were held successfully to ensure governance and oversight on health issues that affect communities.

In compliance with the National Health Act no. 61, Chapter 5 section 31(1) seven (87.5%) of district reconstituted the District Health Councils (DHCs), of which four (50%) districts (BCM, Chris Hani, O.R. Tambo and Sarah Baartman) have submitted DHC members for ratification by the MEC.

Compliance with the planning and monitoring framework achieved at 100%. District Quarterly Performance Reviews were successfully conducted by all districts and Metros to monitor and determine district performance towards set targets.

Re-engineering of Primary Health Care (RPHC) - WBPHCOT Programme

In total there are three thousand eight hundred and forty (3840) Community Health Workers that are part of the Ward Based Primary Health Care Outreach Teams (WBPHCOTs). Three hundred and thirty-six (336) Enrolled Nurses that are contracted as Outreach Team Leaders (OTLs) to lead the WBPHCOTs. This makes three hundred and four teams that can be described as fully functional. According to the Policy Framework and Strategy for Ward Based Primary Health Care Outreach Teams, 2018 to 2023/24) a WBPHCOT team is referred to as fully functional when there is a minimum of 6 CHWs with an outreach team leader (OTL).

The EC province comprises of seven hundred and six wards (706) There are three thousand eight hundred and forty CHWs contracted CHWS (3840) paid against the Community Outreach Services grant (COS), which is the Sub Programme of the District Health Programmes (DHP) conditional grant.

- During 2022/23 financial year the contract for five thousand four hundred (5 400) Covid-19 CHWs was terminated. At

the beginning of the financial year for the year under review, there were three thousand six hundred and sixty- four (3664) CHWs. Which were contracted during the first quarter 2022/2023. As per the 2022/2023 DHP Business Plan, there was an additional one hundred and ninety-eight CHWs to be contracted, which was contracted between the second and fourth quarter of the year under review.

- ECDOH is comprised of three hundred & thirty-six (336) Outreach Team Leaders (OTLS) who are Enrolled Nurses for WBPHCOT program to assist in the implementation and supervision of the program. However, there is a challenge of high staff turnover due to the fact that ENs resign for permanent employment in hospitals so the numbers decrease now and then. There is still a shortfall of three hundred and forty (340) OTLS needed for the supervision of all CHWs in each municipal ward.
- According to the WBPHCOT policy, each team is to cover 6 000 individuals or 1 500 households and there are wards in the province that require more than one team with a population greater than 6 000.
- The wards with a population of less than 6 000 people are combined and served by one team depending on the terrain & the vastness of the wards.

Due to the provision of the above resources, the department traced a total of 78182 HIV defaulters against the target of 32759 and 19048 TB defaulters were also traced.

Re-engineering of Primary Health Care (RPHC)

Re-engineering of Primary Health Care (RPHC) is the department of health strategy to take health services closer to the communities. RPHC has three streams namely: Ward-based Primary Health Care Outreach Teams (WBPHCOT), The Integrated School Health Programme (ISHP) District Clinical Specialist Teams (DCSTs),

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

Re-engineering of Primary Health Care (RPHC) is one of the key policy developments which is aligned to the objectives of the 10 Point Plan aimed at overhauling the health care system and improve its management. It is based on the 14 national outcomes and the Negotiated Service Delivery Agreement (NSDA) to achieve "a long and healthy life for all South Africans."

Integrated School Health Services

The Integrated School Health Programme (ISHP) is one of the three streams for RPHC, It is a Ministerial priority programme. The Department currently provides this programme guided by different policies, among them is the Integrated School Health Policy. This programme is being implemented in collaboration with the Department of Education as well as the Department of Social Development. Services provided include screening of learners to identify and manage health barriers to learning, on-site services including the provision of Human Papilloma Virus (HPV) vaccinations, Health Education and referral to other levels of care for learners who require further management at other levels of care.

To provide this comprehensive health services package to all grade R,1,4,8,10 and other grades in quintile 1-5 schools including special schools, the department contracted 184 Professional nurse (PNs), of this number,34 PNs were budgeted and paid for against the DHP conditional grant from the Human Papilloma Virus (HPV) component. All the employees are contracted for a period of twelve (12) months from 1st of April 2022 to 31 March 2023.

Due to the provision of these resources during the year under review, five thousand one hundred and twenty-three grade five (55123) girls were given the first dose of HPV, fifty-eight thousand, nine hundred and ninety (58990) grade five girls were given second dose of HPV. This performance translates to 82.4% coverage for the 1st dose and 90% for the second dose among the eligible learners. This programme is implemented to prevent young girls from suffering from cervical cancer in the near future. Through the Integrated School Health Teams, a total of 30 056 learners were screened, of this number 9064 were grade one learners and 1964 were grade eight learners. Of the number screened, the department has identified 2648 learners who were referred for oral health. This is the common health condition that is identified in schools.

District Clinical Specialist Teams (DCSTs)

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

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

District Clinical Specialist teams (DCSTs) are responsible for ensuring that, health care facilities are responsible for continuous improvement of quality of care and service delivery, through the provision of clinical training, mentorship and supportive supervision to health care professionals. It is extremely important that DCSTs maintain their clinical competence, as this is an extremely important skill that they bring when supporting district hospitals and clinics.

Table A5 below shows distribution of specialists across districts & metros) Red – vacant post; Yellow – filled but on OHS & Green – filled post 2022/23.

DISTRICT	NO	PHC Nurse	Advanced Midwife	Paeds Nurse	Paediatrician	Obstetrician & Gynaecologist	Family Physician
Alfred Nzo	4	I	I	I	-	-	I
Amathole	5	I	I	I	-	I	I
BCM	4	I	I	I	I	-	-
Chris Hani	5	I	I	I	I	-	I
Joe Gqabi	0	-	-	-	-	-	-
NMM	2	OHS	-	I	I	-	-
O.R. Tambo	2	OHS	I	I	-	-	-
Sarah Baartman	5	I	I	I	-	I	I
Total	27/48	5	6	7	3	2	4
	56%						

NB: OHS – Occupational Health and Safety. The two Primary Health Care specialists have been placed to the Provincial office due to work related illness. The Province has a gross shortage of Obstetrician and Gynaecologist and the most affected district is Joe Gqabi that has no district clinical specialist, which is attributed to difficulty in recruiting and retaining specialists in rural districts.

HEALTH PATIENT REGISTRATION SYSTEM (HPRS)

The Department continues to implement the Health Patient Registration System (HPRS) in earnest. This is a component of the National Health Insurance (NHI) Information systems. The HPRS provides a capability that allows patients to be registered, their utilisation of health care services be tracked and also a creation of an electronic health record. The Demographic data which is important for planning, decision making and improved service delivery can all be retrieved for all registered patients. At its optimal functionality, the system enables the Department to track patients at all times level of care in order to improve quality of care. The functionality of HPRS in the year under review has been impacted upon by poor internet connectivity in PHC facilities, a matter that the department is addressing and resolving with the the relevant stakeholders.

Hospitals Services and Clinical Support Services

District Hospitals

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

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

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

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

Provincial Hospitals

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

Regional Hospitals

A regional hospital is a hospital that serves a geographic region larger area than a single local or rural area. The province provides has five (5) regional hospitals namely, Dora Nginza, Cecilia Makiwane, Mthatha General, Frontier and St Elizabeth Regional Hospitals. All regional hospitals on a 24-hour basis, provide-

- health services in the fields of internal medicine, paediatrics, obstetrics and gynaecology, and general surgery
- trauma and emergency services
- services provided are limited to provincial boundaries and receives referrals from several district hospitals

The Eastern Cape Department of Health re-emphasised its commitment to prioritising quality health systems through the Service Delivery Optimization (SDO), appointment of human resources and procurement of equipment which sought to implement key quality improvement activities towards building culture of patient safety, as well as reduction of medico legal incidence. Moreover, the department have introduced strategies to address surgical backlogs at the upper level of care.

ADDRESSING SURGICAL BACKLOGS AND STRENGTHENING OUTREACH OF THEATRE AT REGIONAL LEVEL

- Strengthening of the service package through acquisition of a new C-Arm in the Orthopaedic Theatre. Dedicating the Day theatre for ophthalmic services 3 times per week
- Improvement of orthopaedic surgeries performed due to employment orthopaedic surgeon and ---- cases were performed during the year under review
- Increased number of Cataracts surgeries performed due to opening of the day theatre from -- to --- during the year under review.

- Endoscopy was procured and the theatre has performed ... endoscopy cases. In the past patients were sent Frere Hospital and there was a long waiting list.
- Recruitment of various specialists was done to strengthen regional services and address backlogs

TB Hospitals

There are 10 specialised TB hospitals in the province namely Jose Pearson, Nkqubela, Majorie Parish, PZ Meyer, Majorie Parkes, Winterberg, Orsmond, Khotsong, Empilweni and Themba. These hospitals provide isolation and treatment for Drug susceptible and Drug resistant TB patients who are very sick and require admission to hospital, during the intensive phase.

Achievements

Nkqubela TB hospital

- Nkqubela TB hospital in partnership with the NGO Match hosted an open day event with Success. This was done to empower communities about services that are offered in the hospital and to educate them on the importance of adherence to treatment.

Jose Pearson TB Hospital

- The department of health in partnership with the Qinisela project are implementing, Paediatric active case finding program for children under the age of 5 years, in order to increase surveillance among this population segment.
- During the period under review, Jose Pearson has successfully established, 3 MDR-TB decentralised sites namely, Rosedale, Zwile and Motherwell as decentralisation assists in early detection of Rif resistant TB patients as well as prompt initiation of treatment for confirmed cases.
- The Pharmacy unit received accreditation from the Pharmacy Council and this will enable provision of training and Tutorship of Pharmacy assistants by the pharmacists.
- The Clinical manager has been nominated as the member of the national advisory committee on the review of Drug-resistant DR- TB guidelines.

Winterberg TB hospital:

- The Gift of the Givers have successfully installed the borehole so as to ensure continuous availability of water in the facility.

The Department is continuing to implement and monitor the injection free regimen in all 14 functional MDR sites.

Psychiatric Hospitals

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

Tertiary and Central Hospital Services

Tertiary Hospitals

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

Livingstone Hospital

- Cath Lab: Re-electrification and installation of a UPRS
- Theatres: Installation of a UPRS
- Transformers: Servicing and where needed replacement of aged units
- Chiller room: Installation of a UPRS
- Linac: Installation of a UPRS
- PEPH: re-electrification of the electrical supply of PEPH
- Repairs of all lifts at PEPH: Three new lifts installed at PEPH bringing total new lifts installed at PEPH in last seven years to 6
- Livingstone Hospital: Water tanks installed. A new 900KL tank installed at LTH.
- Borehole installed at LTH that can deliver 20 000L per hour. Water is pumped to this 300 000L holding tank that

was installed 5 years ago. Total holding capacity at LTH is 1.5 million litres of water.

- Borehole and bladder tank installed at PEPH. Donated by Gift of Givers
- New HVAC (ventilation and air conditioner unit) installed for LTH ICU
- Skills training laboratory: Renovated clinical training room as part of the development of a skills laboratory for training and development.

Frere Hospital

- Refurbishment of the Laundry Washing Machine was done.
- Renovated CETU (Clinical Educational Training Unit) for training of Lilitha College Nurses.
- Renovated space for the Cardiothoracic Unit on the 2nd floor and fully functional
- Refurbishment of the Surgical Doctors Call Rooms
- Capital Equipment purchased for Urology Department

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. NMAH provides tertiary hospital services and central referral services. Moreover, it receives patients referred to it from more than one district within the province; and it is attached to Walter Sisulu University Medical School (WSU) which provides teaching platform for medical professional medical school as the main teaching platform. The institution has:

- **Established a medico-legal committee** - Nelson Mandela Academic Hospital specialists have designed a new approach in dealing with litigation challenge. They have established a medico-legal committee. It consists of specialists from highly litigated areas i.e. HOD anaesthesia, HOD orthopaedics, HOD obstetrics and gynaecology, HOD surgery, clinical support representative, Nursing Representative, HR and some are co-opted when there is a need. They do consultations and give expert opinion before cases go to court.
- **Established a PAIA office** - PAIA office for the management of medico legal cases and storage of possible litigation files has been identified in level 1 of Nelson Mandela Academic Hospital. The office is undergoing minor refurbishments i.e. addition of security features to safe guard files that will be stored in that office.
- **Cochlear implant rehabilitation school** - Number of patients attending rehabilitation school has increased from 11-13. Learners attending rehabilitation school range from 1 year 8 months to 7 years. Three learners will be graduating at the end of the year.
- **Cath lab services:** Nelson Mandela Academic Hospital Cath lab continues to serve Eastern Cape Province clients and even beyond.
- **Installation of HMS2 has been completed** - The system started on 05 August 2022. All patients are registered through this system. Patient registration (inpatient and out-patient), patient billing –revenue and case management modules are operational.

Forensic Pathology Services

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

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

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

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

Pharmaceutical Services

Achieving the uninterrupted availability of essential medicines remains as one of the main inputs of the department's goal to quality health care for all in the Eastern Cape. The department has prioritized the capacitation of the medical depots and facilities in effective stock management for essential medicines during the financial year.

The pharmaceutical depots in Gqebera and Mthatha are the central warehouses for the procurement, warehousing and distribution of medicines. The two warehouse distribute medicines to all health facilities in the province using a third partly contracted logistics company. Each of the warehouses or depots is led by a responsible pharmacist who is registered accordingly with the South African Pharmacy Council. The two depots are not licensing with the South African Health Products Regulatory Authority (SAHPRA) however the process towards achieving this registration is underway.

The department has 102 health facilities that are licensed and recorded with the South African Pharmacy Council. 60 of these facilities are accredited for the training of pharmacy support personnel and pharmacist interns. The department has funding to take 47 pharmacist interns while the training of pharmacist assistants is limited to the number of available pharmacists that can serve as tutors of these learners. Continuous engagement to renew the licensing of the premises on an annual basis is ongoing while appointment of responsible pharmacists is done regularly to ensure that there is an authorised person assigned as a responsible pharmacist at all facilities providing pharmaceutical services.

Medicine availability has been facing many challenges in this financial year, in part due to budget constraints faced by the department and the suppliers who couldn't meet the demands for the stock citing global supply chain challenges for imported stock. The country remains dependent on various foreign markets for the supply of active pharmaceutical ingredients required for manufacturing various medicines or the supply of finished pharmaceutical products. Any shock in the global supply chain systems as was the case during COVID19 pandemic and recently the war in Ukraine/Russian can affect availability of certain pharmaceutical products.

The central chronic medicines dispensing and distribution (CCMDD) programme is still the main programme that is being implemented in the province to improve medicines access to the communities. The department had 304 424 patients actively collecting medicines through the CCMDD programme around the province. The department increased the number of active patients on the CCMDD programme by 22 121 patients from the number recorded in the 2021/22 financial year.

OR Tambo district is leading with the highest number of patients on the programme, currently at 94 854. This is equivalent to 31,1% of all patients actively on the programme. A new service provider was appointed to manager the dispensing and distribution of stock in the programme. The new service provider is contracted by the NDOH to manage the programme nationally in all provinces that are implementing the CCMDD programme.

The pharmaceutical services component of the department of health has been working to ensure good inventory management and cold chain management of COVID19 vaccines. The team of pharmacists around the province have been working closely with the NDOH counterparts and development partners to monitor stock level of COVID19 vaccines. The COVID19 vaccine activities have been supported by partners such as the USAID funded ADAPT project, implemented by Right to Care. Equipment donation was also received from the German Development Bank and the DG Murray Trust. The donation included equipment necessary for cold chain management to support the provincial vaccination programme.

Key Human Resource Personnel

Table A7: Employment and vacancies by critical occupations as on 31 March 2023

Category	Employ 03/2020	Appoint ments 2020/21	Terminat ions 2020/21	Employ 03/2021	Appoint ments 2021/22	Terminat ions 2021/22	Employ 03/2022	Appoint ments 2022/23	Terminat ions 2022/23
Medical Officers	1 951	70	206	2 069	287	299	2 124	329	163
Medical Specialist	205	40	19	211	18	13	209	18	11
Dentist(Practitioner, technicians and therapy)	189	39	62	15	13	20	198	21	6
Dieticians and nutritionists	133	37	7	145	6	14	137	16	7
Prof Nurses	11 774	1 554	1 357	11 781	1 661	2 038	11 629	1 591	1 016
Nursing Assistant	5 397	1 017	2 079	6 121	2 267	2 399	5 353	407	200
Enrolled Nurse	3 322	1 104	2 214	4 148	1 986	1 828	3 542	573	242
Auxiliary and related workers	616	41	-	595	37	17	544	35	11
Pharmaceutical assistant	10	167	53	9	46	59	600	95	23
Pharmacist	431	23	15	980	163	33	966	41	21
Physiotherapists	183	23	13	194	9	17	199	41	23
Emergency medical staff	2 121	27	84	2 193	12	193	2 443	74	54
Occupational Therapists	151	34	22	171	12	25	163	21	30
Radiographers	404	67	53	420	20	69	402	45	27
Grand Total	26 887	4 243	6 184	29 052	6 537	7 024	28 509	3 307	1 834

Service Delivery Outputs

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

Table A8: Key provincial service volumes, 2018/19-2022/23

INDICATOR	2018/19	2019/20	2020/21	2021/22	2022/23
PHC headcount – Total	16 605 569	16 422 870	12 950 671	13 692 661	14 117 664
PHC headcount under 5 years	2 544 587	2 524 151	1 868 758	2 070 631	2 201 577
OPD Headcount - Total (all hospitals)	2 801 255	3 192 433	1 899 292	2 867 546	2 254 282
Deliveries in facility	104 827	107 065	107 469	108 975	99 915
Total births in facility	106 597	107 079	112 146	110 833	101 566
Hospital separations – Total	486 013	477 101	392 169	422 163	399 853
Patient Day Equivalent in district hospitals	1 199 660	1 715 093	1 224 675,6	1 576 417	1 502 161
*Patient Day Equivalent in provincial hospitals	726 713	779 446,60	543 411,3	695 292	648 470
Patient Day Equivalent in specialized TB hospitals	240 474	217 166,80	118 932,7	117 880	132 908
Patient Day Equivalent in specialized Psych hospitals	331 357	328 155	375 117,7	284 225	285 127
BUR (%) - District hospitals	55%	54,4%	42,2%	46%	41%
BUR (%) Provincial Hospitals	71%	73%	60,4%	68,3%	69%
BUR (%) in specialized TB hospitals	45%	41%	24,8%	25,5%	31%
BUR (%) in specialized Psych hospitals	90%	89%	79,1%	21,9%	80%
Average length of stay (District hospitals)	4,7 days	4,6 days	4,4 days	4,5 days	4,7 days
Average length of stay (Provincial Hospitals)	5,8 days	5,8 days	5,7 days	5,8 days	6,8 days
Average length of stay (Specialized TB hospitals)	72,9 days	68 days	45,1 days	41 days	42,4 days
Average length of stay (Specialized Psych hospitals)	190,1 days	230 days	305,8 days	286,2 days	314,9 days
Expenditure per day Equivalent (Rand) - District hospitals	R2 680,2	R3 168,16	R4 849	R3 288,8	R3 826
Expenditure per day Equivalent (Rand) - Provincial Hospitals	R3 282,6	R3 759	R3 738,80	R3 921	R4 020
Expenditure per day Equivalent (Rand) - specialized TB hospitals	R1 707,6	R1 952,80	R3 832,90	R3 887,5	R3 286
Immunisation coverage	71,9%	76%	83,4%	88,7%	82,3%
Total clients remaining on ART at end of the month	493 879	531 135	526 288	567 839	594 015
Total clients started on ART– naïve	73 339	31 392	50 059	50 541	55 077

*Hospital de-complexing effect

2.1.5. Problems encountered in Service Delivery and Corrective Measures Taken

Medico-legal

The Eastern Cape Department of Health continues to implement the integrated medico legal strategy. This Strategy puts emphasis on the prevention of future medical negligence claims through clinical interventions as priority, whilst the remaining ones are supportive in nature. Key to the strategy is also to strengthen the legal tactical defence and administration of existing claims.

The provincial strategy followed an EXCO Resolution that mandated:

- The Office of the Premier to take over the management of medico legal cases from the DOH and that;
- Provincial Treasury should provide support to the department through the implementation of Section 18(2)(g) intervention.

This was later incorporated into the integrated medico-legal strategy as a major pillar of the provincial Health Turnaround Strategy. In support of the strategy, centralised PAIA management, interventions focusing on records management and also rollout of HMS2 are some of the administrative interventions that seeks to reduce medico legal cases and also improve quality of the defence.

Also, the implementation of TN obo BN ruling has seen department investing more on health care defence related interventions thus jerking up the Clinical Support Services. There has been a strong focus on the strengthening of the Centres of Excellence, Clinical Services especially to CP patients. This case has also resulted in National and other provincial health departments partnering with ECDOH in the fight for the health beneficiaries who cannot afford private health care, by ensuring that government reduces outflow of cash and improves its machinery. Once and for all rule is

not only enriching the few but also denies the majority of the citizens the right to access health care services, hence this landmark case, TN obo BN is critical for the nation.

To reduce the scourge of medico legal, the Department continues to implement strategies to address medico legal cases:

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

Access

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

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

Industrial Action by Nurses

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

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

Emergency Medical Services (EMS) labour unrest

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

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

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

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

Missing Patients

The department is challenged by the missing TB patients, that is undiagnosed and diagnosed who interrupted treatment. The missing patients contribute to the spread of TB, and may also worsen their conditions and even die, although TB is curable. The missing TB patients might also develop resistant strain, especially those who started and interrupted

treatment before completing the treatment course. The department regard this as crucial, and therefore takes finding the missing as vital to control TB spread.

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

Disease Burden

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

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

2.1.6. External Factors that Impacted on Service Delivery

Donor Support

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

Population and Migration Issues

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

2.2. Service Delivery Improvement Plan

Table A9: Main services and standards

Main services	Beneficiaries	Current/actual standard of service	Desired standard of service	Actual achievement
Maternal Health	Women of childbearing age and their families	Compliance with maternal guidelines by early booking at health facility before 20 weeks rate.	65%	62.5% achievement of Antenatal 1st visit before 20 weeks at public health facilities.
Child Health	Neonates Children under 5 years of age and families	New-born toolkit – All clinics shall have at least one registered nurse to provide midwifery services	100%	100%

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

Current/Actual Information Tools	Desired Information Tools	Actual Achievements
Consultation	Health forums per district	In the year under review, district health forums conducted Quarterly Performance Reviews in all six districts and two metros. They assist to determine district performance for the previous quarter, analyse quality of services rendered and developed improvement plans to ensure continuous improvement.
	Provincial Health Council (PHC) meeting – Bi annual.	Provincial Health Council were held successfully on the 27/09/2022 and 3/03/2023 to ensure governance and oversight on health issues that affect child and maternal health services.
	70% Health Establishments are reporting on complaints management	81% (710/869) are reporting on complaints handling The improved performance in reporting was achieved through onsite training of operational managers in health establishments where there were gaps identified.
	85% complaints resolved within 25 days	96% Resolved with 25 days 2022/23
Access	Clear visible signage within the hospitals	Most facilities have clear visible signage within the facilities.
	Facilities are conducting patient experience of care surveys.	89% of health establishment conducted patient experience of health care surveys, 83% satisfaction rate

Table A11: Service delivery information tool

Current/Actual Information Tools	Desired Information Tools	Actual Achievements
Information on health can be found on the Departmental website. www.ecdoh.gov.za .	Information on Health can be found on the Departmental website and newsletter issued monthly.	Departmental website is functional and information on it, is updated monthly The Department utilises both print and broadcast media: Print Media such as Daily Dispatch, Daily Sun, Herald and Isolezwe are used to communicate health messages.
Radio adverts, promotions at schools, EXPOs and provision of educational material. Toll free number 0800 032 364 for call centre services for citizens available	Radio adverts, promotions at schools, churches, school careers day EXPOs and provision of educational material in communities and schools to attract students for the health bursaries and studies	Broadcasting Media is used to communicate different topics on health promotion targeting the Eastern Cape Communities using the following community radio stations Tru FM, Algoa FM and Fort Hare and Umhlobo Wenene National Radio Station. ECDOH responded to You Magazine On 16 th Dec2022 regarding patient who had a facial tumour. Patient was referred to ENT and patient respiratory challenges were managed. The family was redressed.

2.3. Organisational Environment

To improve services rendered to the people of the province, the Department has prioritised the filling of 10 District Family Physicians posts. This will help decongest the tertiary facilities, strengthen the district health package, and bring health care access closer to the communities.

The vacancy rate in the Department has improved from 13% in the end of the 2021/2022 to 7.7% as at the end of March 2023. The department is implementing strategies towards promotion of diversity, gender, disability and youth employment by awarding bursaries and employment of interns, learners and artisans.

The department has observed a downward trend on the medico legal claims. A shift has been observed from maternity to surgical related cases. This is due to clinical interventions that focused more on preventative measures and also the defence strong SLU.

Employee Wellness Programme

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

The core services delivered include: -

- Case Management and counselling.
- Debriefing sessions were conducted.
- Prevention and Education: basic health risk assessments; HIV/ TB and COVID-19 counselling and testing;

Fitness and Healthy Lifestyle promotions; Health calendar events; Life Skills (including Financial Wellness); presentations/workshops and distribution of health and wellness material on various wellness topics.

- Supervisor and Shop Steward training and advisory support sessions reaching a wide number of participants.
- EVW Programme Promotion –sessions were done.

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

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

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

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

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

Organisational Development

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

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

2.4. Key policy developments and legislative changes

The National Department adopted the Health Normative Standards Framework (HNSF) for Digital Health

Interoperability in South Africa. This forms the basis for establishing interoperable solutions and platforms for data security, data sharing and storage of all information in the health system. The 2021 HNSF aligns to the National Digital Health Strategy for South Africa 2019-2024 in pursuit of a unified health system. The department will be guided by this framework in managing the system interoperability and sharing of information and knowledge between organizations, through the business processes that they support, using the exchange of data between their respective ICT systems.

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

3. PROGRESS TOWARDS ACHIEVEMENT OF INSTITUTIONAL IMPACTS AND OUTCOMES

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

Strategic Plan Outcome

Maternal, Neonatal, Infant and Child Mortality reduced.

Impact

- Increased Life Expectancy
- Reduced Mortality

Progress

- Condom distribution increased to 11 515 000 in quarter 4 from the average of 9 million due to condom distribution drives which were done as build-up activities during STI/Condom week and improved availability of condoms.
- 64 Youth Zones were established across the province. During the period under-review, Youth Zones were launched in the following districts namely, NMBM, Amathole, OR Tambo, Alfred Nzo and BCM.
- The Integrated Measles and Human Papilloma Virus (HPV) Vaccination campaign contributed to better performance of measles immunisation and Vitamin A supplementation coverage.
- By the end of the financial year 2022/2023, thirty-eight (38) health providers were trained by Umthombo Wempilo NGO, on Termination of Pregnancy (TOP) services and Sexual Reproductive Health and Rights Policy.
- Helping Babies Breathe (HBB) sponsored by Prof Velapi which was extended to focus in O.R.Tambo to assist hospital to reduce neonatal deaths. The project is implemented in the following facilities, St Elizabeth, Nelson Mandela Academic, St Barbabas, Mthatha Regional and Dr Malizo Mpehle Hospitals.
- The Department of Health in collaboration with Department of Social Development and National Development Agency (NDA) continue to implement interventions outlined in the Anti-Poverty Strategy for O.R.Tambo district. Through this collaboration, the educators for the Early Childhood Development centres are able to measure the Mid Upper Arm Circumference (MUAC) in order to detect children with moderate malnutrition and referred to the nearest clinic for further management.
- The Integrated Measles and Human Papilloma Virus (HPV) Vaccination campaign contributed to better performance of measles immunisation and Vitamin A supplementation coverage.
- Improved Vitamin A coverage 75.1%
- Improved Maternal mortality in facility ratio 124.5/100 000
- Death under 5 years against live birth rate at 2.1%

Medium-Term Strategic Framework

Increase Life Expectancy, improve Health and Prevent Disease

Strategic Plan Outcome

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

Impact

- Increased Life Expectancy
- Reduced Mortality

Progress

- The department is providing support to all facilities to ensure that, Expanded Programme for Immunization (EPI) is integrated to COVID-19 vaccination roll-out into Routine Health Services.

- The department is using Traditional Councils as service points to render outreach services for all the package of services including the vaccination.
- HIV testing done to 1 896 429 clients.
- Initiated 48 808 New clients on ART.
- Adult – viral load suppressed – 89%.
- TB/HIV co-infected clients started on ART- 93.3%.
- TB investigation done 5 years and older rate – 98.4%.
- DS - TB treatment start 5 years and older rate – 93.1%.
- TB XDR treatment initiation rate – 100%.
- Conducted Paediatric and Adolescent ART Matrix of Intervention Orientation Workshop.

Medium-Term Strategic Framework

Increase Life Expectancy, improve Health and Prevent Disease

Strategic Plan Outcome

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

Impact

- Improved health of the total population.

Progress

- There 304 424 people registered on Dispensing & Distribution (CCMDD) system.
- District Clinical Specialist Teams (DCSTs) addressing maternal & child mortalities in all districts & metros.

Medium-Term Strategic Framework

Goal 2: Achieve UHC by Implementing NHI.

Strategic Plan Outcome

Morbidity and Premature mortality due to non-Communicable diseases

Impact

- Increased Life Expectancy
- Reduced Mortality

Progress

- In quarter 4, the NDOH and the WHO facilitated presentation on the National Strategy for prevention and control of NCDs (2022-2027) to EC departmental stakeholders during the Q4 (28th February – 1st March 2023 with the NCD cascade 90.60.50 and a draft Provincial implementation plan was developed.
- The new guidelines on management of hypertension for the adults at PHC level was also presented on the 2nd 3rd March 2023 to the provincial stakeholders including the trainers that will cascade training at district level.
- Diabetes new client 18 years and older detection rate at 0.7%
- Hypertension new client 18 years and older detection rate at 1%
- Mental disorders treatment rate new at 0.1%
- Improved Cataract surgery rate to 344.4/1 000 000.

Strategic Plan Outcome

- Quality of health services in public health facilities improved.

Impact

- Quality of Health Services Improved

Progress

- Two new Community Health Centres (CHC's) that conducted Peer Review Updates this quarter achieved Ideal Clinics (IC) status making it 11 cumulative CHCs. These were in OR Tambo District and BCMM (Flagstaff CHC and Duncan village Day CHC).

- Out of seventy (70) clinics assessed forty-two new (42) clinics achieved ideal status with the cumulative number being 181 in the year under review.
- Ideal clinic status obtained rate at 24.7%
- Patient experience of care satisfaction rate at 85%
- Ideal CHC status obtained rate at 26.2%
- Improved EMS PI rural response under 60 minutes' rate at 64.4%

Medium-Term Strategic Framework

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

Strategic Plan Outcome

- Improved financial management.

Impact

- Quality of Health Services Improved

Progress

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

Strategic Plan Outcome

- Reduced causes of medical legal claims in facilities by 80%

Impact

- Reduced Medico-Legal cases.

Progress

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

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

Medium-Term Strategic Framework

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

Strategic Plan Outcome

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

Impact

- Quality of Health Services Improved

Progress

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

Strategic Plan Outcome

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

Impact

- Quality of Health Services Improved

Progress

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

4. INSTITUTIONAL PROGRAMME PERFORMANCE INFORMATION

METHODOLOGICAL CONSIDERATIONS

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

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

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

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

PROGRAMME 1

HEALTH ADMINISTRATION AND MANAGEMENT



Province of the
EASTERN CAPE
HEALTH

4.1. PROGRAMME 1: HEALTH ADMINISTRATION AND MANAGEMENT

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

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

Sub - programme purpose

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

Institutional outcomes

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

PROGRESS AND ACHIEVEMENTS

Impact statement

The office of the MEC has adopted few simple strategies of conducting own oversight on performance and service delivery of the ECDOH. These include conducting oversight in health facilities and districts that are experiencing challenges, follow up issues of service delivery, complaints. These oversight visits are done in collaboration with the involvement of organized labour and senior managers who are decision makers so the decisions to support service delivery are taken on the spot and implementation process follows.

The second strategy that the Office of the MEC (OMEC) has adopted is holding weekly meetings with senior management through the office of the Head of Department (HOD) to track compliance documents that need to be submitted at the legislature, service delivery issues pertaining to infrastructure turnaround time in implementation projects. Presentation of important memoranda and priority programs and determination of priority programs and projects.

Finally, the OMEC has also embarked on a strategy that put emphasis on communicating the work that the department is doing through publicity of events of the department led by the MEC and also strengthening partnerships with Non-Governmental Organisations (NGOs) that are assisting the department to strive.

Below is the illustration of the work or programs that speak to the narrative above.

Table 1.1: Office of the MEC progress and achievements

Date	Activities/Events	Achievements
12 April 2022	EMS Easter Season Readiness Event in Mthatha	Arrive Alive awareness
19 April 2022	World TB day at Moses Twebe Hall Dimbaza	Reached out to communities and motivated them to get tested and motivated them to take their tablets
27 April 2022	Freedom Day Celebration at Ugie	Celebrating SA independence day
24 May 2022	MEC's Unannounced visit to Gqeberha Health Facilities, Gqeberha CHC, Motherwell NUII Clinic and Motherwell CHC	Identified issues that were causing riots Attended to issues raised in facilities and resolved most of them
26 May 2022	MEC's Unannounced visit to Gqeberha Health Facilities, KwaZakhele CHC, Lunga Kobese Clinic and Veeplas clinic	Identified issues that were causing riots Attended to issues raised in facilities and resolved most of them
27 May 2022	MEC's Unannounced visit to Gqeberha Health Facilities, Soweto-on-sea clinic and Max Madlingozi clinic	Identified issues that were causing riots Attended to issues raised in facilities and resolved most of them
30 May 2022	Youth Imbizo at Pearston	Motivating youth to participate in youth activities rolled out by government
31 May 2022	World No Tobacco Day at Somerset East	Public awareness campaign
07 June – 10 June 2022	Women's Caucus Public Participation Week visiting the families of Gender Base Violence in Joe Gqabi	Gender based violence awareness

Date	Activities/Events	Achievements
15 June 2022	Youth Day Launch by Health Deputy Minister at Willowvale	To celebrate the national Youth Day
16 June 2023	National Youth Day Event in Mthatha	Main event of the national Youth Day
28 June 2023	Launch of Boreholes by the Gift of the Givers at Elizabeth Donkin Hospital by Gift of the Givers	Getting clean running water for the hospital for free through partnership
05 July 2022	MEC's visit to Bedford Hospital for inspecting progress on the Road Accident Fund renovation at paediatric ward and state of readiness for handover	Oversight visit
12 July 2022	MEC and Deputy Minister in the Presidency oversight visit to Livingstone Hospital and Dora Nginza Hospital.	Continuation of a program of oversight in supporting facilities and addressing their problems
18 July 2022	Nelson Mandela Celebration Day in Mthatha	
26 July 2022	MEC's visit to Zithulele Hospital	Responding to riots by community
02 August 2022	MEC's oversight visit to Taylor Bequest Hospital, Taylor Bequest Clinic and Maclear Hospital	Oversight visit
03 August 2022	MEC's oversight visit to Lady Grey Hospital, Empilisweni Hospital in Sterkspruit	Oversight visit
04 August 2022	MEC's oversight visit to Burgersdorp Hospital and Aliwal North Hospital	Oversight visit
05 August 2022	MEC's oversight visit to Jamestown Hospital	Oversight visit
10 August 2022	Women and Children's Health Programme at Ntiban Village	Outreach services to the community
18 August 2022	MEC's Meeting with Nelson Mandela Hospital Clinical Heads	Facility support visit
24 August 2022	MEC's oversight visit to Uitenhage Hospital in Gqeberha	Oversight visit
25 August 2022	MEC's oversight visit to All Saints Hospital and Mjanyana Hospital	Oversight visit
26 August 2022	Opening of Mhlophekazi Clinic	Clinic handover
02 September 2022	MEC, Deputy Minister in the Presidency, Deputy Minister for Health oversight visit to Dora Nginza Hospital	Oversight and facility support
16 September 2022	African Tradition Medicine Day in Ntabankulu	Awareness campaign
23 September 2022	MEC's oversight visit to Nessie Knight Hospital	Oversight and facility support
27 September 2022	MEC's Provincial Health Council Meeting in East London	
	Handing over of newly renovated space and equipment for prosthesis at Frere Hospital	
13 October 2022	Mental Health Day at Fort England Hospital	Awareness campaign
21 October 2022	World Food Day at Canzibe Hospital	Handing over of donated goods and food parcels
22 - 23 October 2022	Cleft lip and cleft palates surgeries at Nelson Mandela Academic	Free surgeries done through partnerships
04 November 2022	Disability Awareness Month Launch at Dora Nginza Hospital	Awareness campaign
05 November 2022	Portfolio Committee in Health Oversight Visit at Livingstone Hospital and PE Provincial Hospital	Oversight visit
10 - 12 November 2022	Cataract Surgeries Screening at St Elizabeth Hospital	Free operations done through partnerships
13 November 2022	Breast Reduction Surgeries at Mthatha Regional Hospital	Free operations done through partnerships
01 December 2022	World AIDS Day at Aliwal North	Awareness campaign
13 December 2022	EMS Festive Season Launch at Humansdorp N2	Awareness campaign
25 December 2022	Christmas Babies Visits at St Barnabas Hospital	Celebrating with mothers at the occasion of the birth and safe delivery of their new born babies in line with the SDG on saving babies.
01 January 2023	New Year Day Babies visit by the Premier and MEC at Uitenhage Provincial Hospital Gqeberha.	Celebrating with mothers at the occasion of the birth and safe delivery of their new born babies in line with the SDG on saving babies.
17 January 2023	Department of Health Strategic Planning Session at Health Resource Centre East London.	Formulating departmental future plans in line with the MTSF.
18 -19 January 2023	US Consul General visit to Butterworth Hospital and East London Central Hospital.	Oversight collaboration visit to strengthen Hospital services
19 January 2023	MEC's visit to Cecilia Makiwane Hospital.	
20 January 2023	Gala Dinner in honour of Covid-19 victims at Methodist Church Killian Dandal Mthatha Circuit.	Strengthening partnerships and awarding deserving citizens
21 January 2023	Commemoration of Covid-19 victims at Mandela Park.	Encouraging and appreciating employees for good work.
23 January 2023	Back to school programme at Middelburg High School and Nonyaniso Primary School in Middelburg.	Outreach services promoting back to school.
	MEC's visit to Middelburg Hospital	
24 January 2023	Department of Health Batho Pele Service Excellence Awards at Savoy Hotel Mthatha.	Department of Health Excellence Awards to appreciate good performance.
31 January 2023	Taking Legislature to the people at Sterkspruit	Promoting public accountability and responding to communities concerns.

Date	Activities/Events	Achievements
01 - 02 February 2023	Taking Legislature to the people at Sterkspruit	Promoting public accountability and responding to communities concerns.
03 March 2023	Provincial Health Council Meeting at ICC Hotel East London.	Promotion of governance and accountability through inter-governmental relations.
28 March 2023	MEC's Tabling of the Budget and Policy Speech 2023/24 at Eastern Cape Provincial Legislature Bisho.	Reporting back to the legislature previous year performance and tabling new plans for 2023/24.

Table 4.1.1: Performance against the Annual Targets from 2022/23 Annual Performance Plan for Sub-Programme 1.1 Health Administration: Office of the MEC

Outcome (as per SP 2021/22- 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
9. Leadership and governance in the health sector enhanced to improve quality of care	Statutory document submitted	9.1.2 Number of statutory documents tabled at Legislature	8 statutory documents	8 statutory documents	7 statutory documents	7 statutory documents	0	Target achieved.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved		Proposed strategies
N/A	N/A	

1.2 SUB-PROGRAMME: HEALTH MANAGEMENT

Sub-programme purpose

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

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

Finance Branch

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

Corporate Services Branch

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

Hospital and Clinical Support Management Branch

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

District Health Services Management Branch

- District Health Support
- Communicable Diseases
- Health Programmes

PROGRESS AND ACHIEVEMENTS

Contingent liability of medico-legal cases

The department went to court on the Noyila matter, which was a test case on the public health care defence to build common law to reduce the financial exposure that comes with upfront and lump sum settlements that carry significant allocations for future medical costs. The department won this case, which would see the department providing services to Cerebral Palsy (CP) children in lieu of lump sum payments. This victory is not only for the department and provincial government, but for the entire public health sector. This is a landmark judgment, which would not have been possible without the collaboration and working relations between the department, Specialised Litigation Unit (SLU) and Provincial Treasury, supported by Executive council (EXCO).

With budget injection from Provincial Treasury, the department took bold steps and focused on capacitating legal services unit. To date, Senior Manager Legal Services, 3 Senior Legal Admin Officers; and 1 Legal Admin Office have been appointed. The department has also strengthened administrative support focusing on strengthening Promotion of Access to Information Act (PAIA) management with the appointment of 21 Admin Support Clerks and 30 Records Clerks that are digitising critical maternal record onto HMS2.

Through the hub approach, our clinical teams led by our specialist are playing a very critical role in formulating the department's defence. The department is working tirelessly to ensure that all CP units and Centres of Excellence in Dora Nginza, Cecilia Makiwane and Frere Hospitals are ready to serve and have all the necessary capabilities.

Table 4.1.2: Performance against the Annual Targets from 2022/23 Annual Performance Plan for Sub-Programme 1.2: Health Management

Outcome (as per SP 2021/22- 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
7. Improved financial management	Audit opinion of provincial DOH achieved	7.1.1 Audit opinion of Provincial DoH	Unqualified	Unqualified	Unqualified	Qualified	None	Target not achieved
	Approved procurement plan in place	7.1.2 Approved Annual Procurement Plan	New indicator	Signed Final 2022/23 Procurement Plan submitted to Provincial Treasury	2023/24 Approved Annual Procurement Plan	2023/24 Approved Annual Procurement Plan submitted to Treasury before 31 March 2023	None	Target achieved
	Increased revenue collection	7.1.3 Amount Revenue generated (R)	125mil	74 mil	297.4 mil	186.7mil	-110.6 mil	Target not achieved. Overall, the collection is at 63% of the annual target as at March 2023. The DOJ and RAF are the primary users of health care services from the institutions of the Department of Health in the Province. The under-collection against the annual target is directly attributable to the outstanding debtors accounts not settled by same by year end.
8. Reduced causes of medical legal claims in facilities by 80%	Causes of Medico legal claims reduced	8.1.1 Contingent liability of medico-legal cases	New Indicator	New Indicator	R36,738bn	R26,508bn	R10,230bn	Target achieved. There has been general decrease on the medico legal cases submitted.

Outcome (as per SP 2021/22- 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
11. Robust and effective health information systems to automate business processes and improve evidence based decision making	Improved connectivity in health facilities	11.1.1 Percentage of Hospitals with data connectivity	New indicator	New indicator	100%	26.9%	-73.1%	Target not achieved. The provision of broadband is under the leadership of the OTP who identified a certain number of hospital to be completed. Part of the implementation plan includes site assessments and related processes.
		Numerator:			89	24		
		Denominator:			89	89		
		11.1.2 Percentage of fixed PHC facilities with data connectivity	New indicator	New indicator	100%	13.4%	-86.6%	Target not achieved. The provision of broadband is under the leadership of the OTP who identified a certain number of clinics to be completed. Part of the implementation plan includes site assessments and related processes.
		Numerator:			775	104		
		Denominator:			775	776		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
7.1.3 Amount Revenue generated (R)	An intra and extra departmental task team has initiated a project implementation plan for the collection of the outstanding accounts.
7.1.1 Audit opinion of Provincial DoH	

LINKING PERFORMANCE WITH BUDGETS

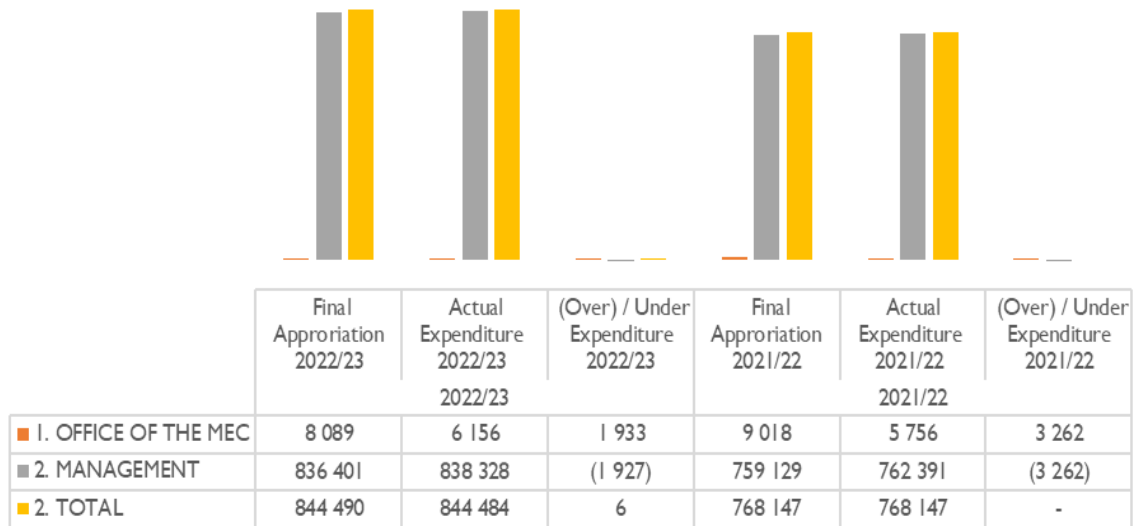
PROGRAMME I: ADMINISTRATION

The Programme spent at 100% after adjusting for funds shifts and virements of -R11,150 million post 2022/23 2nd AEPRE. The programme gave up this portion of its cash flows in favour of mitigating the goods and services pressure within the clinical District Health Services Programme to continue delivery of public health care services uninterrupted.

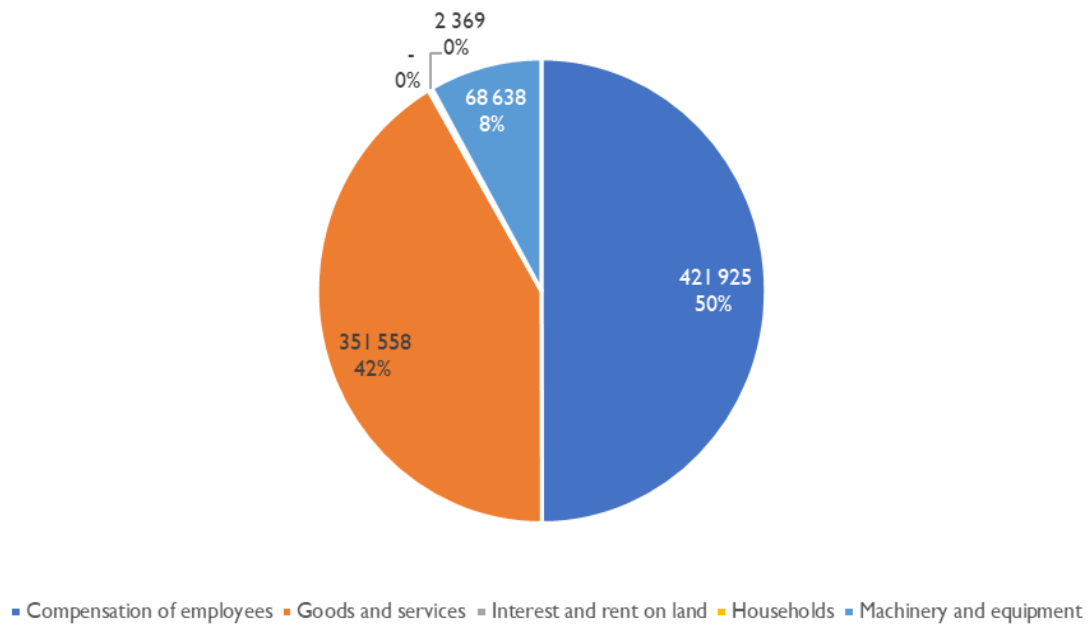
This pressure in the clinical programmes having arisen from the payment of payables and accruals of 2021/22 at the vote level at the beginning of the financial year under review, as explained above.

Programme I: ADMINISTRATION						
	2022/23			2021/22		
	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1 OFFICE OF THE MEC	8,089	6,156	1,933	9,018	5,756	3,262
2 MANAGEMENT	836,401	838,328	(1,927)	759,129	762,391	(3,262)
	844,490	844,484	6	768,147	768,147	-
Economic classification						
Current payments	773,483	729,429	44,054	717,664	708,601	9,063
Compensation of employees	421,925	393,917	28,008	401,264	395,812	5,452
Goods and services	351,558	332,601	18,957	314,527	310,216	4,311
Interest and rent on land	-	2,911	(2,911)	1,873	2,573	(700)
Transfers and subsidies	2,369	4,200	(1,831)	10,113	10,257	(144)
Households	2,369	4,200	(1,831)	10,113	10,257	(144)
Payments for capital assets	68,638	110,855	(42,217)	40,371	49,289	(8,919)
Machinery and equipment	68,638	110,855	(42,217)	40,371	49,289	(8,919)
	844,490	844,484	6	768,147	768,147	-

Expenditure versus Appropriation: Programme I



2022/23 Economic Classification: Programme I



PROGRAMME 2

DISTRICT HEALTH SERVICES



Province of the
EASTERN CAPE
HEALTH

4.2. PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)

Programme purpose

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

Programme description

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

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

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

2.1 Sub – Programme: District Management

Sub-Programme purpose

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

Institutional outcomes

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

PROGRESS AND ACHIEVEMENTS

Leadership and Governance

- In compliance with the National Health Act, no. 61 of 2003, chapter 4, 27 (1) (a) Provincial Health Council and Provincial Advisory committee meetings were held successfully to ensure governance and oversight on health issues that affect communities.
- In compliance with the National Health Act no. 61, Chapter 5 section 31(1) seven (87.5%) of district reconstituted the District Health Councils (DHCs), of which four (50%) district (BCM, Chris Hani, O.R. Tambo and Sarah Baartman) have submitted DHC members for ratification by the MEC.
- Compliance with the planning and monitoring framework achieved. District Quarterly Performance Reviews were successfully conducted by all districts and Metros to monitor and determine district performance towards set targets.

Table 4.2.1: Performance against the Annual Targets from 2022/23 Annual Performance Plan for Sub-Programme 2.1-District Management

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
9. Leadership and governance in the health sector enhanced to improve quality of care	Districts Quality Improvement, monitoring and Response Forums established	9.1.1 Number of Districts with Quality Improvement, Monitoring and Response Forums formalized and convened quarterly	2	8	8	8	0	Target achieved

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator	Proposed intervention
N/A	N/A

2.2 Sub-Programme: Clinics

SUB- PROGRAMME PURPOSE

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

Institutional outcomes

- 6. Quality of health services improved.

PROGRESS AND ACHIEVEMENTS

Ideal Clinic Realization and Maintenance Program

All district conducted the Status Determinations as per the Ideal Clinic Realisation and Maintenance Monitoring Framework to continuously improve towards Ideal status. The final Status Determination was done during the fourth quarter through Peer Review updates, which marked the outcomes for 2022/23 FY.

Out of seventy (70) clinics assessed forty-two new (42) clinics achieved ideal status with the cumulative number being 181 in the year under review. Average performance score obtained is 76% with districts score range from 63% to 89% which shows a progressive improvement in facilities towards Ideal status.

Table: Ideal clinic Status Determination Peer Review Updates outcomes per district.

District	# of Facilities	# Facilities that conducted SD	Average % scored	# Facilities with new IC status	% of Facilities with IC status
Eastern Cape Province	734	72	76%	44	6%
Alfred Nzo	72	8	63%	2	3%
Amathole	143	30	77%	17	12%
Buffalo City Metropolitan	74	9	89%	8	11%
Chris Hani	152	14	71%	7	5%
Joe Gqabi	52	1	86%	1	2%
Nelson Mandela Bay	39	1	76%	1	2.5%
Oliver Tambo	142	4	71%	4	3%
Sarah Baartman	60	3	75%	3	5%
Average / Total	734	70	76%	42	6%

Several intervention strategies were implemented during the reporting period which included the following:

- Refresher workshop for districts on Integrated Clinical Service Management (ICSM) was conducted on the 23rd - 24th February 2023 as a recognised strategy to enhance efficiency, quality and cost effectiveness of clinical healthcare delivery. Participants included NDOH Ideal Clinic Champion, managers from province and districts, Quality assurance, District Clinical Specialists Teams (DCSTs), PHC Facility Supervisors, Non-Communicable Diseases (NCD), Operational Managers and Professional Nurses. The plan is to cascade the ICSM workshops to sub districts and health facility managers in the next Financial year (FY).
- Health Patients Records were procured and distributed to districts in order to improve quality of patient's care through proper recording and continuity of care, with a consistent technical support by Record Management unit.
- ICRM User registration accounts continued to be created for new users especially Operational Managers to assist them with capturing of the facility assessments and Facility Profiles as well as the improvement plans before PPTICRM assessments.
- Facility profiles were updated in 722/734 (98%) clinics to improve access to health service platform information and identify emerging gaps.

Improving Basic Life Support in PHC facilities

- To improve emergency basic life support in PHC facilities, 26/46 facilities received Automated External Defibrillators from Health Technology in the year under review.

- Desktop blood pressure monitoring machines with three different BP cuffs donated by Old Mutual were delivered to 47 facilities that were targeted for scale up plans in the financial year.
- Demander codes were created for ordering emergency trolley surgical supplies for Ideal Clinics to improve performance of Ideal clinics.
- Surgical supplies for Ideal Clinics were procured and delivered, such as:
 - (i) Guedel/ oropharyngeal airways of different sizes = 9000 (sizes 00, 0, 1 2 and 5)
 - (ii) Suction catheters = 59 (sizes 10 and 1800 size 8);
 - (iii) Cuffed ET tubes = 600 (size 6.5) to improve on Non-Negotiable standards.
- Basic Life Support training increased from 374 to 384 to improve skills to save lives using the Morden health technology.

Table 4.2.2: Performance against the Annual Targets from 2022/23 Annual Performance Plan for Sub-Programme 2.2-Clinics

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
6. Quality of health services improved	PHC facilities that qualify as Ideal clinics increased	6.2.1 Ideal clinic status obtained rate	3%	5.3%	6.2%	24.7%	18.4%	The over achievement from the planned targets results from the additional facilities that achieved and retained the ideal status in the previous years
		Numerator:	19	39	46	181		
		Denominator:	730	734	734	734		
	Patient experience of care in fixed public health facilities improved	6.1.1 Patient experience of care satisfaction rate	87.2%	85.2%	85%	85%	0%	Target achieved
		Numerator:	563 594	476 161	549 679	304 824		
		Denominator:	646 682	558 955	646 682	358 366		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator	Proposed intervention
N/A	

2.3 SUB – PROGRAMME: COMMUNITY HEALTH CENTERS (CHCS)

SUB – PROGRAMME PURPOSE

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

Institutional outcomes

- 6. Quality of health services improved.

PROGRESS AND ACHIEVEMENTS

- Two new Community Health Centres (CHC's) that conducted Peer Review Updates this quarter achieved Ideal Clinics (IC) status making it 11 cumulative CHCs. These were in OR Tambo District and BCMM (Flagstaff CHC and Duncan village Day CHC).
- Meje CHC a newly built facility in Alfred Nzo was visited by Infrastructure and Clinical Teams to ascertain its readiness for functionality compliance with Ideal CHC standards before completion.
- Improved access to medical officers in PHC facilities in O.R Tambo district with a total of 42 medical officers recruited for PHC facilities of which 17 allocated in CHCs and 25 allocated to clinics.
- To strengthen the PHC Rehabilitation services in Lusikisiki Village Clinic, equipment supplied included the Elbow crutches x 10 pairs, Adult walking crutches x 6 pairs and children walking crutches in March 2023. Both facilities have adequate space for the rehabilitation service package for the PHC and equipment progressively furnished.
- Flagstaff CHC supplied with 6 desktops computers and increased the number of consulting rooms implementing e-tick register, that will improve accuracy in patient data management and use.

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

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
6. Quality of health services improved	PHC facilities that qualify as Ideal CHC increased	6.2.2 Ideal CHC status obtained rate	0%	2.4%	19.5%	26.2%	6.7%	Target over achievement from the planned target results from the additional facilities that achieved and retained the ideal status in the previous years.
		Numerator: Denominator:	0 41	1 41	8 41	11 42		
	Patient experience of care in public health facilities improved	6.1.2 Patient experience of care satisfaction rate	83.7%	81.2%	80%	75.7%	-4.3%	Target achieved within methodical consideration of 5% margin of error.
		Numerator: Denominator:	58 848 70 308	52 165 64 206	56 246 70 308	20 972 27 706		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator		Proposed intervention
N/A		

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

Sub - Programme purpose

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

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

Institutional outcomes

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

PROGRESS AND ACHIEVEMENTS

- Access to eye health services improved to all district, through provision of reading spectacles and prescribed spectacles to eligible individuals.
- Golden Games - active aging among older persons during quarter 3, in October 2022 was done in Nelson Mandela Bay and 295 elderly people participated in the game.
- In quarter 4, the NDOH and the WHO facilitated presentation on the National Strategy for prevention and control of NCDs (2022-2027) to EC departmental stakeholders during the Q4 (28th February – 1st March 2023 with the NCD cascade 90.60.50 and a draft Provincial implementation plan was developed.
- The new guidelines on management of hypertension for the adults at PHC level was also presented on the 2nd 3rd March 2023 to the provincial stakeholders including the trainers that will cascade training at district level.
- The ECDOH received glucometers and strips from NDOH to support the training for the CHW's and were distributed to BCM, Alfred Nzo and Nelson Mandela.
- 212 patients registered on Long Term Domiciliary Oxygen Therapy (LTDOT) – improving access health services by patients managed as outpatients.

Table 4.2.4.1: Performance against the originally tabled Annual Targets from 2022/23 Annual Performance Plan for Sub-Programme 2.4: Community Based Services (NCDs)

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023 until date of re-tableting	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
4. Morbidity and Premature mortality due to Non-Communicable diseases reduced	Refractive errors corrected	4.5.1 Cataract surgery rate	54.6/1 000 000	231.1/1 000 000	75.4/1 000 000	181.8/1 000 000	106.4/1 000 000	Target overachieved. The indicator was underestimated.	The amendment is to correct the indicator target.
		Numerator	362	1 552	500	1 092			
		Denominator	6 624 088	6 714 789	6 624 088	6 006 715			

Table 4.2.4.2: Performance against the Annual Targets from 2022/23 Annual Performance Plan for Sub-Programme 2.4: Community Based Services (NCDs)

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
4. Morbidity and Premature mortality due to Non-Communicable diseases reduced	Clients early detection of illness and prevention	4.2.1 Hypertension new client 18 years and older detection rate	1.4%	1%	1.6%	1%	-0.6%	Target not achieved due to inadequate Outreach Services that impact on Non-Communicable Diseases indicators achievement.
		Numerator	63 758	42 578	65 687	39 486		
		Denominator	4 418 057	4 105 451	4 105 451	4 132 665		
		4.3.1 Diabetes new client 18 years and older detection rate	1.7%	0.9%	1.9%	0.7%	-1.2%	Target not achieved due to inadequate Outreach Services that impact on Non-Communicable Diseases indicators achievement.
	Prevention and early detection of mental illness increased	Numerator	74 811	38 721	38 721	29 674		
		Denominator	4 418 057	4 105 451	4 105 451	4 132 665		
		4.4.1 Mental disorders treatment rate new	0.06%	0.07%	0.3%	0.1%	-0.2%	Target has not been achieved. The main reason for the non-achievement of the target is related to the inadequate availability of Health professional trained on the management of mental health clients.
		Numerator	7 722	9 562	38 852	12 663		
		Denominator	12 950 671	13 692 661	12 950 671	14 117 664		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
	Refractive errors corrected	4.5.1 Cataract surgery rate	54.6 /1 000 000	231.1/1 000 000	240/1 000 000	344.4/ 1 000 000	104.4/1 000 000	Target overachieved. South African Council for the Blind (SANCb) supported the department in conducting Cataract surgeries in all 4 quarters of 2022/2023 financial year.
		Numerator	362	1 552	1 612	2 069		
		Denominator	6 624 088	6 714 789	6 714 789	6 006 715		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
4.2.1 Hypertension new client 18 years and older detection rate	The focus will be on active case finding of the population with hypertension, through screening and recording of data from the outreach services WBOCOT and facility level to determine the detection rate.
4.3.1 Diabetes new client 18 years and older detection rate	The focus will be on active case finding of the population with diabetes, through screening and recording of data from the outreach services WBOCOT and facility level to determine the detection rate.
4.4.1 Mental disorders treatment rate new	The department is in a process of recruiting Registered Counsellors in order to improve the management of mental health services at PHC level.

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

Sub-programme purpose

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

Institutional outcomes

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

PROGRESS AND ACHIEVEMENTS

Training on Management of Health care risk waste

- Training of waste handlers and waste generators was conducted by the service provider in all districts.

The Table below reflects the number of people trained in each district

District	No Trained
Alfred Nzo	586
Amathole	232
BCM	292
Chris Hani	570
Joe Gqabi	120
Nelson Mandela	97
OR Tambo	464
Sarah Baartman	348
TOTAL	2709

The training was management of health care waste from point of generation to final storage area and disposal.

Provision of Central Storage Areas

Central storage areas for storing health care risk waste is a challenge in health facilities, these were procured and delivered for 25 health facilities across the province. An order has been made for 32 facilities to receive the central storage areas which are expected to be delivered by end of May 2023/2024 financial year.

Provision of Personal Protective Equipment

32 safety boots and 32 rubber gloves were distributed to Amathole Health district for waste collectors in the facility for prevention of infection for health care workers from health care risk waste.

Provision of Waste Registers

Waste registers were provided to each health district for distribution to clinics and hospital, these assist in recording of waste collected from each health facility. This is a means of tracking the health care risk from point of generation to disposal (cradle to grave principle).

Health Care Risk Waste Contract

The two health care risk waste tenders expired in March 2022/2023 financial year. Both tenders have been advertised in October and December 2022 respectively. The tender process is expected to be finalised by June 2023/2024 financial year.

Vaccination Roll-Out Programme

- The department is providing support to all facilities to ensure that, Expanded Programme for Immunization (EPI) is integrated to COVID-19 vaccination roll-out into Routine Health Services.
- Discussions between the NDoH and Private Health Providers are underway to explore how they can continue to support the vaccination programme in all the provinces.
- In partnership with Right to Care and WHO, the department continues to build capacity for the cold chain management and Pharmacovigilance.
- The department is using Traditional Councils as service points to render outreach services for all the package of services including the vaccination.
- Continue the up scaling of demand creation activities including the use of community radio stations and support from all other stakeholders.

Table 4.2.5: Performance against the Annual Targets from 2022/23 Annual Performance Plan for Sub-Programme 2.5: Public Health / Other Community Based Services

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
6. Quality of health services improved	Hospitals comply with health care risk waste norms and standards	6.4.4 Percentage of hospitals complying with health care risk waste norms and standards	60.7%	65%	69.6%	69.6%	0%	Target achieved.
		Numerator: 54 Denominator: 89	21.3%	17%	≤20%	4.1%	15.9%	Target overachieved. The main reason for the overachievement is related to the low number of tests that are conducted for Covid-19 in the province.
3. Morbidity and Premature mortality due to Communicable reduced	Social mobilisation and community engagement Screening of clients Testing of the clients who meet the testing criteria	Numerator: (No. of positive cases) 195 413	148 390	220 156	9 172			
		Denominator: (No. of tests) 916 091	873 558	1 100 780	225 057			
		3.5.4 Covid-19 Incidence rate (per 100k)	2,910 per 100k	2 210.3 per 100k	< 2 000 per 100k	137,4 per 100k	1 862,6 per 100k	Target overachieved. The main reason for the overachievement is related to the low number of tests that are conducted for Covid-19 in the province.
		Numerator: (No. of positive cases) 195 413	148 299	134 269	9 172			
		Denominator: (Population at risk) 6 713 457	6 713 457	6 713 457	6 676 590			
		3.5.5. Case Fatality Rate for covid-19: 5-60 years	New indicator	4.1 per 100 000	< 5%	7.4%	-2.4%	Target not achieved The reason for the non –achievement of this indicator is related to the increase in the number of deaths that has been reported in quarter 4 of 2022/2023 financial year.
		Numerator:	19	8 085	109			
		Denominator:	453	161,701	1 464			
		3.5.6 Number of people vaccinated with Covid-19 vaccination	New indicator	2 356 730	2 616 656	2 639 736	23 080	Target overachieved. The main reason for over achievement is related to the increase in the number of facilities that have integrated vaccine with the routine Health Services.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
3.5.5. Case Fatality Rate for covid-19: 5-60 years	The department is actively screening individuals for Covid-19 and prompt managed of the cases who test positive for Covid-19.

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

Sub – Programme purpose

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

Institutional outcomes

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

PROGRESS AND ACHIEVEMENTS

Prevention Strategies:

The baseline assessment for condom availability was conducted (April-June 2022) in the districts in selected primary distribution sites in partnership with Clinton Health Access Initiative (CHAI) around condom supply chain and is completed, ready to be shared. Recommendations were presented to Provincial Department of Health on identified gaps and proposed improvement strategies. The province is working on setting up the provincial condom warehouse at Cecilia Makiwane Hospital and has approached Clinton Health Access Initiative (CHAI) to finance the project. Condom distribution increased to 11 515 000 in quarter 4 from the average of 9 million due to condom distribution drives which were done as build-up activities during STI/Condom week and improved availability of condoms. Total number of condoms distributed in 2022/23 financial year is 26 770 200. The staff for the Polly clinic in Maletswai were trained on LGBTQI+ sensitisation in preparing the facility to render services for the key population.

Training of 20 health promotion managers and 10 external stakeholders was conducted, on Sexually Transmitted Infections (STI). Adolescents and Youth Friendly Services (AYFS) including Sexual Reproductive Health Rights (SRHR) sensitisation workshops were done to the following categories 500 clinicians, 40 Health Promoters have been conducted across the province and 35 People living with disability at BCM. A provincial AYFS-Integrated School Health Programme (ISHP) task team was established. For the second year, the province received a trophy and was awarded a certificate of recognition by NDoH for continuous improvement in the establishment of Youth Zones. 64 Youth Zones were established across the province. During the period under-review, Youth Zones were launched in the following districts namely, NMBM, Amathole, OR Tambo, Alfred Nzo and BCM. Holders procured Four (4) service boards were erected in NU 11 in Gqeberha, Qumbu CHC in Mgwanyane Clinic, and Willowvale Community Health Centre. Strengthened rollout and implementation of the Pre Exposure

Prophylaxis (PrEP) strategy:

By end of the fourth quarter 2022/2023 financial year, 43517 clients were initiate on PrEP 62 Clinicians and 28 Non-Clinicians were trained in Sarah Baartman. Orientation was also conducted to clinicians across the province on PrEP amongst pregnant and breastfeeding women. 3 935 of new sexual assault cases reported to the facility before 72 hours were offered Post Exposure Prophylaxis (PEP). Launch of the Thuthuzela centre was held in Chris Hani District in the 4th quarter. Forty (40) districts representatives attended a revised PEP guidelines dissemination workshop. 8000 comfort packs procured and distributed to the Thuthuzela centres. Seven (7) gynaecological examination couches procured and distributed to the Thuthuzela centres.

During the period under review, 1 896 429 HIV Tests were done. There has been a replacement of 664 Lay Health Counsellors throughout the province. HTS services were conducted during first things first in Universities and in 8 TVET colleges in partnership with Higher Health throughout the Province. Eleven (11) vehicles were hired and distributed to the districts. HTS services were successfully provided during the Youth Day, World AIDS Day and Condom/STI week. The province obtained 80% status on Point of Care Test (POCT) survey.

Elimination of vertical transmission through implementation of prevention strategies:

Thirteen (13) Ultrasound scanners procured and delivered to Sarah Baartman, BCM and OR Tambo. Electronic Gate Keeping codes implementation workshop was conducted in Joe Gqabi and covered six facilities. Procured and distributed 400 baby scales, 6000 Integrated Management of Childhood Illnesses (IMCI) booklets, 167 vital signs machines.

Treatment, Care and Support:

Care & Treatment programme managed to initiate 48 808 clients on ART. Initiation rate is achieving more than 90% suggesting a good linkage to care practice and implementation of the Universal Test and Treat. 45 clinicians and program managers attended a Tenofovir/Lamivudine/Dolutegravir (TLD) transitioning 2 days' workshop in Gqeberha in the 1st quarter of 2022/23 financial year to identify and address challenges around TEE switch to TLD and develop a fast-tracking plan.

A total of 183 computers were procured for the SYNCH program, 53 computers were procured for Joe Gqabi district, 50 for Buffalo City Metropolitan and 80 for Chris Hani District.

An Adherence Guidelines Workshop was facilitated by National Department of Health on the 3rd quarter of the financial year. 82 participants from ECDOH and supporting partners attended the workshop. 198 087 clients were decanted to Differentiated Models of Care. 72 652 were decanted to facility pick up points, 15 462 were decanted to adherence clubs.

Fifty-nine (59) Non-Profit Organisations (NPOs) were contracted across all districts to render Primary Health Care (PHC)-community based health care services to their respective communities. Breakdown per district is as follows 4 in Alfred Nzo District, 7 in Amathole District, 4 in Chris Hani District, 4 in Sarah Baartman District, 8 in Nelson Mandela Metro Municipality, 14 in Buffalo City Metropolitan, 9 in O.R Tambo District and 9 in Joe Gqabi District. All the NGOs have been linked to the health care facilities so that their activities can be monitored by the facility manager.

DSTB/TBHIV/DRTB:

Implementation of TB Recovery Plan, which aimed at recovering from the regression caused by COVID-19 emergence. Orientation on TB Recovery Plan in partnership with NDoH was conducted as well as orientation on TB Check in partnership with CHAI. TB Check is a self-screening platform, where the community uses the WhatsApp number 060 012 3456 or *134*832*5# to respond to the screening questions. The orientation workshop was held in Nelson Mandela in the 3rd quarter of 2022/2023 financial year.

Digital x-ray screening is now implemented in O.R. Tambo, Buffalo City Metro, Sarah Baartman and Nelson Mandela Bay Metro in partnership with Aquity Innovation and MatCH (developmental partners).

Patients are now receiving Xpert results through SMS. This initiative has been introduced to all the patients with cell phone, they receive an SMS notifying them of the results and advising them to visit clinics for prompt initiation of treatment. Rifapentine (3HP) TB Preventive Therapy Policy Implementation to be started in Amathole district as the clinicians received the 3HP training in December 2022. OR Tambo District is still the only district which is actively implementing the policy. Rifapentine is still donated by Sanofi through Global Fund, not yet included in HIV/AIDS&STI Conditional grant.

DR-TB Training was conducted by Wamtech for Joe Gqabi District clinicians in preparation for the activation of the DR-TB Decentralized sites in sub districts, so that, the DR-TB diagnosed clients access DR-TB services closer to patients and their families.

To reduce the burden of TB in people living with HIV, their families and communities, National Department of Health with World Health Organisation introduced some strategies of finding missing TB patients, Lateral Flow Lipoarabinomannan Assay (LF-LAM) is one of the strategies.

Lipoarabinomannan Assay test is a point of care test done in urine used for the diagnosis of TB in severely ill HIV positive patients irrespective of signs and symptoms of TB, irrespective of CD4 count and irrespective of whether Advanced HIV Disease is present or not to patients that are inpatient healthcare settings. The HIV Pregnant women policy of TB GeneXpert test regardless of TB symptoms, is also supported by LAM Test to mothers with CD4 cell count less than 200, intending to reduce Maternal Mortalities due to non-identified and treated TB disease.

Lateral Flow-Lipoarabinomannan Assay (LF-LAM) Policy implementation uptake continues to improve in all the districts that led to, LAM Tests done target is overachieved at 5062 compared to the target of 4400. Initially the policy was implemented by the hospitals only, currently, it is extended to the Primary Health Care facilities. Joe Gqabi district, Sarah Baartman and OR Tambo districts have started rolling out the policy implementation to Primary Health Care facilities. ABBOT which is the sole provider for LAM Test kits in the country, together with MATCH supporting partner are planning to assist the districts in conducting trainings to the districts that needs support.

Advocacy, Communication and Social Mobilisation (ACSM):

World TB Day was commemorated successfully in BCM on the 13 April 2022 in partnership with Eastern Cape AIDS Council (ECAC), developing partners and other relevant stakeholders. The event was preceded by build-up campaigns conducted by all the eight districts in the province.

In trying to address the issue of high lost to follow up (LTFU), outreach campaigns were conducted in Mdantsane, as well as tracing and linking patients back to care. On the 26th July 2022, an awareness campaign was conducted in NU.I in partnership with Nkqubela TB Hospital, Buffalo City Municipality and supporting partners. This was in result of the area being highlighted as the hotspot by both district and Nkqubela hospital following the World TB Day report which highlighted high LTFU. On date the BCM deputy mayor took to herself to address the challenge of LTFU and addressed the community on this issue.

On the 23rd September 2022, an Open Day event was held in partnership with Nkqubela TB hospital, district and supporting partners. Primary health care approach services were rendered, preceding by educational talks on Mdantsane FM, Vukani FM.

World AIDS Day build up activities (door to door, awareness campaigns, services on wheels) were conducted in month of November 2022, and focused on PHC package. These activations were held in all the districts preceding the commemoration event, 1st December 2022 held in Joe Gqabi District. Undiagnosed TB patients were found and initiated on treatment, and those that were lost to follow up were tracked and linked to care.

A three-year contract for radio slots in both national and community radio stations was awarded. Schedule for radio interviews developed for HIV, TB and MCWH programmes.

The department has developed an Advocacy, Communication and Social Mobilisation (ACSM) strategy presented to management for consideration and approval. Health Services Outreach programme between the department and Ingqanga medical practitioners was held at Queen Nonesi Clinic (Gqebanya village, Emalahleni in Chris Hani District) on the 16th December 2022. Radio interviews were conducted to promote public awareness on various programs and conditions. This was a comprehensive approach, whereby all health programs were incorporated.

Programme Management:

Stakeholder engagement with the Civil Society Forum (CSF) leaders under the umbrella of the Eastern Cape AIDS Council (ECAC), development supporting partners and various internal and external sectors was held to collect inputs in preparation for the 2021/22 financial year HAST conditional grant annual evaluation report (AER).

HAST district support visits were conducted to ensure that the policies and guidelines are followed and implementing by all districts. Data audits were done to check if source documents tally with electronic system. Weekly performance monitoring meetings are conducted and chaired by General Manager HAST and Health Programs to strengthen district-based program performance. Districts present updates on the underperforming indicators being monitored for both HIV and TB.

Consultative engagement sessions between health facilities and Tertiary Institutions in partnership with Higher Health was held to strengthen implementation of the Memorandum of Understanding (MOU) signed between the department and the Institutions of Higher Learning (Fort Hare, Rhodes, Walter Sisulu, Nelson Mandela Universities and the Buffalo City TVET). Operation Phuthuma (OP) provincial engagement workshops were held across the districts on the new nerve centre approach to rollout and implement the initiatives which is a strategy to strengthen data management and reporting of facilities.

The Department has appointed the following managers to strengthen program management, coordination and monitoring:

Provincial Level:

- Information Officer,
- Deputy Director: M&E for HIV and TB
- Deputy Director Care and Treatment
- Deputy Director Care and Support.
- 2 Assistant Managers: ART
- Assistant Manager: HIV Testing Services(HTS)
- Assistant Manager: Prevention of Mother To Child Transmission (PMTCT)
- Assistant Manager: Condoms

Districts Level:

- HAST Managers (Deputy Directors) for Alfred Nzo and Chris Hani
- 7 Prevention Managers (Assistant Directors) for districts except NMBM
- Assistant Managers: NGOs funding for the following districts Sarah Baartman, Amathole and BCM.

The District distribution of these Data Capturers is as following:

DISTRICT	NO OF DATA CAPTURERS
Alfred Nzo	10
Amathole	21
BCM	35
Chris Hani	23
Joe Gqabi	29
NMBM	45
Sarah Baartman	39
Grand Total	193

Tools of trade (laptops) procured and distributed per district and province: 33

INSTITUTION/STATION	NO OF LAPTOPS
Province	13
Chris Hani	4
NMBM	6
Joe Gqabi	7

Table 4.2.6: Performance against the Annual Targets from 2022/23 Annual Performance Plan for Sub-Programme 2.6: HIV & AIDS, STIs & TB control

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
3. Morbidity and Premature mortality due to Communicable diseases reduced ¹	HIV new cases identified and initiated	3.1.1 HIV test done - sum	1 513 548	1 701 524	1 736 133	1 896 429	160 296	The target overachieved. The overachievement is attributed to increased number of people who were tested for HIV during the build-up activities towards the World AIDS Day. The replacement of lay counsellors who are conducting HIV counselling and testing in PHC facilities contributed to the over achievement.
		3.1.2 HIV positive 15-24 years (excl ANC) rate	New Indicator	2.2%	2%	2%	0%	Target achieved.
		Numerator		12 355	8 524	12 245		
		Denominator		553 802	426 194	616 736		
		3.2.1 ART client naïve start ART during month – sum	50 059	50 541	67 100	48 808	-18 292	Target not achieved. The low positivity yield of 1.8% against a 7% target resulted in low number of patients eligible for ART initiation, hence the shortfall of 18 292.
	Clients on ART retained on care	3.2.2 ART adult remain in care rate	New indicator	62.3%	90%	63%	-27%	Target not achieved. This indicator is affected by two elements of attrition, namely patients that die while on treatment (due to any cause of death); other patients transfer to other provinces for various reasons including relocation.
		Numerator		30 103	44 236	27 972		
		Denominator		48 302	49 151	44 391		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
		3.2.3 ART child remain in care rate	New indicator	73.4%	90%	73.8%	-16.2%	Target not achieved. This indicator is affected by three elements of attrition, namely children that die while on treatment (due to any cause of death such as severe acute malnutrition with HIV as an underlying infection); other patients transfer to other provinces for various reasons including relocation.
		Numerator		838	1 389	745		
		Denominator		1 142	1 543	1 009		
		3.2.7 ART Adult - viral load suppressed rate	87.7%	88.5%	90%	89%	1%	Target achieved within methodological consideration of 5% margin of error.
		Numerator	53 622	19 632	44 236	18 142		
		Denominator	61 129	22 186	49 151	20 385		
		3.2.8 ART Child - viral load suppressed rate	62.3%	64%	90%	62%	-28%	Target not achieved All the districts have reported a viral load done of below 90% during quarter 4. Secondly, there is an increase in the number of children on ART, who missed their appointments for clinical and treatment review.
		Numerator	986	376	1 389	310		
		Denominator	1 583	588	1 543	500		
		3.2.9 TB/HIV co- infected client on ART rate	93.5%	92.6%	90%	93.3%	3.3%	Target achieved within methodological consideration of 5% margin of error.
		Numerator	12 015	13 724	15 282	14 051		
		Denominator	12 855	14 816	16 980	15 063		
		3.3.1 TB investigation done 5 years and older rate	88.3%	95.5%	90%	98.4%	8.4%	Target overachieved. The reason is that key populations (HIV positive, TB contacts, ex-TB patients) are now tested for TB irrespective of whether they are asymptomatic.
		Numerator	213 388	284 194	344 499	305 276		
		Denominator	241 612	297 488	382 776	310 149		
		3.3.2 DS – TB treatment start 5 years and older rate	93%	92.7%	94%	93.1%	0.9%	Target achieved within methodological consideration of 5% margin of error.
		Numerator						
		Denominator						

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
		Numerator	23 393	32 658	23 654	36 741		
		Denominator	25 164	35 244	25 164	39 465		
		3.3.3 TB XDR treatment start rate	100%	100%	100%	100%	0%	Target achieved.
		Numerator	239	123	239	125		
		Denominator	239	123	239	125		
		3.3.4 All DS -TB client treatment success rate	77.5%	77.5%	78%	76.7%	-1.3%	Target achieved within methodological consideration of 5% margin of error.
		Numerator	32 893	25 482	33 088	27 189		
		Denominator	42 421	32 881	42 421	35 436		
		3.3.5 TB Rifampicin resistant/MDR/pre – XDR treatment success rate	57%	47.3%	65%	59%	-6%	The target not achieved and this is affected by the death are and lost to follow up of the MDR TB patients especially in BCM and Nelson Mandela district.
		Numerator	1 008	656	1 154	928		
Lost clients tracked and re-initiated		Denominator	1 775	1 386	1 775	1 574		
		3.3.6 All DS – TB client loss to follow – up rate	14.2%	14.1%	12%	14.7%	-2.7%	Target is not achieved. This is because three (3) districts, namely, Sarah Baartman (18.3%), BCM (17.2%), and Nelson Mandela Metro (16%) had the highest lost to follow-up rates. The reason for high lost to follow up rate for the respective districts noted is that patients are on voicemails when called and also not found in their respective addresses due either to mobility or false addresses
		Numerator	6 030	4 622	5 091	5 194		
		Denominator	42 421	32 881	42 421	35 436		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
3.2.1 ART client naive start ART during month – sum	Map out areas that are hard to reach and in need of Community ART services that will be provided by the outreach teams. Scale up Community ART Initiation through the mobile services and vehicles hired for community HTS using a phased in approach implementation.
3.2.2 ART adult ² remain in care rate	Scale up implementation of Differentiated Models of Care for stable patients by encouraging increase in the number of available External Pick-up Points. Monitor the rate at which facilities are decanting patients by looking at the patients eligible for decanting vs those that were decanted on monthly basis. Scale up TLD Transition by allocating Sub-district and Facility targets for TLD transitioning. Develop a tracking tool to track the TLD transition on monthly basis. Scale up back capture of any data backlog by conducting data verification roadshows targeting data capturers & clinicians. Conduct Hast Roadshows inclusive of reporting timelines, the importance of data verification, data completeness, importance of daily data capturing and data integrity.
3.2.3 ART child remain in care rate	Strengthen the Community tracing utilizing WBCHOT to districts that do not have supporting partners. Engage Department of Education regarding the provision of services in schools. Implement family care days, school holidays recalls, strengthen proper dosing and switching according to guidelines.
3.2.8 ART Child viral load suppressed rate	Register Programme Managers & Lab Coordinators on eLABS to strengthen monitoring of VL Management. Orientate Clinicians on the New ART Guidelines. Implement family care days, school holidays recalls, for growth monitoring to strengthen proper dosing and switching according to guidelines. Procure a Paediatric Dosing Chart for correct child clinical management.
3.3.5 TB Rifampicin resistant/MDR/pre - XDR treatment success rate	The districts and MDR TB decentralized sites are encouraged to conduct mortality and clinical audits and use of the management reports to follow up of the lost to follow up. MaTCH has started with the mortality audits in the districts that they are supporting Nelson Mandela district.
3.3.6 All DS - TB client lost to follow – up rate	The performance is reviewed and if there is non-submission of data, district HAST and information managers are engaged and advised to capture backlog. As not evaluated patients impacts negatively on lost to follow up (LTFU), the districts are advised to ensure that all patients with outstanding outcomes are updated to minimize LTFU. Districts are engaged to encourage facilities to manage and act on line lists to prevent high lost to follow. Data monitoring is continued.

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

Sub-programme purpose

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

Institutional outcomes

- 1. Maternal, Neonatal, Infant and Child Mortality reduced

PROGRESS AND ACHIEVEMENTS

2.7.1 Women's health services

Following the action march against illegal abortions led by the Deputy Minister of Health, the department focused in O.R Tambo to improve access to termination of pregnancy services.

By the end of the financial year 2022/2023, thirty-eight (38) health providers were trained by Umthombo Wempilo NGO, on Termination of Pregnancy (TOP) services and Sexual Reproductive Health and Rights Policy. This resulted in the establishment of three (3) new TOP sites (Isilimela, Bambisana and St Banarbas hospitals) that are functional in OR Tambo.

There were thirteen (13) providers who attended counselling course offered by the Psychology department at Rhodes University. This training was intended to capacitate health providers with skills in Pre and Post abortion counselling.

Table 1: Number of TOP Service Providers Trained in the Financial Year 2022/23

FACILITY	DISTRICT	NO. OF PROVIDERS TRAINED
Silimela Hospital	O.R Tambo	02
Zithulele Hospital	O.R Tambo	02
Canzibe Hospital	O.R Tambo	01
St.Barnabas Hospital	O.R Tambo	02
Bambisana Hospital	O.R Tambo	01
St.Elizabeth	O.R Tambo	02
Ngangelizwe CHC	O.R Tambo	01
Madzikane KaZulu Hosp	Alfred Nzo	02
Flagstaff Hospital	Alfred Nzo	03
Maluti CHC	Alfred Nzo	02
Mount Ayllif Hospital	Alfred Nzo	01
Aliwal North Hospital	Joe Gqabi	01
Empilisweni Hospital	Joe Gqabi	01
Tayler Bequest Hospital	Joe Gqabi	01
Andries Volsloo Hospital	Sarah Baartman	01
S.S Gida Hospital	Amathole	02
Butterworth hospital	Amathole	01
Idutywa CHC	Amathole	01
Xhora CHC	Amathole	01
Willowvale CHC	Amathole	01
Bisho Hospital	Buffalo City Metro	02
Frere Hospital	Buffalo City Metro	01
Frontier hospital	Chris Hani	03
Hewu Hospital	Chris Hani	01
Motherwell CHC	Nelson Mandela Metro	01
Central CHC	Nelson Mandela Metro	01
	TOTAL	38

There has been an increase in the uptake for Long Acting Reversible Contraceptive (LARCS) methods following the in-service training of clinicians which has been conducted throughout the province. This resulted in improved couple year protection rate of 53% per cent reported in quarter 4 of 2022/2023 financial year compared to 50% reported in the past 3 quarters of the previous financial year. A debriefing session for the choice on termination of pregnancy (CTOP) providers was held in Port Alfred on the 6th-9th December 2022 in collaboration with Umthombo Wempilo.

The Deputy Director for Maternal Health Service was appointed in March 2023. There is a Project in O.R Tambo, Helping Babies Breath (HBB) sponsored by Prof Velapi which was extended to focus in O.R.Tambo to assist hospital to reduce neonatal deaths The project is implemented in the following facilities, St Elizabeth, Nelson Mandela Academic, St Barbabas, Mthatha Regional and Dr Malizo Mpehle Hospitals. Continuous Training of Health Professionals on, Essential Steps of Management of Obstetric Emergencies (ESMOE) and Emergency Obstetric Simulation Training (EOST) and management of hypertensive disorders in pregnancy is ongoing. In order to increase access to Sexual Reproductive Health Services, O.R.Tambo district have established a site at Botha Sigcau building to ensure that workers and the general community can receive the services closer to their workplace

2.7.2 Child Health Services and Integrated Nutrition Programme (INP)

The Department of Health in collaboration with Department of Social Development and National Development Agency (NDA) continue to implement interventions outlined in the Anti-Poverty Strategy for O.R.Tambo district. Through this collaboration, the educators for the Early Childhood Development centres are able to measure the Mid Upper Arm Circumference (MUAC) in order to detect children with moderate malnutrition and referred to the nearest clinic for further management. Community Health Care workers are conducting household profiling to identify children and adults who are malnourished and provide them with food supplementation The Integrated Measles and Human Papilloma Virus (HPV) Vaccination campaign contributed to better performance of measles immunisation and Vitamin A supplementation coverage. The campaign started in December 2022 and ended on the 31st of March 2023. All districts conducted Integrated Management of Childhood Illnesses (IMCI) trainings to reduce under five case fatality rate. Catch-up campaigns were conducted in Kouga Maluti, Mhlontlo, Ingquza Hill and Nyandeni sub-districts. This was done in collaboration with UNICEF health promotion truck. Street-to-street catch-up activities were also conducted.

The commemoration for the World Food Day that was held in Nyandeni sub-district during the month of October 2022/2023 financial year. A total of 150 baby weighing scales were procured and received for distribution in various PHC facilities to improve growth monitoring and promotion.

Table 4.2.7: Performance against the Annual Targets from 2022/23 Annual Performance Plan for Sub-Programme 2.7: MCWH&N

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
I. Maternal, Neonatal, Infant and Child Mortality reduced	Family planning improved	I.1.1 Couple year protection rate	41.5%	49%	60%	41.6%	-18.4%	Target has not been achieved
		Numerator: Denominator:	810 499 1 952 556	794 005 1 620 419	972 251 1 620 419	674 932 1 622 433		The non-achievement is related to inadequate availability of condoms due to suppliers who are unable to meet the demand for condoms requested by districts.
	Early booking for Antenatal clients visits increased	I.1.2 Antenatal 1st visit before 20 weeks rate	62.5%	63%	65%	63.5%	-1.5%	Target achieved within the 5% margin of error.
		Numerator:	78 855	76 980	82 057	71 748		
		Denominator:	126 241	122 229	126 241	112 913		
	Teenage pregnancy reduced	I.1.3 Antenatal clients start on ART rate	91.8%	90.4%	93%	89.8%	-3.2%	Target achieved within the 5% margin of error.
		Numerator:	8 893	7 827	9 641	6 269		
		Denominator:	9 692	8 662	10 367	6 981		
	Maternal mortality reduced	I.1.4 Delivery in 10 - 19 years in facility rate	17.1%	17.4%	15%	17.6%	-2.6%	Target has not been achieved.
		Numerator: Denominator:	18 401 107 469	18 960 108 975	16 120 107 469	17 617 99 915		The non-achievement is related to inadequate availability of condoms due to suppliers who are unable to meet the demand for condoms requested by districts.
		I.1.5 Maternal mortality in facility ratio	New indicator	114.6/100 000	<120/100 000	124.5/100 000	-4.5/100 000	Target achieved within methodical consideration of 5% margin of error.
		Numerator: Denominator:	 118 711	136 118 711	103 85 854	133 107 025		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
Low birth weight reduced	Postnatal care coverage increased	1.2.1 Live birth under 2500g in facility rate	135.7/1 000	14.3%	13%	14.9%	-1.9%	Target has not been achieved. The reason for the non – achievement of the target is related to increase the number of deaths due to Prematurity and congenital abnormalities reported in referring facilities like Dora Nginza and Nelson Mandela Academic hospitals.
		Numerator:	14 896	15 839	14 271	14 783		
		Denominator:	109 775	110 833	109 775	99 503		
		1.2.2 Mother postnatal visit within 6 days rate	71.2%	78.6%	75%	80.7%	5.7%	Target overachieved. All the districts achieved this target during the period under- review, overachievement is related to the caesarean section rate that is high, as reported on DHIS, resulting in increase in the number of women who stay in hospital for more than 6 days post-delivery.
Mother to child transmission eliminated	Child Immunisation Coverage increased	Numerator:	76 543	85 685	80 602	80 488		
		Denominator:	107 469	108 975	107 469	99 915		
		1.3.2 Infant PCR test positive around 10 weeks rate	0.6%	0.8%	<0.4%	0.6%	-0.2%	Target not achieved. The non-achievement of this target is related to the increase in the number of babies that sero- convert at 10 weeks especially in Sarah Baartman. This is also associated with the low exclusive breast feeding rate as reported on DHIS.
		Numerator:	135	174	80	119		
		Denominator:	20 844	21 684	20 025	20 278		
		1.3.3 Immunisation under 1 year coverage	69.3%	88.7%	82%	82.1%	0.1%	Target achieved.
		Numerator	111 911	116 122	107 339	108 031		
		Denominator	161 497	130 901	130 901	131 213		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
Child mortality reduced	I.3.4. Measles 2 nd dose coverage		66.3%	83.3%	82%	81.6%	0.4%	Target achieved.
	Numerator		107 772	111 128	109 370	106 690		
	Denominator		162 542	133 378	133 378	130 526		
	I.3.5 Death under 5 years against live birth rate	New indicator		2%	<2%	2.1%	-0.1%	Target achieved within methodical consideration of 5% margin of error.
Micro and macro nutrient malnutrition reduced	Numerator			2 181	1 616	2 095		
	Denominator			110 833	80 780	99 503		
	I.3.6 Neonatal death in facility rate		13.1/1 000	13.2/1 000	10/1000	13.8/1000	-3.8%	Target has not been achieved. The reason for the non- achievement of the target is related to the districts that reported high neonatal death in facility rate namely, Buffalo City (15.3 %) NMB (14.9%), OR Tambo (17.5%). The high death rate among Neonates is attributed to Severe prematurity caused by infections during pregnancy, hypoxia, and congenital abnormalities as suggested by the findings of the audit report for neonatal deaths.
	Numerator		1 441	1 464	1 098	1 374		
Child mortality reduced	Denominator		109 775	110 833	109 775	99 503		
	I.3.7 Vitamin A dose 12- 59-months coverage		49%	63.7%	60%	75.1%	15.1%	Target overachieved This is attributed to the administration of Vitamin A supplements during the integrated measles and HPV campaign.
	Numerator		645 728	706 625	665 775	809 978		
	Denominator		1 317 266	1 109 626	1 109 626	1 082 218		
Child mortality reduced	I.3.9 Child under 5 years diarrhoea case fatality rate		4%	3.4%	2.6%	2.6%	0%	Target achieved
	Numerator		127	152	82	119		
	Denominator		3 166	4 489	3 166	4 539		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
		I.3.10 Child under 5 years pneumonia case fatality rate Numerator	3.3%	3.3%	2.8%	2.8%	0%	Target achieved.
		Denominator	98	117	84	139		
	Micro and macro nutrient malnutrition reduced	I.3.11 Child under 5 years severe acute malnutrition case fatality rate Numerator	2 955	3 592	2 955	5 049		
		Denominator	10%	9.7%	8.4%	7.6%	0.8%	Target achieved.
			838	127	70	98		
			7 625	1 314	838	1 287		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
I.1.1 Couple Year Protection Rate	To strengthen the condom distribution from the storage to the facilities using the bin cards. To in-service clinicians on insertion of long term contraceptives are continuing in all districts.
I.1.4 Delivery in 10 - 19 years in facility rate	Strengthen Sexual Reproductive Health and Rights Increase number of functional youth zones. Strengthen Integrated School Health Programme and clinics should partner with schools.
I.2.1 Live birth under 2500g in facility rate	Strengthen the use of Perinatal Problem Identification Programme to identify the causes of deaths and avoidable factors and develop Quality Improvement Plans.
I.3.2 Infant PCR test positive around 10 weeks rate	To encourage mothers to avoid mix feeding but practise exclusive Breastfeeding. To track and trace all babies that are positive and initiated on ART.
I.3.6 Neonatal death in facility rate	To avail a dedicated ambulance for maternal, child and neonatal health. To review monitoring of patients in transit. To strengthen the use of Perinatal Problem Identification Programme to identify the causes of deaths and avoidable factors and develop Quality Improvement Plans.

2.8 SUB-PROGRAMME: CORONER SERVICES

SUB-PROGRAMME PURPOSE

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

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

Institutional outcomes

- 6. Quality of health services improved

PROGRESS AND ACHIEVEMENTS

1. Strengthening Governance and Leadership

- Covid-19 protocols are still maintained in all facilities across the province.
- Queenstown Region has appointed Cost Containment Committee (CCC) members to ensure seamless adherence to procurement processes in line with PFMA for the current financial year.
- All facilities are ensuring strict compliance to Occupational Health and Safety guidelines.
- Covid-19 vaccine and subsequent boosters administered to staff members.
- The institution has facilitated constitution of Skills Development Committees in both regional and provincial level for the discussion on priority trainings in the directorate.
- Queenstown Region has successfully appointed an Occupational Health and Safety Official responsible for forensic Laboratories.

2. Forensic Pathology Operations

- At Gelvandale Forensic Pathology Laboratory, 24 wheels were delivered to fix six (6) body trolleys.
- The essential instruments have been supplied at Mt Frere Forensic Pathology Laboratory.
- The Provincial Intervention Team (PIT) was appointed to provide operational support on burial process of unclaimed/unidentified bodies to all facilities in the provinces where the accumulation of bodies is rife. The team has started at Mthatha and 47% of the bodies have been concluded and submitted to relevant local municipalities (Mhlontlo, King Sabata Dalindyebo and Nyandeni) for burial.
- A total of 160 Bodies (9 at Joe Gqabi, 32 Nelson Mandela Bay Metro, 67 OR Tambo, 28 Buffalo City Metro and 24 Chris Hani) were buried as paupers.
- Protective clothing supplied to all four regions in the province which includes East London (Buffalo City Metro and Amathole Health District), Queenstown Region (Joe Gqabi and Chris Hani Health District), Mthatha (Alfred Nzo and OR Tambo Health District) and Port Elizabeth (Nelson Mandela Bay Metro and Sarah Bartmaan Health District).
- 10 oscillating autopsy saws and 15 rib cutters have been procured at East London region.
- Three new additional landlines have been installed in Queenstown Forensic Pathology Laboratory offices.
- An approval for procurement of 62 computers that will be distributed across the province has been granted and funds have been budgeted for this purchase.
- One instrument table has been procured for Mt Fletcher under Joe Gqabi health district.

3. Human Resource and Training

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

- Three officials from Mthatha, Queenstown and Port Elizabeth regions had attended the second session of the International Labour Organisation/World Health Organisation (ILO/WHO) workshop conducted at East London at the 1st quarter of 2022/23.
- The department has registered 30 Forensic Pathology Officers (FPO's) for a one-year formal certificate in Forensic Science selected from all four (4) regions in the province.
- 147 employees in Forensic Pathology Services have attended a three days integrated Managing and Motivating Employees workshop which included Trauma Debriefing session by Psychologists, Employee Wellness, EAP, training on practical and inclusive work related skills like problem solving, teamwork, planning, organising, emotional intelligence etc.
- Forensic Pathology Services has managed to recruit new employees in line with the Annual Recruitment Plan (ARP) 2022/23 and replacement posts. The filled posts are illustrated in table 3.1 below:

Table 3.1 Posts filled

REGION	MEDICAL OFFICERS	FORENSIC PATHOLOGY OFFICERS	ADMIN CLERKS	GENERAL ASSISTANTS	TOTAL NUMBER RECRUITED
Mthatha	2	10	0	3	15
East London	0	2	0	0	2
Queenstown	0	2	0	1	3
Port Elizabeth	1	9	1	0	11
TOTAL	3	23	1	4	31

4. Facilities, Infrastructure and Maintenance

- The provincial multi-disciplinary team has conducted visits and assessments on 9 FPS facilities for the purpose planning an upgrade and improvement.
- Department of Public Works was invited to do building assessment at Queenstown for subsequent findings and recommendations for the acceleration of future refurbishment.
- Uitenhage drainage system has been re-constructed.
- The regional management team at Queenstown has conducted a thorough spring cleaning at Mt Fletcher laboratory.
- Four additional trolleys have been procured and delivered at Queenstown region. They have been distributed to highly needy Forensic Pathology Laboratories i.e. two (2) Queenstown and two (2) Mt Fletcher.
- The regional management team at Queenstown has conducted a thorough spring cleaning at Mt Fletcher laboratory.
- Mthatha and East London has successfully procured uniform for 53 Forensic Pathology Officers (29 Mthatha and 24 East London).
- Queenstown Laboratory has been supplied with a hydraulic lifter.
- New Brighton Forensic Laboratory has re-done epoxy layout on the drainage system and floors.
- The department has procured and delivery of two (2) Lodox Machines for installation at one at New Brighton (Gqebera) and another at Mthatha Forensic Pathology Laboratory.
- The body freezer at Butterworth has been revamped.

5. Forensic Pathology Fleet

The province projected 70 vehicles (1 vehicle: 100 000 EC population) to be reasonably adequate to service the Eastern Cape population, to achieve a target of 90% for response time of one hour in urban setting and 3 hours in rural setting. By the end of 2022/23 FY, the ECDOH had a total of 48 forensic pathology body loading vehicles achieving 67.6% in rural setting and 82.3% in urban setting. The distribution of these vehicles by district is shown in Table 5.1 below.

Table 5.1: Distribution of forensic pathology body loading vehicles by district

District	No of vehicles for FPS- unnatural deaths
A Nzo District	6
OR Tambo District	7
Buffalo City Metro	6
Amathole District	3
Joe Gqabi District	5
Chris Hani District	3
Nelson Mandela Bay Metro	12
Sarah Baartman District	6
TOTAL	48

Table 4.2.8 Performance against the Annual Targets from 2022/23 Annual Performance Plan for Sub-Programme 2.8: Coroner Services

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
6. Quality of health services improved	All post mortem cases finalised	6.4.5 Percentage of post – mortem performed within 72 hours	96.9%	97.7%	96%	95%	-1%	Target achieved within methodical consideration of 5% margin of error.
		Numerator:	9 538	2 905	9 445	10 354		
		Denominator:	9 839	2 972	9 839	10 897		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved		Proposed strategies
N/A		N/A

2.9 Sub Programme: District Hospitals

SUB-PROGRAMME PURPOSE

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

Institutional outcomes

- 6. Quality of health services improved
- 1. Maternal, Neonatal, Infant and Child Mortality reduced

PROGRESS AND ACHIEVEMENTS

The key responsibility of the programme is to play an oversight role and render guidance and support to District hospitals in their endeavours to implement the district hospital package of services.

EFFICIENCY INDICATORS

The district hospitals have been struggling with the targets regarding BUR, ALOS and Expenditure per PDE. There is a lot of pressure to ensure the balance amongst the three indicators. During the period under review there was tremendous progress with regards to meeting the ALOS target. This is attributed to Clinical Audits conducted, mortality and morbidity reviews where patients are subjected to early diagnosis, treatment and discharge.

Patient Experience of Care (PEC)

The Survey aimed at ensuring that users receive quality of care and as such it gives users the opportunity to reflect on the services rendered. During the period under review the annual target was achieved through efforts of ensuring that soft services are improved in all the hospitals and improvement in staff attitude

IDEAL HOSPITAL REALISATION AND MAINTENANCE

The program achieved a target of four district hospitals targeted for Ideal status, from the Prioritized hospitals.

These hospitals are the following: Alfred Nzo - St. Patrick's and Tayler, Bequest Matatiele, Nelson Mandela Metro – Uitenhage hospital and Joe Gqabi - Aliwal North Hospital.

The table below depicts the compliance of facilities with self-assessments

District	Number of hospitals	Conducted Assessment	% Assessed	Ideal Status
Alfred Nzo	6	6	100%	2
Amathole	12	12	100%	0
Buffalo City	2	2	100%	0
Chris Hani	14	10	71.4%	0
Joe Gqabi	11	1	9%	1
NMBM	1	1	100%	1
OR Tambo	9	9	100%	0
Sarah Baartman	10	9	90%	0
Province	65	50	75%	4

Table 4.2.9: Performance against the Annual Targets from 2022/23 Annual Performance Plan for Sub-Programme 2.9: District Hospitals

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.3 Patient experience of care satisfaction rate	81.4%	81%	82%	77%	-5%	Target not achieved. The main reason is related to the negative experience of care related to maintenance(inadequate lighting), infection control (inadequate hand wash facilities and laundry services) and laundry services that reflect a low score in the Survey report.
		Numerator	81 389	42 016	82 150	61 600		
	Patient safety improved	Denominator	99 996	51 881	99 996	80 125		
		6.3.1 Severity assessment code 1 incident reported within 24 hours rate	68%	55%	69%	74.4%	5.4%	Target overachieved. The overachievement is related to improvement in recording and reporting of incidences on the PSI Web – based system.
		Numerator	62	205	51	346		
Hospital efficiencies improved		Denominator	91	371	74	465		
		6.3.10 Patient Safety Incident case closure rate	New Indicator	New Indicator	80%	91.5%	11.5%	Target overachieved. The overachievement is attributed to improvement in the management of Patient Safety Incident closure rate within 60 days.
		6.7.1 Average Length of Stay	New Indicator	4.5 days	4.5 days	4.7 days	-0.2%	Target achieved within methodical consideration of 5% margin of error.
		6.7.6 Inpatient Bed Utilisation Rates	New Indicator	46%	62%	46.2%	-15.7%	Target not achieved due to the district hospitals with less than 50 beds that have been consistently reporting a BUR of below 50% throughout the 4 quarters of 2022/2023 financial year. For example, Adelaide, Aberdeen, BJ Vortser, Cathcart and Komga reported BUR
		Numerator		1 081 469	1 372 208	1 032 948		
I. Maternal, Neonatal, Infant and Child Mortality reduced		Denominator		2 215 975	2 213 238	2 236 965		
		6.7.11 Expenditure per PDE	New indicator	R3 288.8	R3,191	R3 826.4	-R635.4	Target not achieved. The non-achievement of this indicator is related to low BUR, resulting in the same number of personnel managing few patients
		1.1.6 Maternal mortality in facility ratio	New indicator	New indicator	57.3/100 000	65.1/100 000	-7.8/100 000	Target has not been achieved The main reason is related to the increase in Pulmonary Oedema and Septicaemia, pericardial effusion in some facilities.
		Numerator			36	37		
		Denominator			62 744	56 813		

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
Child mortality reduced	Child mortality reduced	1.3.12 Child under 5 years' diarrhoea case fatality	New indicator	New indicator	2.4%	2%	0.4%	Target achieved.
		Numerator			52	64		
		Denominator			2 111	3 246		
		1.3.13 Child under 5 years' pneumonia case fatality rate	New indicator	New indicator	2.8%	1.7%	1.1%	Target achieved.
Micro and macro nutrient malnutrition reduced	Micro and macro nutrient malnutrition reduced	Numerator			44	52		
		Denominator			1 533	3 097		
		1.3.14 Child under 5 years severe acute malnutrition case fatality rate	New indicator	New indicator	5%	4.7%	0.3%	Target achieved.
		Numerator			27	44		
		Denominator			538	928		
Child mortality reduced	Child mortality reduced	1.3.15 Death under 5 years against live birth	New indicator	New indicator	600	797	-197	Target not achieved The non-achievement is related to high diarrhoea case fatality rate reported at Zithulelele, Mount Ayliff, All Saints, Butterworth, St Banabas, Canzibe and Taylor Bequest (Mat) during the period under- review.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
6.1.3 Patient experience of care satisfaction rate	Hospital management will be supported regarding the backup system to ensure adequate lighting during power outages. Procurement of additional linen by provincial district hospital unit for distribution to the facilities in need. To liaise with the provincial infection prevention and control coordinator to support the facilities in relation to infection control issues.
6.7.6 Inpatient Bed Utilisation Rates	Reclassification and restructuring of District hospitals according to BUR and services rendered. Marketing the services to the communities through open days. To tackle issues of negative staff attitude.
6.7.11 Expenditure per PDE	To strengthen monitoring of suppliers being paid within 30 days and within the financial period Reclassification and restructuring of District hospitals according to BUR and services rendered.
1.3.15 Death under 5 years against live birth	Marketing the services to the communities through open days. To tackle issues of negative staff attitude. The department is working with the municipality to monitor the quality of water. Catch up plans are implemented in the districts in order to improve the immunization coverage of children under 1 year.
1.1.6 Maternal mortality in facility ratio	The department will continue to implement Hypertension Action guidelines throughout the Province.

LINKING PERFORMANCE WITH BUDGETS

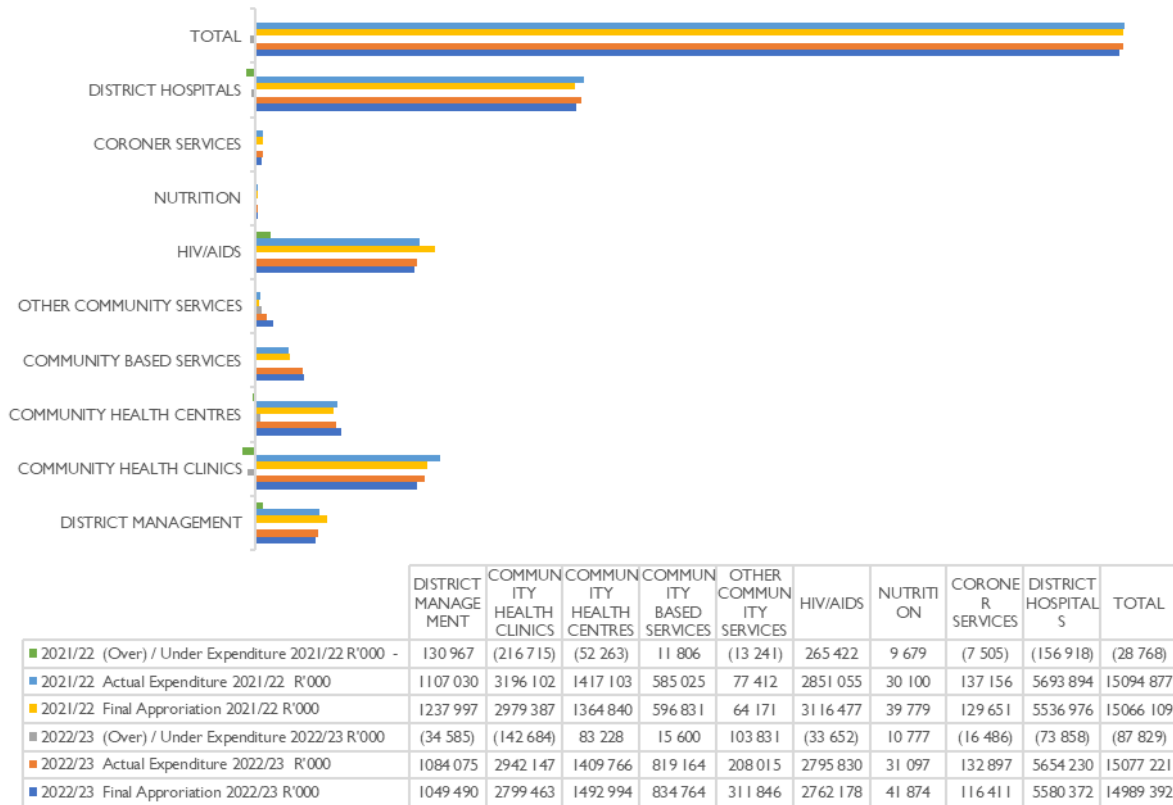
PROGRAMME 2: DISTRICT HEALTH SERVICES

The Programme spent at 100.60 % (over by R87,833 million) after adjusting for funds shifts and virements of R160,159 million post 2022/23 2nd AEPRE. Overspending was primarily caused by goods and services pressures vesting in the Community Health Clinics sub programme, to continue the delivery of public health care services uninterrupted.

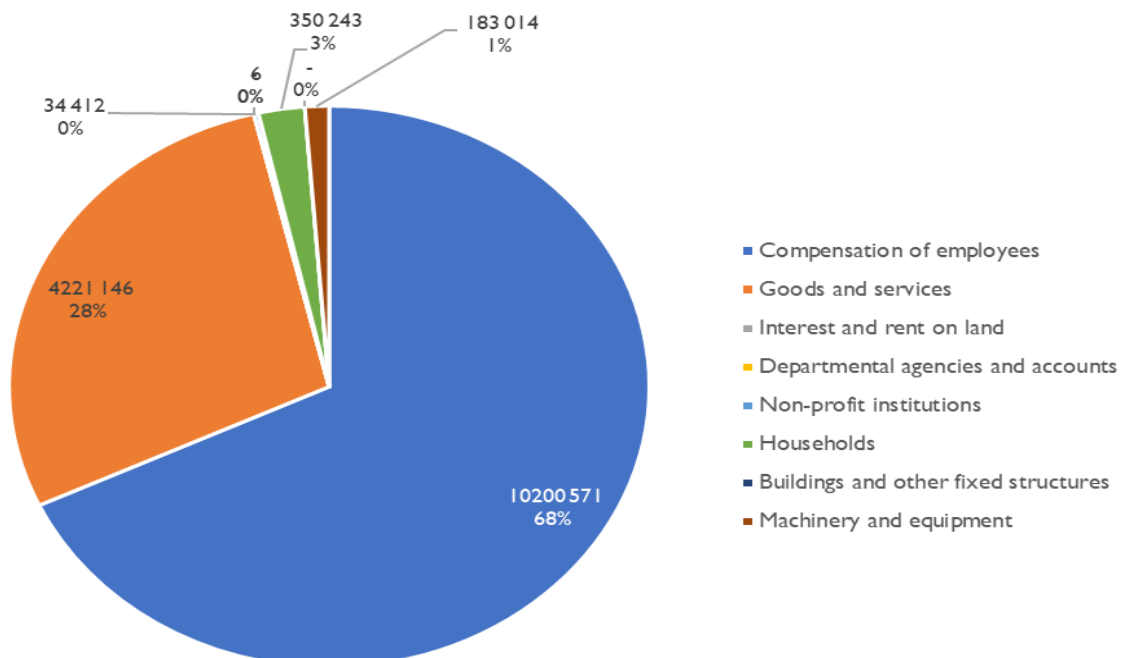
The budget pressures in the programme having arisen from the payment of payables and accruals at the vote level of (R4.6 billion) at the beginning of the current financial year, treated as a first charge of the 2022/23 budget allocation, with the knock on effect being that the 31 March 2023 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

Programme 2: DISTRICT HEALTH SERVICES						
	2022/23			2021/22		
	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						-
1 DISTRICT MANAGEMENT	1,049,490			1,237,997		
2 COMMUNITY HEALTH CLINICS	2,799,463	1,084,075	(34,585)	2,979,387	1,107,030	130,967
3 COMMUNITY HEALTH CENTRES	1,492,994	2,942,147	(142,684)	1,364,840	3,196,102	(216,715)
4 COMMUNITY BASED SERVICES	834,764	1,409,766	83,228	596,831	1,417,103	(52,263)
5 OTHER COMMUNITY SERVICES	311,846	819,164	15,600	64,171	585,025	11,806
6 HIV/AIDS	2,762,178	208,015	103,831	77,412		(13,241)
7 NUTRITION	41,874	2,795,830	(33,652)	3,116,477	2,851,055	265,422
8 CORONER SERVICES	116,411	31,097	10,777	39,779	30,100	9,679
9 DISTRICT HOSPITALS	5,580,372	132,897	(16,486)	129,651	137,156	(7,505)
	5,580,372	5,654,230	(73,858)	5,536,976	5,693,894	(156,918)
	14,989,392	15,077,221	(87,829)	15,066,109	15,094,877	(28,768)
Economic classification						-
Current payments	14,421,717	14,663,863	(242,146)	14,729,597	14,810,440	(80,843)
Compensation of employees	10,200,571	10,137,436	63,135	10,194,688	10,117,843	76,845
Goods and services	4,221,146	4,504,824	(283,678)	4,534,909	4,691,268	(156,359)
Interest and rent on land	-	21,603	(21,603)	-	1,329	(1,329)
	384,661	296,649	88,012	105,056	113,039	(7,983)
Transfers and subsidies						
Departmental agencies and accounts	6	-	6	-	-	-
Non-profit institutions	34,412	26,528	7,884	-	-	-
Households	350,243	270,121	80,122	105,056	113,039	(7,983)
Payments for capital assets	183,014	116,709	66,305	231,456	171,398	60,058
Buildings and other fixed structures	-	-	-	60,000	-	60,000
Machinery and equipment	183,014	116,709	66,305	171,456	171,398	58
	14,989,392	15,077,221	(87,829)	15,066,109	15,094,877	(28,768)

Expenditure versus Appropriation: Programme 2



2022/23 Economic Classification: Programme 2



PROGRAMME 3

EMERGENCY MEDICAL SERVICES



Province of the
EASTERN CAPE
HEALTH

4.3 PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

3.1 Programme Purpose

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

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

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

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

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

Institutional outcomes

- 6. Quality of health services improved.

PROGRESS REPORT AND ACHIEVEMENTS

Communication Services

The Emergency Medical Services (EMS) in the Eastern Cape province are facing various challenges in their communication services. The decentralized emergency communication centres (ECC) have been negatively impacted by load shedding and widespread cable theft, resulting in compromised service centres. The prolonged load shedding has also created difficulties in maintaining generator capacity, with the East London generator breaking down and the Chris Hani and Nelson Mandela Bay centres and compromised by cable theft in the reporting period.

These ECCs serve as the initial point of contact between the community and the EMS. The post of Deputy Director of Communications is being re-advertised, indicating the need for qualified personnel in that role, to ensure that there is leadership within communications service of EMS.

To enhance and monitor operations in the province, the department has awarded a contract with Dimension Data for computer-aided dispatch (CAD) services. However, the rollout of broadband, crucial for the effectiveness of the technology, is facing obstacles with delays in the rollout thereof. To support the CAD system rollout, the department has appointed an experienced ICT technical expert for six months through CHAI (development partner)

During the 2022/23 financial year, the department responded to an average of 26693 Priority I calls in the province. PI calls in urban areas amounted to 9112 calls and 17, 581 PI calls in rural areas.

Fleet Services

Regarding the fleet, the department maintains a fleet of 447 ambulances, with an additional ambulance donated. However, there are ongoing challenges in repairing and maintaining vehicles, leading to lengthy turnaround times. Collaborative efforts with the Department of Transport (GFMS) have been made to address this situation and expedite vehicle repairs, its however not bearing the desired results. The Eastern Cape rural roads where ambulances are experiencing difficulties on rural roads, leading to serious damages. Rural roads can sometimes be challenging to navigate due to their bad conditions, such as potholes, uneven surfaces, or limited infrastructure. This leads to departmental ambulances being repaired for prolonged periods of time. The alternative transport options for critical emergencies in remote areas, require the department to use its Aeromedical services. Furthermore, the delivery delay of sixteen Rescue Vehicles remains problematic, and response vehicles are being utilized temporarily until their expected arrival in the second quarter of the new financial year.

Strike Action

In terms of personnel, an unprotected strike action occurred in Amathole and King Williams Town areas, but employees have since returned to work, and the disciplinary process has concluded. The outcome of the disciplinary process is that the chairperson has found the striking workers guilty and that process will proceed to unfold in terms to dealings with the appeal process. The shortage of operational staff continues to be a major challenge, affecting the performance of the emergency medical services program and resulting in significant response delays.

Aeromedical Services

In aeromedical services, the Air Mercy Services has been awarded a six-month contract while a 36-month contract is being finalized. All three helicopters (East London, Gqberha, and Umtata) have been fully operational and played a crucial role during the Festive Season and in responding to rural areas. The finalisation of the 36-month contract is nearing completion and the new company will be awarded in the 1st quarter of the new financial year.

Disaster Management

The Disaster Management Teams have been actively engaged in addressing the province's flood-related issues, particularly in Komani and Coffee Bay. Working in collaboration with the Provincial Disaster Management Centre, these teams have provided medical assistance to the affected areas. The Department has also finalised their Institutional Disaster Management Committee and the members have been appointed with the aim of training the members in the second quarter of the new financial year.

Table 4.3.1: Performance against the Annual Targets from 2022/23 Annual Performance Plan for Programme 3: Emergency Medical Services

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
6. Quality of health services improved	EMS PI rural and urban response time adhered to	6.5.1 EMS PI urban response under 30 minutes rate	48%	48.2%	50%	55.2%	5.2%	Target achieved.
		Numerator:	21 910	26 228	20 136	23 555		
		Denominator:	45 618	54 436	40 272	42 647		
		6.5.2 EMS PI rural response under 60 minutes rate	64%	65.8%	65%	64.4%	-0.6%	Target achieved, this is attributed to the recruitment of additional personnel.
	Functional PTVs availability	Numerator:	60 742	72 893	61 693			
		Denominator:	94 913	110 831	94 913			
		6.5.4 Number of Patients transported on the PTV services	10 571	40 688	10 000	192 616	182 616	Target achieved. More cold cases were transported to the next level of care.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
N/A	N/A

LINKING PERFORMANCE WITH BUDGETS

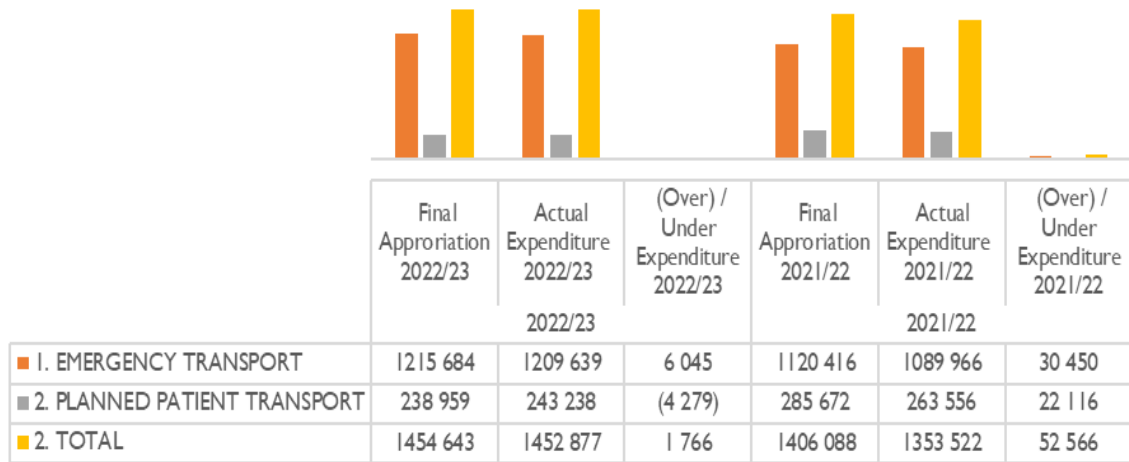
PROGRAMME 3: EMERGENCY MEDICAL SERVICES

The Programme spent at 99.9% (under by R1,766 million) after adjusting for funds shifts and virements of +R76,000 million post 2022/23 2nd AEPRE. The programme received a portion of its cash flows from Programmes 6 and 8 in favour of mitigating the pressure to continue delivery of public health care services uninterrupted.

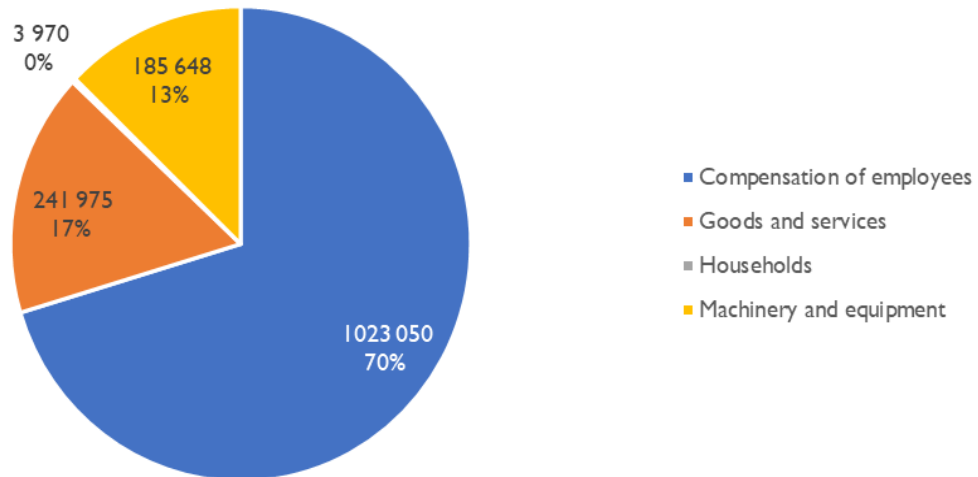
This pressure in the clinical programmes having arisen from the payment of payables and accruals at the vote level of (R4.6 billion) at the beginning of the current financial year, treated as a first charge of the 2022/23 budget allocation, with the knock on effect being that the 31 March 2023 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

Programme 3: EMERGENCY MEDICAL SERVICES						
	2022/23			2021/22		
	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1 EMERGENCY TRANSPORT	1,215,684	1,209,639	6,045	1,120,416	1,089,966	30,450
2 PLANNED PATIENT TRANSPORT	238,959	243,238	(4,279)	285,672	263,556	22,116
	1,454,643	1,452,877	1,766	1,406,088	1,353,522	52,566
Economic classification						
Current payments	1,265,025	1,264,249	776	1,263,176	1,210,602	52,574
Compensation of employees	1,023,050	1,022,603	447	1,051,361	998,795	52,566
Goods and services	241,975	241,646	329	211,815	211,807	8
Transfers and subsidies	3,970	3,028	942	3,792	3,971	(179)
Households	3,970	3,028	942	3,792	3,971	(179)
Payments for capital assets	185,648	185,600	48	139,120	138,949	171
Machinery and equipment	185,648	185,600	48	139,120	138,949	171
	1,454,643	1,452,877	1,766	1,406,088	1,353,522	52,566

Expenditure versus Appropriation: Programme 3



2022/23 Economic Classification: Programme 3



PROGRAMME 4

REGIONAL HOSPITAL SERVICES



Province of the
EASTERN CAPE
HEALTH

4.4. PROGRAMME 4: REGIONAL AND SPECIALISED HOSPITAL SERVICES

4.1 PROGRAMME PURPOSE

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

Sub-Programme 4.1

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

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

Mthatha Sub-Programme 4.2

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

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

Sub-Programme 4.3

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

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

SUB-PROGRAMME 4.1

Institutional outcomes

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

Cecilia Makiwane Hospital

Progress and Achievements

- Nurses day was observed on the 18 May 2022 where 38 nurses were given awards and clinical departments recognised for their contribution during COVID-19 interventions.
- Strengthened the service package through acquisition of a new C-Arm in the Orthopedic Theatre.
- Dedicate the day theatre day for ophthalmic services 3 times per week to improve output for cataract extractions. Block – H has been identified to be repurposed as an Ophthalmology Department for both in-patient & out – patient services.
- Strengthened Clinical Leadership through a 2 - day session for Heads of Clinical Units & Senior Specialists in various departments focusing on strategic planning consultation for the next 5 years & Leadership Development. Presentations were also received from WSU – Health Sciences Faculty, Provincial Medico-legal Division and Finance & Supply Chain Provincial Office
- MATCH (NGO) supported CMH by providing a doctor responsible for Maternal and Child Health.
- East London Crime investigative unit had a meeting with the facility to discuss ways and means to improve on reporting of documents like J88 which causes delays in prosecution or sometimes cases struck out of the roll.
- Collaboration with Walter Sisulu University to strengthen training platform.
- Training on Nursing Leadership and Management done for a week in the 3rd quarter of 2022/23 for two nurse managers to enhance leadership and mitigate litigations.
- K2 Training for Midwives and Doctors to equip them mitigate incidents that lead to litigation was conducted.
- An award ceremony was held 3rd quarter of 2022/23 at Blue Lagoon hotel to appreciate staff performance. Nurses and non-clinical personnel received awards according to the following categories:
 - Punctuality
 - Going beyond the call of duty
 - Caring Beyond expectation
 - CEO'S Appreciation
 - Cleanliness
 - Information management
- Outreach conducted by mental health to Tower Psychiatry Hospital and Obstetrics and Gynaecology outreach to District Hospital to improve access to services and reduce patients travelling long distances.
- Kangaroo Father Care (KFC) for those babies whose mothers are admitted in Intensive Care Unit (ICU) and cannot take care of their babies is well supported and this will increase bonding and family ties.
- Successful installation of the perinatal system in all the obstetric and gynaecological units which aims at paperless data keeping system.
- HMS2 implemented successfully it will improve overall patient waiting times.
- Philips Intellispace- at Maternity is functional, to improve efficiencies in maternity and health outcomes in general.
- Network Upgrade – Old CMH Wing have been upgraded from Cat 5 to Cat 6 and additional network points were installed.
- Network Points Modules Repairs in New CMH Wing – 95% is done. Upgrade done to improve network connectivity and communication.
- CMH PABX Upgrade done to improve network connectivity and communication.
- Cataract services have improved from 150 (2020/2021) to 762 (2022/2023), improving quality of life of patients.

Dora Nginza Hospital

Progress and Achievements

- Neonates department has embarked on weekly in-service training to reduce infections.
- Elective caesarean sections are done daily due to the additional staff members.
- 5 Cardiotocography (CTG) machines have been received as a donation from the CHAI Foundation to improve clinical outcomes.
- Casualty conducting an ongoing weekly in-service training.
- Installation of the portable ablution facilities in the hospital units.

- Project where consultants were appointed for the repairs and renovations of various units within the hospital has been completed.
- Declared supplier accruals & payables as at 31st March 2023 were 91% paid
- Declared HR accruals as at 31st March 2023 were 93% paid

Frontier Hospital

Progress and Achievements

Governance structures of the institution such as the hospital board and organized labour structures convened as planned throughout the year.

- Established the Clinical Education & Training Unit (CETU) programme with curriculum development.
- Ophthalmic services developed with cataract surgeries performed
- Dental unit is now fully functional with the collaboration between Frontier and Chris Hani District
- The Hospital is participating successfully on the medical officer's internship programme
- Maintenance plan for generators has been implemented successfully
- Training on genetics, child poverty and malnutrition for nurses and paediatric doctor was conducted
- Academical activities in different departments continued during the financial year 2022/23.
- Appoint experienced medical officers in radiology and anesthesia departments to decrease the number of referrals to East London
- Trainings and Implementation of Health Management Systems 2 (HMS2) phase I completed
- The Thuthuzela care centre is fully operational and was officially launched in the 3rd quarter of 2022/23 financial year.
- Cerebral Palsy clinic fully functional with multi-disciplinary approach.

Mthatha Regional Hospital

Progress and Achievements

Leadership and Governance: Hospital board orientation and training was conducted on 30th and 31 of August 2022.

Research projects: MRH family physicians co-published in the South African family practice journal an article titled "one world, one health: a growing need for an integrated global health approach."

Human Resource Management: Institution conducted training 87 employees according to the MRH Work Skill Plan for, different categories of staff (Nursing staff, Doctors and Artisans). The trainings offered included emotional intelligences and change management.

Information Technology: 145 Network points installed in tall block. Xerox is coordinating a Network monitoring tool project which started from January 2023 till 31st of May 2023. 15 Network switches purchased to improve network speed. Installation of desktops in all clinical areas for preparation of HSM2 done and training by the province conducted. This will assist to reduce waiting times, patient's safety incidents and improve record keeping of patients.

Clinical & Clinical support services

- The institution had an evaluation by South African Nursing Council (SANC) for accreditation and MRH has been accredited.
- MRH was also assessed by the Office of Health Standards and Compliance and achieved "Good" status at about 70% achieved rate

St Elizabeth Hospital

Progress and Achievements

Clinical governance: Committee meeting were held quarterly.

Clinical audits: A clinical audit meeting was held quarterly. The aim was to identify gaps and improve patient management.

Outreach programme: The outreach programme was conducted to improve access to the communities and reduce influx of patients to the hospital. Obstetrics and Gynaecology outreaches were conducted every Thursday at Lusikisiki Village clinic.

Eye services and Occupational therapy outreaches were conducted at Mantlaneni and Qaukeni Clinics

	Q1	Q2	Q3	Q4
Maternity /Gynea	72	97	75	17
Medical/ Eye services	20	13	00	00
Occupational Therapy	10	00	00	00

Other services did not proceed due to unavailability of transport.

In-reach by Nelson Mandela Academic Hospital (NMAH) Oncology Team

Numbers of patients seen in Oncology Unit in the financial year 2022/2023 were 714

	Q1	Q2	Q3	Q4
CLIENTS	148	54	86	426

Infrastructure: The Institution managed to procure and install 2 x -ray machines and this improved service delivery as patients were no longer being referred to NMAH.

All patient care areas/wards such as outpatient department, surgical, medical, labour wards, lying inn, and medical allied section were renovated. Non clinical areas like admin, main gate, some residential blocks, and Mortuary were renovated. Driveways and walkways are organized and safe for users

Table 4.4.1: Performance against the Annual Targets from 2022/23 Annual Performance Plan for Sub-Programme 4.1: Regional Hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.4 Patient experience of care satisfaction rate	73.7%	69.4%	65%	72%	7%	Target over achieved due to trainings that were done in all districts.
		Numerator: Denominator:	32 858 44 594	15 483 22 317	28 986 44 594	27 614 38 436		
	Patient Safety Improved	6.3.2 Severity assessment code I incident reported within 24 hours rate	87.8%	75%	80%	90%	10%	Target over achieved due to increased system users.
		Numerator: Denominator:	394 449	458 610	359 449	624 696		
	Efficiency indicators improved	6.3.1.1 Patient Safety Incident case closure rate	New Indicator	New Indicator	80%	93.4%	13.4%	Target over achieved due to increased system users.
		6.7.2. Average length of stay	New Indicator	5.8 days	5.5 days	6.2 days	-0.7 days	Target not achieved. Disease profile which requires treatment regimens of more than 5 days e.g. premature babies that remain until the target weight of 1.8 kg and above is reached before discharge.
1. Maternal, Neonatal, Infant and	Maternal mortality reduced	6.7.7 Inpatient bed utilisation rates	New Indicator	68.3%	75%	68.4%	-6.6%	Target not achieved. Mthatha Regional Hospital decommissioned paediatric services and converted paediatric wards to COVID-19 wards.
		Numerator: Denominator:		518 553 759 192	431 888 575 851	527 157.5 770 934.1		
		6.7.12 Expenditure per PDE	New indicator	R3 921	R3,500	R3 984	-R484	Target not achieved. Electrical failure at Frontier Hospital which lasted for several months, more money was used for the purchase of diesel since the hospital was running on generators.
		1.1.7 Maternal mortality in facility	New indicator	New indicator	127/100 000	188.4/100 000	-61.4/100 000	Target not achieved. Most patients come to the hospital

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
Child Mortality reduced		ratio						at a later stage, when already critical.
		Numerator			36	50		
		Denominator			28 411	26 541		
	Child mortality reduced	1.3.16 Child under 5 years diarrhoea case fatality rate	New indicator	New indicator	2.4%	2.3%	0.1%	Target achieved.
		Numerator			14	17		
		Denominator			575	746		
		1.3.17 Child under 5 years' pneumonia case fatality rate	New indicator	New indicator	2.8%	2.9%	-0.1%	Target achieved within methodical consideration of 5% margin of error.
		Numerator			28	39		
		Denominator			925	1 329		
	Micro and macro nutrient malnutrition reduced	1.3.18 Child under 5 years severe acute malnutrition case fatality rate	New indicator	New indicator	5%	13.3%	-8.3%	Target not achieved. Late presentation has a major contribution.
		Numerator			12	40		
		Denominator			253	300		
	Child mortality reduced	1.3.19 Death under 5 years against live birth	New indicator	New indicator	600	735	-135	Target not achieved. Increased number of early neonatal deaths due to low birth weights which is below 1.8 kg.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
6.7.12 Expenditure per PDE	The department to explore cheaper energy alternatives of powering the institutions.
6.7.2 Average length of stay	Strengthen supply chain processes regarding availability of surgical consumables to improve theater efficiencies.
6.7.7 Inpatient bed utilisation rates	Collaborate with tertiary hospitals for decentralization of pediatric surgical, ENT, orthopedic. Improvements in theater time.
1.1.7 Maternal mortality in facility ratio	To strengthen outreach visits to referring hospitals/proper regional cluster to be functional.
1.3.18 Child under 5 years severe acute malnutrition case fatality rate	Strengthening of outreach and in-reach in the referring institutions. Collaboration with interdepartmental government institutions for intervention.
1.3.19 Death under 5 years against live birth	To collaborate with PHC facilities through perinatal meetings to strengthen PMTCT program by encouraging clients to start ANC at an early stage.

4.2. SUB- PROGRAMME: SPECIALISED TB HOSPITALS

Sub-Programme 4.2

Institutional outcomes

- 6. Quality of health services improved.

PROGRESS AND ACHIEVEMENTS

Nkqubela TB hospital

- **HR Achievements**
 - Vacancy rate improved from 10.7% to 7.3%
- **Event**
 - Hospital excellence awards were conducted
 - Hosted an Open Day Event with Success
 - Quality Improvement Plan of Ideal Hospital assessment has improved from 85% to 91%
- **Audit**
 - Obtained a clean audit for Waste Management and Food Services conducted by Environmental Health.
 - Infection Control audit by Environmental Health -No findings.
 - Auditor General Visit -29/06/2022-No finding (XDR patient initiated on Rx -2021).
- **Partners**
 - SHIFT TB study sponsored partition installation for Physiotherapist and space for vital signs at OPD
- **Clinical**
 - Established outreach team for Winterberg hospital.
 - Managed to decentralize DR TB drugs, ordering from Umtata medical depot.
 - PAX installation in male MDR ward for doctors to view x-ray.

Marjorie Parrish TB Hospital

- Conduct outreach to all down referred patients as per itinerary on Wednesdays, the team consists of 1 Medical Officer, Social worker, data capture and Professional Nurse
- OPD Professional Nurse has been trained during the third quarter on gastric aspirations for paediatrics, this will assist in diagnosing children who have contracted TB
- The OPD staff has an itinerary for screening and contact tracing on Mondays, Tuesdays and Fridays.
- Ongoing support received from MaTCH (NGO) case manager on contact tracing in partnership with departmental outreach team.
- Treatment supporters were established for both drug sensitive and drug resistant patients to minimise the defaulter rate

Jose Pearson TB Hospital

- Paediatric active case finding program for under 5yrs (prophylaxis and treatment of those symptomatic) implemented by the Qinisela project in collaboration with Jose Pearson doctors doing well and there are 280 children on prophylaxis and 86 on treatment.
- Jose Pearson Successfully reactivated 3 MDR-TB decentralised PHC sites at, Rosedale, Zwile and Motherwell and with doctor support from MaTCH (NGO).
- Clinical manager for Jose Pearson TB hospital has been nominated as a member of the National Advisory Committee on the DR TB guidelines and is also assisting with trainings in other provinces like Gauteng.
- Jose Pearson TB hospital was commended on data management and pharmacovigilance adverse events capturing, the National Department of Health used the hospital as a benchmark including African countries like Kenya.

Khotsong TB Hospital

- Facility obtained a clean audit opinion on AOPO during the 2022/23.
- Improved turnaround time of PSI management. PSI identified, recorded, reported, investigated and closed within a period of 3 days.
- Patient waiting time adhere to the national norm, the facility is < 2hours.
- Strengthened clinical audits that are conducted monthly and quarterly.
- Strengthened team work with Maluti sub-district through participation in one of Sub-district PHC meetings to advocate for early detection, TB management and prompt referral of patients.
- Outreach programmes are done monthly without any compromise.
- Staff clinic for reproductive health and chronic medication established and full functional.

Winterberg TB Hospital

- The Gift of the Givers has installed borehole successfully but not yet functional.
- The institution managed to appoint 4 general assistants.

Table 4.4.2: Performance against the Annual Targets from 2022/23 Annual Performance Plan for Sub-Programme 4.2: Specialised TB Hospitals

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.5 Patient experience of care satisfaction rate	86%	86.2%	87%	81%	-6%	Target not achieved. The non –achievement is attributable to negative experience of care reported on staff attitude and cleanliness.
		Numerator: Denominator:	5 600 6 543	6 095 7 074	5 914 6 798	7 109 8 752		
	Patient Safety improved	6.3.3 Severity assessment code 1 incident reported within 24 hours rate	0%	50%	80%	75%	-5%	Target not achieved. One incidence at Majorie Parish was reported after 33 days.
		Numerator: Denominator:		1 2	4 5	6 8		
	Hospital efficiencies improved	6.3.12 Patient Safety Incident case closure rate	New Indicator	New Indicator	80%	98%	18%	Target over achieved due to increased system users.
		6.7.3 Average length of stay	New Indicator	41 days	60 days	42.4 days	17.6 days	Target achieved.
		6.7.8 Inpatient bed utilisation rates	New Indicator	25.6%	60%	26.9%	-33.1%	Target not achieved. The establishment of the MDR-TB decentralized sites in all districts where all confirmed Drug-Resistant TB patients, who are stable are initiated treatment and managed as out-patients closer to their homes.
		Numerator: Denominator:		113 797 445 014	246 365 410 609	129 296 481 487.8		
	6.7.13 Expenditure per PDE	New Indicator		R3 887.5	R1 800	R3 286.2	-R1 486.2	Target not achieved. The low bed utilization rate reported in all TB hospital especially the those that are managing Drug-Susceptible TB patients contributes to this.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
6.1.5 Patient experience of care satisfaction rate	Co-ordinate the development of quality improvement plans for the areas not achieved and monitor its implementation.
6.3.3 Severity assessment code 1 incident reported within 24 hours rate	Capacitate staff on SACI incident reporting.
6.7.8 Inpatient bed utilisation rates	The Department is in a process of repurposing TB hospitals, for example Empilweni that has been repurposed to be district hospital and Orsmond a psychiatric hospital. The department will continue to establish more decentralized MDR-TB sites so that stable patients with confirmed MDR-TB can be managed closer to their homes
6.7.13 Expenditure per PDE	In order to improve efficiencies in TB hospital, the department is in a process of repurposing TB hospitals.

4.3. Sub – Programme: Specialised Psychiatric Hospitals

Sub- Programme Priorities

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

Institutional outcomes

- 6. Quality of health services improved.

PROGRESS AND ACHIEVEMENTS

MENTAL HEALTH SPECIALISTS TEAMS APPOINTED

District	Registered Counsellors	Clinical Psychologists	Psychiatrist
Alfred Nzo	4	0	0
Amathole	4	1	1
Buffalo City Metro	3	1	0
Chris Hani	4	0	0
Joe Gqabi	3	0	0
OR Tambo	6	1	0
Nelson Mandela Bay Metro	5	0	0
Sarah Baartman	2	0	0
EC Province	31	3	1

The above table illustrates the members of the Mental health specialist teams per district.

Elizabeth Donkin Hospital

- Gift of the givers donated a borehole and piping to the facility to mitigate drought/day zero. On the 18th July 2022 the site was handed over to the facility by the Minister of Water and Sanitation.
- CCTV cameras were installed in the main kitchen with remote viewing.
- A concept document on strengthening Community Mental Health services (District Mental Health Co-ordination Committee) was shared with District Clinical Governance.
- At the end of the financial year 35 Clinical and non-clinical posts were filled and the vacancy rate reduced to 5%.
- Pearson high school approached management in terms of donating flowers to patients/wards and staff. On the 08th Sept 2022 beautiful flowers were presented to EDH's staff and patients which had positive impact on the mind and mental state of staff and patients.

Table 4.4.3: Performance against Annual Targets from 2022/23 Annual Performance Plan for Sub-Programme 4.3 Specialized Psychiatry Hospitals

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.6 Patient experience of care satisfaction rate	78.9%	77%	80%	82%	2%	Target achieved.
		Numerator:	5 037	2 604	5 106	4 998		
	Patient Safety Improved	Denominator:	6 383	3 384	6 383	6 064		
		6.3.4 Severity assessment code 1 incident reported within 24 hours rate	100%	80%	100%	93.3%	-6.7%	Target not achieved. SACI incidents not closed within 24 hours in the system at Komani Hospital
		Numerator:	4	4	5	28		
		Denominator:	4	5	5	30		
		6.3.13 Patient Safety Incident case closure rate	New Indicator	New Indicator	100%	98.5%	1.5%	Target achieved within 5% margin of error.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator		Proposed Strategies
6.3.4 Severity assessment code 1 incident reported within 24 hours rate		Capacitate staff on timeliness reporting of SACI incidents

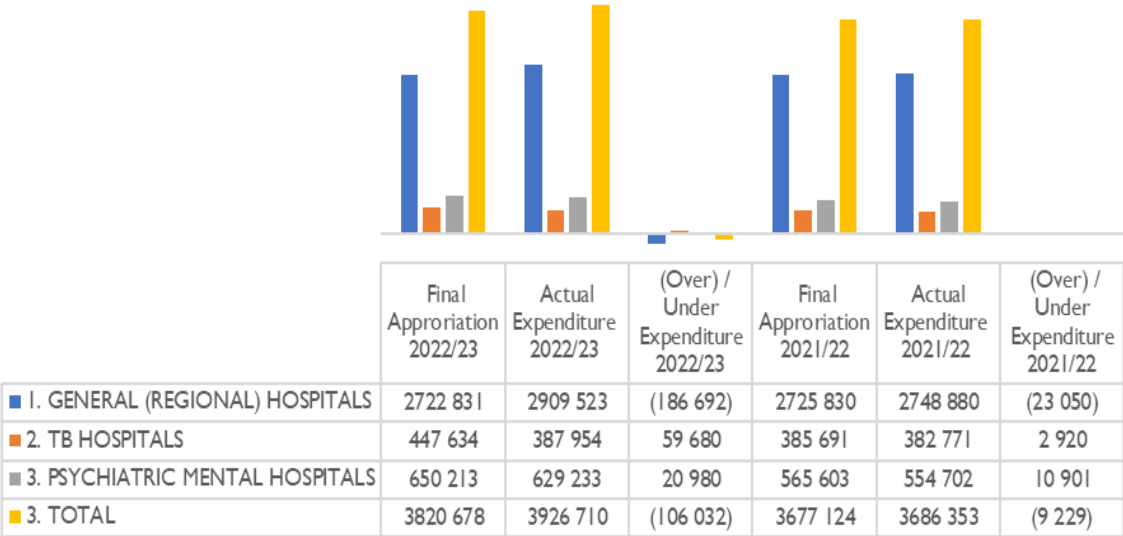
LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

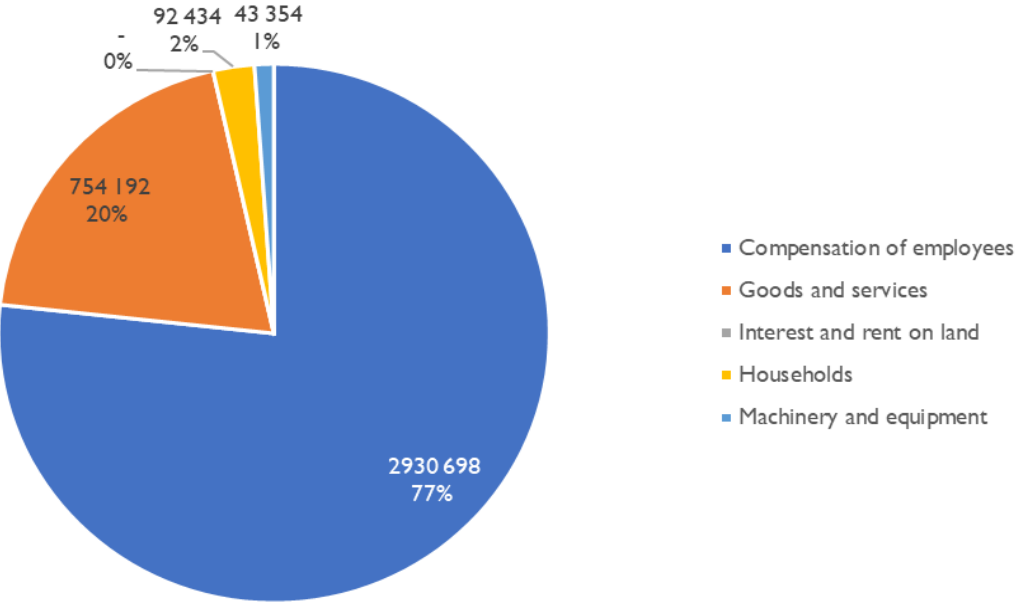
The Programme spent at 102.8% (over by R106,032 million) after adjusting for funds shifts and virements of +R133,827 million post 2022/23 2nd AEPRE. Overspending primarily occurred in the General (Regional) Hospitals sub programme vesting in compensation of employees as a result of incorrect PERSAL/BAS link codes by and between several programmes.

Programme 4: PROVINCIAL HOSPITAL SERVICES						
	2022/23			2021/22		
	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme GENERAL (REGIONAL) HOSPITALS	2,722,831	2,909,523	(186,692)	2,725,830	2,748,880	(23,050)
1.	447,634	387,954	59,680	385,691	382,771	2,920
2. TB HOSPITALS	650,213	629,233	20,980	565,603	554,702	10,901
3. PSYCHIATRIC MENTAL HOSPITALS						
	3,820,678	3,926,710	(106,032)	3,677,124	3,686,353	(9,229)
Economic classification	3,684,890	3,797,684	(112,794)	3,633,236	3,646,550	(13,314)
Current payments	2,930,698	3,056,817	(126,119)	2,924,095	2,979,731	(55,636)
Compensation of employees	754,192	728,650	25,542	709,141	666,224	42,917
Goods and services	-	12,217	(12,217)	-	595	(595)
Interest and rent on land	92,434	120,207	(27,773)	29,942	25,773	4,169
Transfers and subsidies	92,434	120,207	(27,773)	29,942	25,773	4,169
Households	43,354	8,819	34,535	13,946	14,030	(84)
Payments for capital assets	43,354	8,819	34,535	13,946	14,030	(84)
Machinery and equipment						
	3,820,678	3,926,710	(106,032)	3,677,124	3,686,353	(9,229)

Expenditure versus Appropriation: Programme 4



2022/23 Economic Classification: Programme 4



PROGRAMME 5

CENTRAL & TERTIARY HOSPITAL



Province of the
EASTERN CAPE
HEALTH

4.5. Sub-Programme Purpose for Central Hospitals 5.1

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

SUB-PROGRAMMES

Central Hospital: Nelson Mandela Academic Hospital.

Institutional outcomes

- 6. Quality of health services improved.
- 1. Maternal, Neonatal, Infant and Child Mortality reduced

PROGRESS AND ACHIEVEMENTS

AREA	ACHIEVEMENT								IMPACT ON SERVICE DELIVERY
Strategic guidance	Strategic direction of the institution								Clear focused direction of the institution
	The institution conducted its Strategic Session which was a formal event that was held in Mzamba. Operational plans have been developed.								
	CLINICAL SERVICES								
Implementation of Medico-legal strategy:	Litigations are a major problem for the department and the institution has taken major strides in addressing this through:								Implementation of Medico-legal strategy
	Enhanced functionality of PAIA Office New office established in level 1 of Nelson Mandela Academic Hospital Building with full complement of staff and efficient tools of trade. The office is well secured with reception area, burglars all around to secure files and cameras will be inserted soon.								
	Establishment of a medico legal committee Medico legal Committee has been established at the beginning of 2022/23 with formal letters of appointment and clear roles to play. The main focus of the committee is consultation and offering advice on every litigation case. A team of professionals thoroughly discuss the case tracing it back from the minute it enters the health system. The team consists of specialist i.e. HOD for Anaesthesia and Critical Care, HOD Orthopaedic services, HOD Obstetrics and Gynaecology, Radiology Specialist, HOD General Surgery others are co-opted as the need arise.								
	Establishment of a Rehabilitation Centre of Excellence and Cerebral Palsy (CP) Clinic The centre is in Sir Henry Elliot and is at 95% complete. The plan is to have this centre as the rehabilitation centre for the whole region. CP cases are seen by a team of therapists and medical specialists.								
	Public health defence: The institution is currently strengthening rehabilitation services through employment of staff and procurement of assistive devices for all CP cases in our data base.								
Plastic Surgery Performance (Cleft Palate project with Operation Smile)	Second Theatre for maternity Maternity is one of the major litigated area and Nelson Mandela Academic Hospital has one maternity theatre that is outstretched. Some of the cases do complicate while awaiting theatre, however the institution is building a second maternity theatre and the contractor is already on site.								Reduction of waiting times for surgery
	On the 24 th October 2022, Operation smile team of volunteers together with NMAH plastic surgery team had a weekend surgical programme at Nelson Mandela Academic Hospital. In total, 23 patients (22 babies & toddlers and 1 adult) received corrective cleft lip and cleft palate surgery.								
	Award for best performance Plastic surgery team received recognition from both MEC and Premier of Eastern Cape Honourable Mr L Mabuyane as the best performing team .								
Breast marathon by Plastic surgery team – an outreach initiative	Breast marathon The long awaiting patients for breast surgeries had a chance to be operated in an outreach initiative by plastic surgery team at Mthatha Regional Hospital. 17 patients were operated								Reduced waiting times for elective surgery.
Cochlear Implant Unit: Performance against set targets.	Indicator	Baseline 2021/22	2022/23 Target	Actual Output Q1 2022/23	Actual Output Q2 2022/23	Actual Output Q3 2022/23	Actual Output Q4 2022/23	Actual output 2022/23	Increased access to rehabilitation services.
	No of implants inserted	10	12	0	5	5	2	12- Target achieved	

AREA	ACHIEVEMENT							IMPACT ON SERVICE DELIVERY																																			
Cochlear Implant Outreach initiative	The HOD and specialist for cochlear implants conduct outreach to PE Provincial hospital to assist with cochlear implantation surgeries and thereby impacting knowledge.							Skills transfer																																			
Batho-Pele Service Excellence and innovation Awards: Best implemented project	Cochlear implant as the best implemented project Cochlear implant received both MEC and Premier's recognition as the best implemented project in 2022/23. Future Plans: Training on Vestibular rehabilitation and sensory stimulation (Staff needed: occupational therapist and physiotherapist)							Boost staff morale and increase productivity																																			
Cath lab Performance	The institution has seen an increase in the utilisation of Cath lab in 2022/23 especially with the addition of vascular surgery on to the specialists. It still attracts clients all over Eastern Cape i.e. as far as East London and Gqeberha. The institution is working on strategies to collect revenue utilising expensive resources like Cath lab and MRI. See attached stats: Baseline in comparison to actual 2022/23 overall output <table><tr><th>Indicator</th><th>Baseline 2021/22</th><th>Q1 Performance 2022/23</th><th>Q2 Performance 2022/23</th><th>Q3 Performance 2022/23</th><th>Q4 Performance 2022/23</th><th>Overall performance 2022/23</th></tr><tr><td>Adult Cardiology</td><td>92</td><td>114</td><td>84</td><td>70</td><td>14</td><td>282</td></tr><tr><td>Paediatrics Cardiology</td><td>20</td><td>2</td><td>9</td><td>6</td><td>03</td><td>20</td></tr><tr><td>Adult-Endo- vascular</td><td>258</td><td>66</td><td>63</td><td>61</td><td>81</td><td>271</td></tr><tr><td></td><td>370</td><td>182</td><td>156</td><td>137</td><td>98</td><td>573</td></tr></table>							Indicator	Baseline 2021/22	Q1 Performance 2022/23	Q2 Performance 2022/23	Q3 Performance 2022/23	Q4 Performance 2022/23	Overall performance 2022/23	Adult Cardiology	92	114	84	70	14	282	Paediatrics Cardiology	20	2	9	6	03	20	Adult-Endo- vascular	258	66	63	61	81	271		370	182	156	137	98	573	Improved access to specialised services
Indicator	Baseline 2021/22	Q1 Performance 2022/23	Q2 Performance 2022/23	Q3 Performance 2022/23	Q4 Performance 2022/23	Overall performance 2022/23																																					
Adult Cardiology	92	114	84	70	14	282																																					
Paediatrics Cardiology	20	2	9	6	03	20																																					
Adult-Endo- vascular	258	66	63	61	81	271																																					
	370	182	156	137	98	573																																					
Donation by Road Accident Fund (RAF) - Bedford children's ward renovation	Challenge: Less numbers are seen by Paediatric Cardiology reason being non-availability of a cardio thoracic surgeon as most paediatric cases need one. Head hunting is in process. Road Accident Fund renovated an old children's ward in Bedford hospital (repaired ceiling, piping, inserted shower and bath, painted it and repaired the heating system) to make it more homely for kids.							Therapeutic environment for children More productive staff																																			
Research	Nelson Mandela Academic Research Unit –NEMACRU had a lot of Research Output in the last Financial Year. Five (5) studies were conducted in the last financial year: - <ul style="list-style-type: none">Ensemble - J&J Covid-19 Vaccine StudySisonke 4- J&J Covid-19 Vaccine StudyUbuntu- Moderna Covid-19 Vaccine StudyCOTeT: Molnupiravir- Covid-19 Treatment StudyMultiple Myeloma Project- Bristol Meyer Squib FoundationNephrology specialist -Dr Mtingi - Nkonzombi released a paper on The state of kidney replacement therapy in the Eastern Cape Province: A call to action.							Additions to the body of knowledge																																			
CLINICAL & CLINICAL SUPPORT SERVICES PERFORMANCE																																											
Cerebral Palsy (CP) clinic	Cerebral Palsy (CP) clinic is well structured and running on weekly bases. CP clients are followed beyond paediatric age. The future goal is to integrate those that are higher functioning to special schools and possibly to sheltered employment in order to enable them to acquire skills for their financial stability. Currently CP clinic has a total number of 327 cases in the clinic data base. Out of 327 cases, 135 are currently receiving rehabilitation services at Nelson Mandela Academic Hospital, and our social workers are busy tracing the defaulters. CP Centre of excellence							Empowerment of care givers on home programmes of managing CP. Reducing																																			

AREA	ACHIEVEMENT	IMPACT ON SERVICE DELIVERY																											
	<p>– Infrastructure: Renovations are at 95% completion</p> <p>– Capital Equipment: It has already been procured and delivered</p> <p>– ICT: 7 computers have been procured and delivered</p> <p>– Furniture: An order is with the service provider</p> <p>– Staff Appointed: Chief Occupational Therapy (OT), Chief Physio, Chief Dietetics, Chief Audio, Chief speech and a Speech Therapist.</p>	number of CP patients sitting at home not receiving rehabilitation. Reduction of litigation pay-outs																											
	HUMAN RESOURCE AND GENERAL ADMINISTRATION																												
Training and development:	Registrar programme has produced a specialist																												
Registrar programme	Physical specialist x01 General surgery x 01 Urology x 01 Anaesthesia x 03 Psychiatry x 01 Obstetrics and Gynae X02																												
Nurses training	09 Professional nurses came back from Lilitha Nursing College																												
Other trainings conducted	<p>Trainings linked to WSP</p> <table> <tr> <th>Category trained</th><th>Training intervention</th><th>No trained</th></tr> <tr> <td>Operational managers</td><td>Leadership and change management</td><td>5</td></tr> <tr> <td>Operational managers</td><td>Evidence based policy making and implementation</td><td>10</td></tr> <tr> <td>Operational managers</td><td>Labour relations in the public sector</td><td>7</td></tr> <tr> <td>Operational managers , Professional nurses</td><td>Medico legal, leadership for nurse managers</td><td>04</td></tr> <tr> <td>Urologist</td><td>Urology congress</td><td>01</td></tr> <tr> <td>Medical practitioner</td><td>Urology congress</td><td>03</td></tr> <tr> <td>Medical practitioner</td><td>Renal care congress</td><td>01</td></tr> <tr> <td>Prof nurse</td><td>Renal care congress</td><td>01</td></tr> </table>	Category trained	Training intervention	No trained	Operational managers	Leadership and change management	5	Operational managers	Evidence based policy making and implementation	10	Operational managers	Labour relations in the public sector	7	Operational managers , Professional nurses	Medico legal, leadership for nurse managers	04	Urologist	Urology congress	01	Medical practitioner	Urology congress	03	Medical practitioner	Renal care congress	01	Prof nurse	Renal care congress	01	
Category trained	Training intervention	No trained																											
Operational managers	Leadership and change management	5																											
Operational managers	Evidence based policy making and implementation	10																											
Operational managers	Labour relations in the public sector	7																											
Operational managers , Professional nurses	Medico legal, leadership for nurse managers	04																											
Urologist	Urology congress	01																											
Medical practitioner	Urology congress	03																											
Medical practitioner	Renal care congress	01																											
Prof nurse	Renal care congress	01																											
Appointments	<p>Appointments</p> <p>Multidisciplinary team members which included doctors, nurse (all categories), therapists, general workers, radiographers were appointed in 2022/23.</p> <p>The following specialists are now appointed as heads clinical units (HCU)</p> <p>3 Paediatrics- Paediatrics Intensivist, General Paediatrics and Infectious Disease Specialist</p> <p>2 Obstetrics and Gynaecology- Feto-Maternal and Infertility and Reproductive Medicine</p> <p>1 Ophthalmologist</p> <p>1 Oncology</p> <p>2 Surgery- Vascular Surgery and Paediatric Surgeon</p> <p>Other specialist appointments</p> <p>2 General surgery Specialists</p> <p>2 Urology Specialist</p> <p>1 Anaesthesia</p>																												
Employee Wellness	Planned Wellness initiatives as per institution calendar for 2022/23 were realised	Productive,																											

AREA	ACHIEVEMENT	IMPACT ON SERVICE DELIVERY
Programme Initiatives to boost employee morale .	<p>Employee wellness initiatives have been co-ordinated by Wellness to boost staff morale and motivate employees especially after the COVID-19 pandemic. In line with gender based violence initiatives shown by the world in the month of August 2023 the institution made its stance to stand against gender based violence and femicide.</p> <p>Gender Based Violence (GBV) Walk:</p> <ul style="list-style-type: none"> – Hospital staff, including hospital board members, community members, students from both Lilitha Nursing College and Walter Sisulu University, members of the clergy from the South African Council of Churches displayed posters and marched condemning violence against woman and children. – A big tent was erected in ground zero for the healing service and GBV talks. – A formal gala dinner was held in Savoy Hotel for staff and willing community members and over 250 employees turned up for the Gala Event. – Hospital Christian Fellowship (HCF) won a Cup as the best organised fellowship in the region. 	Healthy Employees
INFORMATION TECHNOLOGY-IT		
Upgrading of network cables. Installation of registration system (HMS2)	<p>The institution has received a new server cluster.</p> <p>Network renewal project was done in phases and the process has now been completed.</p> <p>Phase 2 - upgrading of network cables for Bedford Orthopaedic Unit, Cochlear implant and Sir Henry Elliot has started.</p> <p>Installation of HMS2: is done in phases</p> <p>HMS2 is operational. The following modules are utilised: Case management, ward management, patient registration, management report.</p> <ul style="list-style-type: none"> • New computers to be utilized for HMS2 have been installed in all registration points • The projects progressing to Bedford Unit, Mental Health and Sir Henry Elliot in progress- 	Improved digitalisation
HEALTH TECHNOLOGY		
Major Equipment Bought 2022/23	<ul style="list-style-type: none"> • Brachytherapy machine, R22,000M, Ultra sound Uro, Vascular C-Arm Set (Theatre Table), Ophthalmology Equipment, Ultra Sound, A&E Equipment, Mental Health EEG AND BP Machine, Peads Monitors, Peads Cutters, 5 Mobile X-RAYS, Hysteroscopy, Apascopy Machiner, 5 Peads Ventilators 	Improved service delivery

Table 4.5.1: Performance against Annual Targets from 2022/23 Annual Performance Plan for Sub-Programme 5.1: Central Hospital

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.7 Patient experience of care satisfaction rate Numerator:	80%	81.6%	80%	84%	4%	Target achieved.
		Denominator:	69	2 896	80	3 057		
	Patient Safety improved	6.3.5 Severity assessment code 1 incident reported within 24 hours rate Numerator:	100	3 548	100	3 625		
		Denominator:	100%	63%	80%	85%	5%	Target achieved.
		6.3.14 Patient Safety Incident case closure rate Numerator:	1	135	16	205		
Hospital efficiencies improved		Denominator:	1	215	20	241		
		6.3.14 Patient Safety Incident case closure rate Numerator:	New Indicator	New Indicator	80%	99%	19%	Target achieved.
		6.7.4 Average length of stay	New Indicator	8.3 days	8 days	8.4 days	-0.4 days	Target achieved within methodical consideration of 5% margin of error
		6.7.9 Inpatient bed utilisation rates	New Indicator	80%	83%	73.4%	-9.6%	Target not achieved. Renovations around the hospital contributed to low BUR.
		Numerator:		220 348	229 661	203 213		
I. Maternal, Neonatal, Infant and Child Mortality reduced		Denominator:		276 700	276 700	276 700.3		
		6.7.14 Expenditure per PDE	New Indicator	R4 831	R4,953	R5 436	-R 483	Target not achieved. The hospital had accruals to the value of 89mil on goods and services which contributed to the high PDE
		I.1.8 Maternal mortality in facility ratio	New Indicator	New Indicator	1094.9/100 000	1 246.4/100 000	-151.4/100 000	Target not achieved Out of 2808 deliveries 35 patients unfortunately died. The following have contributed: - Eclampsia superimposed chronic hypertension. - Puerperal sepsis, sub-arachnoid haemorrhage. - Brain bleed secondary to severe High Blood pressure + eclampsia. - Acute kidney injury, Rheumatic heart disease with severe aortic regurgitation and mitral

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
Child mortality reduced		Numerator			40	35		regurgitation.
		Denominator			3 653	2 808		
		1.3.20 Child under 5 years diarrhoea case fatality	New Indicator	New Indicator	10%	9.6%	0.4%	Target achieved.
		Numerator			40	32		
Micro and macro nutrient malnutrition reduced		Denominator			405	333		
		1.3.21 Child under 5 years' pneumonia case fatality rate	New Indicator	New Indicator	10%	17.1%	-7.1%	Target not achieved. The following contributed; - fungal urinary tract infection, septic shock. - focal seizures, brainstorm dysfunction, myocarditis, liver dysfunction. - Severe hypoxic pneumonia secondary to acute respiratory distress syndrome - Severe pneumonia, cardiogenic shock.
		Numerator			36	42		
		Denominator			368	246		
Child mortality reduced		1.3.22 Child under 5 years severe acute malnutrition case fatality rate	New Indicator	New Indicator	26%	29.3%	-3.3%	Target not achieved. Our 41 malnutrition cases 12 died. Contributory factor being malnutrition complicated by other conditions: SAM, TB Meningitis complicated by hydrocephalus. SAM with dermatitis oedema, diarrhoea disease.
		Numerator			10	12		
		Denominator			39	41		
		1.3.23 Death under 5 years against live birth	New Indicator	New Indicator	315	366	-51	Target not achieved. Neonatal death comprises a big portion of these deaths especially neonatal deaths 0-6 days< 1000g. Most common causes of death include: extremely low birth weight, hyaline membrane disease, Acute respiratory distress syndrome

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
								(ARDS)

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
6.7.9 Inpatient bed utilisation rates	Monitor renovations to be completed within target time.
6.7.14 Expenditure per PDE	The department will implement cost containment to improve cost efficiency. The overall budget allocation appropriation formulae is also being assessed to ensure fair allocation of budget resources
1.1.8 Maternal mortality in facility ratio	Outreaches to peripheral hospitals by Obstetrics and Gynaecology team. Coaching and mentoring of young professionals. In-service of clinicians on maternal issues. Maternal audits and development of audit improvement plans thereafter.
1.3.21 Child under 5 years' pneumonia case fatality rate	Clinical regional meetings with regional and district hospitals to discuss issues affecting clinical care.
1.3.22 Child under 5 years severe acute malnutrition case fatality rate	Promote outreach services by specialists to district and regional hospitals to prevent complications and mitigate death.
1.3.23 Death under 5 years against live birth	Maternal audits and development of audit improvement plans thereafter.

5.2. Sub-Programme Purpose for Tertiary Hospital Services

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

- Livingstone Hospital
- Frere Hospital

Sub-Programme 5.2

Institutional outcomes

- 6. Quality of health services improved.
- 1. Maternal, Neonatal, Infant and Child Mortality reduced

PROGRESS AND ACHIEVEMENT

Livingstone Hospital

Clinical Governance

1. Launch of project with the aim to increase access to kidney transplantation in the Eastern Cape:

A meeting in collaboration with Prof. Elmi Muller, Dean of the Faculty of Medicine and Health Sciences at Stellenbosch University and Transplant Surgeon, research collaborators from the National Institute of Health (United States of America) as well as Nephrologist from tertiary and central facilities across the Eastern Cape (Drs Freeks, Majova and Mdingi), was held on 22-23 March 2023 at Livingstone Tertiary Hospital.

- **No transplant unit** in the province - patients referred to WC for transplant.
- For transplant programme - **low current donor pool** & high rate of comorbidities precludes many donors in EC
- There are established private dialysis units, but insufficient state dialysis units

First draft of proposed strategic plan to increase transplantation in the Eastern Cape was developed at this meeting.

2. Anaesthesia Training Initiatives:

• **Launchpad Training (ALT):**

Anaesthesia launch pad (ALT) has been delivered for central, eastern and western regions of the Eastern Cape Province. **The Department of Anaesthesia - Port Elizabeth Hospital Complex together with UCT global surgery, conducted ALT on 27-28 Mar 2023.**

Doctors from various hospitals in attendance were; they included Humansdorp, Midlands, Settlers, Andries Vosloo, Port Alfred, Frontier, Mount Fletcher, Cradock and Uitenhage Provincial Hospitals. The training was held at a local conference centre. Delegates were provided accommodation for the course by the Eastern Cape Department of Health. Faculty for the course came from: UCT global surgery x 2 Livingstone tertiary hospital x 4 Uitenhage Provincial hospital x 1 Nelson Mandela Academic hospital x 1. A “mantra” for conducting anaesthesia was provided and reinforced throughout the course: *Prepare, Pause, Basics, Complications and Recovery*. The course marks a significant advancement in the provision of safe anaesthesia in the western region of the province.

• **Anaesthesia In-reach Training Initiative:**

Gqeberha hospital complex currently offers a voluntary in reach program where medical officers from the district can gain practical anaesthesia experience. The in reach consists of a total of 4 weeks subdivided into two 2-week sessions. The two sessions do not run concurrently.

• **Anaesthesia Out-reach Initiative:**

Gqeberha hospital complex will be restarting the previous outreach program that involved visiting the surgical facilities in the district. The complex will support two visits per year most likely in May and November. The purpose of the outreach is to review the surgical facilities infrastructure and equipment. In addition, hands on training will be provided for medical officers in theatre. Each facility outreach will be contextualized to the setting of the district hospital. The needs of the district hospitals operating room will be discussed prior to the outreach and the objectives for the outreach will be created and assessed following the completion of the outreach.

- **SAFE Obstetrics:**

The **Safer Anaesthesia from Education Obstetrics** course is a World Federation of Societies of Anaesthesiologists (WFSA), Mercy ships and Association of Anaesthetists initiative. The training initiative aims to bring anaesthesia providers to a level of practice whereby they can deliver vigilant, competent, and safe anaesthesia. The SAFE course was recently conducted in East London and was attended by various medical officers, interns and specialist (faculty) anaesthetists. The training course is well suited as a refresher for second year interns before starting community service. The course covers the emergencies encountered in obstetric anaesthesia as well as some neonatal resuscitation. The course received excellent feedback from the delegates and faculty.

- **SAFE Paediatrics:**

The SAFE Paediatric Course held in **Gqeberha** from the **17th to the 19th** of February was an incredible success, bringing together a diverse group of faculty and delegates. The course had a faculty from across South Africa, including **Western Cape, Gauteng, Mpumalanga, and Eastern Cape**. Faculty from the Eastern Cape were also trained to conduct the course in order to ensure the sustainability of the program.

Clinical Support Services

- 5 of the 7 ARP post have been filled (Speech therapy, Psychology, Chief Radiography: MRI, Chief Radiography: PACS Admin & Physiotherapy)
- Currently the only institution with PACS admin
- Replaced Medical Physicist, thus met SAHPRA standards on having minimum 2 in the institution.
- Obtained MOU for clinical technology student training with CUT. Renal Clinical Technology have unit started with SLA.
- Appointed Chief Radiographer CT SCAN, 2 diagnostic radiographers, 1 contract radiation oncology therapist, 2 physiotherapists, 2 psychologists.
- No optometrist in the western region. Recruitment process started and interested sessional identified for the interim.
- High exit rate of Cardiology Clinical Technologist. Currently there is 1 in the institution. Difficult to provide services in all areas, prioritized Cath Lab. Have appointed 3 sessional for the interim, until posts have been replaced.

Pharmacy

- Received fridge jackets for pharmacy stores.
- Medication supply challenges puts a damper on providing pharmaceutical services.
- Delay in maintenance in both pharmacies: leaking roof and broken floor tiles

Nursing

- Vacant ASD posts: 4, vacant OM posts x 9 hamper on effective supervision
- Clinical Education & Training Unit (CETU) not functional yet, but refurbishment and renovations continuing.
- LTH Nurses on study leave X 10 - 4D's X 3, Bridging X 1, & R171 X 6 with one doing it with Netcare

Finance

- Lack of staff especially managers to head various sections. Only 1 ASD and DD to head finance.
- Revenue section has a new HSM2 system in place but there are still challenges.
- RAF has new claim system and are having IT challenges claims taking long to be paid for patients treated after accidents.
- Insufficient budget to pay all our suppliers on time. Companies withdrawing services especially implants suppliers leaving patients stranded which can result medico legal claims.

Supply Chain Management

- Establishment of a Demand Management unit.
- Bulk Implants orders processed for General Surgery and Orthopaedics departments to facilitate the reduction in backlogs of elective surgeries.
- Cleared ±60% procurement implants accruals for previous years' backlogs.
- LOGIS user account management: In the absence of a dedicated system controller, submission of all required LOGIS system information was effected.
- 100% compliance with stock count requirements and regulations.

Facilities

- Project to renovate ablution facilities has started.
- Procurement of 4 new cooking pots in progress
- Ward 5A was renovated. Painted and new LED lights fitted.
- Renovation at X-Ray department has started.
- Renovation at A&E theatres completed.

Human Resources, Gen Admin & ICT

- **New Appointments: 57**
HCU X 2, Medical Specialist 1, Medical Officer 16, Registrar 5, ASD Nursing 1, Ops Manager Nursing 2, PN Specialist 2, PN General 6, ENA 2, Clinical Technologist 1, ASD Information 1, Physiotherapy 2, Radiology 1, Admin Officer 4, Admin Clerk 2, General Assistants 3, Porters 3, Trade Labourers 3
- **Payment of Employee Service Benefits:**
Additional Qualifications 10, Housing Allowance 20, Leave Gratuities 64, Temporary Incapacity Leave 92
- **ICT:**
 - Upgrading computer hardware to enable the use of HMS2: Installed 115 computers in various areas.
 - Replaced 7 laptops of managers
 - Wireless equipment installed at Livingstone and PEPH

Frere Hospital

1. CEO'S OFFICE

Development of the Draft Strategic Plan Document: Frere Hospitals' Strategic Plan document was developed for a period 2017-2020, hence there was a need to review the strategy of the Hospital. The Session was held in Mpekwini Resort with all Stakeholders, and with the financial assistance of the Hospital Board. The Draft document has been developed.

Patient Experience of Care: The Survey was conducted in Quarter 2 and the required average of 80% was achieved.

Ideal Hospital Self-Assessment: Was conducted in Quarter 2 and the required average score of 75% was achieved.

Technical Work Group: Was initiated between Frere and referring facilities within the BCM Area.

Disaster Management: Frere participated in an external disaster drill with King Phalo Airport on 20 October 2022. This simulation of a major disaster assisted Frere to implement the updated External Disaster Plan. Challenges identified during the exercise were discussed and the External Disaster Plan was amended accordingly. Future small-scale drills can now be organized, testing different aspects of the plan.

Occupational Health and Safety (OHS): A Workshop on the Injury on Duty Claiming Process was conducted by the Department of Labour, on 26 October 2022, for all employees.

Training on Risk and Fraud Management was facilitated by the Provincial Head Office on 15 November 2022, also for all employees.

Screening for Hepatitis B and Tetanus was conducted for all non-clinical personnel.

Infection Prevention and Control (IPC): Successful hand-wash hygiene awareness day, organised by Frere IPC, was recognised by the Provincial Head Office. All IPC Representatives received basic IPC Training by Advanced Health Institute

2. CLINICAL DEPARTMENTS:

2.1 Clinical Governance:

Clinical Trials:

- **Development Trials:** Frere O&G Specialist, Dr. N. Ngqola, led a team that developed CESTA (Cervical Cancer Screening and Treatment Algorithms using HPV testing in Africa) trial that is in line with the WHO (World Health Organization) 90-70-90 global strategy, which aims to accelerate eradication of cervical cancer. In this trial, they

screen women for human papilloma virus (HPV) which is responsible for more than 80% of cases of cervical cancer, if found positive for HPV and require treatment, these women then receive treatment on the same day. 570 women were recruited into the study, and the recruitment phase is to continue until 31 May 2023. The Research has screened 800 people.

- **Nomination:** The trial was nominated for presentation at the 35th International Papillomavirus Conference which was held in April 2023, in Washington DC, USA. The team was excited for the opportunity to present their findings in an international platform at the time when WHO (World Health Organisation) has embarked on this strategy of eradicating cervical cancer.

Improvement of Care:

- **Frere Hospital** received the 'Best Performing Team in Oxygen Supply to Rural Communities' in the ECDH Batho Pele Excellence Awards.
- **Internal Medicine:** received a new Head of Department, Dr. Brain, who is both a Pulmonologist as well as an Intensivist. He is offering both these services.
- **Dr. Craig Parker** received the Award at the Rural Health Conference (RHC) in Oudtshoorn, in September 2022, for his innovation in developing the oxygen device called 'Oxera Mask' during Covid. His innovation saved many lives during Covid-19 pandemic, particularly in the rural areas of the Eastern Cape. His device has now earned a global recognition and was listed in the World Health Organization's 2022 Compendium, under "innovative health Technologies for low resource settings".

In-reach Programme:

Red Cross War Memorial Children's Hospital (RCWMCH) Cardiologist: Prof. John Lawrenson: In June & December 2022, held cardiac clinics at Frere and Cecilia Hospitals over two-day periods, with treatment and management options laid out as well as patients being identified for referral to RCWMCH for surgery or further management. Registrars were given the opportunity to attend these visits to learn from the subspecialist's clinics, as well as other formal lectures and informal teaching events.

Links with Vivantes Klinikum – Germany:

Frere Hospital Paediatric Department has a Hospital Partnership Program with the Paediatric Department of the Vivantes Klinikum in Berlin and Tübingen, Germany. The partnership started in October 2020. The program has three legs:

- a) To teach neuroimaging of children (we may discuss other imaging as well).
- b) To improve neonatal ultrasonography.
- c) To improve paediatric neurology at Frere, as well as EEG services at Frere and CMH with teaching of EEG reading.

Two doctors a year (total of 4) from East London are able to visit the paediatric neurology department in Berlin & Tübingen for a maximum of 3 weeks (almost all costs – flights, visa, accommodation, are budgeted for). The teaching language there is English and the idea is to get new insights into paediatric neurology diagnostics, neuroimaging, therapy and interventions. Last year, the first registrar travelled with a consultant to Germany.

In May 2023, a conference for 40 people, where several registrars presented cases, was organised by Dr Michaelis, the Frere Hospital paediatric neurologist, in Chintsa, East London, with four visiting German neurologist/neonatologists. A visiting neurologist from RXWMCH also attended. The conference was truly excellent.

2.2 Nursing Management:

i. Establishment of the Clinical Educational Training Unit (CETU):

CETU Objectives are:

- To coordinate clinical teaching and nursing education,
- To provide a mechanism to standardise clinical and training activities, and
- To promote the integration of theory and practice

Discussions for the establishment of CETU started in the 2022-23 Financial Year, in which the Hospital was required to provide infrastructure, equipment, staffing and training materials to the Unit as a compliance, to be able to get accreditation for nursing training. Several activities were held and milestones were reached, culminating into the handing-over of the fully-furnished Unit in February 2023. The Unit has now started functioning, with the orientation of new group of students on Resuscitation and Basic Life Support.

ii. **Outreach Programmes:**

Nursing department held Outreach Programmes with patients and the communities that Frere serves, to educate and empower them to better take care of their health and avoid minor ailments that would save them time and money by not going to a health care facility unnecessarily. They were as follows:

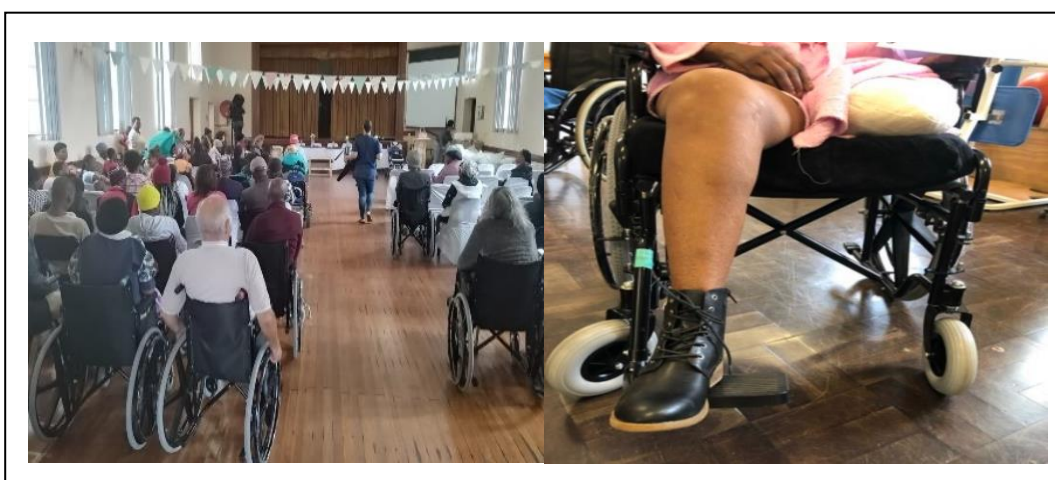
Event	Purpose
Chromosomal Defects Awareness Day	-Educate patients and the community about the disease -Empower them about how to look after their patients who have the disease -Where to go for social and psychological support.
World Prematurity Day Commemoration	-To remind people of the importance of the day -To educate them about pre-maturity and how such patients are cared for -To give them hope that their babies will live
Cervical Cancer Awareness Day	Same as the three above
Orientation to students (Grade 11 Selborne College) on Head Injuries on 28.09.2022	The presentation looked at: Head injuries due to motorbike accidents, car accidents and fights Common causes of head injuries Severity of these injuries Effects of Alcohol on the brain Common head injuries in S.A Quiz

2.3 Pharmaceutical Services:

- Recognition: Frere Pharmacy once again, received a Grade A certificate for their best services and good compliance with the South African Pharmacy Council. This was in April 2022.
- New **Pharmacy:** Orthopaedic pharmacy was opened and it is running smoothly, despite some infrastructural challenges.

2.4 Clinical Support Services:

- **Speech Therapy Department:** A patient received a high tech Augmentative and Alternative Communication (AAC) device, to assist in augmenting his communication.
- **Dietetics Department:** had an outreach programme to increase their services to Empilweni Gomo and to continue to grow. The services include:
 - a. Diabetic clinic
 - b. Weight loss clinic
 - c. Growth monitoring and promotion
 - d. Training to nursing staff
- **Physiotherapy Department:** Participated in Disability Awareness Campaigns to empower the community on how to better look after themselves if they are disabled, as well as those who look after these patients.
- **Occupational Therapy:** They developed a shoe project on donation of shoes to unilateral amputee patients, to decrease the burden of purchasing.



- **Orthotic & Prosthetic (O&P) Centre:** The MEC for Health, Hon. N. Meth, launched the newly refurbished section and machinery for the O&P Centre at Frere Hospital, in September 2022. The section was also fitted with a new Laminating Machine for Prosthetics to improve their durability, as well as the heavy-duty Sewing Machine for Orthopedic shoes. The donor for both refurbishment and new machinery was The Church of Jesus Christ of Latter-Day Saints. They also donated 64 Wheelchairs, which addressed a backlog that Frere hospital had.

3. FACILITIES MANAGEMENT:

- Boilers:** Two new Boilers, sizes **2 x 4 Tons**, to the tune of **R8 645 355m** were procured in the last financial year. They are both delivered and are on site. The first boiler has been installed and the 2nd one is still to be installed.
- Tunnel Washer:** A bid process for the procurement of the Laundry Tunnel Washer was awarded. It is being manufactured and is expected to be delivered by October 23. It costs **R18m**.
- Food Services Equipment:** Capital equipment amounting **R847 000** was purchased for our Kitchen to improve the services that were being hindered by a lack of these equipment, as follows: 1 x Steam Pot, 1 x Tilting Frying Pan, 2 x Power Mixers and 2 x Dish Washers, 1 x Phuthu Pot.

Additional Equipment purchased to improve the services was purchased as follows:

Department	Description	Total
Main Theatre	Monitor brackets	R 22 534
Radiation Oncology	Table for Brachytherapy	R 1 518 000
Main Theatre	Storz scope and Light Cable x2	R 148 354
Main Theatre	Lazer Yag URO	R 920 000
Medical	Diagnostic set	R 12 589
Main Theatre	Camera, Video Laparoscopic stack	R 1 687 491
Casualty	Stretcher, Trolleys	R 992 965
Main Theatre	Heat Sealers	R 168 053
Occupational Therapy	Stand-up manual patient lift	R 71 617
Accident and Emergency	Ultrasound Machine	R 450 000

4. HUMAN RESOURCES AND GENERAL ADMINISTRATION:

- The vacancy rate has been reduced to 5% of the approved posts in the establishment.
- Two workshops were held: i) Management of Discipline and ii) Code of Conduct for managers and general workers, respectively.
- 100% of grievances lodged have been resolved.

Progress on staffing

Vacancy rate as at 31 March 2023 is as follows: -

CATEGORY	FILLED	VACANT	TOTAL	RATE %
CEO	6	2	8	25
MEDICAL	379	28	407	6,9
NURSING	1038	34	1072	3,2
PHARMACY	42	3	45	6,7
CLINICAL SUPPORT	126	10	136	6,7
FACILITY	241	2	243	0,4
FINANCE	61	0	61	0
GENERAL ADMIN	148	2	152	2
HR	23	2	25	8
TOTAL	2064	82	2146	3,9

5. INFORMATION, COMMUNICATION AND TECHNOLOGY (ICT):

- i. **Hospital Management System (HMS2):** Frere ICT developed HMS2 (Hospital Management System) that is being rolled out throughout the Province. The system is being implemented in a phased approach and so far, it provides live information regarding the patients' bed management and the booking systems. Patient information is being captured into the system with the long-term plan of phasing out paper folders to alleviate medico-legal cases caused by missing folders.
- ii. **eHealth:** The hospital is also engaged with this system and has benefited **R10m** for computer equipment and replacement of the complete data centre infrastructure, which is a huge boost to the hospital. Savings on Delta 9, which is R1m, have also been incurred and will be used in the next financial year to strengthen ICT support to the hospital.

Table 4.5.2: Performance against Annual Targets from 2022/23 Annual Performance Plan for Sub-Programme 5.2: Tertiary Hospitals

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.8 Patient experience of care satisfaction rate	72.7%	80.2%	80%	74%	-6%	Target not achieved. Failed areas in LVH; include waiting time and this is attributed to patients who are not referred.
		Numerator: Denominator:	9 396 12 917	13 807 17 200	10 334 12 917	33 885 46 096		
	Patient Safety Incident (PSI) case closure rate	6.3.6 Severity assessment code 1 incident reported within 24 hours rate	100%	72%	80%	88%	8%	Target achieved.
		Numerator: Denominator:	123 123	34 47	72 90	130 148		
		6.3.15 Patient Safety Incident case closure rate	New Indicator	New Indicator	80%	93%	13%	Target achieved.
1. Maternal, Neonatal, Infant and Child Mortality reduced	Hospital efficiencies improved	6.7.5 Average length of stay	New Indicator	5.6 days	8 days	6.8 days	1.2 days	Target achieved.
		6.7.10 Inpatient bed utilization rates	New Indicator	66%	83%	68.8%	-14.2%	Target not achieved. There was a shortage of cancer drugs so patients were not admitted and were given later dates to come back.
	Maternal mortality reduced	Numerator: Denominator:	290 874 481 579	430 324 656 038	503 692 606 858	447 638 650 501.3		
		6.7.15 Expenditure per PDE	New Indicator	R3 522	R4,586	R4 021	R565	Target achieved.
	Child mortality reduced	1.1.9 Maternal mortality in facility ratio	New Indicator	New Indicator	205/100 000	173.3/100 00	31.7/100 000	Target achieved.
		Numerator Denominator	 New Indicator	 New Indicator	12 4 867	9 5 192		
		1.3.24 Child under 5 years diarrhoea case fatality rate	New Indicator	New Indicator	6.6%	2.8%	3.8%	Target achieved.
		Numerator Denominator	 New Indicator	 New Indicator	5 75	6 214		
		1.3.25 Child under 5 years' pneumonia case fatality rate	New Indicator	New Indicator	3%	1.6%	1.4%	Target achieved.
		Numerator			4	6		

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
		Denominator I.3.26 Child under 5 years severe acute malnutrition case fatality rate	New Indicator	New Indicator	129 35%	377 111.1%	23.9%	Target achieved.
		Numerator			3	2		
	Micro and macro nutrient malnutrition reduced	Denominator I.3.27 Death under 5 years against live birth	New Indicator	New Indicator	8 140	18 154	-14	Target not achieved. A high number of low birth weight babies that die within 0-6 days.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
6.1.8 Patient experience of care satisfaction rate	One of the hospital partners requested to place benches in the outpatients area.
6.7.10 Inpatient bed utilization rates	Theatre capacity increased: two Accident & Emergency theatres for emergency cases was operationalised, should assist in increasing BUR in the surgical wards.
I.3.27 Death under 5 years against live birth	Improvement in Child Care efficiencies.

5.3. SUB- PROGRAMME SPECIALISED (PSYCHIATRIC) TERTIARY HOSPITAL

Sub-programme purpose

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

Sub-Programmes

Specialised Tertiary Hospitals

- Fort England (specialised psychiatric Hospital)

Institutional outcomes

- 6. Quality of health services improved.

PROGRESS AND ACHIEVEMENTS

Human Resources

- The Hospital Management and HR team through their dedication ensured the full implementation of the Annual Recruitment Plan and a total of 85 posts were filled.
- Induction programme was conducted for all new employees.
- Managed to conduct Employee Engagement Survey from 15th to 24th March 2023. Analysis of the survey must still be conducted.

Finance & SCM

- 92% of the budget allocation was spent.
- Obtained 100% compliance in Contract Header capturing and Asset Reconciliation on LOGIS.

Maintenance

- Managed to install new generator to cover 3 effected wards as well as OPD, replacing the old broken generator.

Clinical

- Child and Adolescent Unit opened with first admission taking place in February 2023. Furthermore, the Child Psychiatrist was also appointed and has resumed duties.
- Pharmacy: maintained services to all patients.

Quality Assurance / Infection Control

- Quality Assurance: Waiting times monitored and is within targeted time
- Patient Safety Incident closure rate at 100%.

General

- Hospital Board is functional

Table 4.5.3: Performance against Annual Targets from 2022/23 Annual Performance Plan for Sub-Programme 5.3: Specialized Psychiatry Hospitals

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.9 Patient experience of care satisfaction rate	86.7%	84.1%	87%	0%	-87%	Target not achieved. Facility did not conduct External Survey, only Internal Survey was done and achieved 85% PEC satisfaction rate.
		Numerator	1 369	1 130	1 372	0		
		Denominator	1 578	1 343	1 578	0		
	Patient Safety Incident (PSI) case closure rate	6.3.7 Severity assessment code 1 incident reported within 24 hours rate	0%	100%	79%	93.3%	14.3%	Target achieved.
		Numerator	0	3	46	28		
		Denominator	0	3	58	30		
		6.3.16 Patient Safety Incident case closure rate	New Indicator	New Indicator	100%	98.4%	-1.6%	Target achieved within methodical consideration of 5% margin of error.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
6.1.9 Patient experience of care satisfaction rate	Ensure External survey is conducted and reported as such

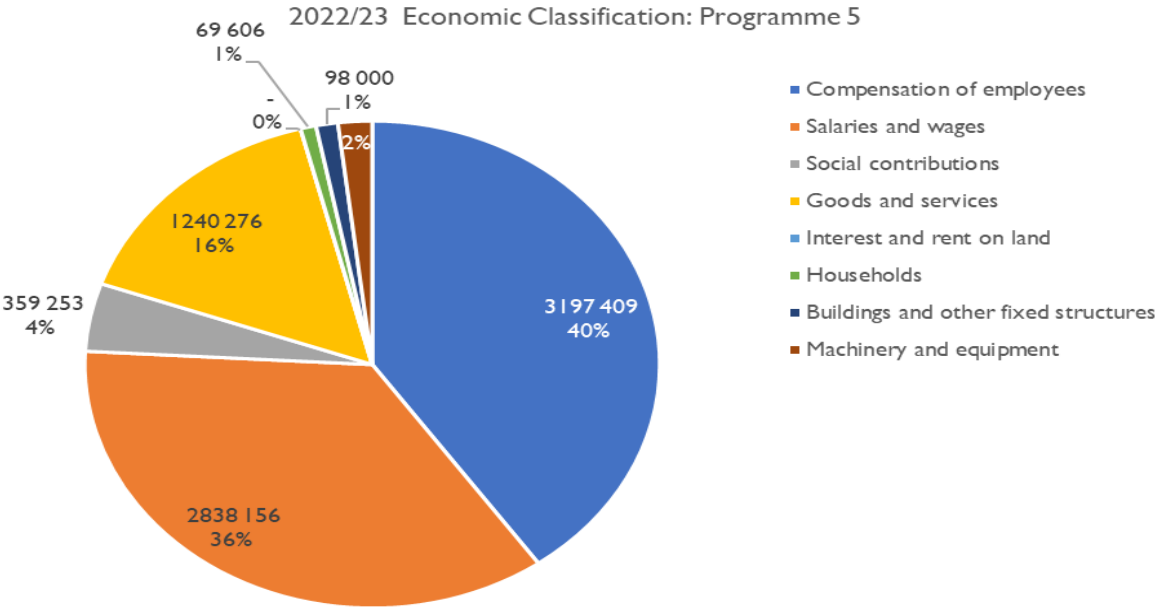
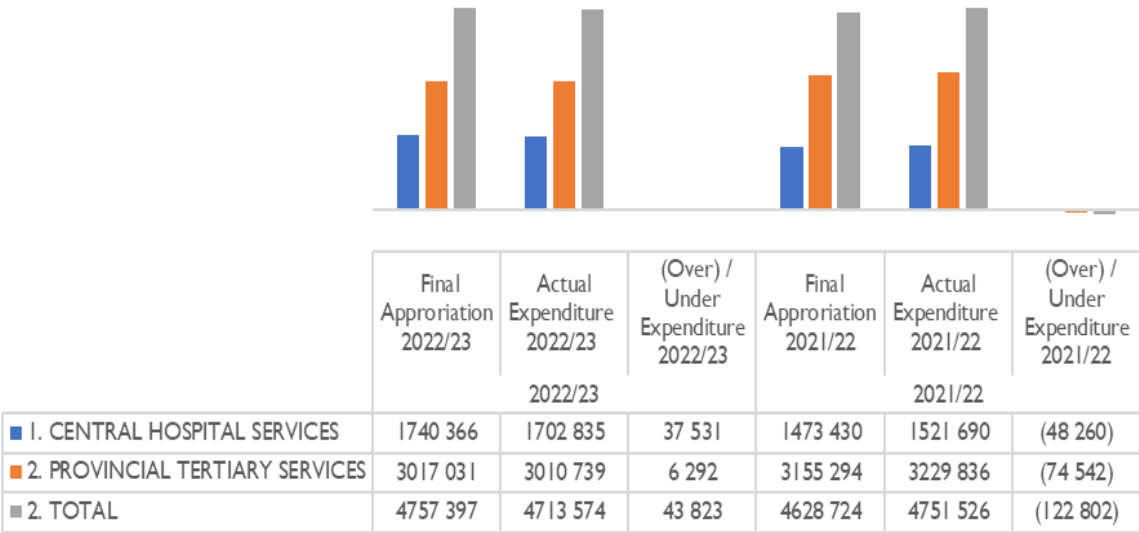
LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 5: CENTRAL HOSPITAL SERVICES

The Programme spent at 99.1% (under by R43,823 million) after adjusting for funds shifts and virements of -R153,000 million post 2022/23 2nd AEPRE. The under expenditure also represents the unspent amount in support of the application for conditional grant rollover submitted relating to the National Tertiary Services Conditional Grant as well as the writs that could not be paid over whilst the trust accounts were being set up.

Programme 5: CENTRAL HOSPITAL SERVICES						
	2022/23			2021/22		
	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
CENTRAL HOSPITAL SERVICES	1,740,366	1,702,835	37,531	1,473,430	1,521,690	(48,260)
1. PROVINCIAL SERVICES	3,017,031	3,010,739	6,292	3,155,294	3,229,836	(74,542)
2. TERTIARY SERVICES						
	4,757,397	4,713,574	43,823	4,628,724	4,751,526	(122,802)
Economic classification	4,437,685			4,461,820		
Current payments		4,512,638	(74,953)		4,657,936	(196,116)
Compensation of employees	3,197,409	3,196,308	1,101	3,267,222	3,409,840	(142,618)
Salaries and wages	2,838,156	2,817,625	20,531	2,729,799	3,050,843	(321,044)
Social contributions	359,253	378,683	(19,430)	537,423	358,997	178,426
Goods and services	1,240,276	1,314,174	(73,898)	1,194,598	1,247,909	(53,311)
Interest and rent on land	-	2,156	(2,156)	-	187	(187)
Transfers and subsidies	69,606	37,772	31,834	27,409	23,202	4,207
Households	69,606	37,772	31,834	27,409	23,202	4,207
Payments for capital assets	250,106	163,164	86,942	139,495	70,388	69,107
Buildings and other fixed structures	98,000	17,509	80,491	-	-	-
Machinery and equipment	152,106	145,655	6,451	139,495	70,388	69,107
	4,757,397	4,713,574	43,823	4,628,724	4,751,526	(122,802)

Expenditure versus Appropriation: Programme 5



PROGRAMME 6

HEALTH SCIENCES & TRAINING (HST)



Province of the
EASTERN CAPE
HEALTH

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

6.1 Programme Purpose

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

Institutional outcomes

- 6. Quality of health services improved.

PROGRESS AND ACHIEVEMENTS

6.1. Lilitha Nursing College

During August 2022, the College graduated a cohort of 537 nurses in the category Bridging (146), One Year Midwifery (3), 4 Year Diploma (370), Post-Basic (14), plus ENAs (4). This has injected newly qualified nurses, including those professional nurses who would be able to undertake a more open scope of practice.

Following the accreditation of the R171, 3 Year Diploma in Nursing, a cohort of 292 students commenced with classes from March 2023, as part of the new programme. This group will sit for their first exams in July/August 2023. The College has developed a priority list of post-basic diplomas in with the capacity within the college as well as guided by the service needs in the province. These are Mental Health, Midwifery, Primary Health Care (PHC), Orthopaedics, and Peri-Operating Care (operating care).

The college continues to drive a programme of staff development in a quest to be fully capacitated to handle the upcoming new qualifications e.g. post-graduate diplomas. This includes senior degrees on NQF level 8 e.g. masters, which is required for the teaching of post-graduate diplomas.

6.2. ECCOEC

Accreditation of NECET Programs

The College of Emergency Care's implementation of the programs defined in the National Emergency Care Education and Training (NECET) policy, namely Higher Certificate in Emergency Medical Care (H.Cert: EMC) and Diploma in Emergency Medical Care (Dip:EMC), still awaiting accreditation processes. This is despite the collaboration with Nelson Mandela University for the H.Cert. Programme which received conditional accreditation with the Council for Higher Education (CHE) during 2022 and is awaiting SAQA registration.

The Dip: EMC is currently serving in Nelson Mandela University internal structures and will be submitted to the CHE within the next few months. Parallel to these processes, the college is working towards attaining its full accreditation to operate as a fully-fledged independent higher education institution by 2026. Entailed in these processes, will also be an end state where the college will deliver its own programmes independently.

Continuous Professional Development

Nelson Mandela University renewed accreditation of the CPD program in January 2023. A total of 643 staff attended CPD sessions during the 2022/23 financial year. During the 4th quarter (March 2023), certain sessions had to be cancelled for the Buffalo City Metro and Amathole District due to the protest action related to wage negotiation negotiations.

American Heart Association (AHA) Programs

The AHA renewed accreditation as an International Training Centre (ITC) for a period of 3 years. During the 2022/23 financial year a total of 330 staff were trained in Basic Life Support.

CPD programs as well as both Rescue Technician and Rescue Practitioner programs directly assist Emergency Medical Services towards complying with the Emergency Medical Services Regulations, by ensuring that Emergency Medical Care staff who attend to patients are updated with the latest clinical knowledge and protocols when treating patients. Emergency Medical Care staff are also required to be registered with the HPCSA. One major component needed to remain registered is compliance with the CPD requirements from the HPCSA. According to the HPCSA, CPD compliance is the responsibility of each registered practitioner, however, the college recognises the difficulties in attending online CPD sessions by some of departmental staff members and therefore elected to make CPD sessions available within the districts to ensure easy access to developmental opportunities.

The EMS regulations also prescribe that staff working on rescue vehicles are in possession of a High Angle I, Vehicle Rescue and Fire Search and Rescue qualification as a minimum. The Rescue Practitioner consists of all three these basic rescue modules.

6.3 BURSARIES

Health Professionals students receiving bursaries

During the financial year 2022/23, the department continued to support students pursuing various health science and related studies in South Africa and in Cuba.

During the same period, students receiving financial aid in South African Universities were a total of 216 bursary holders. Of these, seventy-two (72) students completed their studies in the 4th quarter, whilst another seven (7) were excluded for various reasons resulting in failure to meet academic requirements.

The Department also supported a total of 53 medical students under the Nelson Mandela – Fidel Castro (NMFC) Medical Scholarship Programme. Thirty (30) students under NMFC Medical Programme completed their studies, while one (1) student was suspended for misconduct. Of the remaining students on the programme, all are in local SA universities pursuing their final year, thus none are still in Cuba.

The tables below show the breakdown of the funded bursars per field of study and gender:

Table A: Local Universities

FIELD	TOT	F	M
Bachelor of Dietetics	3	2	1
Bachelor of Occupational Therapy	5	5	0
Bachelor of Optometry	1	0	1
Bachelor of Oral Hygiene	1	1	0
Bachelor of Pharmacy	8	5	3
Bachelor of Physiotherapy	5	5	0
Bachelor Clinical Medical Practice	1	0	1
Bachelor Dentistry	15	10	5
Emergency Medical Care	1	0	3
MBChB	163	94	69
Radiography	5	3	2
Bachelor of Speech Therapy	8	6	2
TOTAL	216	131	85

Table B : Nelson Mandela – Fidel Castro Medical Programme

FIELD	TOT	F	M
MBChB	53	14	39

6.4 Other Training

Specialist Training/Registrar Training

During the year under review, the programme targeted 30 registrars to complete their training and qualify as specialists in various clinical domains that are critical for the specialist service packages in the district / regional /tertiary and central hospitals in the province.

The following two table show the spread of the 13 registrars that completed their training during 2022/'23, per training site and the clinical domains they trained in. The second table shows who qualified and where they are currently employed:

Institution	Target	Achieved	Discipline
Nelson Mandela	10	10	Discipline
	2	8	Family Medicine
	1	2	Paediatrics
	1	1	General Surgery
	1	1	Internal Medicine
	1	0	Neurosurgery
	1	0	Radiology
	1	0	Psychiatry
	1	0	Dermatology
	1	0	Ophthalmology
	10	12	
Livingstone	12	2	Discipline
	2	2	Paediatrics
	1	0	Surgery
	2	0	Obstetrics & Gynaecology
	1	0	Psychiatry
	2	0	Anaesthesiology
	2	0	Internal Medicine
	2	0	Family Medicine
	12	2	
Frere	08	1	Discipline
	1	1	Dermatology
	1	0	Anaesthesiology
	1	0	Internal Medicine
	1	0	Surgery
	1	0	Emergency Medicine
	1	0	Obstetrics & Gynaecology
	1	0	Radiation Oncology
	1	0	Psychiatry
	8	1	
Total	30	13	13

No.	INSTITUTION – (Training Site)	DISCIPLINE	NAME	CURRENT LOCATION
1	Nelson Mandela Academic Hospital	Family Medicine	Fine NS	Zithulele Hospital
2	Nelson Mandela Academic Hospital	Family Medicine	Lotz JDK	Madwaleni Hospital
3	Nelson Mandela Academic Hospital	Family Medicine	Scotcher PC	Bhisho Hospital
4	Nelson Mandela Academic Hospital	Family Medicine	Momoh SJ	Mthatha Regional Hospital
5	Nelson Mandela Academic Hospital	Family Medicine	Miller AC	Madwaleni Hospital
6	Nelson Mandela Academic Hospital	Family Medicine	Gibson DB	Dora Nginza Hospital
7	Nelson Mandela Academic Hospital	Family Medicine	Ettang EJ	KZN Province
8	Nelson Mandela Academic Hospital	Family Medicine	Ameh MO	Mthatha Regional Hospital
9	Livingstone Tertiary Hospital	Paediatrics	Edwin N	Dora Nginza Hospital
10	Livingstone Tertiary Hospital	Paediatrics	Mandla N	Dora Nginza Hospital
11	Frere Hospital	Dermatology	Gxolo ZH	Frere Hospital
12	Nelson Mandela Academic Hospital	General Surgery	Desemela Y	Nelson Mandela Academic Hospital
13	Nelson Mandela Academic Hospital	Internal Medicine	Magadla C	Nelson Mandela Academic Hospital

SKILLS DEVELOPMENT PROGRAMMES

VARIOUS YOUTH LEARNERSHIPS AND ARTISAN DEVELOPMENT PROGRAMME

During the year under review, the programme implemented a number of Youth Development Programmes in response to government initiatives to implement the National Youth Development Strategies linked with the Poverty Eradication Programmes, the National Skills Development Strategy III, the DPSA HRD Strategy and the Eastern Cape Provincial Growth Development Plan.

Similarly, the DOH's pursuit of these objectives was tailored to priority areas of the department i.e. pharmacist interns, health related learnerships, artisan trade skills, etc – all contributing towards the realization of the National Health Insurance programme and health standards realization.

The following table provides a break-down of youth programmes implemented during 2022/23 FY, reflecting the gender split per initiative, totals per category and the overall financial implications:

ITEM	NUMBER PER PROGRAMME / INITIATIVE	NUMBER	UNIT COST	RAND VALUE
Males = 145 and Females=415	Departmental Generic Interns	560	6 083	3 406 480
Males = 25 and Females=415	Leaner Post Basic Pharmacy Assistant	80	3 500	280 000
Males = 13 and Females = 37	Pharmacy Technicians	50	6 083	304 150
Males = 12 and Females = 27	Learner Basic Pharmacy Assistant	39	3 500	136 500
Males =24 and Females = 48	Generic Interns HWSETA	72	6 100	439 200
Males = 36 and Females = 206	TVET learner (Funded by Various SETAs)	242	3 500	847 000
Males = 115 and Females = 141	TVET learner HWSETA	256	3 500	896 000
Males = 25 and Females = 50	Post Basic Pharmacist Assistant Interns	75	3 500	262 500
		1374	35 766	6 571 830
ARTISAN DEVELOPMENT				
Males = 9 and Females = 6	Plumbing Artisan Trainees	15	6 000	90 000
Males = 9 and Females = 1	Carpentry Artisan Trainees	10	6 000	60 000
Males = 5 and Females = 0	Clinical Engineering Technicians	5	6 000	30 000
		30	18 000	180 0

Other trainings provided to health personnel during the 2022/'23 financial are detailed in Part D of this report. These are trainings delivered through departmental skills levy allocation, as well as support through SETA funding e.g the Health & Welfare SETA, Public Sector SETA, e.t.c, reflected as part of the statutory submission of the Annual Training Plan.

Performance Management and Development System (PMDS)

The following table shows statistics of officials who have complied with the requirements for annual performance contracting by all categories of staff. Although 100% target was not achieved, the overall picture has shown improvement, especially post COVID-19 interruptions.

DISTRICTS AND INSTITUTIONS	LEVELS	1 April 2022 - 31 March 2023			
		TOTAL NO. OF EMPLOYEES	NO. OF AGREEMENTS SIGNED	OUTSTANDING	% PMDS COMPLIANCE
OVERALL	L 1-8	31706	28741	2965	91%
	L9-12	7764	6583	1181	85%
	L13-16	89	85	4	96%
	TOTAL	39559	35409	4150	90%

Towards a 100% compliance rate, the PMDS unit embarked upon roadshows during the months of March, April and May 2023, to create awareness and induct newly appointed staff.

Further, all OSD and non-OSD employees who met requirements have received incentives for the performance cycle 2021/'22. A few exceptions of about 29 cases of employees with complaints and claims for previous years have been reviewed and a submission will be tabled by HRD for consideration and approval of the HOD.

Regional Training Centre

In line with the departmental priorities, during the 2022/'23 years the RTC gave specific focus to the support of the following health indicators:

Health Indicator (Type)	Training Interventions	Performance	Comment
Reduction of maternal and child mortality rate	Essential steps in management of obstetric emergencies.(ESMOE)	252 Nurses trained 145 Doctors trained	These programmes will impact health outcomes in terms of mother and child.
	Management of Small Sick Neonates.(MSSN)	110 Nurses trained 61 Doctors	These are sustainable development goals / Medium Term Strategic Framework (MTSF) priorities; and contributing to reduction of medical negligence cases.
	Web based interactive perinatal training and competency assessment (K2)	158 Midwives 104 Doctors	
Ideal Clinic realisation and maintenance	Adult Primary Care.(APC)	3233 Nurses	Towards NHI readiness, OHSC accreditation
	Basic Life Support for PHC	194 Nurses 76 Doctors	Towards NHI readiness, OHSC accreditation

In collaboration with the Eastern Cape College of Emergency Care (ECCOEC), the BLS for Ideal Clinic Realisation Model (ICRM) couldn't reach the target due to lack of training equipment at district level due to delayed procurement processes.

Table 4.6.1: Performance against the Annual Targets from 2022/23 Annual Performance Plan for Programme 6-Health Sciences and Training Hospitals

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
6. Quality of health services improved	Qualified and competent staff	6.4.9 Number of students completed the 4 - year comprehensive course	New Indicator	New Indicator	420	386	-34	Target not achieved. 34 remaining is still completing clinical hours as per SANC prescripts; 386 will graduate in July 2023
		6.4.10 Number of practitioners completed 12 months Rescue Technician Training Programme	New Indicator	New Indicator	20	17	-3	Target not achieved. Rescue Technician Program plans for an intake of 20 students, however only 18 staff was successful in the physical selection phase and qualified to attend the program. During the course 1 student was withdrawn due to disciplinary procedures in his district. No new intake for Rescue Tech took place in Q3 & 4 as college focused on Rescue Practitioner (Basic Rescue) pipeline students.
		6.4.11 Number of registrars trained	New Indicator	24	192	13	-179	Target not achieved. 10 Registrars at LTH have requested an extension of their training by 6 months; 7 registrars from Frere and NMAH had their time expired. Most of these Registrars' training time was affected by Covid-19 pandemic as they focused on rendering services and were not allowed protected time for their studies. WVSU has got challenges with its Ethics committee which has been suspended and therefore not able to issue ethical clearance for registrars. This has negatively affected Registrars in them not being able to complete their training in/on time as they are not in a position to collect data without ethics clearance. Most of these registrars whose time has expired are busy with the research

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
								component of their studies only (MMed).

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator	Proposed intervention
6.4.9 Number of students completed the 4 - year comprehensive course	The year diploma (4D) is being phased out. The college is developing a phase out programme for the remaining 34 students.
6.4.10 Number of practitioners completed 12 months Rescue Technician Training Programme	The college planned to present Basic rescue to the remaining 15 pipeline students during Q4 but was unable due to the unavailability of protective clothing from NMU. The college awarded a tender for the supply of bunker gear during the 4 th Q to eliminate future disruptions due to unavailable equipment. The remaining students will be attended to in the 1 st Q of the 2023/24 academic year.
6.4.11 Number of registrars trained	10 Registrars at Livingstone Hospital have requested an extension of 6 x months and should be able to finish after that. Frere has 3 whose time have expired and NMAH has 4 time expired Registrars wait for the Ethics Committee to consider their cases and take a decision.

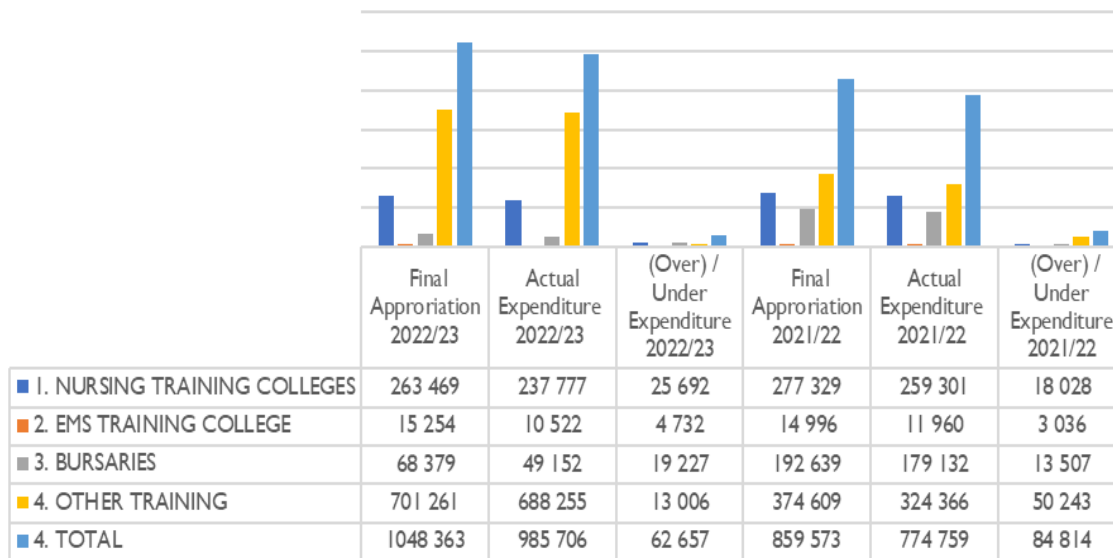
LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

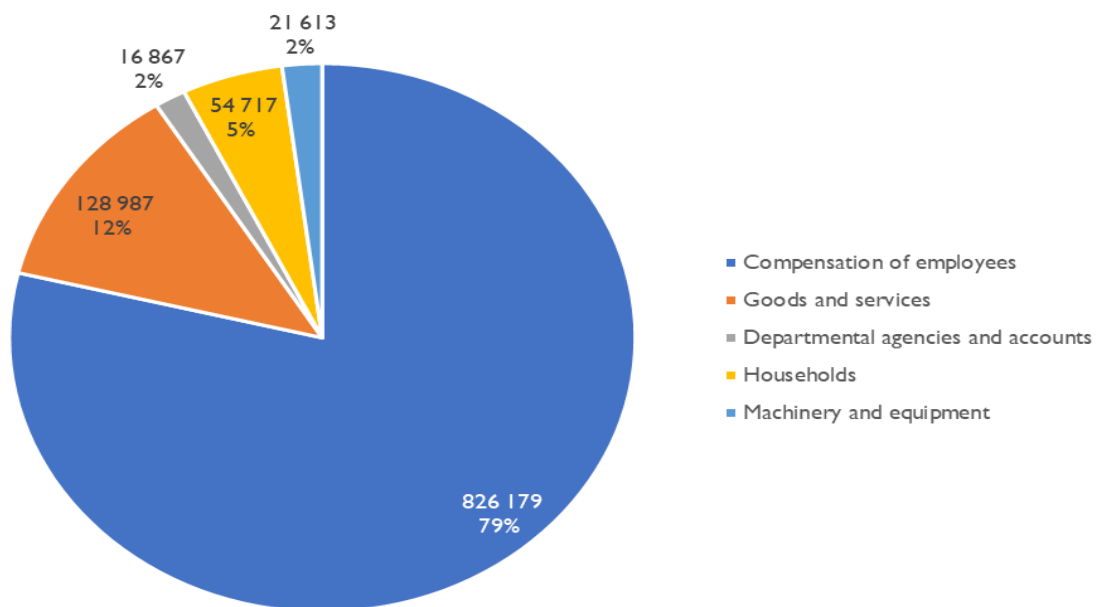
The Programme spent at 94.02% (under by R62,657 million) after adjusting for funds shifts and virements of -R90,000 million post 2022/23 2nd AEPRE. The programme gave up a portion of its cash flows in favour of mitigating the pressure within the clinical programmes to continue delivery of public health care services uninterrupted. This pressure in the clinical programmes having arisen from the payment of payables and accruals at the vote level of (R4.6 billion) at the beginning of the current financial year, treated as a first charge of the 2022/23 budget allocation, with the knock on effect being that the 31 March 2023 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

Programme 6: HEALTH SCIENCES AND TRAINING						
	2022/23			2021/22		
	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1 NURSING	263,469			277,329		
2 TRAINING		237,777	25,692		259,301	18,028
3 COLLEGES						
4 EMS TRAINING	15,254	10,522	4,732	14,996	11,960	3,036
5 COLLEGE	68,379	49,152	19,227	192,639	179,132	13,507
6 BURSARIES	701,261	688,255	13,006	374,609	324,366	50,243
7 OTHER TRAINING						
	1,048,363	985,706	62,657	859,573	774,759	84,814
Economic classification	955,166	917,579	37,587	683,263	606,611	76,652
Current payments						
Compensation of employees	826,179	809,225	16,954	536,476	483,560	52,916
Goods and services	128,987	108,354	20,633	146,787	123,051	23,736
Transfers and subsidies	71,584	57,589	13,995	160,183	156,311	3,872
Departmental agencies and accounts	16,867	16,866	1	13,149	13,075	74
Households	54,717	40,723	13,994	147,034	143,236	3,798
Payments for capital assets	21,613	10,538	11,075	16,127	11,837	4,290
Machinery and equipment	21,613	10,538	11,075	16,127	11,837	4,290
	1,048,363	985,706	62,657	859,573	774,759	84,814

Expenditure versus Appropriation: Programme 6



2022/23 Economic Classification: Programme 6



PROGRAMME 7

HEALTH CARE SUPPORT SERVICES (HCSS)



Province of the
EASTERN CAPE
HEALTH

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

7.1 Programme Purpose

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

Transversal Health Services consists of:

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

Pharmaceutical Services is responsible for:

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

Institutional outcomes

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

PROGRESS REPORT AND ACHIEVEMENTS

I. TRANSVERSAL HEALTH SERVICES

Rehabilitation services

This programme provides assistive devices which include wheelchairs, walking aids, hearing aids, and other related devices. These are devices which allow individuals to live health, independent and productive lives. The role that this programme plays in the country's efforts to improve the dignity and lives of people living with disabilities cannot be over-emphasized.

- Provision of wheelchairs to eligible patients

At the end of the financial year, there were 1 920 wheelchairs waiting to be issued to patients in the first half of the new financial year. This is part of the stock that was ordered in the course of the financial year but there were delays from the supplier in fulfilling the orders. Since the wheelchairs are available in stock, the department is in the process of procuring cushions for the wheelchairs before issuing to the patients.

Sixty-one (61) health facilities in the province are conducting the wheelchair seating clinics on a weekly basis. This is an important step as part of improving access and availability of wheelchairs to eligible patients around the province.

The training of health therapists on wheelchair seating technique has continued in this financial year. All facilities with the rehabilitation services in the province have at least a basic wheelchair trained therapist with adequate skills. Wheelchair outreach seating clinics were also conducted by the therapists from all districts to support each other in increasing the number of patients assessed and seated.

- Provision of hearing aids and devices

The program has exceeded the planned target of 60% by achieving 76.93% in the hearing aids issued to adult older than 19 years of age, and the set target of 100% by achieving 108% in hearing aids issued to children younger than 18 years. The department increased its stock of hearing aids through additional reprioritization of funds during the financial year.

The program had stock readily available, patients only wait for the processing of ear moulds as they are done by the laboratories outside the institutions.

A total of 17 patients were issued with cochlear implants during this financial. The cochlear implant surgeries were performed at Nelson Mandela Academic Hospital (15) in Mthatha and Livingstone Tertiary Hospital (2) in Gqebera.

A Clinical coordinator for the speech therapy program (currently offered at University of Fort Hare) was appointed in February 2023 in Mthatha Regional Hospital for the eastern region. Currently there are two (2) clinical coordinators for the speech therapy programme, with the second one placed in the Buffalo City Metro hospitals. The department is investing resources to develop the capacity for speech therapy through partnership with institutions of higher learning including the University of Fort Hare.

Summary of assistive devices issued

Devices		QUARTER				TOTAL
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Wheelchair	19+ yrs	392	413	366	336	1 507
	0-18 yrs	80	103	84	94	361
	Total	472	516	450	430	1 868
Hearing aids	19+ yrs	221	326	331	275	1 153
	0-18 yrs	64	72	101	87	324
	Total	285	398	432	362	1 477
Cochlear implants		3	5	7	2	17

The disability rights awareness

The department joined other stakeholders in the country to commemorate the Disability Rights Awareness Month on 3rd November to 3rd December 2022, under the theme “**Not All Disabilities Are Visible**”. The disability rights awareness month culminated into the International Day of Persons with disabilities event on the 3rd December 2022. The participation in the commemoration was aimed at showcasing the provincial department’s contributing to national efforts to remove barriers and challenges faced by people with disabilities due to stigmatization and exclusion, and improving their quality of life. The department used this month to showcase her contribution to supporting people with disabilities and use the opportunity to educate communities on how they can support people with disabilities.

The launch of the disability rights awareness month was held at the Dora Nginza Regional Hospital, with a key note address by the Honorable MEC for Health, Ms. Nomakhosazana Meth. The event was also honored by the attendance of the local municipality counsellors including the deputy executive mayor of the Nelson Mandela Bay Metro municipality and other key stakeholders in disability rights awareness.

A second event was held in Buffalo City Metro Municipality on the 19th November 2022 where assistive devices were issued to beneficiaries focusing on children with disabilities and those with Cerebral Palsy.

A full week outreach service event was held from the 29th of November to the 2nd December 2022 at Baziya Community Health Centre in the OR Tambo district. A team of therapists from around the province embarked on community-based outreach programme as a way of taking these crucial services directly to where people live.

During the outreach services in the month, a total of 523 patients with disabilities were seen with 28 assessed for wheelchairs and 128 issued with walking aids. In addition, 30 patients were seen by speech therapists and 159 consulted with the audiologists. 77 patients were assessed for prosthetics and orthotic devices. The outreaches were also used to bring basic health services to the communities, and routine health checks were provided to 55 adults and 8 children under the age of 5 years.

The events during the month of November 2022 were a great success as more patients were able to learn about the services available in the department of health for people with disabilities. Home visits were also conducted to those patients that couldn’t make their own way to the sites where the services were provided.

Rehabilitation services as part of the integrated medico-legal strategy

The department has developed an integrated medico-legal strategy with four priority interventions, namely (i) to stop the financial outflow through coordinated legal defence, (ii) strengthen medico-legal case management, (iii) strengthen administration of patient records and (iv) medico-legal cases, and prevent future claims. The rehabilitation programme contributes as part of the interventions to stop the financial outflow through public health defence. The department

seeks to strengthen public defence through establishing rehabilitation centres of excellence that provide a comprehensive, multi-disciplinary service package to patients diagnosed with cerebral palsy in the province. The establishment of these centres is aimed at the department rather than providing the care to patients with cerebral palsy *in lieu* of lump sum payments and undertakes to pay where the state does not provide a particular service to the claimants.

The department has 2 812 clients on record and receiving services at various health facilities around the province. The majority of these clients are in the OR Tambo district (1 031 patients), followed by Nelson Mandela Bay Metro with 479 patients, then Buffalo City Metro with 278.

The services are provided by a multi-disciplinary team of professionals which include rehabilitation therapists, social workers, dietitians, psychologists, and medical doctors (including specialist physicians, paediatricians, orthopaedic surgeons, among others).

The department has prioritized a few interventions as part of building capacity to manage cerebral palsy patients effectively in the province. In this financial year, the department has prioritised the development of a centre of excellence in Buffalo City Metro (Cecelia Makiwane & Frere Hospital), Nelson Mandela Metro (Dora Nginza & Uitenaghe Provincial Hospital), and OR Tambo (Nelson Mandela Academic hospital). The Nelson Mandela Academic Hospital is the only facility gazetted to provide cerebral palsy services in the Province. There are five other facilities that are earmarked to be developed into fully fledged cerebral palsy management facilities to be able to provide comprehensive packages of care for patients with cerebral palsy.

The following is an update on some of the interventions to build public health defence through the establishment of rehabilitation centres of excellence

- **Cerebral Palsy (CP) Database**

A database for all the cerebral palsy children in all facilities with CP clinics was established. This database was established to track all patients with cerebral palsy that are receiving services in the department of health's facilities. Additionally, the database was also created to help in resource planning as patient needs and resources were then determined for budget purposes.

- **Training**

72 therapists were trained in the management of cerebral palsy. 24 therapists were trained in basic wheelchair seating and 32 in intermediate wheelchair seating. The training of these therapists has significantly increased the number of trained therapists for the management of cerebral palsy in the province.

- **Transport for patients with cerebral palsy**

Three specialised and custom made vehicles were procured and delivered for the transport needs of patients with cerebral palsy. These vehicles are meant to accommodate cerebral palsy children who are wheelchair bound, care-givers and wheelchairs in the management of cerebral palsy. The vehicles were allocated to the NMAH, Cecelia Makiwane and Dora Nginza hospitals.

- **Infrastructure**

Renovations at the Nelson Mandela Academic hospital (St Henry Elliot precinct) for the establishment of a centre of excellence for the management of cerebral palsy is almost completed. The formal commissioning of the space is expected in the first half of the next financial year.

- **Recruitment of staff**

The recruitment process for the critical posts for cerebral palsy management at NMAH and Cecelia Makiwane hospital was completed. The department is planning to increase the staffing at the different hospitals for the management of cerebral palsy.

- **Procurement of equipment**

A total of 24 computers and two laptops were procured and allocated to the hospitals identified as centres of excellence for the management of cerebral palsy. Partial delivery of forty buggies for the cerebral palsy children was received in NMAH to address the backlog and meet the needs of the cerebral palsy children.

Walking aids and wheelchairs were received to be issued to patients in the first quarter of the next financial year. Additional equipment including baobath splints, suction devices, therapy neuro-plinths, therapy mats, bariatric hoist with built-in scale, hoist – electrical, and nebuliser ultrasonic, amongst other essential equipment.

Orthotics and prosthetics services

A total number of 11 845 patients were seen in the 2022/2023 Financial year in the 3 medical orthotic and prosthetic (O&P) centres located in Nelson Mandela Academic Hospital's Bedford Orthopaedic Centre, Livingstone hospital, and Frere hospital. Out of the 11 845 patients, 357 patients were fitted with prostheses, 7 195 were fitted with orthoses, 1 432 patients received accessories for their prostheses, 244 received repairs to their prostheses, and 528 received repairs to their orthoses.

Item	Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
Total patients seen	2 843	3 066	3 065	2 871	11 845
Prostheses fitted	77	133	92	55	357
Orthoses fitted	1 646	2 023	1 601	1 945	7 195
Orthotic repairs	136	117	125	150	528
Prosthetic repairs	56	67	72	49	244
Prosthetic accessories	382	416	350	284	1 432

There were a total of 231 outreach visits conducted and 1 415 patients were seen during these outreach visits. The outreach programme is one of the strategies used by the O&P centres to improve access to their services for the patients in outlying areas who may struggle to travel to these 3 centres. During these outreach visits, 269 patients were measured for orthoses, 18 patients were measured for prostheses, 112 were referred to the centres for casting/measurements, 1 344 were fitted with prefabricated orthoses, and 30 were fitted with custom made orthoses.

Item	Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
Total Outreach Visits	61	88	35	47	231
Outreach patients measured for prostheses	1	17	0	0	18
Outreach patients measured for orthoses	80	45	91	53	269
Referred to the centre for casting	29	24	29	30	112
Outreach patients fitted with prefabricated orthoses	277	462	194	411	1 344
Outreach patients fitted with custom made orthoses	13	17	0	0	30
Total number of patients seen at outreach	479	625	311	1 892	1 415

A total of 318 wheelchairs were repaired in the three centre. Wheelchair repairs are one of the strategies to improve the lifespan of the wheelchair and also ensure that it is still suitable for the needs of the patient. It is also a cost efficiency measure to repair instead of replacing the wheelchair. There were 13 975 crutches issued and 2 748 walking aids issued to patients.

Radiological services

80 diagnostic radiographers from all districts were trained in Pattern Recognition in Accident & Emergency Radiology quality management in radiographic services.

New floor mounted digital x-ray units were fully installed at the following ECDH institutions: Jamestown; All Saints; Cofimvaba; Mthatha Regional, and Bisho hospitals

New Digital Mobile X-Ray units were procured for Aliwal North Hospital, Zithulele Hospital and Humansdorp Hospital

The Picture Archiving Communication System (PACS) installation was completed at Butterworth hospital.

31 Community Service professionals for Radiological Services including the following specialties:
26 x Diagnostic Radiographers; 3 x Ultra-sonographers; 2 x Radiotherapists were contracted in the 4th quarter of the financial year.

2. PHARMACEUTICAL SERVICES

Medicine availability

The department continued to monitor medicine availability through the stock visibility system (SVS) and Rx Solution. 769 clinics in the province are actively using SVS while 73 out of 88 hospitals are using Rx Solution. The stock visibility solution (SVS) is a mobile application that healthcare professionals use to monitor and report on stock levels for ARVs, TB medication and vaccines. Personal Protective equipment (PPE), COVID-19 vaccines.

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

Target for overall medicine availability was not achieved during this reporting period. This is because the province has been dealing with erratic availability of medicines, particularly in the fourth quarter of the financial year. A rapid assessment of the reasons behind the supply issued revealed various reasons that led to medicine supply challenges, these include but not limited to:

1. The department's cash flow and budgetary constraints led to the non-payment of several key pharmaceutical suppliers for a period preceding the end of the financial year 3.
2. Implementation of relatively new procurement regulations that came into effect in the second half of the financial year led to increased turnaround time in the procurement of some of medicines.
3. Additionally, the pharmaceutical depot was experiencing a challenge on human resource mainly in the warehouse for picking and packing medicines.

These challenges have impacted on the availability of medicines. The department continues to monitor stock and ensure that the most essential medicines are available, and using the SVS system, stock is moved around between facilities as needed.

Furthermore, in partnership with the United States President's Emergency Funds for AIDS Relief (PEPFAR) funded Global Health Supply Chain Program – Technical Assistance (GHSC-TA), the department continued with the project of building capacity to pharmacy personnel in managing their minimum and maximum stock levels of essential medicines. The project's objectives are to coordinate the inventory and ordering of supplies to ensure that sufficient quantities of medicines are available at the right place, at the right time, to fulfil the demand required.

Pharmaceutical Depots

The depots are responsible for procurement, warehousing and distribution of medicines in the province. ECDOH pharmaceutical depots facilitate medicine availability within the province for all health programmes. During this reporting period the depots have been able to achieve 70% medicine availability. This is an under-achievement when compared to the quarterly target of 80% medicine availability at depot.

Existing challenges at the depot relating to shortage of staff were noted above. The department continues to allocate resources to address issues of staffing and infrastructure gaps at the depot. During this reporting period, the department assigned a senior manager to lead finance and supply chain systems at the depot. This is a step towards strengthening the finance and supply chain at the depot to comply with good practice standards in finance and supply chain in the public sector. In addition, pharmacist assistants have been contracted to support warehouse picking and packing activities at the depot. The staff shortage remains as the volume of work processed at the depot far exceeds the current resources. The current process of reviewing the department's organizational structure is also considering the service delivery model in the sector to also consider how the pharmaceutical depot capacity can be strengthened to meet the health service delivery needs.

The process of getting the depot compliant with the SA Health Products Regulatory Authority and register as a medicines warehouse is still not completed. The major gaps on infrastructure have not been resolved. A panel of built environment professionals have been contracted to attend to the infrastructure issues at the Port Elizabeth Pharmaceutical Depot. The Mthatha Pharmaceutical Depot refurbishment project has also not achieved 100% completion due to challenges with the contractor who has since left the site. The department is working on a plan to complete the remaining tasks on the refurbishment project, with a target to complete in the next financial year. The programme can only emphasise the importance of having the pharmaceutical depots compliant with the SAHPRA standards and also registration as medicine warehouses. This is also important as the province gears itself for the implementation of the National Health Insurance when the depot will need to be registered as a medicine warehouse in order to also participate in the NHI fund. The commitment remains to get this compliance achieved within this medium term expenditure framework.

CCMDD programme

During this financial year there were 304 424 active patients who collected their medicines packs through the CCMDD programme. The table below presents the number of active patients on CCMDD per District:

District	Active Patients Quarter 1	Active Patients Quarter 2	Active Patients Quarter 3	Active Patients Quarter 4	Pick Up Points
Alfred Nzo	42 994	42 429	31 676	48 794	11
Amathole	47 449	48 706	37 237	51 486	20
Buffalo City Metro	45 456	44 527	34 078	49 658	36
Chris Hani	42 268	43 656	33 221	47 858	13
Joe Gqabi	9 029	9 494	7 961	4738	6
Nelson Mandela Bay Metro	8 235	8 187	6 319	3324	58
Oliver Tambo	80 0073	82 469	61 198	94 854	41
Sarah Baartman	8 801	9 254	7 284	3712	12
PROVINCE	284 305	288 722	218 974	304 424	197

The CCMDD programme continues to be part of the department's flagship programmes in reducing patient numbers collecting medicines at health facilities, and improving access to essential medicines.

The programme achieved a steady increase of clients throughout the year while retaining the old clients on the programme. The increase in the number of patients from last financial year 2021/22 to this year 2022/23 was 22 121.

The programme's performance was affected by the change over from one service provider to the newly contracted service provider e.g. a decline in the external pick-up point from 231 in quarter 3 to 197 active external pick up points. A new service provider for the provision of services for the CCMDD programme for public sector patients for a period of 4 years was appointed in the 3rd quarter of the financial year. The service provider is responsible for the dispensing and distribution services. During this period, there was a transitional period between the new and previous service provider, and this led to a few challenges in the CCMDD programme.

The programme continues to engage with the contracted service provider and the National Department of health to address the initial challenges experienced by the service provider. It is expected that the programme will stabilize in the next financial year.

Refresher training sessions on the adherence club guidelines were held. The purpose of the refresher was to assist districts programme personnel to be able to decant patients using the CCMDD programme to the adherence clubs which form part of the Differentiated Model of Care (DMOC).

COVID-19 Vaccination Programme

During the reporting period, the department supported by PEPFAR funded development partners such as Right to Care and TB-HIV Care in implementation of COVID-19 Vaccination programme. The joint activities ensured development and implementation of updated information regarding effective vaccine and cold chain management. Daily monitoring of provincial stock levels to identify potential shortages and intervene where necessary continued.

The order and supply of COVID-19 vaccine stock continued to be a consistent weekly process. The Right to Care appointed pharmacists, under the provincial appointed pharmacy lead, continued to support the integration of COVID-19 vaccines into routine healthcare program, through the support by three roving teams. The activities in this programme entailed

- Weekly review of SVS reporting and stock levels
- Weekly monitoring vaccine usage and wastage at district level,
- Development of an Audit Improvement plan following a provincial audit on cold chain management (processes and infrastructure).
- Supported facilities to by enrolling them so they can report on SVS COVID-19

The department also received cold chain equipment through donation from the DG Murray Trust in partnership with the Kreditanstalt für Wiederaufbau/German Development Bank (KfW). The donation is focused on the procurement of equipment to enhance cold chain integrity and support the provincial vaccination programme. The total value of the donation is estimated at R20 292 million. The donation includes vaccine fridges, cold chain boxes and temperature monitors.

Compliance with statutory council

The South African Pharmacy Council (SAPC) requires that health facilities providing pharmaceutical service are compliant with Good Pharmacy Practice (GPP) standards. The achievement to date includes: -

- 102 public health facility pharmacies are licensed and recorded by SAPC
- 60/102 (59%) facility pharmacies are accredited as training facilities for purposes of training pharmacist's assistants and pharmacist interns.
- 47 Pharmacists Interns were allocated for 2023 intake assumed duty.
- 69 Community Service Pharmacists allocated to the province for 2023 annual intake.

Table 4.7.1: Performance against the Annual Targets from 2022/23 Annual Performance Plan for Programme 7: Health Care Support Services

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
6. Quality of health services improved	Availability of assistive devices in primary health care	6.4.9 Wheelchair issued adult 19 years and older rate	63.5%	59.3%	50%	34.2%	-15.8%	The target was not achieved. The transversal contract for wheelchairs expired in November 2022 therefore the department couldn't not place any further orders on this contract.
		Numerator	1 397	1 483	1 650	1 483		
		Denominator	2 200	2 500	3 300	4 340		
		6.4.10 Wheelchair issued child 0-18 years rate	103%	165.6%	100%	41.6%	-58.4%	The target was not achieved. The transversal contract for wheelchairs expired in November 2022 therefore the department couldn't not place any further orders on this contract.
		Numerator	310	497	700	373		
		Denominator	300	300	700	897		
		6.4.11 Hearing aid issued adult 19 years and older rate	113.72%	85.3%	60%	67.6%	7.6%	Target achieved. The program has stock of hearing aids readily available committed by end of the 2 nd Patients only wait for the processing of earmoulds as they are done by the laboratories outside the institutions. Additional resources were reprogrammed to procure additional devices. Equipment was calibrated on time by suppliers and some facilities received additional equipment for screening of patients in the first half of the year. Target was exceeded
								Target achieved. In addition to improved provincial procurement processes. The province continued to receive PPE donations Global Fund.
		Numerator	1 251	1 030	900	1 362		
		Denominator	1 100	1 200	1 500	2 016		

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
3. Morbidity and Premature mortality due to Communicable diseases reduced	Facilities supported by centrally procuring the Personal Protective Equipment; Monitor facilities to prevent stock- outs. Stock visibility system utilised to monitor stock levels in facilities Protocols on rational use of PPE developed.	6.4.12 Hearing aid issued child 0-18 years rate	26.5%	68.4%	100%	54.6%	-45.4%	Target not achieved. Gross under reporting has affected the output of this indicator however, with the additional resources the target of 300 hearing aids issued to children 0-18 years has been achieved.
		Numerator	239	342	300	459		
		Denominator	900	500	300	840		
		3.5.10 Percentage Personal Protective Equipment availability in facilities	87.4%	86.3%	85%	87%	2%	Target achieved.
		Numerator	7	6.9	6.8	7		
6. Quality of health services improved	Availability of medicine in depos and facilities	Denominator	8	8	8	8		
		6.4.13 Percentage Order fulfilment for essential drugs at depot	76.2%	76.15%	85%	70%	-15%	Target not achieved: The major contributor to non- availability of medicines at the depot relates to delays in payment of suppliers. Most suppliers tend to suspend the provincial accounts when invoices are not paid for longer than 60 days.
		Numerator	374 422	438 502	643 542	367 893		
		Denominator	491 347	575 736	757 108	522 210		
		6.4.14 Percentage of availability of essential medicine at facilities.	88.8%	86.1%	85%	82.9%	-2.1%	Target achieved within the 5% margin of error.
		Numerator	71	68.9	68	63.3		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
		Denominator 6.4.15 Number of active patients on CCMDD	80 283 353	80 283 525	80 337 500	80 304 424	-33 076	Target not achieved due to non-renewal of prescriptions by districts as they continued to enrol new patients.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
6.4.9 Wheelchair issued adult 19 years and older rate	Embark on more outreach clinics in all the 8 districts to be able to issue the available stock of wheelchairs to the beneficiaries within the first half of the financial year. Facilitate the process of procurement of wheelchair cushions outside the RT233 National Tender as it expired at the end of November 2022 whilst waiting for the new contract to be issued by national treasury. Place all orders within the first quarter to allow for the long order lead time
6.4.10 Wheelchair issued child 0-18 years rate	Procure all devices needed by the end of the second quarter.
6.4.13 Percentage Order fulfilment for essential drugs at depot	Improve the process of supplier payments. Payment of supplier accounts to reduce age of accounts to 60days or less
6.4.15 Number of active patients on CCMDD	Weekly monitoring of renewals weekly through the health programmes platform has seen some slight improvements. Also, the facilities have been given weekly target to enroll new clients and this will be monitored through the nerve centers in all districts and there is a tool developed for monitoring and weekly meetings.

LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

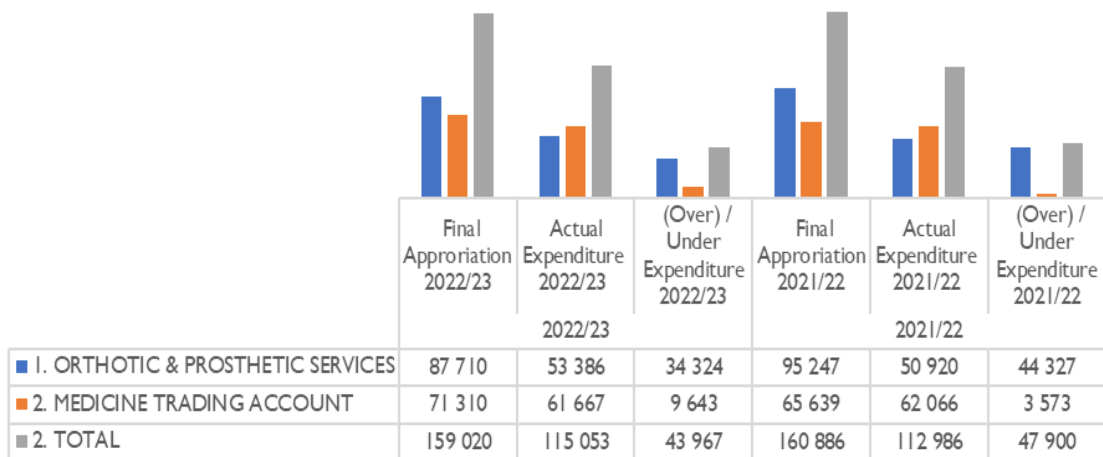
The Programme spent at 72.35% (under by R43,967 million) after adjusting for funds shifts and virements of -R13,828 million post 2022/23 2nd AEPRE. The underspend is attributable inter alia to the department budgeting for the mandate of a “public healthcare remedy” for the provision of healthcare services in the public healthcare sector rather than lump sum settlements for future medical care in medico-legal claims.

The defences have envisaged the development of the common law to allow for a “public healthcare defence” and an “undertaking to pay defence” to be raised in medico-legal claims against the state. This is premised on the approach that if the department is required to continue to pay claims on the basis of full, up-front settlements of estimated future medical and other expenses this will, in time, overwhelm the ECDoH’s capacity to meet its constitutionally mandated health service delivery obligations. The judgement was handed down on the 7 February 2023, indicating clearly how the common law is to accommodate the public health defence; and affirming the goods and services that the State will provide to the plaintiff during his lifetime.

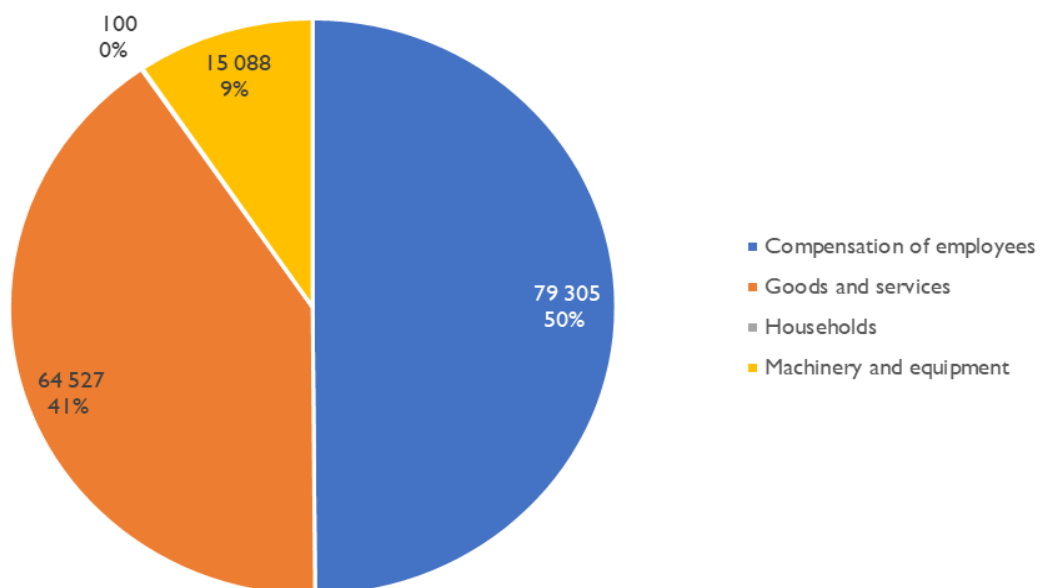
Although the plaintiff indicated during March 2023 that she will be taking the landmark judgement on appeal, agreement was reached that the order is to be implemented whilst the appeal process is underway. This means that Department started with the process of implementing the Court order in the new financial year and the savings in the 2022/23 year against this line item was utilised to offset the budget pressures within the clinical programmes to continue delivery of public health care services uninterrupted. (This pressure in the clinical programmes having arisen from the payment of payables and accruals at the vote level of (R4.6 billion) at the beginning of the current financial year, treated as a first charge of the 2022/23 budget allocation, with the knock on effect being that the 31 March 2023 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year’s health system output and performance.)

Programme 7: HEALTH CARE SUPPORT SERVICES						
	2022/23			2021/22		
	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1 ORTHOTIC & PROSTHETIC SERVICES	87,710	53,386	34,324	95,247	50,920	44,327
2 MEDICINE TRADING ACCOUNT	71,310	61,667	9,643	65,639	62,066	3,573
	159,020	115,053	43,967	160,886	112,986	47,900
Economic classification						
Current payments	143,832	109,355	34,477	142,304	110,469	31,835
Compensation of employees	79,305	70,240	9,065	68,045	69,782	(1,737)
Goods and services	64,527	39,115	25,412	74,259	40,687	33,572
Transfers and subsidies	100	31	69	-	39	(39)
Households	100	31	69	-	39	(39)
Payments for capital assets	15,088	5,667	9,421	18,582	2,478	16,104
Machinery and equipment	15,088	5,667	9,421	18,582	2,478	16,104
	159,020	115,053	43,967	160,886	112,986	47,900

Expenditure versus Appropriation: Programme 7



2022/23 Economic Classification: Programme 7



PROGRAMME 8

HEALTH FACILITIES MANAGEMENT



Province of the
EASTERN CAPE
HEALTH

4.8. PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM)

8.1 Programme Purpose

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

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

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

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

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

Institutional outcomes

- 6. Quality of health services improved

PROGRESS REPORT AND ACHIEVEMENTS

During the year under review the Infrastructure Planning Directorate performed as stated below:

- The Annual Implementation Plan (AIP) for 2022/23 financial year was submitted to Provincial Treasury in line with Division of Revenue Act (DORA) requirements.
- The End of the Year Evaluation report for 2021/22 was submitted to the Provincial Treasury as required by DORA on the 31 May 2022
- The User Asset Management Plan (UAMP) for 2023/24 – 2025/26 MTEF period was submitted to Provincial Treasury on 25 June 2022 in line the Government Immovable Asset Management Act (GIAMA)
- The Infrastructure Programme Management Plan (IPMP) for 2023/24-2025/26 MTEF period was submitted to Provincial Treasury on the 31 August 2022 in line with Division of Revenue Act (DORA) requirements.
- Review of the Service Level Agreement (SLA) with Implementing Agents namely; Coega Development Corporation and Department Public Works and Infrastructure is nearing finalization.
- Appointment of Coega Development Corporation as an Implementing Agent to conduct Condition Assessments of all Department of Health Assets / Health Care Facilities. The outcome of these assessments will assist the Department with their strategic decision-making process and project prioritization in terms of infrastructure interventions and investments. The project is currently on Stage 5- assessments are currently underway.
- A submission/application was made by CDC on behalf of ECDoH to NDoH for Budget for Infrastructure (BFI) in order to secure funds for major Infrastructure Improvements of St. Elizabeth Regional Hospital, with NDOH Ref No. BFI2205
- Budget for Infrastructure (BFI) for Greenville hospital is being reviewed by the department for further submission to National Department of Health.
- Project Initiation reports for 111 health care facilities were produced and issued to Department of Public Works and Infrastructure for infrastructure improvements in our health care facilities throughout the province.

In ensuring that our health care facilities comply with norms and standards to provide access to health care services, the following interventions/ measures were carried out:

Amathole Health District

- A total of 6 Professional Service Provider (PSP) bids were approved and advertised towards Infrastructure improvements of health facilities to optimize health care services in the Amathole Health District. These are for:
 - Raymond Mhlaba sub-district
 - Amahlathi sub-district
 - Ngqushwa sub-district
 - Mbhashe sub-district
 - Great Kei sub-district
 - Mnquma sub-district

Alfred Nzo Health District

- Construction of a New 100 Bed Greenville hospital is at planning stage. A total budget allocation of R111, 862, 266 for 2023/24 financial year has been provided. The scope of work includes, Enabling Works, Support Services, New Core Block as well as upgrading of staff accommodation.
- Maintenance and Repairs of Matubeni Clinic in Ntabankulu will start towards the end of the 1st quarter of 2023/24 financial. A contractor has been appointed to carry out infrastructure improvements of the facility.

Buffalo City Metro Health District

- A total of 5 Professional Service Provider (PSP) bids were approved and advertised towards Infrastructure improvements of health facilities to optimize health care services in the BCM Health District. These are for:
 - Empilweni TB Hospital
 - Cecilia Makiwane Hospital, Cerebral Palsy
 - East London sub-district
 - Bisho/Qonce sub-district
 - Mdantsane sub-district

Chris Hani Health District

- Elliot Hospital Infrastructure Improvement – Phase 1: The scope of the project includes: General repairs and maintenance, roof repairs, refurbishment of health professional accommodation, paintwork and replacement of existing sanitary fittings with new fittings. The project is still project initiation stage. The estimated project cost is R 10.1 million
- Cofimvaba hospital infrastructure improvements - phase 1. The scope of the project includes; new access roads, refurbishments to existing staff accommodation, roof repairs, new MDR clinic, storm water reticulation and electrical works. The project is at FIDPM stage 2 – concept/ pre-feasibility. The total project cost is estimated at R85 million
- All Saints Hospital kitchen and laundry refurbishments: Focus of the project is mainly on Construction of new laundry and kitchen as well as replacement of existing machinery and equipment. Project cost is a sum of R80 million
- Philani Clinic – major refurbishments: The project is at FIDPM stage 1– Concept/ Pre-feasibility. The department is waiting for DPW&I to submit the revised concept report. The scope of the project includes: Repairs to external and internal walls, floors, roof, ceiling repairs and plumbing. The estimated project cost is R45 million
- Major refurbishment at Ilange Clinic in Chris Hani: The project is at FIDPM Stage 1– Concept/ Pre-feasibility. The department is waiting for DPW&I to submit the revised concept report. The project cost is estimated at R52 million
- 72-hour Psychiatric observation unit Chris Hani: The facilities to be prioritised are;
 - Cradock Hospital
 - Hewu Hospital
 - Hospital
 - Frontier Hospital
 - Glen Grey Hospital
 - All Saints Hospital
 - Cala Hospital
- All Saints hospital phase 1&2: accommodation for health professionals & nursing students and Gateway clinic: The project is at FIDPM Stage 4 – design documentation and procurement. The contractor has been awarded the project. The scope of works includes; Renovation of a Gateway Clinic, refurbishment and upgrading of health professional accommodation as well as Access roads. The total project cost is R50 million.
- Rodana Eyethu Satellite Clinic: infrastructure improvements. The scope of the project includes; Construction of new ablution block, Construction of aprons and drainage system, parking bays and paved drive way, conservancy tanks and security fence. The project is at FIDPM Stage 3 – design. Tender document have been prepared already.
- Hewu hospital: infrastructure improvements: The project is at FIDPM stage 3 – design development has been granted. Awaiting the appointment of PSPs by DPW&I. The scope of works includes; Paving of existing gravel access road, removal and replacement of existing roof, refurbishment to ceilings and minor maintenance and refurbishments

- Haytor clinic: infrastructure improvements: Focus will be on refurbishment to existing clinic and nurse's home, Replacement of existing roof and electrical works.
- Construction of New Lower Didimane Clinic: The project will include; construction of new clinic in compliance with to ideal clinic standards, consulting rooms, fencing, triage area, records and a guardhouse. The total project cost is the sum of R35 million.

Joe Gqabi Health District

- A total of 3 Professional Service Provider (PSP) bids were approved and advertised towards Infrastructure improvements of health facilities to optimize health care services in the Joe Gqabi health district. These are for:
 - Walter Sisulu sub-district
 - Senqu sub-district
 - Elundini sub-district
- Construction of a New Guard House and high security fencing at Maclear hospital had reached tender stage. Site handover is expected during the 1st quarter of 2023/24 financial year
- Completion of the Guardhouse and pharmacy at Steynsburg hospital had reached tender stage. Site handover is expected during the 1st quarter of 2023/24 financial year.
- Ugie clinic phase I is expected to be on site in the 1st quarter of 2023/24
- Thembisa clinic is anticipated to be on site during the first quarter of 2023/24 financial year.

Nelson Mandela Bay Metropolitan Health District

- A team of Professional Service Provider was procured and have since concluded assessments to carry out Infrastructure Improvements on 17 primary health care facilities, namely; Kwazakhele CHC, PE Central CHC, Motherwell CHC, NUII Clinic, Lunga Kobese Clinic, Soweto Clinic, Vessplaas Clinic, Max Madlingozi Clinic, Rosedale Clinic, Gustav Lamour Clinic, Middle Terrace Clinic, Silvertown Clinic, Boyens Park Clinic, Algoa Park Clinic, Helenvale Clinic and KwaDwesi Clinic
- A total of 15 Professional Service Provider (PSP) bids were approved and advertised towards Infrastructure improvements of all health facilities to optimize health care services in the Nelson Mandela Health District
- A team of built environment professionals in collaboration with the Clinicians, and hospital services management was established to conduct assessment of health facilities in the Nelson Mandela Bay Metro. Health Facilities include; Uitenhage Provincial, Dora Nginza, Elizabeth Donkin, Jose Pearson, Livingstone and Port Elizabeth Provincial hospitals

Sarah Baartman Health District

- A team of Built Environment Professional Service Provider was awarded to carry out planning for Infrastructure Improvements in:
 - Port Alfred and Makhandia Forensic Pathology Laboratories
 - Joubertina Forensic Pathology Laboratories
 - Graaff Reinet Forensic Pathology Laboratories
 - Makana sub-district
 - Kouga sub-district
 - Camdeboo sub-district
- A Clean-up Programme to carry out Infrastructure Improvement to the following primary health care facilities has begun for 2023/24 financial year. These health care facilities are:
 - Alexandria Clinic
 - Port Alfred Clinic
 - Raglan Clinic
 - Station Hill Clinic
 - Nolukhanyo Clinic
 - Rietbron Clinic
 - Willowmore Clinic
 - Baviaans Clinic
 - Kroonvale Clinic
 - Umasizakhe Clinic
 - Misund Clinic
 - Masakhane Clinic
 - Woodlands Clinic
 - Coldstream Clinic
 - Louterwater Clinic

OR Tambo Health District

- Ntshale Clinic: modification, extension and additions to comply with Ideal Clinic requirements. The department is still preparing the initiation report. The estimated cost of the project is R30 million
- Good Hope Phase 2 – replacement of temporary structures for clinic and health professional accommodation. Initiation report preparation is still in progress. The estimated project cost is R45 million
- St Lucy's hospital upgrade Phase 2A: New midwife obstetric unit, new paediatric ward and associated works which include paving and covered walkways. Professional service providers have been appointed by DPW&I. The estimated project cost is R40 million
- Canzibe Hospital Phase 2 – renovations and additions to health professional accommodation (736sqm) 8 x 2-bedroom units. The project has reached design development stage. The estimated project cost is R105 million
- St Elizabeth hospital core block & staff accommodation –
- Construction of core block (OPD, Admissions, Radiology, Casualty, Dispensary, Special clinics, CSSD, Theatres, Victims of Violence, Burns Unit, High Care, ICU) and staff accommodation including associated site works and services. The project has reached design documentation stage.

A total of 12 projects progressed from Design to Bid Specification, Tender and Award stages. These were:

Project	District	Estimated Amount	Budget 2022/23
Butterworth Hospital Fencing	Amathole	R70 million	R14 million
Balfour Clinic	Amathole	R60 million	R12 million
Tafalofefe Hospital – Water and Sanitation	Amathole	R45 million	R1 million
Completion of BCM Fencing	BCM	R24 million	R14 million
Grey Hospital Repairs	BCM	R35 million	R6 million
Completion of All Saints Hospital	Chris Hani	R55 million	R10 million
Frontier Hospital Accommodation	Chris Hani	R60 million	R3 million
Taylor Bequest Hospital Staff Accommodation	Joe Gqabi	R40 million	R19.8 million
Lady Grey Hospital	Joe Gqabi	R60 million	R10.7 million
Tembisa Clinic	Joe Gqabi	R1.8 million	R1 million
Ugie Clinic	Joe Gqabi	R4 million	R4 million
Completion of Nessie Knight Hospital	OR Tambo	R92 million	R15 million

A total of 27 Capital Infrastructure Projects were at Concept and Design Development Stage. These were:

• Hospital Upgrades – 7

No	Project Name	District
1.	Greenville Hospital	Alfred Nzo
2.	Nessie Knight Hospital	OR Tambo
3.	Elliot Hospital	Chris Hani
4.	Cofimvaba Hospital	Chris Hani
5.	Ndofela Clinic	Joe Gqabi
6.	Thembisa Clinic	Joe Gqabi
7.	Ugie Clinic	Joe Gqabi

• Primary Health Care Facilities / Clinics – New & Replacement - 11

No	Project Name	District
1.	Xhorha Mouth Clinic	Amathole
2.	Rabula Clinic	Amathole
3.	Cebe Clinic	Amathole
4.	Newlands Clinic	Buffalo City Metro
5.	Unit P Clinic	Buffalo City Metro
6.	Greenfields Clinic	Buffalo City Metro
7.	Lower Didimana Clinic	Chris Hani
8.	Manzana Clinic	Chris Hani
9.	Linge Clinic	Chris Hani
10.	Philani Clinic	Chris Hani
11.	Molteno Clinic	Chris Hani

• **Health Facilities – Repairs & Renovations – 9**

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

Directorate: Infrastructure Programme Delivery

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

Progress and Achievements

During the period under review, the Infrastructure Delivery directorate prepared and submitted the Infrastructure Programme Management Plan (IPMP) for 2023/24 – 2025/26 MTEF period to Provincial Treasury in August 2022. The Infrastructure Programme Management Plan (IPMP) is a 3-year proposal for funding / budget requirements for the MTEF period for health infrastructure service delivery projects.

Construction of the (7) seven health care facilities below were completed:

Completed Projects

District	Facility Name	Scope of Works	Contract Value
Chris Hani	Glen Grey Hospital	Urgent Improvement to Doctors Accommodation, roof repairs	R 1 382 290
Chris Hani	Mhlophekazi Clinic	Facelifting of the Clinic – Minor Repairs	R 218 000
Chris Hani	Mjanyana Hospital Phase 2	Accommodation for Health Professionals	R92 000 000
Joe Gqabi	Mlamli Hospital	Covid 19 Project – Hospital Improvements	R 43 769 699
Alfred Nzo	Meje CHC	New CHC	R493 730 141
Alfred Nzo	Khutsong Hospital	New Hospital	R195 795 938
Alfred Nzo	Siphethu Hospital	Upgrading of the Main Hospital	R583 281 612

The following Covid 19 projects are Under Construction

Projects Under Construction – Covid 19 Projects

District	Project Name	Contract Value	Expenditure	Status
BCM	Frere Hospital (100 bed)	R48 818 261	R34 390 498	The Contractor is far behind schedule DPW&I have terminated the contract
Joe Gqabi	Taylor Bequest Hospital Mount Fletcher – New Isolation Ward and Radiology Department	R28 595 250	R 13 546 038	Practical completion is scheduled for the 16 th of June 2023. The Contractor is behind schedule and has been put on terms in accordance with the contract. The contractor submitted a recovery plan to expedite his progress on site.
Joe Gqabi	Mlamli Hospital	R43 769 699	R42 310 180	Practical completion achieved on the 19 th of July 2022. Works completion remains outstanding.
OR Tambo	Sir Henry Elliot Hospital (100 bed)	R48 365 042	R39 197 897	The project is about 84% complete in terms of physical progress. Practical Completion is anticipated to be achieved by the end of the 2 nd Quarter of 2023/24 financial year.

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

Alfred Nzo District

In the Alfred Nzo District Municipality, the Eastern Cape Department of Health has six (6) District Health facilities with one recommended for a service package upgrade, seventy-four (74) Primary Health Care and Community Health Facilities combined, and most recently, two (2) newly donated facilities.

Of the District's six (6) District facilities, the Department of Health has either upgraded, renovated, repaired, or refurbished three (3) district facilities over the last 10 years. With St. Patrick's District Hospital, repurposed and renamed to O.R. and Adelaide Tambo Regional Hospital in 2020. Furthermore, the Department of Health has within the district brought to Practical Completion two Mega Projects, one Large Project, and one Completion project over the duration of the MTEF period.

Sipetu District Hospital is a newly upgraded 100 Bedded District Facility, a Mega Project in the Umzimvubu Sub District. The Project included the upgrading of bulk infrastructure, upgrading of the clinical spaces, new accommodation, support services, new reservoir and a helipad for emergency referrals. The project is part of an on-going attempt by the Department to upgrade, renovate, refurbish, repair, and maintain its facilities throughout the Province. Sipetu District Hospital is the third District Hospital to be upgraded, renovated, repaired, or refurbished within the district. The project implementation is currently at Stage Gate 6 (Hand over) in terms of the Project life cycle

In addition to the regional and district health facilities within the region, Khotsong TB Hospital is the only specialized facility in Alfred Nzo. In the 2018/2019 FY the department handed site over for the Upgrading of Khotsong TB Hospital and staff accommodation, a Mega Project in Matatiele Sub district. The Project implementation has reached stage 6 (Hand over) in terms of the Project life cycle. The new facility is currently in use.

Community Health Facilities

MEJE CHC Phase 1 & 2 – Construction of a CHC, site works and services and Staff Accommodation, a Large Project in the Winnie Madikizela Sub District. Has also recently reached project implementation stage 6 (Hand over) in terms of the Project life cycle. The project was an upgrade of a Primary Health Care facility into a Community Health Care facility which will provide 24-hour Primary health Service to the community of Winnie Madikizela Subdistrict Municipality referring directly to O.R. and Adelaide Tambo regional and Nelson Mandela Academic.

Mpindweni Clinic – The Completion of a Donor funded Clinic in Umzimvubu, one of the Department's new assets. Was a completion project on a Public Private Partnership agreement between the Eastern Cape Department of Health and Samancor a Mining Company. The Project is a new asset in the Mpindweni Rural area and includes a new primary health care facility, staff accommodation, provision of borehole water supply and bulk infrastructure. The project too recently reached project implementation stage 6 (Hand over) in terms of the Project life cycle.

Matubeni Clinic – Renovations and Refurbishment to the entire clinic and Nokatshile Clinic - Completion of municipality donated clinic, new staff accommodation, water reticulation and provision of electrical supply, are due to be at stage 5 (works) during the 1st and third quarter of the 2023/24 financial year respectively.

District Hospital Programme

Greenville Hospital – Construction of a New 100 Bedded District Hospital and Greenville Hospital – Staff Accommodation minor repairs to building items, internal and external painting, now combined into one project that will develop a comprehensive scheme with a new masterplan. The project is currently at stage gate 2 and will be implemented in phases with the first phase being staff accommodation, bulk infrastructure and the Greenville gateway clinic. Phase 1 – Staff accommodation, bulk infrastructure and Gateway is expected to reach Stage 4 and 5 during the 3rd and 4th Quarters of the financial year respectively.

72 Hour Observation Hospitals

Mount Ayliff Hospital, Madzikane Hospital, Tayler Bequest Hospital and O.R and Adelaide Tambo Regional Hospital are earmarked for additions and/or renovations to the 72-Hour Observation Unit, the project implementation has reached the Concept Stage 2. The planned date for the procurement of a Service Provider is the 4TH quarter of the FY.

Emergency Medical Services

Maluti and Mount Ayliff Medical Services improvements is earmarked to reach stage 4 (design documentation) during the 2nd Quarter of the Financial Year. Due to Health risk violations a new site needed to be identified for the proposed

Maluti EMS base. The Project is currently at Stage 2 of the Project Life cycle.

Condition Assessment and Future Initiations

Through CDC the department will conduct condition assessments for the remaining facilities and in alignment with clinical requirements and feasibility, will prepare the necessary initiation reports for the inception of all prioritized project within the region during the outer financial years.

Amathole and BCM Districts

- Tafalofefe Hospital Water & Sanitation reached Final Completion Stage in May 2022. The cost of the project is R24.9 million
- Madwaleni Hospital Gateway Clinic reached final completion stage
- Construction of staff accommodation and gateway clinic at Tafalofefe Hospital is underway. The cost of the project is R25 million.
- Grey Hospital Staff Accommodation has reached the close-out stage. The final account has been agreed and the final signatures are being attended to.
- Renovations and Repairs of Bisho hospital at cost of R7.5 million. The project was terminated due to slow progress by the contractor. A replacement contractor needs to be procured.
- Renovations and Repairs of Nontyatambo Community Health Centre were in progress at a cost of R3 million. Percentage of work done is 40%. The contractor has vacated the site due to delayed payments. The contractor has given notice of termination.
- The fencing and guardhouse projects that were previously terminated, went out to tender. The process was not successful and needs to be retendered.
- Lilitha College: East London - Maintenance and renovation work to the existing three-storey office blocks - Final payments are in the process of being reconciled.
- Empilweni Gombo CHC - Repairs & Renovations - Final payments are in the process of being reconciled.
- Cecelia Makiwane Hospital - Refurbishments Cerebral Palsy, Family Med, Mental Health & Nurse Training Unit– The built environment team of professional service providers has been appointed and the project is now at Stage 2 Concept.

Amathole and BCM - Summary of Change of Project Status during Quarter 3 2022/2023		
	Project Name	Change of Project Status in Q3
1.	Cecelia Makiwane Hospital - Refurbishments Cerebral Palsy, Family Med, Mental Health & Nurse Training Unit	The built environment team of professional service providers were sent a letter of appointment on 11 October 2022
2.	Fort Beaufort Hospital - Minor Renovations	The project Initiation Report was completed on 25 November 2022
3.	Frere Hospital - 100 Bed Covid Facility	The contract with the appointed contractor is in the process of being terminated
4.	Tower Hospital: Upgrading and Renovations Phase 1 - Fencing	The project Concept Report was reviewed and approved to proceed to Stage 3 Design Development on 18 November 2022
5.	Balfour Clinic - Construction of a New Clinic	The contractor for this project has been issued with an appointment letter during Q3 2022
6.	Highview Clinic - Minor Renovations	The project Initiation Report was completed on 10 October 2022
7.	Infrastructure Improvements to Primary Health Care facilities Amathole District - Raymond Mhlaba Sub District	Bid evaluation took place on 6 December 2022 to evaluate bid documents received for the built environment professional service providers to render services for this project line item

Chris Hani District

- Construction works at Mjanyana Hospital Phase 2 comprising of housing for health professionals reached Final Completion in November 2022. Handover and commissioning FIDPM Stage 6 has reached 100% completion. The Electrical Works has reached Final Completion.
- Glen Grey Hospital Accommodation and Roof Repairs reached Final Completion on 2nd December 2022.
- Cradock Hospital Repairs and Renovations is in progress. Work done and certified to date is 70% complete. The contract was terminated in June 2022. The replacement contractor procurement will be done during next financial year.
- All Saints Hospital Phase I – Contract with the service provider was terminated due to poor performance. A replacement contractor is being procured and the Tender Documentation has been completed. The tender was awarded to the highest bidder; the service provider declined the appointment due to low tendered rates. Appointment of the contractor is expected in the 1st quarter of 2023/24 FY. All Saints Hospital Phase I and Phase 2, were joined as one project.
- Frontier Hospital Health Professionals accommodation, the contractor has been appointed and site handover took place on 2 February 2023. Work done and certified to date is 8%.
- Molteno Hospital X-Ray – Stage 5, site handover took place on the 7th February 2023

Infrastructure Maintenance Backlog Eradication ‘Clean Up’ Programme of facilities in the Chris Hani District.

- The Clean-up Programme for facilities in the Chris Hani Districts is in the Design Development Stage. Procurement of a Contractor is expected in the 1st Quarter of the 2023/24 Financial Year.
- Oxton Clinic, Hewu Clinic, Mhlwazi Clinic, Mjanyana Clinic, Bilatya Clinic, Gqogqorha Clinic, Mount Arthur Clinic, eNgojini Clinic, Mnyolo Clinic, and Kleinbulhoek Clinic – All the above facilities are to be refurbished and the plumbing of each facility is to be addressed.

Joe Gqabi District

Active and Contracted Projects

- **Taylor Bequest Hospital** - New 30 Bed Isolation Facility & New Radiology Department and Urgent Refurbishment to the existing hospital reached 60% completion of works. The project is delayed due to SMME strike because of outstanding payment by the Contractor. The anticipated revised completion date is expected in the 1st Quarter of 2023/ 2024 FY.
- **Mqokolweni & Taylor Bequest Clinics (Disaster Management Project)**
- **Mqokolweni Clinic:** – Roof replacement & Repairs and Renovations to the existing clinic and Nurses’ Home and Guardhouse reached 99% completion of works. Sectional completion was awarded on the 23rd of December 2022. Practical completion is expected to be awarded the 1st Quarter of 2023/ 2024 FY, once Taylor Bequest Clinic has also reached Practical Completion.
- **Taylor Bequest Clinic** – Repairs and Renovations to the existing clinic and reached 50% completion of works. The anticipated completion is expected in the 1st Quarter of 2023/ 2024
- **Jamestown Hospital** – Refurbishment of the X-Ray Room and installation of a new X-Ray Machine reached 100% completion of works. The licensing and installation of the X-Ray machine was completed in the 4th Quarter of 2022/ 2023 FY.
- **Mlamli Hospital** – Refurbishment of the X-Ray Room and installation of a new X-Ray Machine reached 100% completion of works. The licensing and installation of the X-Ray machine was completed in the 4th Quarter of 2022/ 2023 FY.
- **Lady Grey Hospital** - Provision of a new Entrance & Guardhouse, Accidents and Emergencies, Outpatients, and Pharmacy Department reached tender stage and have been awarded to a contractor for acceptance in the Third Quarter. The site was handed over on the 28th of March 2023, in the 4th Quarter of the 2022/23FY

Projects in Procurement (Site handed over in 1st Quarter of the 2023/24 Financial Year)

- Taylor Bequest Hospital Mount Fletcher - Provision of Doctor and Health Professional accommodation reached tender documentation stage. Tender advertisement for the procurement of a Contractor is expected in the 1st Quarter of 2023/ 2024.
- Empilisweni Hospital Phase 2 - Urgent Repairs and Maintenance of buildings is 81% complete with Practical Completion achieved on the 2nd of July 2019. The contractor defaulted after achieving Practical Completion and has been terminated. The outstanding items on the project will be completed under the HOD's Spring Maintenance Backlog & Eradication Program. Tender advertisement for the procurement of a Contractor is expected in the 4th Quarter of the 2023/2024 financial year.
- Empilisweni Hospital Phase 1 - Construction of staff accommodation reached 37% completion of works. The contractor defaulted and has been terminated. The project was reinitiated with the DPW&I as the new IA to complete the project. Tender advertisement for the procurement of a Contractor is expected in the 4th Quarter of the 2023/2024 financial year.
- Steynsburg Hospital - Guardhouse and Pharmacy Upgrades reached 90% completion of works. The contractor defaulted and has been terminated. The project was reinitiated with the DPW&I as the new Implementing Agent to complete outstanding works. Bid Specification was concluded on the 14th of November 2022. The project is approved for Tender Advertisement for the procurement of a Contractor which is expected in the 1st Quarter of 2023/ 2024 financial year.
- Maclear Hospital – New Guardhouse and High-Security Fencing reached Tender stage. Bid Specification was concluded on the 14th of November 2022. The project is approved for Tender Advertisement for the procurement of a Contractor which is expected in the 1st Quarter of 2023/ 2024 financial year.
- Ugie Clinic Phase 1 - Provision of Temporary Clinical Parkhome structures reached Tender Stage. Bid Specification was concluded on the 14th of November 2022. The project is approved for Tender Advertisement for the procurement of a Contractor which is expected in the 1st Quarter of 2023/ 2024 financial year.
- Tembisa Clinic - Provision of Temporary Clinical Parkhome structures reached Tender stage. Bid Specification was concluded on the 14th of November 2022. The project is approved for Tender Advertisement for the procurement of a Contractor which is expected in the 1st Quarter of 2023/ 2024 financial year.

Projects in Design Development Stage (Site hand-over expected in the 2023/24 Financial Year)

- Ndofela Clinic Phase 2 – New Ideal Clinic. The project was initiated with the DPW&I as the IA. Tender advertisement for the procurement of Professional Service providers is expected in the 4th Quarter of the 2023/2024 FY.
- Taylor Bequest Hospital Mount Fletcher – Sewer and Wastewater Upgrade. The project was initiated with the DPW&I as the IA. Professional Service providers were appointed in the 3rd Quarter of the 2022/2023 FY. Tender advertisement for the procurement of a Contractor is expected in the 1st Quarter of the 2023/2024 financial year.

Infrastructure Maintenance Backlog Eradication 'Clean Up' Programme of facilities in the Joe Gqabi District.

- The Clean-up Programme for facilities in the Joe Gqabi district is in the Design Development Stage. Procurement of a Contractor is expected in the 1st Quarter of the 2023/2024 financial year.
 - a. Taylor Bequest Hospital Mount Fletcher – Mortuary & Kitchen refurbishment and alterations to accommodate patients and staff.
 - b. LSA District Offices – Infrastructure refurbishment to accommodate patients and staff.
 - c. Maclear Hospital – Mortuary & Kitchen refurbishment and alterations to accommodate patients and staff.
 - d. Cloete Joubert Hospital – Mortuary & Kitchen refurbishment and alterations to accommodate patients and staff.
 - e. Empilisweni Hospital – Mortuary & Kitchen refurbishment and alterations to accommodate patients and staff.
 - f. Umlamli Hospital – Mortuary refurbishment and alterations to accommodate patients and staff.
 - g. St Michaels Clinic – Infrastructure refurbishment and alterations to accommodate patients and staff.
 - h. Aliwal North Hospital – Nurses Home accommodation refurbishment and alterations to accommodate staff.
 - i. Burgersdorp Hospital – Mortuary & Kitchen refurbishment and alterations to accommodate patients and staff.
 - j. Jamestown Hospital – Mortuary & Kitchen refurbishment and alterations to accommodate patients and staff.

Nelson Mandela Bay Metropolitan District

- Upgrading of Livingstone Hospital CSSD and the Cathlab achieved 50% completion. The contractor was terminated in December 2021 due to non-payment by the Department. The Department is in the process of procurement of a replacement Contractor in the 1st Quarter of the 2023/2024 FY.
- Upgrading of Leticia Bam CHC has achieved 95% completion. The Practical Completion of the project is planned for the 4th Quarter of the FY.

Dora Nginza Hospital Short-term Infrastructure Interventions

IMMEDIATE SHORT TERM INFRASTRUCTURE INTERVENTIONS AT DORA NGINZA HOSPITAL (Funded and Budget for)						
Item No.	Problem / Issue	Intervention	Budget allocated	Responsibility	Timeframe	Status Update - activities & Progress
1	Dora Nginza Hospital - Lack of Medical Equipment at Dora Nginza Theatres	4 Theatres to be recommissioned through procurement and delivery of Medical Equipment	R 12 000 000	Province - HT	2 months	Procurement has commenced and delivery of equipment planned to be concluded by March 2023
2	Dora Nginza Hospital - Ward identified for use for Maternity - electrical works non-compliant	Electrical repairs of C1-3 ward	R 130 000	Dora Nginza Hospital Management	2 months	Project is at Specification stage at present. This spec should be ready for presentation to spec committee by 9 th of December 2022
4	Dora Nginza Hospital - Theatre HVAC and Water quality require improvements	Theatre HVAC and other equipment replacement and repairs	R 4 700 000	Dora Nginza Hospital Management	6 months	Below is the list of items under this project 1. Chiller plant nr 2 award was presented to BAC on 05 Dec 2022, BAC recommends approval from HOD. 2. Vacuum, pump repairs in casualty. Order request at pre audit at present 3. All service quotes form medical air compressors and vacuum pumps at pre audit 4. Major repairs to medical air compressors nr 2 at pre audit 5. 2 x Air handling plant repair quotes awaiting costing from procurement then it will go to pre audit 6. Air handling of other air handling plants at procurement waiting for costing.
5	Dora Nginza Hospital - Ward identified for use for Maternity - Opening Window Replacement for ward C1-3	Opening Window Replacement for ward C1-3	R 300 000	Dora Nginza Hospital Management	3 months	Assistance from newly appointed professional team to assist with a spec for this project
6	Dora Nginza Hospital - Ward identified for use for Maternity - Replacement of entrance and fire	Replacement of entrance and fire escape doors at ward C1-3	R 96 000	Dora Nginza Hospital Management	2 months	Project is at Specification stage. Should be ready for presentation by 9 th of December 2022

IMMEDIATE SHORT TERM INFRASTRUCTURE INTERVENTIONS AT DORA NGINZA HOSPITAL (Funded and Budget for)						
Item No.	Problem / Issue	Intervention	Budget allocated	Responsibility	Timeframe	Status Update - activities & Progress
7	escape doors CI-3 Dora Nginza Hospital - Ward identified for use for Maternity - Manufacturing and installation of security gate for CI-3	Manufacturing and installation of security gate for CI-3	R 50 000	Dora Nginza Hospital Management	1 month	This project is combined with project in item 11. Document ready for advertising.
8	Dora Nginza Hospital - Ward identified for use for Maternity - Painting of CI-3	Painting of ward CI-3	R 210 000	Dora Nginza Hospital Management	1 month	Survey completed and spec to be compiled. Should be ready for presentation to spec committee 13th December 2022
9	Dora Nginza Hospital - General carpentry and plumbing repairs to Ward CI-3	General carpentry and plumbing repairs at ward CI-3	R 120 000	Dora Nginza Hospital Management	2 months	Survey to be done before 8 th of December 2022.
10	Dora Nginza Hospital - Security at Ground floor maternity and labour ward Department to be improved	Replacement of entrance doors at maternity and labour ward and creating of a wind lobby.	R 100 000	Dora Nginza Hospital Management	3 months	Spec should be ready for presentation to spec committee 13th December 2022
11	Dora Nginza Hospital - Security and general building upgrades to current 72 Hours Mental Health Ward CI-4	Security and general building upgrades CI-4	R 400 000	Dora Nginza Hospital Management	3 months	This project is combined with project in item 7 above. Ready for presentation to spec committee

OR Tambo District

Active and Contracted Projects (FIDPM Stage 5 – Works)

- Construction of a Mental Unit at St. Barnabas Hospital:**

The project is implemented by the Coega Development Corporation (CDC) as an Implementing Agent cum Client. However, the completion of the project has been delayed because of a dispute that arose with the initial contractor, whose contract was cancelled when the project was about 85% complete. CDC undertook the process of procuring a replacement contractor, who commenced works on 24 October 2022 for a contract value of R12 677 398 and contract period of six calendar months.

Despite the fact that the contract's duration has passed by 95%, the project's physical progress is only 10% complete, and 23% of its budget has been spent hitherto. Due to the poor progress of the works on site, the Contractor was issued with a notice of breach of contract in late February 2023.

- Sir Henry Elliot Hospital - Renovations, Refurbishments, and Alterations of Existing Wards for Nelson Mandela Academic Hospital (NMAH):**

The overall progress status for the entire project is 89% complete in terms of physical progress. The project is implemented in two identified sections. The first section, which is regarded as priority a section of priority buildings, involves the renovation of and conversion of an existing double storey building into a Cerebral Palsy Centre of Excellence, and a single storey into a Consultation Block. The overall progress for the two priority buildings (first section) is 96% complete, and practical completion is anticipated to be achieved by mid-June 2023. The second section is expected to be practically completed by end of July 2023. The preparation meetings for the commissioning of the project have already commenced and are held regularly.

- Repairs, Renovations, and Maintenance Works at Nelson Mandela Academic Hospital:**

Implementation of the project on-site commenced on 8th October 2021 for a contract value of R39 870 000.00 (incl. Vat) and a contract period of 24 calendar months. 76% of the contract duration has lapsed so far, for which the project is 55% complete in terms of physical progress and 46 % in terms of expenditure to date.

As a result of changes in the scope of work and implementation approach, practical completion is anticipated to be achieved by end of May 2024.

- **Planning, Design, Construction, Supply & Installation of an Oncology Unit Linear Particle Accelerator (LINAC) and Bunker Unit (Radiotherapy Department) at Nelson Mandela Central Academic Hospital:**

The project is being implemented based on a turnkey contract approach, for which the Eastern Cape Department of Health (ECDoH) signed a contract with the appointed Service Provider (joint Venture of Sakhiwo Health Solution and Siya Zama Construction) in June 2022, for a contract value of R304 196 391 and contract period of 18 calendar months.

The project officially commenced on 20 June 2022. However, it couldn't proceed further due to some crucial shortcomings that were identified by the End User Client (NMAH) in the schedule of accommodation on which the original bid was based. The suggested design changes to address the identified shortcomings resulted in an increase to the original contract value by R112 085 982,80 and an extra 10 calendar months to the original contract period, for which in October 2022 the variation order was submitted for approval to the relevant authorities, i.e., the Bid Adjudication Committee (BAC) and Head of Department (HoD).

Approval for the variation order was granted in early December 2022, revising the contract value to R 416 282 372,80 and the contract period to 28 calendar months, for which 7 months is for design phase, 18 months for construction phase, and 3 months for construction phase, and 3 months for installation and commissioning of the LINAC equipment. The Service Provider was issued with a contract instruction to proceed with the project implementation accordingly in mid-January 2023.

Approximately three (3) months have lapsed since the project resumed in mid-January 2023, or roughly 9% of the overall duration of the contract, and about 4% of the project budget has been spent so far. The project is still in the design phase (planned for completion in August 2023) and under FIDPM Stage 2 – Concept Stage, which was initially scheduled to end on 12th March 2023, then revised to end on 24th March 2023. End of the stage has not been achieved and the project is slightly behind schedule due to the Contractor's delays in delivering design options, which their cost estimates fall within the approved cost limit. A design option with a cost estimate falling within the approved budget was received on 29 March 2023. A Technical Team's meeting to review the submitted concept design for approval has been scheduled for 19 April 2023.

- **Canzibe Hospital Phase I: Urgent Maintenance Works:**

The project implementation commenced on site on 16 October 2018 for a contract value of R11 143 44,97 and a contract period 3 calendar months. However, due to the Contractor's failure to proceed with due skill, diligence, regularity and expedition to bring the works to practical completion as contractually required, the Department resolved to cancel the contract in March 2022 in spite of the Contractor's declared dispute.

At that time the project was 80% complete in terms of physical progress and 60% in terms of expenditure. The process of procuring a replacement contractor has been delayed due to the Contractor's declared dispute. However, it is anticipated that the process would be concluded and a replacement contractor would have been appointed by the beginning of the second quarter of the current fiscal year.

- **Refurbishment, Additions, and Alterations to Mthatha Medical Depot and Nurses Home:**

The appointed Contractor (Azcon Projects) commenced implementation of the project on site on 6th June 2017 for a contract value of R108 495 000. The contract allowed for sectional completion of the two major components of the project, viz. Medical Depot, whose contract period was 10 calendar months (original practical completion date 7th July 2018), and Nurses Home, whose contract period was 18 calendar (original practical completion date for the Medical Depot 7th March 2019). Following the awarded extension time claims, the foregoing dates were contractually revised to 4th March 2019 and 23rd October 2019 respectively.

The project is 85% complete but was on halt since March 2021 due to a dispute declared by the Contractor. While the two contracting parties still trying to seek amicable settlement on the disputed issues for the implementation of the project to resume, in October 2022, the Contractor resolved to cancel the contract.

On 20th February 2023, the Department's Bid Adjudication Committee (BAC) resolved to approve the Contractor's cancellation of the contract, following which the Contractor relinquished and handed over the site back to the Department on 24 March 2023. Processes are underway to procure a replacement contractor by end of the second quarter of the current financial year.

- **Isilimela Hospital Phase 1: Upgrading of Existing Accommodation for Health Professionals and Provision of 4 New Prefabricated Buildings:**

The engaged contractor, ALFDAV Construction, commenced implementation of the project on site on 9th October 2019 for a contract value of R23 793 761.21 and contract period of 12 calendar months. Due to the Contractor's subpar performance, the Department resolved to cancel the contract in April 2022.

At the time of cancellation, only 19% of the works had been completed and the Contractor was already in culpable delay (time lapsed was in excess by 230%) for which delayed penalties were being levied. However, the Contractor rejected the cancellation and refused to relinquish the site. No works are progressing on site at the moment. The Department's Contract Management and Legal Services Units are handling the matter and are expected to advise on the way forward.

Projects in Design Documentation and Procurement (FIDPM Stage 4)

- **Repairs and Maintenance of Building, Electrical, and Mechanical Works at Bedford Orthopedic Centre**

Building Works –The tender was advertised on 9th December 2022, tender clarification meeting was held on 24th January 2023, and tender closed on February 2023. Tender evaluation and adjudication processes still underway, and anticipating the contract to be awarded by end of the first quarter of the current financial year.

Mechanical Works – the appointed contractor commenced works on site on 8th December 2022 for a contract period of six calendar months. The project is in progress and on schedule.

Electrical Works – Tender closed on 16th December 2022 and contract was awarded in mid- March 2023. The appointed contractor to be handed over the site to commence the works by the end of April 2023.

- **Cwele Clinic - New Building including site works and bulk services**

Contractor to implement the project was appointed and handed the site in late 2019. However, the project was suspended due the erupted dispute among local communities over the site for the clinic. Relevant authorities were involved to have the dispute resolved amicably so as to allow the appointed contractor resume works.

In December 2022 the Court issued an order for the construction of the Cwele clinic to proceed at the Tinara site. Processes are underway to engage with relevant local communities for the contractor to resume the works by end of the 1st Quarter of the current financial year.

- **Refurbishment and Maintenance Works at Nessie Knight Hospital (Phase 4) – Completion Contract**

The contract to undertake refurbishment and maintenance works at Nessie Knight was initially procured through a competitive bidding process and awarded to, Khethwayo Construction in July 2018 for a contract sum of R37 671 349.02 and contract period of 12 calendar months. However, despite numerous notices of default issued, the Contractor failed dismally to proceed with the works with due diligence, expedition, regularity, and skills to bring the works to practical completion. Consequently, the Department decided to cancel the contract in early December 2019. At the time of cancelling the contract, physical progress on site (in terms of completed works) was around 9% and expenditure of R 1 040 623.00 (about 3% of the contract sum).

The process of procuring a replacement contractor is currently in final stages of tender adjudication and award, and anticipating the appointed contractor to be handed over the site by mid-May 2023.

Projects in Hand-Over & Close-Out (FIDPM Stages 6 & 7)

- **Construction of Flagstaff CHC Phase 2 -New Community Health Centre Main Buildings:**

The contract value was R105 014 197.87 and reached Final Completion stage in November 2021. Preparation of the Final Account is in progress and would be concluded by end of the first quarter of the current financial year.

- **Construction of Lilitha College, New Pediatric Ward, Laundry, and Related Site Works at St Elizabeth Hospital:**

The contract value of the project was R246 million and the project achieved Works Completion in April 2022. Final Completion to be achieved in April 2023.

Preparation of the Final Account is underway and would be concluded upon achievement of the Final Completion stage by end of the first quarter of the next financial year.

- **Upgrading of Nessie Knight Hospital Phase 3 - Staff Accommodation Units:**

The contract value was R95 730 754.58. The project reached Practical Completion in September 2021 by a replacement contractor following the refusal of the initial Contractor to complete the works due to a declared dispute, for which settlement had to be sought through arbitration and later on through litigation processes. The settlement of the dispute is yet to be concluded. Meanwhile, the preparation of the Final Account is in progress.

- **Relocatable Health Professional Accommodation - Phase I at Dr. Malizo Mpehle & Zitulele Hospital:**

The contract value was R8 778 418, and the project was implemented in two sections. Section I -Works at Dr Malizo Mpehle Hospital that reached Final Completion stage on 31 March 2021, and Section 2 – Works at Zitulele Hospital that reached Final Completion on 17 July 2021.

Preparation of the Final Account is in progress and would be concluded by end of the first quarter of the current financial year.

Sarah Baartman District

- Renovations of Bhongweni Clinic is in progress and 80% of works have been completed, The Department is in the process of procurement of a replacement Contractor in the 1st Quarter of the 2023/2024 FY.
- Replacement of roof at Andries Vosloo Hospital was placed on hold, but this project will now be implemented under the Scope of the PSP team due for an appointment to project manage improvements to various Forensic Pathology Laboratories in the District.
- Relocation of Misgund Clinic from the current premises was put on hold, but this project will now be implemented under the Scope of the PSP team due for appointment in the new FY to project manage improvements to various Primary Health Care Facilities in the District. The Bid document is ready for presentation to the Bid Specification Committee in NMB SCM District Office.
- Erection of walkways and refurbishment of nurses' call station at Marjorie Parks TB Hospital on hold, but this project will now be implemented under the Scope of the PSP team due for appointment in the new FY to project manage improvements to various Primary Health Care Facilities in the District. The Bid document is ready for presentation to the Bid Specification Committee in NMB SCM District Office.
- Refurbishment of bathrooms, consulting rooms, waiting areas, stores, pharmacy etc. at, PZ Meyer and Aberdeen hospitals as well as several primary health care facilities on hold, but this project will now be implemented under the Scope of the PSP team due for appointment in the new FY to project manage improvements to various Primary Health Care Facilities in the District. The Bid document is ready for presentation to the Bid Specification Committee in NMB SCM District Office.

Provision of Accommodation for Health Professionals

During the last financial year, a total of 172 Bed Spaces were created for Health Professionals on 9 completed projects and 1 partially completed projects out of the 33 projects. The Total Investment Value of the above-mentioned nine (9) completed and (1) partially completed projects was R257 million.

There is currently one (1) Active Project with a contractor on-site at Mjanyana Hospital where a further 55 bed spaces will be delivered through the refurbishment of existing housing stock and construction of new units. This project reached work practical completion stage in May 2022. The Investment value for these additional 55 bed spaces is R67 million.

The Department through its Implementing Agent, Department of Public Works, is in the process of procuring Service Providers to complete works that were previously left incomplete by defaulting building contractors. A further 439 bed

spaces will be delivered when these previous incomplete projects (total = 9) are completed over the MTEF at the following facilities:

- Greenville Hospital – ANZ District (12 bed spaces)
- Lorraine North Dene Frere Hospital – BCM District (26 bed spaces)
- All Saints Hospital Phase 1 – Chris Hani District (6 bed spaces)
- All Saints Hospital Phase 2 - Chris Hani District (17 bed spaces)
- Ndofela Clinic – Joe Gqabi – (2 bed spaces)
- Empilisweni Hospital Phase 1 – Joe Gqabi District (86 bed spaces)
- Isilimela Hospital Phase 1 – OR Tambo District (12 bed spaces)
- Mthatha General Hospital – OR Tambo District (223 bed spaces)
- Nessie Knight Hospital Upgrade Phase 3 – OR Tambo District (55 bed spaces)

The investment value for the above-mentioned nine (9) incomplete projects is R237 million.

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

Directorate: Health Technology

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

Health Technology is continuing with assisting health facilities with appropriate healthcare technologies in line with the facility needs as well as maintaining existing health technologies. This includes commissioning of new facilities, the 28 Priority district hospitals and the Ideal clinics realization and maintenance. At the end of the period under review invoices to the value of R275 million were submitted to payments from various service providers. The Health technology directorate continues with the provision of health technologies to contribute towards improved health provision. The intended result will be improved Ideal facility realization and maintenance at all levels of care. Maintenance of health technologies including system upgrades was throughout the province. To improve on the performance of maintenance a 36 months bid to procure and contract with health technology service providers throughout the republic was advertised and projected for award in the 2023/24FY. The maintenance bid is targeting accredited equipment maintenance service providers for all levels of health care, from primary health to tertiary health care facilities. The intended outcome is to reduce the irregular procurement of the service providers for maintenance of health technologies. *All existing facilities including the 28 priority facilities, new clinics without project allocations such as Mpindweni clinic are reported under the replacement project lines.*

New facilities

New health facilities are provided with appropriate health technologies for all the clinical service areas and support areas including staff accommodation. The facilities undergoing commissioning are Sipetu hospital, Khotsong TB hospital, Meje CHC and Flagstaff CHC.

Sipetu hospital which is a 100 bed district hospital is being commissioned over Three financial years with the HT related works scheduled for completion in 2023/24FY. The HT project expenditure for the 2022/23 financial year was R21 million including professional fees. The Capital Health Technologies have been provided and in the process of being placed in their correct areas.

Equipment Description	Service Provider	QTY	Order Amount
Instruments	Premier Endoscopy	1	R 883 343,72
Patient Equipment	Hospital Equipment Manufacturers	1	R 150 885,12
Patient Equipment	Hospital Equipment Manufacturers	1	R 150 885,12
Nebulizer	Class Three medical	1	R 7 698,85
Blood/fluid warmer	Ecomed Medical	2	R 68 348,88
Transport Incubator	Ecomed Medical	2	R 294 188,58
Patient warmer	BEM Medical	1	R 23 319,83
Suction unit	Sanbonani Holdings	1	R 375 240,25
Transport ventilator	SSEM Mthembu	2	R 554 304,20
Humidifiers	Phoenix Neomed	6	R 150 972,00
Desktop Computer	Lungani Ndlebe	100	R 1 263 533,75
Pin Index Regulator & Spine Boards	Kotsedi Medical		R 10 725,92

Equipment Description	Service Provider	QTY	Order Amount
Radiographic Unit	Ecomed Medical	1	R 1 681 686,60
RIS + PACS	Energy X-Ray	1	R 1 235 443,82
Lead aprons	Axim	1	R 2 968,39
Office Furniture	Insight Office Furnitures	1	R 3 199 323,00
Hospital Bassinet and Visitors chairs	New Horizon Metals	1	R 178 888,74
Radiation Gloves	Axim	3	R 23 738,69
Mothers Chairs	Hospital Equipment Manufacturers	18	R 178 025,58
Vaccine Refrigerators	Minus 40	8	R 499 336,00
Tablet chairs	Insight Office Furnitures	100	R 88 550,00
Neurology plinth and atlas walkers	New Horizon Metals	1	R 24 920,02
Drill Set	Batho Kopanang	2	R 8 450,66
Rehabilitation Equipment	Hi-Tech Therapy	1	R 194 129,88
Rehabilitation Equipment	Sanbonani Holdings	1	R 178 970,84
Goniometer Sets	Mediotronics	1	R 3 435,02
Accessories & Maintenance	SSEM Mthembu	1	R 1 174 379,87
Video Colposcope	East Coast Medical	1	R 132 763,25

Khotsong TB hospital was commissioned and started functioning as far back as the 2020/21 financial year, the hospital continues to be provided with the necessary Health Technologies as some spaces have changed from their initial design intent to suite the areas current needs. In the 2022/23FY the following Health Technologies were provided at a total cost of R 1.1 million. The project is scheduled for closeout in the 2023/24FY with no further Health Technologies being provided under the project name.

Equipment Description	Service Provider	QTY	Order Amount
Desktop Computer	Lungani Ndlebe	90	R 1 137 180,38
ECG	East Coast Medical	01	R 30 230,00

The **Meje Community Health Centre** is being commissioned over Two financial years with the HT related works scheduled for completion in 2023/24FY. The HT project expenditure for the 2022/23 financial year was R 10 million excluding fees as the project management is done in house. The Capital Health Technologies have been provided and in the process of being placed in their correct areas.

Equipment Description	Service Provider	QTY	Order Amount
Digital Radiographic System	East Cape X-Ray	1	R 2 368 652,49
Ultrasound unit	Ecomed Medical	1	R 322 042,90
Medicine & emergency trolleys	East Coast Medical		R 247 933,44
Medical Furniture	New Horizon Metals	1	R 168 878,50
Medical Furniture	New Horizon Metals		R 168 878,50
Scales	Delta Surgical	1	R 81 382,03
Wheelchairs	Thokomala Mobility		R 43 746,16
Medical Furniture	Arjo Huntleigh		R 297 618,21
Medical Equipment	Class Three medical		R 1 152 280,47
Diagnostic Sets + Stethoscopes	Bioclin Solutions		R 52 182,13
Plaster saws	Duromed	1	R 41 077,68
Autoclave	Ecomed Medical	2	R 111 375,30
Vaccine Refrigerators	Minus 40		R 485 124,00
Diagnostic Sets	Kendon Laboratories	22	R 127 608,65
Hospital Beds	Hospi-Furn	10	R 210 617,20
Desktop Computer	Lungani Ndlebe	46	R 581 225,53
Dental Chair	Folivex	2	R 890 314,98
Maintenance	East Cape X-Ray	1	R 1 067 551,96
Office Furniture	Insight Office Furnitures		R 1 093 374,00
Couches and chairs	Insight Office Furnitures		R 182 850,00
CTG	East Coast Medical	4	R 405 744,00

The **Flagstaff Community Health Centre** is being commissioned over Three financial years with the HT related works scheduled for completion in 2023/24FY. The HT project expenditure for the 2022/23 financial year was R 4.2 million excluding fees as the project management is done in house. The Capital Health Technologies have been provided and in the process of being placed in their correct areas.

Service Provider	Fund Source	QTY	Order Amount
Nebulizer and Exam light	Class Three medical	2	R 67 508,36
X-Ray	East Cape X-Ray	1	R 3 781 204,43
Ultrasound unit	Ecomed Medical	1	R 322 042,90
Autoclave	Ecomed Medical	2	R 111 375,30

Provision of Health Technologies in all health facilities including new clinics and the 28 Priority hospitals during the period under review are as follows:

Institution	Equipment Description	QTY	Order Amount
Cecilia Makiwane	Theatre Light- Mobile	1	R 101 766,85
Alfred Nzo clinics	AED	20	R 936 833,00
OR Tambo Clinics	AED	30	R 1 405 249,00
Empindweni	Office furniture	1	R 131 974,00
Empindweni	Medical Furniture	1	R 54 441,50
Empindweni	Medical Furniture	1	R 54 441,50
Zithulele	Dental Chair	1	R 439 154,49
Alfred Nzo clinics	Vital Sign Monitor	40	R 722 482,40
Joubertina and Graafreinet	Dental Chair	2	R 1 250 143,25
Philani	Dental Chair	2	R 1 366 817,00
All Saints	Dental Chair	2	R 1 427 797,75
Leticia Bam	Dental Chair	2	R 1 460 139,50
Canzibe	Theatre Light- Mobile and ceiling mount	2	R 251 220,85
Holy Cross	Anaesthetic Machine	2	R 963 743,31
Cecilia Makiwane	C-Arm	2	R 4 064 923,17
Tafalofefe	Theatre Light-ceiling mount	1	R 149 454,00
Mount Ayliff	Theatre Light- mobile	1	R 101 766,85
Frontier	Scope washer	1	R 443 618,99
OR Tambo hosp	Theatre Lights	2	R 580 253,75
Chris Hani Hosp	Medical Equipment	1	R 506 499,86
Chris Hani clinics	Patient Scales	40	R 432 444,60
Greenville	Compressed Air Cleaner	1	R 17 192,50
Amathole hospitals	Recommitment	1	R 494 965,85
Buffalo City	Maintenance	1	R 500 000,00
Frere	Maintenance	4	R 2 120 056,40
Humansdorp	Dental Equipment	1	R 237 302,50
Chris Hani Hosp	Mattresses	120	R 293 125,80
Chris Hani Hosp	Patient roller boards	10	R 73 633,60
Cecilia Makiwane	Microscope	1	R 1 702 383,28
Midlands	Theatre table and theatre light		R 689 423,86
Dora Nginza	Ultrasound unit	1	R 2 583 321,26
Humansdorp	Medical Equipment	1	R 173 289,27
Cecilia Makiwane	Infant Cribs	3	R 546 755,85
Madwaleni	Dental Chair	1	R 721 243,50
Empilweni Gompo	Dental Chair	2	R 1 343 150,00
Elliotdale	Dental Chair	1	R 350 338,50
EC Facilities	Maintenance	5	R 6 327 852,00
EC Facilities	Maintenance		R 6 327 852,00
Umlamli	X-Ray	1	R 3 781 204,43
St Elizabeth	X-Ray	1	R 3 781 204,43
Amathole hospitals	Maintenance	1	R 500 000,00
Livingstone	Maintenance	1	R 213 848,25
SS Gida	Diathermy Machine	1	R 242 365,93
Empindweni	Medical Furniture	1	R 112 037,01
Mjanyana	Defibrillator	2	R 219 017,98
Cala	Defibrillator	3	R 328 526,97
Madwaleni	Plaster saws	4	R 142 140,00
Butterworth	RIS + PACS	1	R 1 235 443,82
Nessie Knight	Infant Warmers + Defibs		R 622 207,09
Taylor Bequest Matatiele	Plaster saws	2	R 82 155,36
All Saints	Radiographic Unit	1	R 2 368 652,49
Taylor Bequest Mount Fletcher	Radiographic Unit	1	R 2 368 652,49
Dr Malizo Mpehle	Ultrasound unit	1	R 461 760,00
Mjanyana	Medical Equipment	1	R 88 209,88
Settlers	Anaesthesia Machine	1	R 820 923,34
Molteno	Infant Resuscitator	1	R 26 272,03
Mjanyana	Suction Units	6	R 72 000,60
Qumbu CHC	Radiographic Unit	1	R 2 368 652,49
Dordrecht	Radiographic Unit	1	R 2 368 652,49
Cofimvaba	Radiographic Unit	1	R 2 368 652,49
Mbekweni CHC	Digital Radiographic System	1	R 2 368 652,49
Ngangelizwe CHC	Digital Radiographic System	1	R 2 368 652,49
Mthatha Gen	Digital Radiographic System	1	R 2 368 652,49
Mhlakulo CHC	Digital Radiographic System	1	R 2 368 652,49
Nessie Knight	Digital Radiographic System	1	R 2 368 652,49
Baziya CHC	Digital Radiographic System	1	R 2 368 652,49

Institution	Equipment Description	QTY	Order Amount
Victoria	Medicine Trolley	2	R 32 144,40
Bisho	Dental Chair	2	R 1 320 932,00
Nontyatyambo	Dental Chair	2	R 1 382 572,00
Chris Hani	Vital Sign Monitor	30	R 539 605,50
Chris Hani	Ultrasound unit	2	R 643 648,60
Frontier	Dental Instruments	1	R 666 737,13
Chris hani	Accessories	1	R 30 361,10
Mjanyana	Nagata Scales	4	R 65 923,04
St Barnabas	Anaesthesia Machine	1	R 559 525,00
Canzibe	Exam couch, mattresses and over bed tables		R 362 380,92
St Patricks	Medical Equipment	1	R 94 398,69
St Patricks	Rehabilitation Equipment	1	R 135 072,84
Joe Gqabi	Medical Equipment	1	R 2 890 487,99
Midlands	Scales	9	R 148 326,84
Alfred Nzo	Maintenance	1	R 814 614,83
Mjanyana	Vital Sign Monitor	6	R 186 198,41
Frontier	Suction units	15	R 120 014,63
Frontier	Bilirubin meter	9	R 624 917,97
Sarah Bartman	CTG	5	R 242 210,01
Greenville	Mortuary Trolleys	1	R 107 953,01
Sarah Bartman	Hospital bed mattresses	40	R 133 702,00
Tafalofefe	Medical Equipment		R 951 865,38
Frere	Maintenance	1	R 2 120 056,40
	Maintenance	1	R 560 349,94
Madwaleni	Hydraulic Lifting Trolley	1	R 68 711,00
	Recommitment	1	R 13 915,00
Madzikane KaZulu	Dental Chair	2	R 1 030 794,87
All Saints	Maintenance	1	R 1 180 228,96
Mthatha Gen	Maintenance	1	R 1 459 234,45
Dordrecht	Maintenance	1	R 1 399 219,11
Cofimvaba	Maintenance	1	R 1 409 043,56
Jamestown	Maintenance	1	R 1 412 095,66
Cecilia Makiwane	Radiant Warmers	3	R 310 113,18
Empilweni Gompo	Radiographic Unit	1	R 3 781 204,43
Bisho	Radiographic Unit	1	R 3 781 204,43
Wilhem Stahl	Radiographic Unit	1	R 3 781 204,43
PE Provincial	Infant Warmers	22	R 1 402 012,15
PE Provincial	Incubators	7	R 1 022 496,99
EMS	Transport ventilator	18	R 5 681 989,58
Qumbu CHC	Maintenance	1	R 1 506 544,59
EC Facilities	Dental Equipment		R 12 996 350,06
EC Facilities	Dental Equipment		R 12 996 350,06
Mhlakulo CHC	Maintenance	1	R 1 352 183,54
Ngangelizwe CHC	Maintenance	1	R 1 067 551,96
Nessie Knight	Maintenance	1	R 1 067 551,96
Bizana	Maintenance	1	R 1 355 539,56
PE Provincial	Theatre Tables	2	R 592 694,00
Cradock	Radiographic Unit	1	R 3 781 204,43
Andries Vosloo	Radiographic Unit	1	R 3 781 204,43
Dora Nginza	Medical Equipment		R 2 754 898,97
Cecilia Makiwane	Dental Equipment	1	R 3 314 006,16
EC Facilities	Obstetric ultrasounds	10	R 3 218 243,00
Fort Beaufort	Autoclave	2	R 242 492,10
EC Facilities	CPAP Ventilators	10	R 1 950 867,30
EC Facilities	Turbine Ventilator	11	R 2 646 884,86
Cecilia Makiwane	Pulse Oximeters	15	R 677 306,76
EC Facilities	Infant Incubators	36	R 4 168 833,86
EC Facilities	Comen Radiant warmers	24	R 2 480 905,49
EC Facilities	Fluid Warmers	34	R 2 193 727,79
Dora Nginza	Anaesthetic machine	3	R 2 764 938,03
PE Provincial	Wheel chairs	3	R 3 427 094,50
PE Provincial	Anaesthetic machine	3	R 2 764 938,03
Adelaide	Mobile X-ray	1	R 1 681 686,40
Madwaleni	Autoclave	2	R 242 492,10
OR Tambo	Maintenance	1	R 125 637,50
PE Provincial	Endoscopic system		R 2 581 121,02
EMS	Suction units	168	R 1 412 127,78
EMS	Phototherapy Unit	13	R 313 249,29
EMS	Ultrasound unit	10	R 4 617 600,00

Institution	Equipment Description	QTY	Order Amount
PE Provincial	Vital Sign Monitor	1	R 372 396,59
Tafalofefe	Medical Equipment		R 1 275 437,50
Various Facilities	Medical Equipment	23	R 668 141,49
Various Facilities	Surgical Suctions	24	R 302 564,45
Various Facilities	Medical Equipment		R 1 048 722,44
Cecilia Makiwane	VSM	20	R 379 506,20
Frere	Suction beds with mattress	2	R 263 738,16
Frere	Bedside Lockers	19	R 58 995,00
EC Facilities	Dental Equipment		R 13 186 781,24
EC Facilities	Dental Equipment		R 13 186 781,24
Whilhemstal	Radiographic Unit		R 493 000,00
BCM Clinics	Maintenance	1	R 85 188,45
EC Facilities	Medical Equipment		R 972 037,97
Nompumelelo	Radiographic Unit	1	R 3 973 714,53
SS Gida	Radiographic Unit	1	R 3 973 714,53
Willowmore	Radiographic Unit	1	R 3 973 714,53

Directorate: Engineering & Technical Support Services

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

Day to day Maintenance

Day to day maintenance continues to be executed through the Call Centre utilising the database of contractors

Scheduled Maintenance

The Engineering and Technical services unit has embarked on a scheduled maintenance program implemented internally. To this end, PSPs for Scheduled Maintenance Mechanical were advertised and awarded in the 4th Quarter for the four clusters Cluster 1 (Alfred Nzo and OR Tambo), Cluster 2 (Chris Hani and Joe Gqabi), Cluster 3 (Amathole and Buffalo City) and Cluster 4 (Nelson Mandela and Sarah Baartman).

The following Scheduled Maintenance contracts have been on-going:

Schedule Maintenance Contract	SCMU NO.
Scheduled Maintenance to Kitchen Equipment at Buffalo City Metro	SCMU3-17/18-0213-HO
Scheduled Maintenance to Kitchen Equipment at Sarah Baartman District	SCMU3-17/18-0218-HO
Scheduled Maintenance to Kitchen Equipment at Amathole District	SCMU3-17/18-0212-HO
Scheduled Maintenance to Kitchen Equipment at Chris Hani District	SCMU3-17/18-0214-HO
Scheduled Maintenance to Laundry Equipment at Alfred Nzo District	SCMU3-17/18-0204-HO
Scheduled Maintenance to Laundry Equipment at Nelson Mandela Bay District	SCMU3-17/18-0208-HO
Scheduled Maintenance to Laundry Equipment at Sarah Baartman District	SCMU3-17/18-0210-HO
Scheduled Maintenance to Laundry Equipment at Joe Gqabi District	SCMU3-17/18-0207-HO
Scheduled Maintenance to Various Autoclave, Sterilizers and Bedpan Washer Equipment at Nelson Mandela Bay District	SCMU3-17/18-0325-HO
Scheduled Maintenance to Various Autoclave, Sterilizers and Bedpan Washer Equipment at Amathole District	SCMU3-17/18-0321-HO
Scheduled Maintenance to Various Autoclave, Sterilizers and Bedpan Washer Equipment at Joe Gqabi District	SCMU3-17/18-0324-HO
Scheduled Maintenance to Various Autoclave, Sterilizers and Bedpan Washer Equipment at Buffalo City Metro	SCMU3-17/18-0322-HO
Scheduled Maintenance to Various Autoclave, Sterilizers and Bedpan Washer Equipment at OR Tambo District	SCMU3-17/18-0326-HO
Scheduled Maintenance to Various Autoclave, Sterilizers and Bedpan Washer Equipment at Sarah Baartman	SCMU3-17/18-0327-HO
Scheduled Maintenance to Kitchen Equipment at Alfred Nzo District	SCMU3-17/18-0211-HO
Scheduled Maintenance to Boilers at Alfred Nzo District and OR Tambo District	SCMU3-17/18-0305-HO
Scheduled Maintenance to Boilers at NMMB and Sarah Baartman District	SCMU3-17/18-0308-HO
Coal supply	SCMU3-17/18-0308-HO
Scheduled maintenance to various refrigeration, mortuaries and heat pumps- OR THAMBO for a period of 36 months.	SCMU3-19/20-0223-HO
Scheduled maintenance to various refrigeration, mortuaries and heat pumps- JOE GQABI for a period of 36 months.	SCMU3-19/20-0221-HO
Scheduled maintenance to various refrigeration, mortuaries and heat pumps- CHD for a period of 36 months.	SCMU3-19/20-0220-HO
Scheduled maintenance to various refrigeration, mortuaries and heat pumps- BCM for a	SCMU3-19/20-0219-HO

Schedule Maintenance Contract	SCMU NO.
period of 36 months.	
Scheduled maintenance to various refrigeration, mortuaries and heat pumps- NELSON MANDELA METRO for a period of 36 months.	SCMU3-19/20-0222-HO
Statutory Maintenance of Otis Lifts in Eastern Cape (Deviation) 5 years	SCMU3-21/22-0260-HO (Deviation)
Statutory Maintenance of Schindler Lifts in Eastern Cape (Deviation) 5 years	SCMU3-21/22-0260-HO (Deviation)
Statutory Maintenance of Kone Lifts in Eastern Cape (Deviation) 5 years	SCMU3-21/22-0260-HO (Deviation)

WATER AND SANITATION UPGRADES

- All Saints Sanitation Upgrade is onsite and though the progress is slow at 30%
- PSPs are appointed for the planning of the Following Projects:
 1. St Barnabas Water and Sanitation
 2. Bedford Orthopedic Hospital
 3. Holycross Hospital
 4. Tafalofefe Hospital
 5. Glen Grey Hospital

Table 4.8.1 Performance against the Annual Targets from 2022/23 Annual Performance Plan for Programme 8-Health Facilities Management

Outcome (as per SP 2021/22- 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
6. Quality of health services improved	Planning and provision of Primary Health Care facilities	6.6.1 Number of planned health facilities with initiation reports 6.6.2 Number of new Primary Health Care facilities completed	New Indicator	New Indicator	25	111	86	Target over achieved due to demand for physical infrastructure services needs
			New Indicator	New Indicator	3	1	-2	Target not achieved. One (1) health facility namely; Meje CHC completed. One clinic namely Ndofoela could not go on site due to procurement delays at Department of Public Works and Infrastructure. One (1) clinic namely Cwele Clinic could not be implemented due to a court order emanating from site dispute among the community members
	Health facilities with major refurbishment or rebuild	6.6.4 Number hospitals upgraded / renovated	New Indicator	New Indicator	2	2	0	Target achieved. These facilities are: Khutsong and Siphethu hospitals

Outcome (as per SP 2021/22- 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
		6.6.4 Number of hospitals refurbished/ renovated	New Indicator	New Indicator	8	5	-3	Target not achieved. Five (5) hospitals were refurbished. These are Glen Grey, Mlamli, Tafalofefe, Mjanyana and Livingstone hospitals. Three (3) hospitals namely; Nessie Knight, Canzibe and Cradock could not be completed due to poor performance by contractors.
		6.6.5 Number of Primary Health Care facilities refurbished/ renovated	New Indicator	New Indicator	8	5	-3	Target not achieved. Five (5) clinics namely; Mhlophekazi, Mdanjelwa, Mjanyana, Veeplaas and Max Madlingozi clinics were completed. Three (3) clinics namely; Bhongweni, Ugie and Nontatyambo clinics could not be completed due to procurement delays at DPW&I
	Health care facilities maintained	6.6.6 Number of health care facilities with active scheduled maintenance contracts concluded	New Indicator	New Indicator	92	92	0	Target achieved.

Outcome (as per SP 2021/22- 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2020/21	Audited Actual Performance 2021/22	Planned Annual Target 2022/23	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
	Health facilities with major refurbishment or rebuild	6.6.7 Percentage of Health facilities with completed capital infrastructure project	New Indicator	New Indicator	100%	75%	-25%	Target not achieved. Three (3) out Four (4) projects were completed. This translates to 75% of health facilities with completed capital infrastructure projects. One (1) namely St. Barnabas could not be completed on time due to performance delays on site by the contractor. A new contractor was appointed to complete the project.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator	Proposed intervention
6.6.2 Number of new Primary Health Care facilities completed	The Implementing Agent (Department of Public Works and Infrastructure) had appointed contractor for construction of Balfour Clinic which was delayed at procurement stage.
6.6.4 Number of hospitals refurbished/ renovated	A dispute between the contractor and the Dept regarding Bisho Hospital Repairs and Renovations project is being addressed to get the project back on track.
6.6.5 Number of Primary Health Care facilities refurbished/ renovated	Speedy appointment of contractors to replace poor performing contractors since they compromise service delivery.
6.6.7 Percentage of Health facilities with completed capital infrastructure project	The Implementing Agent (Coega Development Corporation) was advised to ensure that contractors finish work on site timeously, failing which terms of contracts should be applied. A completion contractor was appointed for St. Barnabas Hospital.

LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

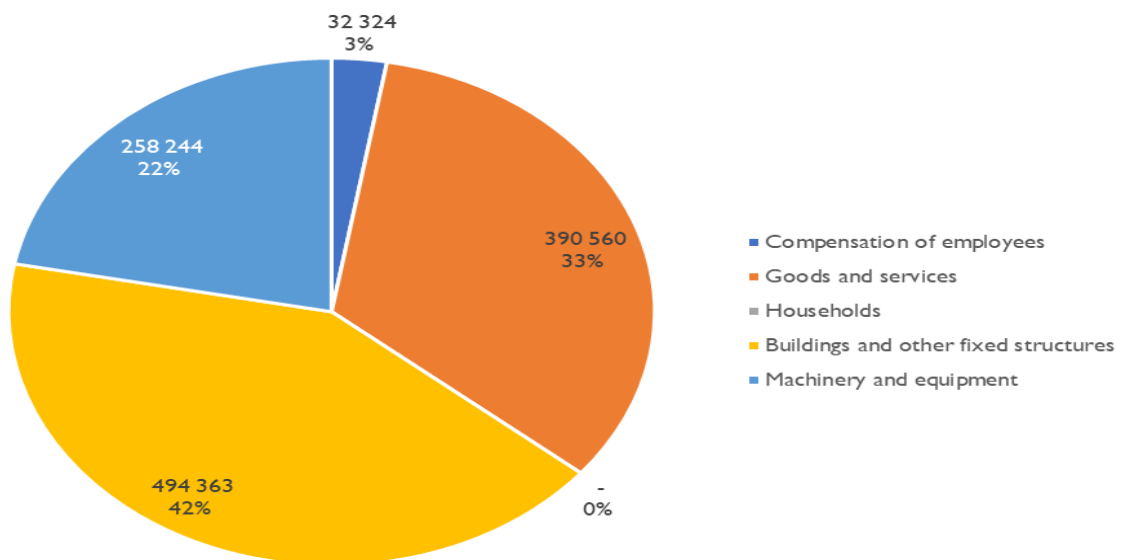
The Programme spent at 91.2% (under by R103,916 million) after adjusting for funds shifts and virements of -R102,000 million post 2022/23 2nd AEPRE. The programme gave up a portion of its equitable share cash flows in favour of mitigating the pressure within the clinical programmes to continue delivery of public health care services uninterrupted, as explained above. The conditional grant allocations were spent entirely.

Programme 8: HEALTH FACILITIES MANAGEMENT						
	2022/23			2021/22		
	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
COMMUNITY HEALTH FACILITIES	280,402	215,004	65,398	207,869	186,906	20,963
1. EMERGENCY MEDICAL RESCUE SERVICES	-	-	-	-	-	-
2. DISTRICT HOSPITAL SERVICES	620,578	567,534	53,044	726,163	595,470	130,693
3. PROVINCIAL HOSPITAL SERVICES	265,435	287,279	(21,844)	254,000	275,833	(21,833)
4. OTHER FACILITIES	9,076	1,758	7,318	18,231	29,704	(11,473)
	1,175,491	1,071,575	103,916	1,206,263	1,087,913	118,350
Economic classification						
Current payments	422,884	371,209	51,675	311,964	374,535	(62,571)
Compensation of employees	32,324	24,157	8,167	43,184	22,754	20,430
Goods and services	390,560	347,052	43,508	268,780	351,781	(83,001)
Transfers and subsidies	-	53	(53)	-	5	(5)
Households	-	53	(53)	-	5	(5)
Payments for capital assets	752,607	700,313	52,294	894,299	713,373	180,926
Buildings and other fixed structures	494,363	443,605	50,758	707,417	575,252	132,165
Machinery and equipment	258,244	256,708	1,536	186,882	138,121	48,761
	1,175,491	1,071,575	103,916	1,206,263	1,087,913	118,350

Expenditure versus Appropriation: Programme 8



2022/23 Economic Classification: Programme 8



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

The department is working in collaboration with USAID, who has contracted Right to Care (RTC) and its partners to implement targeted interventions in support of the national vaccination program under the Accelerating Development Against Pandemic Threats (ADAPT) Mechanism. The mechanism aims to provide rapid and immediate technical support during periods of heightened vulnerability caused by emerging and new acute infectious disease epidemics. Through the ADAPT programme, the goal is to ensure that 70% of the eligible population is fully vaccinated. ADAPT has three main objectives with distinct result areas for impact:

- "Respond & Mitigate": Support the capacity of host country health systems in Southern Africa to respond rapidly, control and mitigate the impacts of emerging infectious disease pandemics.
- "Build Resilience": Strengthen health systems capacity in Southern Africa to build resilience against future pandemic threats.
- "Protect & Preserve": Protect Host Country and USAID's investments to date into government systems supporting the epidemic control of HIV, TB, and other infectious diseases in a way that integrates efforts with primary care priorities.

The department is also providing support to all the facilities to integrate COVID-19 vaccination roll-out into Routine Health Services. In partnership with Right to Care and the World Health Organisation (WHO), the department continues to build capacity for the cold chain management and Pharmacovigilance throughout the province. The department overachieved the target for 2022/2023 financial year and reported, 2 639 736 which translated to 53% of the vaccination coverage for the eligible population against the target of 2 616 656.

INTERVENTIONS IMPLEMENTED BY THE PROVINCE TO SUPPORT VACCINATION

The department of health in partnership with the Political leaders, Traditional Leaders, Religious Leaders, Business sector, Development Partners, Solidarity Fund, Institutions of Higher Learning, sector departments including local government are implementing different service delivery models in order to reach everyone eligible for vaccination in the province. As a result of this partnership, the province implemented a very successful Vaccination programme as it received an award from the Honourable president in October for attaining the first position in the country for improved performance on the Vaccination programme.

The province has observed a decline in the uptake of the vaccination which can be attributed to vaccine hesitancy, myths related to vaccination among other factors. Targeted interventions are being implemented to increase the vaccination uptake among the 18 years -34 years. In order to increase vaccination in the province, the department is implementing the integration of Vaccine into routine Health Services.

The unparalleled experience in the delivery of routine immunisations places the Primary Health Care facilities in a strong position to respond to the prompt needs of COVID-19 vaccination. Even if the current epidemic proved to be short-lived, integrating of COVID-19 vaccination into PHC is an opportunity for empowering the role of PHC in responding to future epidemics and health emergencies. Moreover, in the midst of a crisis, broader health needs such as vaccinations, reproductive, maternal and child health, mental health, and treatment for chronic diseases should not be overlooked. Doing so will only add insult to injury, leaving millions more vulnerable to preventable and treatable illness.

5. TRANSFER PAYMENTS

5.1. Transfer payments to public entities

Not applicable

5.2. Transfer payments to all organisations other than public entities

Table 5.2.1: Transfer payments to all organisations other than public entities

Name of Transferee	Type of Organisation	Purpose for which the funds were used	Did the dept comply with s38 (1) (j) of the PFMA	Amount transferred (R'000)	Amount spent by the entity	Reasons for the funds unspent by the entity
Health & Welfare SETA	SETA	Training	Yes	16 866	16 866	n/a
Leave Gratuity	Natural Persons	Leave Gratuity	Yes	86 088	86 088	n/a
Bursaries (Non-Employee)	Natural Persons	Bursary no non-employees	Yes	37 499	37 499	n/a
Npi: Home Based Care: HIV / AIDS	NPI	HIV/AIDS	Yes	26 528	26 528	n/a
Post: Retirement Benefits	Natural Persons	Retirement Benefits	Yes	1 861	1 861	n/a
Claims Against State (Cash)	Natural Persons	Medico-Legal claims	Yes	350 685	350 685	n/a
Total				519 527	519 527	

6. CONDITIONAL GRANTS

6.1. Conditional grants and earmarked funds paid

The table below detail the conditional grants and ear marked funds paid for the period 1 April 2022 to 31 March 2023.

Table 6.1.1: National Tertiary Services Conditional Grant

NATIONAL TERTIARY SERVICES CONDITIONAL GRANT	
Department who transferred the grant	Health (Vote 16)
Purpose of the grant	Ensure provision of tertiary health services in South Africa, to compensate tertiary facilities for the additional costs associated with provision of these services
Expected outputs of the grant	Provision of designated central and national tertiary services in 4 facilities as per Service Level Agreement between the Province (ECDoH) and the National Department of Health (NDoH) Focusing on the following targeted health information indicators: Number of inpatient separations Number of day patient separations Number of outpatients first attendances Number of outpatient follow-up attendances Number of inpatient days Average length of stay by facility (tertiary) Bed utilisation rate by facility (all levels of care)
Actual outputs achieved	The grant was utilised to maintain and develop 44 tertiary services across the province: 36 Services at Nelson Mandela Academic Hospital 40 Tertiary Services at Livingstone Hospital 40 Tertiary Services at Frere Hospital 1 Tertiary Service at Fort England Specialised Psychiatric Hospital Notable outputs would also include: Development of the Nelson Mandela Central Hospital Sir Henry, Oncology, Cochlear and Urology units set to be commissioned in 2021-2022. Procured Medical and Allie Equipment for the various benefiting specialties, which include digital mobile x-rays, theatre tables, brachytherapy radiation equipment, and other equipment. Supported the National initiative to fight COVID-19 with the reprioritisation of funds to procure life saving devices, ventilators, cpaps, bipaps, sanitising equipment and consumables, personal protective equipment (ppe) and other medical supplies.

NATIONAL TERTIARY SERVICES CONDITIONAL GRANT	
Department who transferred the grant	Health (Vote 16)
	Digital X-rays were procured for all three tertiary facilities.
Amount per amended DORA (R'000)	R1,202,821
Amount received (R'000)	R1,202,821
Reasons if amount as per DORA was not received	N/A
Amount spent by the department (R'000)	1,177,597
Reasons for the funds unspent by the entity	The grant overall spent at a level of 95%. The grant underspent by 25,224 million, which is due to lead time delivery delays for equipment, procured mainly from abroad. Delays were due mainly to the Russia / Ukraine shipping lane delays, inclusive of Covid-19 backlog delays and the global shortage of microchips affecting digital based equipment. The amount has been requested for roll-over in the next financial year.
Reasons for deviations on performance	There were reductions in separations due to the Covid-19 restrictions on elective surgeries.
Measures taken to improve performance	The departments have developed catch-up plans as we transition from a Pandemic to and Endemic state of the Covid-19 Disaster. The current measures have been employed to improve performance: - Meetings with NDOH coordinators for guidance and strategic direction. - Improved procurement planning in particular formulation of specifications and formation of the Provincial HTEC Committee. - The grants present opportunities to strengthen sustainable outreach to reduce the high inflow of primary healthcare patients.
Monitoring mechanism by the receiving department	The service load is more than the available resources resulting in more patients being serviced, with an impact on the equitable share budget. The tertiary services platform has been developing over the past +5 years, whilst the NTSG fund has not grown to cater for this development. The current measures have been employed to improve performance: ✓ Meetings with NDOH coordinators for guidance and strategic direction. ✓ Technical Support from Provincial Treasury. ✓ Contribute towards the Supply Chain Management reform within the province ✓ Improved procurement planning in particular formulation of specifications and formation of the Provincial HTEC Committee. The grants present opportunities to strengthen sustainable outreach to reduce the high inflow of primary healthcare patients.

Applications for conditional grant rollovers from the 2021-22 to the 2022-23 financial year have been made amounting to R53,868 million for the National Tertiary Services Grant. The bulk of the National Tertiary Services Grant application is in respect of medical & allied equipment and computer equipment which have had to be shipped from international manufacturers, supply chains, including logistics, having been adversely affected by by COVID19 induced backlogs etc. This essential life saving equipment used for various tertiary level medical interventions through prioritisation for the development and modernization of the service.

Table 6.1.2: Human Resources, Training and Development Conditional Grant

HUMAN RESOURCES, TRAINING AND DEVELOPMENT CONDITIONAL GRANT	
Department who transferred the grant	Health (Vote 16)
Purpose of the grant	<ul style="list-style-type: none"> To appoint statutory positions in the health sector for systematic realisation of human resources for health strategy and phased-in of National Health Insurance; Support provinces to fund service costs associated with clinical training and supervision of health science trainees on the public service platform.
Expected outputs of the grant	<ul style="list-style-type: none"> Number and percentage of statutory posts funded from this grant (per category and discipline) and other funding sources; Number and percentage of registrar's posts funded from this grant (per discipline) and other funding sources; Number and percentage of specialist's posts funded from this grant (per discipline) and other funding sources; Number and percentage of other health professionals (clinical and allied) appointed (total by district, category and by discipline); Number of posts needed per funded categories; To report on the number of clinical supervisors associated with clinical training and supervision of students, funded on the public health service delivery platform: <ul style="list-style-type: none"> number of specialists number of registrars number of medical officers number of clinical associates number of postgraduates number of clinical supervisors/trainers per category in nursing, emergency medical services (EMS) and allied health and pharmacy number of grant administration staff
Actual outputs achieved	<ul style="list-style-type: none"> 36 Registrars have passed and are qualified Medical Specialists in the financial year 2021/2022

HUMAN RESOURCES, TRAINING AND DEVELOPMENT CONDITIONAL GRANT	
Department who transferred the grant	Health (Vote 16)
	<ul style="list-style-type: none"> 1 last Doctor of Pharmacy students have graduated in the year 2021/2022 (Postgraduates)
Amount per amended DORA (R'000)	R578,756
Other adjustments	
Amount received (R'000)	R578,756
Reasons if amount as per DORA was not received	Full amount received
Amount spent by the department (R'000)	R578,743
Reasons for the funds unspent by the entity	Insignificant under-spend of R107k
Reasons for deviations on performance	<ul style="list-style-type: none"> Incorrect linkages of personnel not supposed to be paid under the Statutory Human Resource and Training Grant – journals have been implemented; Over expenditure experienced because of additional Medical Interns appointed in July 2021 under the Statutory Human Resource Component; Inability to spend G&S and M&E budget due to Suppliers refusing to deliver because the Department was owing to them big monies; Budget misallocations – journals implemented to correct the anomaly. The Unit had an annual target of 10 Medical Officers, 1 was on baseline at Butterworth Hospital and has resigned at the end of the financial year. 9 Medical Officer posts were vacant in the 2021/2022 because of the following reasons: <ul style="list-style-type: none"> i. Incomplete qualification documents by applicants; ii. Non - availability of vacant & funded posts by facilities; iii. Medical officer's untimely resignations. 10 Medical Officer Posts are now vacant. The Annual Recruitment Plan has been submitted to advertise the posts for the 2022/2023 financial year.
Measures taken to improve performance	<ul style="list-style-type: none"> Better planning and intense follow up on service delivery units where the conditional grant funding gets spent. Constant monitoring and support visits to benefiting institutions to improve both financial and non-financial performance.
Monitoring mechanism by the receiving department	<ul style="list-style-type: none"> Adherence to reporting requirements of DORA, including inter alia In-Year-Monitoring reporting and monitoring processes, monthly certification of predetermined objectives, and ongoing reviews by National Department Grant Managers (support visits by NDOH). Institutional quarterly visits by Provincial HPTD Office.

Table 6.1.3: HIV, TB, Malaria And Community Outreach Conditional Grant

HIV, TB, MALARIA AND COMMUNITY OUTREACH CONDITIONAL GRANT	
Department who transferred the grant	Health (Vote 16)
Purpose of the grant	To enable the health sector to develop and implement an effective response to HIV and AIDS and Tuberculosis; to fund Community Outreach Services; prevention and protection of health workers of exposure to hazards in the workplace.
Expected outputs of the grant	<ul style="list-style-type: none"> Number of new patients started on ART Total number of patients on ART remaining in care Number of male condoms distributed Number of female condoms distributed Number of exposed infants HIV positive at 10 weeks Polymerase Chain Reaction (PCR) test Number of clients tested for HIV (including antenatal) Number of medical male circumcisions performed Number of patients on ART initiated on Isoniazid Preventative Therapy Number of adherence clubs Number of patients participating in adherence clubs
Actual outputs achieved: HIV/AIDS	<ul style="list-style-type: none"> No of Male condoms distributed No of Female condoms distributed No of HTA intervention sites No of Peer educators receiving stipends Male Urethritis Syndrome treated - new episode No of Individuals who received an HIV service or referral at High Transmission Area sites No of Individuals from key populations reached with individual/ small group HIV prevention interventions designed for the target population No of active Lay counsellors on stipend No of clients tested (including antenatal) No of health facilities offering MMC No of MMC performed No of sexual assault cases offered ARV prophylaxis No of antenatal clients initiated on ART No of Exposed infants HIV positive at 10 weeks Polymerase Chain Reaction (PCR) test

HIV, TB, MALARIA AND COMMUNITY OUTREACH CONDITIONAL GRANT	
Department who transferred the grant	Health (Vote 16)
	No of new patients started on treatment No of patients on ART remaining in care No of HIV positive clients screened for TB No of HIV positive clients started on IPT No of Doctors trained on HIV/AIDS, TB, STIs and other chronic diseases No of Nurses trained on HIV/AIDS, TB, STIs and other chronic diseases No of Non-professional trained on HIV/AIDS, TB, STIs and other chronic diseases
Actual outputs achieved: COS	Number of CHWs receiving a stipend Number of CHWs trained Number of OTLs trained Number of HIV defaulters traced Number of TB defaulters traced
Actual outputs achieved: TB Control	TB symptom clients screened in facility rate (under 5yrs and 5 yrs and older) Number of patients tested for TB using Xpert Number of eligible HIV positive patients tested for TB using urine lipoarabinomannan assay Client 5yrs and older start on treatment rate TB Rifampicin Resistant confirmed treatment start rate Number of eligible clients initiated on Delaminid containing regimen
Amount per amended DORA (R'000)	R3,221,279
Amount transferred (R'000)	R3,221,279
Reasons if amount as per DORA was not transferred	N/A.
Amount spent by the department (R'000)	R3,214,612
Reasons for the funds unspent by the entity	R6,667 million not spent. This underspend relates to the Oncology Services Component within the CONDITIONAL GRANT HIV, TB, COS, MALARIA & HPV whereby the Oncology project (planned bunker (building & fixed structures) at NMAH). Roll-over of these funds made for next FY.
Monitoring mechanism by the transferring department	Bi-Annual Departmental performance reviews Monthly IYM financial variance report (DORA) Quarterly non-financial performance report (DORA)
Applications for conditional grant rollovers from the 2021-22 to the 2022-23 financial year have been made amounting to R60 million for the Oncology Component of the HIV, TB, Malaria and Community Outreach Grant. The HIV, TB, Malaria and Community Outreach Grant application is in respect of the significant procurement process undertaken by the Department within the financial year to secure the appointment of a service provider for the turnkey planning, design, construction, supply and installation of an Oncology Unit Linear Particle Accelerator (LINAC) and Bunker Unit (Radiotherapy Department) at the Department's Nelson Mandela Academic Hospital.	

Table 6.1.4: Health Facility Revitalisation Conditional Grant

HEALTH FACILITY REVITALISATION CONDITIONAL GRANT	
Department who transferred the grant	Health (Vote 16)
Purpose of the grant	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Number of new facilities completed Number of facilities maintained Number of facilities upgraded, and renovated Number of facilities commissioned
Actual outputs achieved	A total of fourteen (14) projects were completed during 2022/23 FY Detailed list of outcomes is described in section 8, Table 2 – Capital Investments.
Amount per amended DORA (R'000)	R730,829
Rollover	R0
Amount received (R'000)	R730,829
Reasons if amount as per DORA was not received	N/A
Amount spent by the department (R'000)	R730,601
Reasons for deviations on performance	R228 (0.03%) underspent
Measures taken to improve performance	Cash flows continue to be monitored on a monthly basis to ensure alignment.
Monitoring mechanism by the receiving department	<ul style="list-style-type: none"> 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.

Table 6.1.5: Expanded Public Works Programme Incentive Grant

EXPANDED PUBLIC WORKS PROGRAMME INCENTIVE GRANT	
Department who transferred the grant	Health (Vote 16)
Purpose of the grant	To incentivise provincial Departments to expand work creation efforts through the use of labour-intensive delivery methods in the following identified focus areas, in compliance with the Expanded Public Works Programme guidelines: <ul style="list-style-type: none"> • road maintenance and the maintenance of buildings. • low traffic volume roads and rural roads. • other economic and social infrastructure. • tourism and cultural industries. • sustainable land-based livelihoods. • waste management
Expected outputs of the grant	Number of people employed and receiving income through the EPWP Increased average duration of the work opportunities created
Actual outputs achieved	40 Artisans and Clinical Engineering Technicians were trained at various Health Facilities and this resulted in many of them being employed for a period of three years.
Amount per amended DORA (R'000)	R1.906
Amount received (R'000)	R1.906
Reasons if amount as per DORA was not received	N/A
Amount spent by the Department (R'000)	R1.905
Reasons for the funds unspent by the entity	
Reasons for deviations on performance	RI 056 (0.06%) underspent
Measures taken to improve performance	The programme spent 99.94% of the allocated budget. The under expenditure for EPWP was RI 056.
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.

Table 6.1.6: EPW Incentive Social Cluster Conditional Grant

EPW INCENTIVE SOCIAL CLUSTER CONDITIONAL GRANT	
Department who transferred the grant	Health (Vote 16)
Purpose of the grant	<ul style="list-style-type: none"> • To incentivize the provincial Social sector Departments identified in 2015 Social Sector EPWP Log-frame to increase job creation by focusing on the strengthening and expansion of social service programmes that have employment potential.
Expected outputs of the grant	<ul style="list-style-type: none"> • Number of beneficiaries benefiting from the Grant. • Increased number of people tracked and traced back to the system. • Improved and strengthened referral pathway. • Decreased number of people who are lost to follow. • Adherence to treatment improved. • Improved access to health services.
Actual outputs achieved	<ul style="list-style-type: none"> • 301 beneficiaries contracted and benefited from the Grant
Amount per amended DORA (R'000)	R12 268
Amount received (R'000)	R12 268
Reasons if amount as per DORA was not received	N/A
Amount spent by the department (R'000)	R12 268
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.

Table 6.1.6: National Health Insurance Conditional Grant

NATIONAL HEALTH INSURANCE CONDITIONAL GRANT	
Department who transferred the grant	Health (Vote 16)
Purpose of the grant	To achieve Universal Health Access through the phased implementation of National Health Insurance (NHI) and to improve access to quality health care services.
Expected outputs of the grant	<ul style="list-style-type: none"> • Improve Doctor Coverage in PHC Facilities • Improve Access to Support Services Practitioners in PHC Level

NATIONAL HEALTH INSURANCE CONDITIONAL GRANT	
Department who transferred the grant	Health (Vote 16)
	<ul style="list-style-type: none"> Improve Payment of Contracted Health Practitioners Programme Monitoring and Evaluation
Actual outputs achieved	<ul style="list-style-type: none"> Improve Doctor Coverage in PHC Facilities - 18 Sessional Doctors Contracted Improve Access to Support Services Practitioners in PHC Level – Not Achieved Improve Payment of Contracted Health Practitioners – 100% Achieved Programme Monitoring and Evaluation – 100% Achieved
Amount per amended DORA (R'000)	R181,009
Amount received (R'000)	R181,009
Reasons if amount as per DORA was not received	Full amount received
Amount spent by the Department (R'000)	R181,009
Reasons for the funds unspent by the entity	N/A there was no underspend
Reasons for deviations on performance	There were challenges with the recruitment of support service practitioners and hence the funds were re-channelled to the recruitment of doctors.
Measures taken to improve performance	Better planning and intense follow up on service delivery units where the conditional grant funding gets spent.

7. DONOR FUNDS

7.1 Donor Funds Received

The table 7.1.1. below details the donor funds received during for the period 1 April 2022 to 31 March 2023

Name of donors (Donations received in kind)	Vodacom DG Murray Trust
Full amount of the funding	R28,003 million
Period of the commitment	2021/2022 financial year
Purpose of the funding	Vodacom – medical and allied equipment DG Murray Trust – medical and allied equipment and computer equipment
Expected outputs	Each donor had set-out deliverables if applicable which were agreed with the Department in line with project objective
Actual outputs achieved	As the per the Close-out Report for donation
Amount received (R'000)	R28,003 million
Amount spent by the department (R'000)	Not applicable
Reasons for the funds unspent	Not applicable
Monitoring mechanism by the donor	Monitoring is done at programme level

8. CAPITAL INVESTMENT

8.1 Capital investment, maintenance and asset management plan

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

Infrastructure projects which have been completed in the current year and the progress in comparison to what was planned at the beginning of the year. Provide reasons for material variances (2% variance). See attached Table 2

- The Planned Annual Target for the number of planned health facilities with initiation reports were 25. The actual achievement was 111 with a deviation of 86. The over-achievement was due to demand for physical infrastructure service's needs.
- The Planned Annual Target for the number of new Primary Health Care Facilities completed was 3. The actual achievement was 1 project completed. The reason for the deviation is that Meje CHC was completed, Ndefela Clinic could not go on site due to procurement delays at the DPWI and Cwele Clinic could not be implemented due to a court order emanating from site dispute among the community members.

- The Planned Annual target for the number of Health Facilities with major refurbishment or rebuild was 2. The actual achievement was in line with the planned target with no deviation. These 2 Facilities were upgraded and completed namely Khotsong and Sipetu Hospitals.
- The Planned Annual target for the number of Hospitals Refurbished and/or renovated was 8. The actual achievement was 5 projects completed, namely Glen Grey Hospital, Mlamli Hospital, Tafalofefe Hospital, Mjanyana and Livingstone Hospitals. The reason for the deviation is that the 3 hospitals namely Nessie Knight, Canzibe and Cradock Hospitals could not be completed due to poor performance by contractors.
- The Planned Annual Target for the number of Primary Health Care Facilities refurbished / renovated was 8. 5 Clinics achieved practical completion namely Mhlopekazi, Mdanjelwa, Mjanyana, Veeplaas and Max Madlingozi clinics. The reason for the deviation is that 3 clinics namely Bhongweni, Ugie and could not be completed due to procurement delays at DPWI and Nontyatyambo clinics due to poor performance by the contractor.
- The Planned Annual target for the number of Health Care Facilities with active scheduled maintenance contracts for major equipment was 92 and concluded. The actual achievement was in line with the planned target with no deviation.
- The Planned Annual Percentage of Health Facilities with completed Capital Infrastructure Projects were 4 out of which 3 were completed. This translates to 75% of the health facilities with completed capital infrastructure projects. 1 project namely St Barnabas Hospital could not be completed on time due to performance delays on site by the contractor. A new contractor was appointed to complete the project.

Infrastructure projects that are currently in progress (list projects) and when are they expected to be completed.

- **Nelson Mandela Bay District**, a Bid to procure a contractor to complete the Livingstone PEPH Hospital Complex Cath lab, ICU & CSSD project at a value of R28 million is at an advanced stage and is planned to be completed in the 2nd Quarter of 2024/2025 FY.
- In **Sarah Baartman District** a Bid to procure a contractor to complete Upgrading of the Bhongweni Clinic and NG Dlukulu Clinics at a value of R15 million is at an advanced stage and is planned to be completed in the 4th Quarter of the 2024/2025 FY.
- In **Amathole District**: Construction of Balfour Clinic contract has been awarded to a contractor with a value of R52m. Site handover was done in Quarter 1 of 2023/24FY and the project duration is expected to be 2 years.
- SS Gida Hospital - Renovations & refurbishments contract has been awarded to a contractor with a value of R39,8m. The project is expected to be completed in Q3 2023/2024.
- In **Joe Gqabi District**: Taylor Bequest Hospital: New 30 Bed Isolation Facility & New Radiology Department and Refurbishment to the existing hospital. The project reached 70% completion of works. The project is delayed due to SMME and Sub-contractor strike because of outstanding payment by the Contractor. The anticipated revised completion date is expected in the 3rd Quarter of 2023/ 2024 FY.
- Maclear Hospital. Construction of a new Guardhouse and High-Security Fencing. The project was handed over during the 1st quarter of 2023/24 financial year on the 18th of May 2023. The anticipated completion date for the project is the 4th quarter of the 2023/24 FY.
- Lady Grey Hospital: Provision of a new Entrance & Guardhouse, Accidents and Emergencies, Outpatients, and Pharmacy Department. The project has been awarded to a contractor and was handed over for construction in the 4th Quarter of the 2022/23FY on the 28th of March 2023. The project reached 3% completion of works. The contractual completion date is set for the 28th of September 2024.
- In **Chris Hani District**: Frontier Hospital Health Professionals accommodation, the contractor has been appointed and site handover took place on 2 February 2023. Work done and certified to date is 8%.
- Molteno Hospital X-Ray – Stage 5, site handover took place on the 7th February 2023 and currently at 90% complete.
- In **OR Tambo District**: Construction of a Mental Unit at St. Barnabas Hospital, contract was cancelled when the project was about 85% complete. CDC undertook the process of procuring a replacement contractor, who commenced works on 24 October 2022 for a contract value of R12 677 398 and contract period of six calendar months.
- Sir Henry Elliot Hospital - Renovations, Refurbishments, and Alterations of Existing Wards for Nelson Mandela Academic Hospital (NMAH): - The overall progress for the two priority buildings (first section) is 96% complete, and practical completion is anticipated to be achieved by mid-August 2023. The second section is expected to be practically completed by end of September 2023.
- Repairs, Renovations, and Maintenance Works at Nelson Mandela Academic Hospital: - 76% of the contract duration has lapsed so far, for which the project is 55% complete in terms of physical progress and 46 % in terms of expenditure to date. As a result of changes in the scope of work and implementation approach, practical completion is anticipated to be achieved by end of May 2024.

- Planning, Design, Construction, Supply & Installation of an Oncology Unit Linear Particle Accelerator (LINAC) and Bunker Unit (Radiotherapy Department) at Nelson Mandela Central Academic Hospital. Project award, it's a design and build. Projects at final stages of design stage and contractor anticipated to be on site in September 2023.
- Refurbishment, Additions, and Alterations to Mthatha Medical Depot and Nurses Home: Project terminated at 85% due to disputes with contractor. The remaining 15% of the work is being advertised for the replacement contractor.

Plans to close down or down-grade any current facilities.

- Nelson Mandela Bay Health District the Health Department is planning to convert the Orsmond TB Hospital into a Mental Health Facility over the MTEF.

Progress made on the maintenance of infrastructure.

The budget for maintenance for Infrastructure for the year under review was R390,560 million. The expenditure achieved was R347,106 million, with an under-expenditure of R61,336. The reason for deviation on Head Office Maintenance was because of slow process of getting Scheduled Maintenance Contracts in place due to the lack of Technical capacity in both the Department of Health and Department of Public Works.

Developments relating to the above that are expected to impact on the department's current expenditure.

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

Measures taken to ensure that the department's asset register remained up to date during the period under review.

- The immovable asset register is updated on a quarterly basis and is audited annually by the Auditor General.

The current state of the department's capital assets, for example what percentage is in good, fair or bad condition.

The Condition Assessment Dashboards developed by the Department indicate that only 37% of healthcare facilities have been assessed in recent years, and those that have, on the most part only had condition ratings, not functional performance ratings. The Department is actively addressing the shortfall of condition assessments by allocating R24,8 million over the MTEF to this cause. This is important because the province will be guided by the outcomes of the assessments on how to address the infrastructure needs. In the meantime, a GIAMA compliant Condition Assessment programme process has been initiated by the department, with CDC as an Implementing Agent, with a focus on six key deliverables related to clinics and hospitals. These include asset verification, functional performance index, benchmark checklists for ideal hospitals and clinics, as-built drawings, asbestos elements, and facility profile templates.

The programme process is in the advanced planning stage, with necessary authorization for governance documentation for implementation. Milestones include hiring professionals and acquiring software, receiving reports, and aligning facility prioritization with the department's plans. Furthermore, the department has mapped its clinics, assessing their infrastructure and locations. The data from this mapping will inform a "spring cleaning" (Maintenance & Repair) program with a budget of R 191 million, aiming to improve clinics based on the insights gained.

Furthermore, a number of Built Environment PSP's have been appointed to assist the department on immediate infrastructure interventions required in various districts, for which part of the scope is to conduct GIAMA compliant condition assessments for 118 facilities.

The dashboard indicates that of the 1028 facilities, only 337 have been assessed. This means that only 37% of healthcare facilities in the province have undergone recent condition assessments.

Major maintenance projects that have been undertaken during the period under review.

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

Progress made in addressing the maintenance backlog during the period under review, for example, has the backlog grown or become smaller? Is the rate of progress according to plan? If not why, and what measures were taken to keep on track.

The dashboard indicates that of the 1028 facilities, only 337 have been assessed. This means that only 37% of healthcare facilities in the province have undergone recent condition assessments. The Department has documented a total backlog in terms of infrastructure requirements. As the services function within the built environment, it is currently not tangible to identify pure maintenance costs without considerable systematic recording of operational costs. Most of the budget has therefore been assigned across minor, planned and preventative maintenance.

In 2022, the HOD has launched a rapid infrastructure intervention programme to “spring clean-up” all PHCs in a very short timeframe. The programme is anticipated to run over 3 years with an anticipated cost of around R500m. The scope of works relates to repairs and maintenance of buildings, piloted at 80 facilities for current financial year.

PART C

GOVERNANCE



Province of the
EASTERN CAPE
HEALTH

1. INTRODUCTION

The Department of Health has put in place mechanisms and systems in place to maintain the highest ethical standards of governance to enhance management of public finance in compliance with public Finance Management Act (PFMA) and its regulations. To improve oversight and good governance, the Department has established statutory structures like Risk Management Committee and an Independent Audit Committee in compliance with PFMA.

2. RISK MANAGEMENT

Risk Management Policy Framework and Strategy

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

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

Progress on Risk Management

For the 2022/23 year the risk management team had an approved risk management plan approved by the accounting officer and the RMC chairperson. For the year under review, the Risk Management Unit worked in line with activities outlined on the plan.

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

Risk Management Committee (RMC)

The Department has an appointed RMC, which functions in terms on an approved RMC Charter that is reviewed on an annual basis. All the scheduled Risk Committee meetings sat as required in order to review the plans and activities of the Risk Management Unit (RMU). An independent Chairperson was appointed and ensured that the Audit Committee was updated on critical issues identified and progress was made in mitigating identified risks. The risk committee reports to the audit committee on a quarterly basis. Annually the Internal Audit audits the Risk Management function of the Department and to date no negative findings have been found.

The activities of Risk Management were reviewed by Provincial Treasury on a quarterly basis and positive feedback was received in this regard. Risk Management. Strategic Risk Assessment Workshops are held on an annual basis to confirm existing risks and incorporate new emerging risks.

3. FRAUD AND CORRUPTION

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

The Department has also adopted various channels for reporting fraud and corruption and these are detailed in the departmental Fraud Prevention Plan. Each allegation received is recorded in a sequentially numbered case register, which is then used to report progress made on these cases on quarterly basis to the Office of the Premier, The Public Service Commissioner, The ECDOH Audit Committee and the ECDOH Risk Management Committee.

Upon completion of a forensic investigation, once the occurrence of Fraud and corruption is confirmed the relevant employee(s) who have been identified to have participated in such acts are subjected to internal disciplinary processes

and where a prima facie evidence of criminal conduct is confirmed, criminal cases are registered with the South African Police Services. The Department makes use of a panel of eighteen highly experienced forensic investigating firms to assist the unit in the investigation of fraud and corruption cases.

During the 2022/2023 Financial year progress made on fraud and corruption cases was as follows:

Table 3.1: Fraud and corruption cases

DESCRIPTION	Financial Year	Financial Year
	2021/2022	2022/2023
Brought over from previous Financial Year	16	22
Add: Cases received during the year under review	16	14
Less: Finalised Cases	10	08
Active Cases	22	28
STATUS OF ACTIVE CASES		
- Referred to SAPS/SIU	6	6
- Referred to Labour	3	3
- Investigation completed (finalising report)	7	8
- Not fraud related	0	0
Cases still under investigation	6	11
TOTAL CASES (Closing)	22	28

On a quarterly basis, the Fraud Management Unit (FMU) participated in the quarterly case review meetings conducted by the Office of the Premier and all completed cases that were reported through the National Anti-Corruption Hotline (NACH) were forwarded to the Public Service Commission (PSC). During the financial year 2022/2023 the fraud awareness campaigns were conducted in all nine districts as planned and the turnout of participants during the workshops and trainings was overwhelming.

In the 2023/2024 financial year, the Fraud Management Unit will continue to support the speedy implementation of recommendations from the investigation reports by the line function managers and Labour Relations directorate as guided by the code of conduct. In the roll-out of its Fraud Prevention Plan, the Fraud Management Unit will also be working closely with the Risk Management Unit, Internal Audit Unit and Quality Assurance units to ensure effective and seamless management of Fraud Risk in the department.

4. MINIMISING CONFLICT OF INTEREST

The department has successfully managed to minimize conflict of interests in the year under review. No new contracts/tenders were awarded to the ECDOH employees and at the end of the year, the department had zero conflict. This been achieved through rigorous monitoring of the CSD and where employees with registered companies have been identified by the department, Provincial Treasury has been approached to remove those companies from the database of suppliers.

The Department adheres to a strict code of conduct and is complying with the revised Public Service Regulations that introduces the prohibition of employees conducting business with government or being a director of a public or private company conducting business with government.

A process of minimizing conflicts of interest is in place and enforced. The process involves:

- In collaboration with Treasury's data analytical techniques, identify potential violations of the code of conduct;
- Review of employees' declaration of interests; and
- 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:

- The extent of his/her involvement in the entities;
- Whether he/she has performed any approved work outside their normal duties for the stated entities; and
- 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, appropriate disciplinary steps are taken.

There has been a significant reduction in direct conflict year-on-year because of the measures put in place and the strengthening of controls. Below figures and tables indicate the trend in management of conflict of interest:

Figure 4.1.1: Direct conflicts

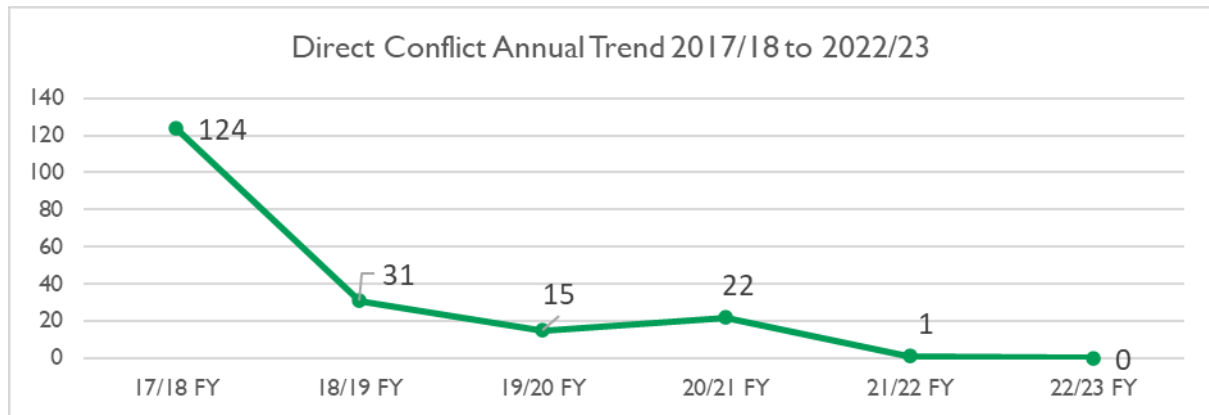


Table 4.1.1: Number of purchase orders issued - Direct Conflict

FY	Number of Purchase Orders Issued - Direct Conflict	Variance to Prior Year
17/18 FY	124	
18/19 FY	31	-93
19/20 FY	15	-16
20/21 FY	22	7
21/22 FY	1	-21
22/23 FY	0	-1

Similarly, as can be seen from the figure 4.1.2 and table 4.1.2 below, there has been a steady decrease in potentially conflicted officials as well. A year-on-year reduction of around 79% from a total of 1,540 potentially conflicted employees in 2020/21 to seventy-three in 2022/23.

Figure 4.1.2: Potentially conflict of interest

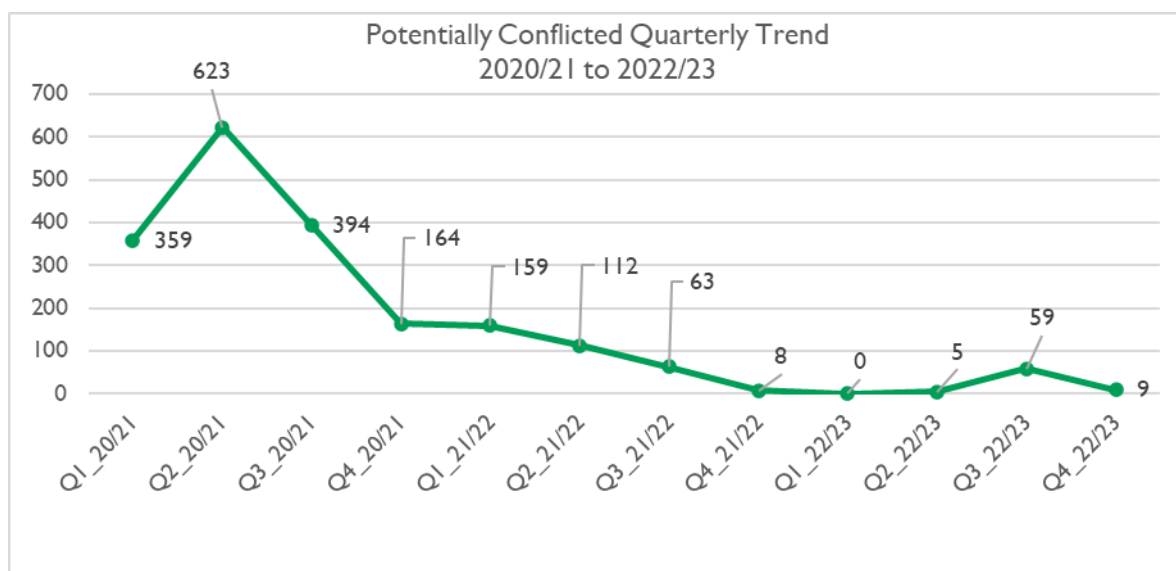


Table 4.1.2: Potentially conflicted

FY	Potentially Conflicted	Variance	
20/21	1 540		
21/22	342	- 1 198	-78%
22/23	73	- 269	-79%

5. CODE OF CONDUCT

The department is adhering to the Code of Conduct and is implementing the elements as stipulated in Chapter 2 of the PSR 2016. In the year under review, the department again achieved 100% disclosure by SMS Members. This has been a trend for the past 6 years. It is also worth noting that none of the SMS have been found to be directly conflicted, although there were instances where potential conflict has been picked up by the PSC. The department has also implemented capping of the RWOPS to 20 hours per month for all approved applications. However, there are some challenges in the monitoring of adherence to the stipulated hours and also on general compliance with the application process. Structures are however in place to monitor and advise on the management of RWOPS with DMs and CEOs appointed as responsible managers in the implementation and monitoring of compliance to Code of Conduct.

For proper coordination and management of this function, the Risk Management Unit has been assigned the responsibility to facilitate compliance. This move will not only strengthen the capability to respond to Chapter 2 of the PSR, but also ensure that the department is aware of the potential risks that are due to non-compliance to Code of Conduct

6. HEALTH SAFETY AND ENVIRONMENTAL ISSUES

The Department of Health is a high-risk environment for both health workers and patients alike. The risks / hazards include:

1. Physical - infrastructure, equipment (sharps), safety, and security
2. Chemical – pharmaceuticals, cleaning and disinfection material, laboratory chemicals, pesticides, fuel, mercury and toxins.
3. Biological – bacteria, viruses, and fungi from body fluids, objects, air-borne
4. Ergonomic - correct furniture and equipment and working conditions.
5. Psychological - care giving role with high cognitive and emotional demands and impact.

These hazards demand detailed attention to prevent injury, disease, compassion fatigue and burnout for health workers, patients, and visitors to its facilities. Chemical and biological hazards have the potential to cause environmental disasters with large scale community impact. These hazards can result in serious injury, illness, and possible death so comprehensive measures are needed to prevent and control the impact.

These hazards have regularly resulted in injuries on duty / occupational illnesses with fatalities, trauma, and psychosocial problems for health workers as well as compromised service delivery resulting on patient injury, illness and death with a high medico legal impact. The Department has an Employee Wellness Programme inclusive of Occupational Health and Safety to mitigate the impact of hazards on the Health Workforce.

7. PORTFOLIO COMMITTEES

In line with the programme of the Eastern Cape Legislature, the department appeared at least seven times before the Portfolio Committee on Health, to address the Committee on a range of issues. The dates are as follows

Table 7.1: Portfolio committee's dates

DATE FOR PORFOLIO COMMITTEE MEETINGS	ISSUES FOR CONSIDERATION
07 April 2022	Consideration of the 2021/22 budget vote
20 April 2022	Consideration of the 2021/22 budget vote
21 April 2022	Consideration of the 2021/22 budget vote
14 June 2022	Consideration of the 2021/22 budget vote
12 July 2022	Consideration of the 2021/22 budget vote
01 September 2022	Consideration both 2020/21 Annual Report and 2021/22 Half – year Financial Oversight Report
08 November 2022	Consideration both 2020/21 Annual Report and 2021/22 Half – year Financial Oversight Report
22 November 2022	Consideration of the 2020/21 Annual Report
25 November 2022	Consideration meeting to update and submit outstanding reports

Matters raised by the Portfolio Committee and how has the department addressed these matters: -

- Tabling and consideration of the Annual Performance Plan (APP) for the period 2022/'23;
- Half-year and Financial Oversight Report
- Annual Performance Report (inclusive of the Audited Financial Statements (2021/'22)
- Consideration of House Resolutions on Visits to Health Districts

8. SCOPA RESOLUTIONS

Table 8.1: Scopa resolutions

HESE ARE 2021/22 SCOPA RESOLUTIONS: -																																																
Resolution No.	Subject	Details	Response by the department	Resolved (Yes/No)																																												
(a)	The Office of the Premier as well as the affected Members of the Executive Council must discuss possible interventions that could be implemented in the said departments.	The current standing and performance of the following departments is a cause for concern, there is a need for urgent intervention as the situation threatens the liquidity of the province. • Department of Education; • Department of Health; • Department of Transport	Medical negligence claims and the upfront, lump-sum settlements across the year is the main threat to the liquidity of the Department of Health. The payment of R4 billion towards the settlement of such claims plus the State Attorney's bill have resulted in the R4,6 billion accruals and payables that has accumulated over time. This has been exacerbated by perennial cuts in budget due to the wider economic challenges experienced in the country. The Health Turnaround strategy provides the framework for a set of key interventions already in motion. It involves the Office of the Premier and Provincial Treasury as key partners. The moves towards financial sustainability includes: a) Stopping the loss of funds from the budget by launching the public health and undertaking to pay defence b) Optimizing the available budget (service delivery model review and re-purposing of health c) Digitalization and eHealth to improve effectiveness and introduce efficiencies d) Cost-containment and management of key cost drivers like laboratory services, blood products, security, medicines, and so on e) Increasing our income streams through revenue generation. Donors and strategic partnerships the progress with respect to the implementation of the health Turnaround strategy is done quarterly through the Cabinet Budget Committee to EXCO. There has been some measurable progress in dealing with the medico-legal risk. Ultimately, now that the haemorrhaging is being contained, the Department does need a permanent solution to the historical debt burden.	Yes																																												
(b)	Preventing occurrence of Accounting Officers must take proactive irregular expenditure is still a major challenge with most departments, accumulated irregular expenditure for previous years is not addressed by Departments.	Accounting Officers must take proactive steps to prevent irregular expenditure as required by section 38 (1) (a) of the PFMA, they must not work on an expo facto basis. Strengthening of internal controls is important and provision of a conducive environment to comply with the regulations.	<p>The balance of IE in the DOH at 31 March 2022 stood at R279 211m for 315 cases. The table below reconciles the process followed with each of these cases and values:</p> <table><tr><th>STATUS</th><th>R'000</th><th>No of cases</th><th>%</th></tr><tr><td>Opening balance 01 April 2022</td><td>279,211</td><td>315</td><td>100%</td></tr><tr><td colspan="4">Movement as follows:</td></tr><tr><td>Applications for condonation approved by PT</td><td>52,006</td><td>79</td><td>19%</td></tr><tr><td>Invalid-removed from the balance</td><td>7,496</td><td>5</td><td>3%</td></tr><tr><td>Sub-total-IE cleared</td><td>59,502</td><td>84</td><td>21%</td></tr><tr><td>2021/22 actual balance remaining for condonation</td><td>219,709</td><td>231</td><td>79%</td></tr><tr><td colspan="4"><i>Movement as follows:</i></td></tr><tr><td>DP finalised and submitted to PT for condonation</td><td>207,273</td><td>207</td><td>74%</td></tr><tr><td>DP finalised not yet submitted to PT</td><td>467</td><td>5</td><td>0%</td></tr><tr><td>DP pending with Employee Relations-prior year</td><td>1,616</td><td>10</td><td>1%</td></tr></table>	STATUS	R'000	No of cases	%	Opening balance 01 April 2022	279,211	315	100%	Movement as follows:				Applications for condonation approved by PT	52,006	79	19%	Invalid-removed from the balance	7,496	5	3%	Sub-total-IE cleared	59,502	84	21%	2021/22 actual balance remaining for condonation	219,709	231	79%	<i>Movement as follows:</i>				DP finalised and submitted to PT for condonation	207,273	207	74%	DP finalised not yet submitted to PT	467	5	0%	DP pending with Employee Relations-prior year	1,616	10	1%	No
STATUS	R'000	No of cases	%																																													
Opening balance 01 April 2022	279,211	315	100%																																													
Movement as follows:																																																
Applications for condonation approved by PT	52,006	79	19%																																													
Invalid-removed from the balance	7,496	5	3%																																													
Sub-total-IE cleared	59,502	84	21%																																													
2021/22 actual balance remaining for condonation	219,709	231	79%																																													
<i>Movement as follows:</i>																																																
DP finalised and submitted to PT for condonation	207,273	207	74%																																													
DP finalised not yet submitted to PT	467	5	0%																																													
DP pending with Employee Relations-prior year	1,616	10	1%																																													

HESE ARE 2021/22 SCOPA RESOLUTIONS: -					
Resolution No.	Subject	Details	Response by the department		
			Under investigation-Fraud Management	317	0%
			Subtotal	209,673	75%
			Difference	10,036	4%
(c)	Departments continue to fail to comply with regulations regarding procurement processes and contract management. This is evidenced by contravention of Treasury Regulations, flouting of procurement processes which is susceptible to fraud.	Accounting Officers must provide a conducive environment to ensure compliance with procurement processes and contract management as flouting of these processes is susceptible to fraud, disciplinary steps must always be taken timeously against officials who fail to comply with laws and regulations.	The Department in the previous financial years has had two major contributors to irregular expenditure: • The extension of contracts above 15% and • Conflict of interest. The Department has presented to SCOPA the preventative measures that deal with the findings and improve the control environment throughout the system. The Department focuses on the causes that gave rise to IE in the prior year(s) to not only promote condonation, but that we ensure we take concrete steps to prevent recurrence of any such, as new irregular expenditure. The Department, in the previous year 2021/22, had incurred new irregular expenditure as indicated above that arose because of: • Supply of implants consumables to tertiary facilities • Soft services contracts procurement in Settlers and Port Alfred hospitals which emanated from the cancelled Private Public Partnership (PPP) agreement • Amathole security services extension as a result of forensic investigation through the office of the former MEC • Justification of deviation from normal procurement processes Gaps within the system which resulted in IE associated with these matters have been addressed through the revision of the policy and training interventions for SCM officials. The training continues each year to ensure current and future employees are updated and refreshed regularly.		
			In the current financial year 2022/23 irregular expenditure register is under R10 million and the Department is committed to ensure improvement in the governance environment to prevent these cases.		
(d)	The Committee found that there is no due diligence done by Departments in responding to questions raised by the Committee with regard to audit findings and financial management in Departments.	Accounting Officers must ensure that appropriate and honest responses are furnished to the Committee when responding to issues raised and provide realistic and achievable plans to correct any wrong doing.	The Accounting Officer affirms that she will continue the Departmental endeavour of providing appropriate and honest responses to the Committee when responding to issues. The Department wishes to express its appreciation to the Committee for the guidance because it is assists us with our planning as we aim to correct and progressively achieve the desired state of a clean audit and consistent financial management standards. The risks to implementation of the Integrated Audit Improvement Strategy (IAIS) is proposed as an agenda item of the Risk Management Committee (RMC) for 2023/24. (This proposal will be discussed with Chairperson of the RMC) Any non-implementation of the IAIS will be independently reported through the Internal Auditors, in consultation with the Audit Committee. Any such non-implementation will be dealt with under the auspice of the Consequence Management Committee. AC member will be invited/ requested to be part		

HESE ARE 2021/22 SCOPA RESOLUTIONS: -				
Resolution No.	Subject	Details	Response by the department	Resolved (Yes/No)
			of all CMC meetings to bring more impartiality and objectivity.	
(e)	The Committee found that audit intervention plans compiled by Departments are ineffective, not implemented and monitored by some departments and only cover findings by the Auditor General for that particular year under review	Audit improvement plans must be based on the whole environment of the Departments and not just on audit findings by the Auditor General, risk management unit in departments should assist in identifying potential risks that may emerge.	The Integrated Audit Improvement Strategy (IAIS) includes the whole environment of the department. The 2022/23 Integrated Audit Improvement Strategy (IAIS) encompasses financial and performance information improvements in the department and not just specific previous audit qualifications. The Audit Improvement Plan (AIP), as required by Provincial Treasury monthly, is based on the previous audit report and is a separate but a complementary document to the IAIS. This IAIS is comprised of the AIP; Regulatory Audit; AOPO; Information Systems Audit (ISA); Management of Medico Legal Claims; Management of Laundry Services, Infrastructure Delivery, Project Plans for areas that were qualified by Auditor General, Standing Committee on Public Accounts (SCOPA) recommendations; Internal Audit (IA) recommendations; Financial Management Capability Maturity Model (FMCMM), Annual and Interim Financial Statements (IFS) Plan and monitor recommendations made by Auditor General on the Material Irregularity. The IAIS assigns specific responsibilities to GMs + DMs + CEOs in the department with time frames and reporting framework. The GMs (including GSAs), DMs and CEOs are vested with authority and are in strategic positions to implement, monitor and report vertically (to DDGs and HOD) and report horizontally, hence they are the drivers and implementers of the IAIS. The Audit Briefing and Recommendations presented by AGSA on 14 September 2022 have been allocated for immediate implementation by General Managers.	Yes
(f)	There is slow implementation of internal, audit committee and Auditor-General recommendations by Departments.	The Committee should be provided with a report on implementation of audit intervention plans as well as recommendations by internal, audit committees and Auditor-General. Continuous monitoring and implementation of measures that are put in place must be adhered to by departments and entities.	Monitoring process as per IAIS: • Weekly Medico e-Liability meetings take place under the chairmanship of CFO and relevant GMs and SMs present progress reports and these are consolidated into monthly ones, which form part of reporting to Provincial Treasury together with the Regularity AIP • Clustered District visits to Districts and Facilities and presented the 2022/23 IAIS + AIP in October 2022; feedback was presented by clustered districts in November 2022 and December 2022 and the specific future dates will be determined based on the departmental calendar. • The Quarterly Performance Reports are used as a basis for the preparation of Audit and Risk Management Committee meetings + submission of reports at the Provincial Legislature. • GMs are required to present reports with POE at the Audit and Risk Management Committee meetings in accordance with their respective areas (chief directorates)	Yes
(g)	Most Accounting Officers are still lacking a zeal to implement	The Office of the Premier must ensure the implementation of consequence management in the	The AO will submit regular reports on Consequence Management Committee (CMC) to the Office of the Premier to get independent review and feedback. This already takes place as part of the condonation process to the committee of the Provincial Treasury. The	No

HESE ARE 2021/22 SCOPA RESOLUTIONS: -				Resolved (Yes/No)
Resolution No.	Subject	Details	Response by the department	
(h)	consequence management. Stagnation in audit outcomes and non- improvement in the internal control environment of departments is still a challenge.	provincial administration The Accounting Officers must ensure adherence to processes that are put in place, implementation of preventative measures, continuous monitoring by the management of the department and constant improvement to internal control environment	AO will also continue to submit and present the CMC reports at the AC meetings The IAIS has been designed to address the audit outcomes. The remaining, persistent, qualification for Health relates to the contingent liability (CL). Removing this qualification, in the main, requires consensus on the accounting policy that relates to medical negligence. The key elements that there must be agreement and alignment between the auditor and the auditee, includes the following matters: <ul style="list-style-type: none"> • The department is clear, informed also by advice from finance expertise, that the letters of demand do not form part of CL, from an accounting point of view. This is supported by the statement from the State Attorney. • Similarly, claims that are dormant, are not an immediate probable liability and therefore is not treated as a part of the CL. It has no economic bearing on the department's financial statements. It should therefore not be included in the contingent liability. • Finally, the rationale for calculating the discounting to be applied to the contingent liability. <p>The Department has advocated that the NDOH leads the provinces in engaging with the AG nationally to reach consensus on what is, essentially, a national policy matter common to all provinces. This session is scheduled for 14 April 2023. In the interim, a task team meets weekly chaired by the designated AC member and attended by internal audit, the finance, clinical and legal teams and to ensure we produce a credible register of claims and address the outstanding matters that relate to the accounting policy and, ultimately, the methodology that will be applied to determining and auditing the contingent liability. The other qualification in the 2021/22 audit, relates to HR. In the main, the root cause was the responsiveness of the HR teams on the ground to provide good quality data and information in time for auditing.</p> <p>Where the audit was re-opened, the disclaimer and issue were removed from the red flag list, with no resulting qualification. Our focus this year, has therefore been to draw samples and ensure that the system challenges have been corrected (for example, how we classified Mental Health Board members when paying them on PERSAL) The AC and RMC are involved in active monitoring of the implementation of IAIS. Any non-implementation of the IAIS will be followed up by the Executive Management Team and responsible senior managers will be held to account.</p>	Yes

HESE ARE 2021/22 SCOPA RESOLUTIONS: -					Resolved (Yes/No)
Resolution No.	Subject	Details	Response by the department		
(i)	The Committee has noted with grave concern the culture of fiscal dumping that comes at the cost of citizens who are awaiting service delivery from the departments.	The Legislature, Office of the Premier and Provincial Treasury must work together to monitor and curb this mischievous behaviour. The administration of rollovers and adjustment budgets must be finalized timeously to allow for departments to carry out their plans before year end.	The Department does not engage in fiscal dumping; successful applications for justifiable capital expenditure rollovers within the National Health Insurance and National Tertiary Services Conditional Grants were made and accounted for in the 2022/23 Adjusted Estimates of Provincial Revenue and Expenditure. Global conflicts have strained healthcare systems. The Ukraine/Russia war has impacted global supply chains. The Russia/Ukraine war has sparked a global health crisis – including global food and fuel insecurity, and diminished donor funds to support other health issues. Much of the world's supplies of raw materials to make hospital equipment come from Russia and Ukraine's crude oil, natural gas, and certain metals. Such conflicts are disrupting healthcare supply chains and causing medical supply price spikes. Our health systems are bearing the strain, as deliveries of much needed medical technology are delayed, and costs escalate above inflation. This resulted in the Department having to apply for rollovers for items affected when there are delays in deliveries by suppliers.	Yes	
(ii)	Late submission of audit information by implementing agents contributes negatively to the audit outcomes of departments.	Accounting Officers to amend the Service Level Agreements with implementing agents and synchronize their reporting requirements with those of Treasury. This will ensure that performance information is received as stipulated in the contract.	Bi-monthly meetings between our CFO and CFO of implementing agencies will be formalized as the two have been meeting as required so to facilitate the smooth flow of information and address areas to improve financial performance between the department and implementing Agency. Quarterly meetings will be arranged between AO and AOs of the Implementing Agencies and PT will invited where there are challenges. We have been processing appointments to build our internal capability to monitor the performance of our implementing agents. Nonetheless, we have issued a 36-month tender for Project Management support to ensure we improve the pipeline of infrastructure projects, from initiation, through to handover stages; as well as manage the challenges that relate to contractor performance.	No	
(a)	Effective and appropriate steps were not taken to prevent irregular expenditure amounting to R104.9 million (2020/2021 R338, 1 million) as required by section 38(1) (c) (ii) of the PFMA. The majority of the irregular expenditure was caused by non-compliance with supply management legislation. This is a recurring finding	This finding has been recurring in this Department for over 5 years and this Committee recommends as follows: <ul style="list-style-type: none">• This Department must submit a report detailing the interventions that will be implemented to strengthen the control environment.• The Department must go	Although the Department has incurred irregular expenditure during the year 2021/22, the governance environment has shown steady improvement with respect to irregular expenditure, year-on-year. The irregular expenditure registered for the financial year 2022/23 is below R10 million at R6,877m comprising 13 cases at the end of February 2023. This improvement is as a result of controls being put in place to detect and prevent irregular expenditure, including working with the Financial Control directorate in the department. In addition, the Department has implemented training interventions internally, through the National School of Governance and has participated in training interventions facilitated by Provincial Treasury. A skills audit will be conducted in the year ahead for SCM officials to fine-tune the training plans for the year ahead. The Department remains committed to work	No	

HESE ARE 2021/22 SCOPA RESOLUTIONS: -					Resolved (Yes/No)
Resolution No.	Subject	Details	Response by the department		
		<p>further to provide how each intervention will present change given that the Department had committed to a number of interventions in response to the previous financial periods audit outcomes.</p> <ul style="list-style-type: none">• A plan to capacitate supply chain management officials must also be submitted to this Committee within 30 days after adoption of this report	towards clean audit finding in the area of irregular expenditure.		
(b)	Effective and appropriate steps were not taken to prevent unauthorized expenditure amounting to R277, 1 million (2020/2021 R598, 2 million) as required by section 38(1) (c) (ii) of the PFMA and Treasury Regulation 9.1.1. This is a recurring finding.	<p>The use of the wrong PERSAL code resulting in unauthorized expenditure is unacceptable. The Department must capacitate its staff as a preventative measure and avoid recurrence. Evidence of trainings provided and or facilitated must be submitted to this committee. The current misstatements must be expeditiously attended to and corrected by Human Resources and Finance</p>	<p>As part of good governance systems in the department, a Sub Committee of the Provincial Budget Advisory Committee on COE has been established. The committee sits weekly, bringing together all HR and Finance managers, CEOs and District Managers across the platform to address issues. This has led to a project-based approach to COE related challenges- including addressing PERSAL-BAS link codes, to ensure expenditure is properly linked with the appropriate cost centres and staff establishments on PERSAL. As soon as the organogram process is completed, person to post matching done, and migration of staff completed, the link-codes challenge can be eliminated permanently. Evidence will be provided as this process evolves. In the meantime, Approved Post Lists are generated annually to minimize the incorrect link codes; head-count verification and PaySlip Returns data, are all utilized to validate staff establishments, correct components and designations</p>	No	
(c)	Payments were not made within 30 days or an agreed period after receipt of an invoice as required by Treasury Regulation 8.2.3. This is a recurring finding	<p>Flowing from the Department's commitment to sign the User Requirement Specification (URS) by 30 November 2022, at what stage is the procurement of the Invoice Tracking System following. When does the Department anticipate the finalisation of this process in order to realise real</p>	<p>The URS was signed by the CFO during November 2022 and submitted to SITA. A subsequent memo with costing was received by the Department [from SITA] at the end of December 2022. There were queries related to this submission raised after a meeting with IT and SCMU, and responses requested from SITA. Meetings were scheduled in February and March 2023 to ensure all parties reach consensus on the costing for final sign off by the CFO. SITA has gone back to consult internally on the revised costing for this project as the initial quotation was unaffordable for the department. However, it must be noted, the root cause of the payments not being made consistently within 30days, is because of the accruals and payables that arise out of the historic lump sum settlements of</p>	Yes	

HESE ARE 2021/22 SCOPA RESOLUTIONS: -					Resolved (Yes/No)
Resolution No.	Subject	Details	Response by the department		
		time benefits of the Invoice Tracking System? An update report that will also respond to the questions above must be submitted to this Committee within 30 days of adoption.	medico-legal claims. Now that the department, assisted by the OTP and Provincial Treasury, have managed to stem the haemorrhages of funds out of the budget, the accruals and payables have been stabilized both in 2021/22 and 2022/23, a mechanism for addressing the historic debt is required if the Department is to have a chance at utilizing current year budgets for current year expenditure. This can partly be funded by the issuing of a finance bill towards the claims that have been paid in prior years and contributed to the accruals and payables. Provincial Treasury and the Department are working closely to ensure a technically sound submission to SCOPA for consideration.		
(d)	There was insufficient evidence that disciplinary hearings were held for some of the confirmed cases of financial misconduct committed by officials as required by Treasury Regulation 4.1.1. This is a recurring finding.	The Department must recover all losses from officials who have been found to have incurred fruitless and wasteful expenditure <ul style="list-style-type: none">All pending cases must be followed up expeditiously and the excuse that management is attending to more pressing matters can never be accepted as a reason for non-finalisation of these cases. Quarterly reports on the progress of cases must be submitted	The pending financial misconduct disciplinary cases for the prior financial year have been concluded and finalized save for one case that has been transferred to the fraud section for further investigation. The department has set up a process where debts that have been confirmed as due are transferred to the debt management unit for recovery. This follows from the conclusion of the disciplinary process.	No	
(e)	Policies and procedures were not consistently implemented throughout the Department. The lack of implementation of policies and procedures relating to job responsibilities by some officials at facilities and districts resulted in repeat findings being raised on performance information and compliance with key legislation.	The information managers at district/institutional levels must communicate/disseminate policies and procedures related to job responsibilities by officials at facilities and district offices. This function must be monitored through the SOP Directorate with reports submitted quarterly by districts and facilities.	All relevant policies have been disseminated and the department is now strengthening records management and policy implementation at facility and district levels. The department is also focusing on capacitation of records management units in the facilities with HRD prioritizing training in all facilities	No	

HESE ARE 2021/22 SCOPA RESOLUTIONS: -					Resolved (Yes/No)
Resolution No.	Subject	Details	Response by the department		
(f)	Senior management created an audit action plan to improve the reporting on performance and financial information and resolve previously reported findings on noncompliance; however, the plan failed. This is a recurring finding.	This committee had previously recommended that this Department must integrate the implementation of Audit Intervention Plans into Senior Managements performance contracts. The Department must submit to the Committee within 30 days reports detailing the action taken against all managers who are not implementing and monitoring the AIPs in their respective directorates	The inclusion of the AIP and audit process has been incorporated into the Integrated Audit Improvement Strategy (IAIS). The report on implementation of the IAIS is attached to these SCOPA responses. All SMS managers have the audit outcomes incorporated into their performance agreements Monitoring mechanism will be done through PMDS Structure for SMS members so as to evaluate progress made on implementation of the IAIS with awarding for pay progression. Additional reporting mechanism will be done through the Audit Committee to enhance more accountability and monitoring of the progress	Yes	
(g)	The audit outcome for the Department has remained as a qualified audit outcome for the past 4 financial periods.	The audit improvement plan should not only prioritise the main areas of qualification as this linear focus has resulted in repeated finding in other areas that were not afforded the same attention. The plan should inclusively accommodate all risk areas as identified by government structures. Evidence of monthly monitoring of the audit improvement plan should be maintained and management should be held accountable for the performance of their directorates.	There is Risk Management Committee structure in the department that convenes on a quarterly basis. New emerging risks are identified and discussed therein. The ones related to the audit are escalated to Integrated Audit Improvement Strategy (IAIS) meetings. The Chairperson of the Risk Committee also participates actively in the Audit Committee meeting and audit committee members have been allocated to work with the department, providing support on the areas that have contributed to the prior year's audit outcomes. The audit members and the officials present reports at the Audit Committee meetings. This promotes accountability by management and early intervention when necessary.	Yes	
(h)	Variation orders for the extension of time with costs were approved and paid for the upgrading of staff accommodation. The extension of time with costs arose from	The Accounting Officer must finalise the revision of Service Delivery Agreements with implementing agents. The revised document should include dates of submission of IPIP (Infrastructure	The department has advertised for a Project Management Unit to bolster the quality of programme oversight and management of the implementing agents. This is in addition to the internal appointments being made to strengthen the department's capacity. Progress on recruitment; Out of the 21 posts advertised, 9 appointments issued, 6 personnel joined the department, 2 declined, 1 joining in May, 3 Director post interviews were concluded by 19 April 2023. The Department of Health reviewed the Service Delivery Agreements	No	

HESE ARE 2021/22 SCOPA RESOLUTIONS: -				Resolved (Yes/No)
Resolution No.	Subject	Details	Response by the department	
	the suspension of work by the contractor, due to late payments by the Department. These claims were paid on 19 April and 17 December and amounted to R5, 7 million. This constitutes a material financial loss as well as non-compliance with Treasury Regulation 8.2.3.	Project implementation Plan) cash flows and a non-performance recourse clause for implementing agents.	with the Implementing Agents, Department of Public Works & Infrastructure, and the Coega Development Corporation. The Implementing Agents have been advised of the SCOPA request. The revised document now includes dates of submission of IPIP (Infrastructure	
(i)	The Department did not properly account for Contingent liabilities, as required by Chapter 14 of the MCS, Provisions and contingencies. Differences were identified between the source documentation and the contingent liability register. Furthermore, the Department did not determine the best estimate of funds required to settle the obligation at the reporting date. The impact of the misstatements could not be determined, the current and prior year balance is stated at R30, 8 billion and R26 billion respectively. This is a recurring finding.	The Department must strengthen the verification and supervision of data capturing to ensure that credible and up to date case information is reflected	<p>The finding is based on the departmental policy on contingent liability, which has been implemented for the 21/22 audit period. In terms of this policy, ECDOH liability register excludes letters of demand. The policy has since been revised and both evaluation and letters of demand extensively consulted with NRF and OSA.</p> <p>The AIP specific to contingent liabilities has been developed:</p> <p><u>MONITORING & EVALUATION</u></p> <ul style="list-style-type: none"> Weekly AIP progress meetings chaired by CAE are held with all relevant stakeholders; legal services, finance, IT and Provincial Treasury. Progress is measured per action plan item The e-Liability register to be audited by internal audit and used for the Sep 2022 IFS Measurement roundtable discussion was held with other provinces to agree on sector wide measurement criteria. <p><u>RECORDS MANAGEMENT</u></p> <ul style="list-style-type: none"> The e-Liability register has been updated with all new claims, payments and accruals for the 2022/23 year. • Prior year payments have been reviewed by PT and are being scanned and uploaded into the e-Liability register to ensure the register contains accurate payment information and that the supporting documentation is easily accessible. The new SOP for payments including instalment payments has been drafted. The drafting of the SOP for the finance module on the e-Liability register has commenced. The new module for the E-PAIA has been completed including the SOP, retraining to be conducted. 	Yes

HESE ARE 2021/22 SCOPA RESOLUTIONS: -				
Resolution No.	Subject	Details	Response by the department	Resolved (Yes/No)
			<p>OUTSTANDING ITEMS AS PER THE AIP</p> <ul style="list-style-type: none"> • Prescription policy and updating of the system and policy - Summons older than 3 years issue is considered dormant. • Claims without supporting documents (Letter of Demand) • System links between legal services and finance modules: Updating of possible status changes to claims included in the opening balance (Subsequent events agreement) • Obtaining more software developers and support for the system from SLU 	
(i)	The Department did not have adequate systems to account for other non-pensionable allowances. Stipends for contract employees were incorrectly classified as other non-pensionable allowances, resulting in an overstatement of other non-pensionable allowances and understatement of compensative/circumstantial allowances by an undeterminable amount. There was insufficient audit evidence that there's a need to adjust the non-pensionable allowances stated at R3.2 billion.	All appointments that were done using the wrong PERSAL code should be reviewed and correctly recorded. Training workshops on the correct usage of PERSAL codes must be expedited across relevant sections.	<p>The department generated a PERSAL 0635 report reflecting all stipends receivers in 2021/22 and extracted the misallocations from the total population. Misallocations have been verified and re-allocated to clear code 0635. The task team is working on preparing for journals to correct stipends. Thereafter will reconcile with the financial statements A departmental circular to communicate the correct utilization of the code has been issued.</p>	No
(k)	There was insufficient audit evidence that management had properly accounted for the Covid-19 compensation of employee expenditure, due to the non-submission of supporting documents or records in support of the disclosure note, it could not be confirmed whether any adjustments were necessary to	<p>The Committee recommends as follows:</p> <ul style="list-style-type: none"> • The Department must prioritize the finalization of the investigations relating to the R1,1 billion and consequence management as informed by the outcome of the investigations must then be implemented. Quarterly updates on this exercise 	<p>The Department extracted all Covid-19 employees in a PERSAL report for the period 01/04/2021 to 31/03/2022 that shows employees whose compensation was linked to Covid-19 funding. The next step is to determine which employees satisfy the definition of Covid-19 employees. The restatement task team will thereafter extract all Covid-19 employees and allocations for reconciliation. This process is still work in progress and is being concluded in time for the 22/23 external audit.</p>	No

HESE ARE 2021/22 SCOPA RESOLUTIONS: -				
Resolution No.	Subject	Details	Response by the department	Resolved (Yes/No)
	the Covid-19 response expenditure stated at R1.1 billion in note 41 to the financial statements.	<ul style="list-style-type: none">• must be prepared and submitted to the Committee. All misallocations of appointments done against the Covid-19 fund must be corrected.• The Department has committed to resuscitating audit coordinating teams to deal with all audit information and requests. The Department must ensure that the teams are properly coordinated and supervised and all information is verified before it is submitted to auditors.		

9. PRIOR MODIFICATIONS TO AUDIT REPORTS

For 2021/22 financial year the department got a qualified audit opinion and the basis of the opinion were Contingent Liability, Compensation of Employees and COVID-19.

Based on the 2021/22 audit report and changing environment in the department, the department developed the 2022/23 Integrated Audit Improvement Strategy (IAIS) that encompasses financial and performance information improvements in the department and not just specific previous audit qualifications. The Audit Improvement Plan (AIP) is required by Provincial Treasury on a monthly basis, is based on the previous audit report and is a separate but a complementary document to the IAIS. This IAIS is comprised of the AIP; Regulatory Audit; AOPO; Information Systems Audit (ISA); Management of Medico Legal Claims; Management of Laundry Services, Infrastructure Delivery, Project Plans for areas that were qualified by Auditor General, Standing Committee on Public Accounts (SCOPA) recommendations; Internal Audit (IA) recommendations; Financial Management Capability Maturity Model (FMCMM), Annual and Interim Financial Statements (IFS) Plan and monitor recommendations made by Auditor General on the Material Irregularity.

The IAIS assigns specific responsibilities to GMs in the department with time frames and reporting framework. They are vested with authority and are in strategic positions to implement, monitor and report vertically (to DDGs and SG) and report horizontally, hence they are the drivers and implementers of the IAIS. The GMs can in turn delegate in writing to DMs and CEOs and the written delegation will allow more empowerment and accountability.

The Audit Debriefing and Recommendations presented by AGSA on 14 September 2022 were taken into consideration on this IAIS and for immediate implementation by General Managers.

Table 9.1: Audit Debriefing and Recommendations presented by AGSA

Nature of qualification, disclaimer, adverse opinion and matters of noncompliance	Financial year in which it first arose	Progress made in clearing / resolving the matter
Inadequate maintenance of the contingent liability register	2018/19	Controls have improved, the register has been digitised with claim documentation scanned onto the system. Differences in interpretation of the departmental accounting policy were however still raised by the AG.
38. The financial statements submitted for auditing were not prepared in accordance with the prescribed financial reporting framework as required by section 40(1)(b) of the PFMA. Material misstatements identified by the auditors in the submitted financial statements were not adequately corrected, which resulted in the financial statements receiving a qualified opinion.	2018/19	This finding was due to the above qualification on the contingent liabilities. It will be resolved once the qualification is resolved.
37. Specific information systems were not implemented to enable the monitoring of progress made towards achieving targets, core objectives and service delivery as required by public service regulation 25(1)(e)(i) and (iii).	2016/17	Controls have improved, the matter had however not been cleared by the end of 2021/22
42. Some of the contracts were extended or modified without the approval of a properly delegated official as required by section 44 of the PFMA and treasury regulations 8.2.1 and 8.2.2	2017/18	Controls have improved, and the matter been cleared by the end of 2021/22
34. Effective and appropriate steps were not taken to prevent unauthorised expenditure	2018/19	The matter had not been cleared by the end of 2021/22 due to funding shortages
35. Effective and appropriate steps were not taken to prevent irregular expenditure, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. The majority of the irregular expenditure was caused by non-compliance with supply chain management legislation.	2020/21	Controls have improved, the matter had however not been cleared by the end of 2021/22
36. Payments were not made within 30 days or an agreed period after receipt of an invoice, as required by treasury regulation 8.2.3	2017/18	The matter had not been cleared by the end of 2021/22 due to funding shortages
39. I was unable to obtain sufficient appropriate audit evidence that the performance of the programmes funded by the National Tertiary Services Grant was evaluated, as required by section 11(6)(a) of the Division of Revenue Act (Act 4 of 2020)	2020/21	Controls have improved, and the matter been cleared by the end of 2021/22
40. I was unable to obtain sufficient appropriate audit evidence that the performance of the programmes funded by the Health Facility Revitalization Grant, the National Health Insurance Grant and Expanded Public Works Programme Integrated Grant was evaluated, as required by	2020/21	Controls have improved, and the matter been cleared by the end of 2021/22

Nature of qualification, disclaimer, adverse opinion and matters of noncompliance	Financial year in which it first arose	Progress made in clearing / resolving the matter
section 12(5) of the Division of Revenue Act (Act 4 of 2020).		
41. In some instances, bid documentation for procurement of commodities designated for local content and production, did not stipulate the minimum threshold for local production and content as required by the 2017 Procurement Regulation 8(2).	2020/21	Controls have improved, and the matter been cleared by the end of 2021/22
4. The Department did not have adequate systems to account for other non-pensionable allowances. Stipends for contract employees were incorrectly classified as other non-pensionable allowances resulting in overstatement of other non-pensionable allowances and understatement of compensative/circumstantial allowances by an undeterminable amount.	2021/22	Controls have improved, and the matter will be partially cleared by the end of 2022/23
5. I was unable to obtain sufficient appropriate audit evidence for compensative/circumstantial allowances, as the department did not have adequate systems in place for retrieval of the supporting documents.	2021/22	Controls have improved, and the matter been partially cleared by the end of 2022/23
6 I was unable to obtain sufficient appropriate audit evidence that management had properly accounted for the COVID 19 compensation of employees' expenditure, due to non-submission of supporting documents.	2021/22	Controls have improved, and the matter been partially cleared by the end of 2022/23

10. INTERNAL CONTROL UNIT

During this reporting period, the Internal Control Unit continued with its internal oversight and monitoring responsibility mainly in the financial management sphere of the department. This was done to ensure that the internal controls and internal control system of the department are effective in mitigating identified risks ensuring the integrity of the core activities in managing public finances. The unit ensured that the relevant units have in place, standard operating procedures, relevant policies more especially in the supply chain management area, are updated.

The positive impact of this monitoring was the reduction of irregular expenditure during the financial year, which was also compounded by close liaison and coordination efforts with the SCM management whose cooperation needs to be appreciated. As stated in part I of this Annual Report irregular expenditure was reduced by about 96% with the implication that there is improvement in compliance with laws and regulations being the function of the established policies and procedures as mentioned above. In addition, other compliance monitoring activities included regular independent checks of orders and payment batches through a process known as pre-audit, were performed to ensure legitimacy and legal compliance of financial transactions thus preventing potential fraud and criminal activities. Such statistics of transactions and payment batches pre-audited are available and are used where necessary during the audit process. The ICU of DOH continues to coordinate the control activities to ensure the existence and effectiveness of preventative controls in the processing of financial transactions

The table below illustrates trends of irregular expenditure over the past five years:

Table 10.1: Irregular expenditure over the past five years

RECONCILIATION FOR YEAR ENDED	2018/19	2019/20	2020/21	2021/22	2022/23
OPENNING BALANCE	283 015	81 109	397 976	174 481	271 712
INCURRED	228 560	338 115	2 161 572	104 932	6 579
PRIOR YEAR IRREGULAR EXPENDITURE	13 104	72 354	5 034	20 975	-
CURRENT YEAR IRREGULAR EXPENDITURE	295 354	265 761	156 538	83 957	6 579
ADJUSTMENTS	79 898	-	-	-	-
CONDONATIONS	430 466	14 167	362 362	205	52 006
TRANSFERRED FOR RECOVERY	-	7 081	-	-	-
CLOSING BALANCE	81 109	397 976	197 186	279 208	226 285

Of the balance of irregular expenditure amounting to R226 285 million as 31 March 2023, an amount of R207,273 million was submitted to Provincial Treasury for condonation during the financial year but no approval was obtained by year-end.

Other control improvements that can be highlighted are the weekly scheduled sittings of the Bid Adjudication Committee (BAC) meetings thus monitoring and preventing the potential areas of irregular expenditure occurring. The management of contracts for security services, which has been a major source of irregular expenditure, has greatly improved through monitoring of procurement plan implementation. The scheduled Consequence Management Committee meetings chaired by the Accounting Officer, wherein the potential areas of irregular expenditure are discussed ensuring that there is effective and appropriate implementation of consequence management that enables the condonation by Provincial Treasury.

11. INTERNAL AUDIT AND AUDIT COMMITTEES

INTERNAL AUDIT

The internal audit function operates independently and unimpeded by operational management. This is achieved through the function reporting administratively to the Accounting Officer & Head of Department and functionally to the Audit Committee.

Internal Audit has unrestricted access to all records and employees of the Department, including the Member of Executive Council, Head of Department & Accounting Officer, Members of the Audit Committee as well as Executive and Top Management. Following all audits conducted, as and when necessary, Internal Audit recommends improvements in the systems of internal control and accounting practices based on audits conducted. The plans take cognisance of the relative degrees of risk of each function or aspect of the department.

Internal Audit operates according to an approved Internal Audit Charter. The Charter is prepared in accordance with King IV recommendations and Standards set by the Institute of Internal Auditors. The Charter is presented annually to the Audit Committee for consideration and approval.

The Unit has conducted its activities in terms of an approved Internal Audit Plan, with most of the activities being assurance reviews. In total, twenty two (22) reviews were planned and, as at year-end, the audit plan was substantially completed. The plan was developed based on a risk assessment process, which was conducted with management of the Department. The scope, timing of activities and sites visited were agreed with management prior to the commencement of the audits. The plan received the endorsement of the Audit Committee but was amended as and when necessary, during the year to consider specific requests made by Executive Management.

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

In May 2022, the Senior Manager Internal Audit resigned to take up a senior position elsewhere. Plans were immediately put in place to fill the vacancy. The Department could unfortunately not identify a suitable candidate and a request to re-advertise was made. Similarly, in 2021/22 the term of our interns ended and for five months in 2022/23 we operated without this capacity as we only received a new cohort on the 1st September 2022. These came in handy to bolster our capacity as we remained agile to support management in their quest to improve systems of internal control.

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

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

A detailed report comprising the membership and details of the functioning of the Audit Committee during the period under review is included in the section dealing with the Audit Committee.

2.5.12 Audit Committee Report

Introduction

We are pleased to present our report for the year ended 31 March 2023.

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

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

Structure of Meetings

The structure and frequency of meetings are set out in the Audit Committee Charter.

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

Although our meetings did not always sit on the designated dates, all the scheduled meetings were held and we were able to discharge our responsibility.

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

The Committee also had two meetings with the Honourable MEC to report on governance, internal control, risk, performance, other financial information, and other relevant matters concerning the Department. In addition to the two meetings, written reports were issued to the Executive Authority at intervals to apprise her of activities and update her of pertinent risks to which the department might be exposed.

After serving as Audit Committee chairman for the last six years, Member Dr. T Mjekevu retired on the 31 May 2022. Management expressed appreciation for the valuable input and guidance provided by him during his tenure.

Committee members and meetings

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

The individual members satisfy the requirements to serve as members of an Audit Committee as provided in section 76 and 77 of the PFMA and have adequate knowledge and experience. The composition of the committee and the attendance at the meetings by its members for the period 1 April 2022 to 31 March 2023 are set out below. The committee meets quarterly.

The members are:

Name				Qualifications	Internal or external	If internal, position in the department	Date appointed
Ms	Loren	Smith	(Acting)	CA (SA), RA	External	N/A	1 April 2021

Chairperson) *				
Ms Refiloe Khwela *	CA (SA)	External	N/A	1 April 2021
Dr Thobekile Mjekevu #	MBChB	External	N/A	1 April 2021, Retired 31 May 2022
MrVuyolwethu Tshangana*	B Proc; LLM	External	N/A	1 April 2021

* The members were appointed in May 2018 and are now serving their second term having been reappointed in April 2021

Dr T Mjekevu retired on the 31 May 2022 after serving two full terms.

Committee meetings were held as below:

Member	25/05/2022	30/05/2022	28/09/2022	26/10/2022	05/12/2022	23/02/2023	23/03/2023
Ms Loren Smith (Chairperson)	√	√	√	√	√	√	√
Ms. Refiloe Khwela	√	√	√	√	√	√	√
Dr Thobekile Mjekevu	√	√	N/A	N/A	N/A	N/A	Retired May 2022
Mr Vuyolwethu Tshangana	X	√	√	√	√	√	√

Key

- √ = Present
X = Apology

Audit Committee Responsibility

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

The Audit Committee assists management in discharging its duties by independently monitoring and advising on the adequacy and effectiveness of governance, controls, and risk management. These include internal financial and operational controls to ensure that assurance services and functions enable an effective control environment and that these support the integrity of information produced in compliance with applicable legal and regulatory requirements.

During the 2022/3 financial year, the Department was still recovering from the effects of the COVID 19 pandemic where, its agility and responsiveness to adapt its processes and controls had been tested to unprecedented levels. While evaluating, monitoring, and mitigating risks brought about by the COVID-19 Pandemic, the Audit Committee continued to exercise oversight to ensure business continuity is maintained.

Duties and responsibilities

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

EXECUTION OF FUNCTIONS

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

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

External Auditors

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

- Reviewed the scope and results of the external audit function, its cost-effectiveness, as well as the independence and objectivity of the external auditors.
- Reported to the Department and the Auditor-General where a report implicates any member(s) or the Accounting Officer in fraud, corruption, or gross negligence.

Internal Audit

The Committee has performed the following during the year under review:

- Reviewed and evaluated the effectiveness of the internal audit, financial risk management and other compliance functions.
- Considered the effectiveness and independence of the internal audit function, its impact as a third line of assurance and monitored adherence to the annual internal audit plan.
- Reviewed the continued embedment of the third line of defence as a central reporting function and its effective positioning within the Department.
- Reviewed the performance of the Chief Audit Executive and confirmed that she had the requisite skill, experience, human resources, and budgetary support from the Department to successfully execute her mandate in the year under review.
- Confirmed/Approved the Internal Audit Charter and Internal Audit Plan.
- Recommended the Audit Committee Charter to the Accounting Officer for approval.
- Ensured the responsiveness of the Internal Audit coverage plan to the outcome of risk assessment and the three-year rolling plan.
- Reviewed the reports of Internal Audit detailing their concerns from audits conducted and the appropriateness of responses from management.
- Monitored the activities of the internal audit function, including its annual work programme, coordination with the external auditors, the reports of significant recommendations and the responses of management to these recommendations.
- Monitored and reviewed the staffing, work plan, resources, and activities of the internal audit function.
- Obtained appropriate evidence to satisfy ourselves that the finance function fulfilled its mandate appropriately.
- Reviewed the critical matters raised by Internal Audit function, obtained, and evaluated management's action plans to address those matters and assessed the adequacy of actions to resolve the issues appropriately and sustainably.
- Reviewed the results of the external quality assurance review performed on the function, to validate that the governance, processes, and management thereof and ensured the quality of work delivered by the function is at the requisite level as required by International Standards for the Professional Practice of Internal Auditing.
- Considered the effectiveness of the combined assurances provided by all the lines of assurance, through a review of management's representations and attestations, reports from the risk and compliance function and other similar second lines of assurance, together with an evaluation of the assurance of third lines, namely external and internal audit functions
- Considered the organisational and functional independence of Internal Audit and is satisfied that Internal Audit has the necessary standing and authority to discharge its responsibilities.
- The Committee has similarly considered the effectiveness of the Internal Audit Function and adherence to the annual internal audit plan and are satisfied that the Internal Audit Function is operating effectively and that it has addressed the risks pertinent to the Department in its audits. The Internal Audit function has adhered to the approved Internal Audit plans and has completed the 2022/23 Annual Internal Audit Plan as approved by the Audit Committee.

In our effort to remain agile and responsive to Management needs, the Audit Committee approved an amendment to the approved Internal Plans to assist the Department in responding to requests for information and communication of audit findings from Auditor General. This was a crucial task as the Department faced a risk of adverse findings from the external auditor.

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

The Committee continues to be concerned at the lack of Information Technology (IT) and Clinical Capacity within the Unit. The Committee again recommended the Department consider supporting Internal Audit with own co-sourced capacity to ensure these critical business processes find space in the internal plan in future years.

The Audit Committee is satisfied that the Internal Audit Function maintains an effective internal quality and assurance program that covers all aspects of the Internal Audit Activity. Internal Audit reports on these aspects in their quarterly reporting to the Committee.

The Committee will continue to monitor measures put in place by the Department to ensure continued maintenance of quality standards, sufficient audit coverage and adequate provision of skills and capacity to conduct the audit reviews.

Financial Statements, accounting practices and other financial matters

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

The Audit Committee has similarly:

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

Effectiveness of Internal Control

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

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

Performance Information Systems

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

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

The various reports of the Internal Auditors and representations made by Executive Management have indicated that significant efforts are being made by management to improve the control environment. However, there are still significant issues which have not yet been resolved. We therefore report that the systems of internal control, during the financial reporting period under review, were partially adequate and partially effective.

The Committee remains concerned that the Department does not have adequate systems in place for the management of accruals and accounts payable. The committee notes the improvements which have been introduced with regards to management of the legal liability register and the conclusions reached with the staggering of payments to claimants.

The Committee is concerned that the Logis project, which is aimed at automating the asset register, could not be finalised during the period under review. Asset Management remains a critical risk for the Committee, and we will continue to monitor the Departments' processes until the register is transferred to Logis and is fully automated. Similarly, automation of the leave register is a key focus for the Audit Committee, and we will continue to monitor reports on leave automation in our quarterly meetings.

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

- Effective implementation of the Audit Improvement Plans.
- Enhanced reviews of the processes to deal with the Contingent Liability arising from Medico legal claims and ensuring correct recording in the books of account.
- Ensuring effective implementation and responding to Auditor General requests particularly in resolving matters pertaining to prior year qualifications.
- Supporting and advising the Department in the reviews made in the Contingent Liability Policy.
- Monitored and advised on the strained fiscal budget of the department including dealing and reporting on the unauthorised expenditure brought about by unbudgeted medico legal claims.
- Ensuring that the M&E unit is adequately resourced to ensure adequacy, accuracy and reliability of performance data produced and reported.
- Ensure there is adequate capacity for the investigation of irregular and fruitless and wasteful expenditure to so that investigations are done timeously, and monies are recovered where necessary.
- The Department develops an Asset Management Strategy that will respond to its strategic objectives and goals, such as providing guidelines on the utilisation and maintenance of strategic assets at facilities to minimize disruptions which could have a negative impact on service delivery.
- The Department manages the impact of the implementation of the NHI System, as it has been identified as one of the significant risks of the Department and this needs to be monitored carefully as the impact of this is extensive and will affect the core functions of the Department.
- Critical posts, particularly in areas that are flooded with medical negligence matters, are filled as soon as possible.
- Document management is automated and archiving processes are improved.
- Performance management is improved to ensure sustainable outcomes in the management of and reporting on performance information.
- Significant effort and resources are put in place to further enhance the control improvements to ensure a clean audit result is realised.
- The Mental Health Strategy together with the recommendations of the Ombudsman's report are implemented.
- Officials are held accountable of the audit outcomes in respect of their line functions; and
- For the next year, controls are improved further in terms of both adequacy and effectiveness.

As mandated by the Audit Committee, Internal Audit has:

- Developed a Three Year Strategic and Annual Operational Plan.
- Conducted audits to test the effectiveness of key controls identified and agreed to 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 timeously to special requests emanating from management pertaining to special requests for review of certain processes.
- Conducted follow up audits and reported to the Audit Committee on the progress made by management towards implementing remedial actions recommended by Internal Audit; and
- Developed and implemented a quality assurance and improvement program.

In-Year Monitoring and Monthly/Quarterly Report

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

The Department is reliant upon legacy systems which do not support the control environment. The lack of automated systems has hindered the Departments' ability to respond to the risk environment with the necessary agility. This has to some extent prevented the Department from providing accurate and complete reports, within the required timeframes, to the Audit Committee. The effectiveness of the Committee has been compromised as a result.

Risk Management Function

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

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

The Audit Committee also reviewed the following reports:

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

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

Finance Function

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

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

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

Internal Financial Controls

The Committee has:

- Reviewed reports, prepared by internal audit, on the effectiveness of risk management, governance, and system of internal financial controls.
- Reviewed the report from the forensic services function on the result of forensic investigations conducted in the period under review and their financial impact as they pertain to financial reporting.
- Considered the reports from management on fraud and information technology risks.
- Reviewed the reports of the external auditors detailing the findings arising from their audit and considered the appropriateness of the responses from management.
- Assessed the revenue assurance control environment and related revenue leakage exposure for the Department.
- Reviewed fraud and whistleblowing reports and ensured that appropriate management action is taken with regards to the control environment and consequence management.
- Engaged management to obtain assurance of medico legal claims and their impact on the financial health of the Department.
- Reviewed the accounting policy for medico legal claims and are satisfied with the amendments made, accounting treatment proposed for letters of demand, and valuation methods.

- Considered the structures put in place to manage the incidence of medico legal claims and how the various committees' function.
- Performed certain high-level technical reviews and provided advice and judgment on the accounting treatment and disclosure of certain key transactions.

Although certain weakness in internal financial controls have been reported by Internal Audit in their reports, the Committee does not consider these control weaknesses to have resulted in actual material financial loss, fraud, or material errors.

Based on its assessment, the Committee is of the view that the Departments' system of Internal Controls, Internal Audit and Risk Management are effective and that the financial controls form a sound and reliable basis for preparation of reliable financial statements.

Evaluation of Annual Financial Statements

Special Audit Committee meetings were held on the 25 May 2023, 26 May 2023 and 30 May 2023 to review the draft financial statements and annual report to be presented to Provincial Treasury and the Auditor General on the 31st May 2023. The Committee performed a high-level review of the financial statements that was based on enquiry from the Chief Financial Officer as to the completeness, accuracy and validity of balances and transactions within the financial statements. In addition, the accounting policies were reviewed, and recommendations made, as necessary. Following this Audit Committee review of the financial statements, recommendations were made concerning adjustments that were required to the format as well as the presented figures.

Evaluation of Performance Information

The Audit Committee has reviewed the format, content and statutory requirements for compliance pertaining to the preparation of the Annual Report. The committee has also reviewed and commented on the alignment of indicators to make sure they are measurable and relate to the services provided by the Department. Similarly, the Committee has also received reports from Internal Audit on the sufficiency of Portfolio of Evidence that supports disclosures in the Annual Report.

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

The key focus areas for 2023/4 will be:


- Monitor implementation of the Audit Implementation Plans to ensure risks are addressed timeously.
- Monitoring the IT strategy, ensuring that it addresses the needs of the Department adequately.
- Monitoring the Department's relationship with SITA, the service level agreement and advising on the Department's migration to HMS2.
- Monitoring implementation of the medico legal policy to ensure the contingent liability is recognised correctly in the accounting records.
- Ensuring use of best practice to ensure staggered payment in the event of settlement of medico legal claims.
- Monitoring and advising on the budget and spending of the Department.
- Engaging Provincial Treasury to enforce budgeting for medico legal claims.
- Maintain focus on the enhancement of controls to reduce cyber risks, fraud risks and non-adherence to controls.
- Monitoring the Internal Audit Quality Assurance & Improvement Program to ensure they maintain the "Generally Conforms" rating and this relating translates further in the reviews and value add provided by Internal Audit.

Auditor General South Africa

The Audit Committee has met with the Auditor General to ensure that there is common understanding between the Committee, Auditor General and the Department.

Conclusion

The Committee therefore accepts the report of the Auditor General South Africa 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 plans are developed and implemented for an improved audit result going forward.

.....


Ms. Loren Smith CA (SA), RA

Chairperson of the Audit Committee

Eastern Cape Department of Health

31 July 2023

13. B-BBEE COMPLIANCE PERFORMANCE INFORMATION

Table 13.1: B-BBEE compliance performance information

Has the Department / Public Entity applied any relevant Code of Good Practice (B-BBEE Certificate Levels 1 – 8) with regards to the following:		
Criteria	Response Yes / No	Discussion (Include a discussion on your response and indicate what measures have been taken to comply)
Determining qualification criteria for the issuing of licences, concessions or other authorisations in respect of economic activity in terms of any law?	N/A	
Developing and implementing a preferential procurement policy?	YES	Implemented. When the Department is procuring goods and services, the Preferential Procurement Policy Regulations 2017 are utilised.
Determining qualification criteria for the sale of state-owned enterprises?	N/A	
Developing criteria for entering into partnerships with the private sector?	N/A	
Determining criteria for the awarding of incentives, grants and investment schemes in support of Broad Based Black Economic Empowerment?	N/A	

PART D

HUMAN RESOURCE MANAGEMENT



Province of the
EASTERN CAPE
HEALTH

I. INTRODUCTION

I.1 The status of human resources in the department

The department set out key priority areas to focus on to ensure improvement in the services rendered to the people of the province. Amongst the priority focus areas for 2022/23 ARP has been the filling of ten (10) District Family Physicians posts to strengthen the full district package, decongest the tertiary facilities, and provide health care access closer to the communities.

Much as the department has over the last three financial years had an average of 6 676 vacancies per year, it has improved its vacancy rate from 13% during end March 2022 to 7.7% as at the end March 2023. This places it below the provincial norm of 10%.

The following strategies are being implemented in the department towards promotion of diversity, gender, disability and youth employment:

- recruitment of targeted diverse population
- Employment of Interns, Learners and Artisans
- Awarding of bursaries.

Through the advertised posts the department is further striving to address employment equity underrepresentation, youth employment and to achieve the 50/50 % target for Women and Men at SMS level. The department has a total of 76 SMS members of which 47.6% are women and 52.4% are men.

Majority of the workforce is employees in the 40-44 age group category (6 703) followed by 45-49 age (6,516). This represents a bracket of critical skilled and capacitated workforce who are the future of the department. The department intentionally continues to explore youth development opportunities. The appointment of the Medical Interns, Community Service Health Personnel and Administrative Interns and Learners is one of the strategies utilised by the department to attain benefit for the youth employment. The youth employed through the internship and learnership programme and placed in institutions across the province seeks to enhance youth employability through work exposure and training.

The labour relations environment proved to be a lot more unstable during the financial year 2022/23. We saw a protracted labour dispute in the Emergency Medical Services (EMS) that costed the department a lot of money in the procurement of private ambulance services, particularly in the Amathole and Buffalo City Metro (BCM) districts. This dispute resulted in the dismissal of many of these employees.

Additionally, the department saw a dispute amongst parties in the PSCBC over conditions of service. The result of this was a strike that was extremely violent and affected mainly the health care service. This industrial action caused the department to approach court for an urgent interdict.

The department will be introducing new terms of reference for the institutional consultative structures in 2023/24 financial year, and a rolling out programme to launch the structures that do not exist.

The department continues to do fairly well in hosting and coordinating the Provincial Chamber of the Public Health and Social Development Sectoral Bargaining Council. In 2022/23 financial year the department managed to convene and attend all scheduled meetings. Also, when there was a matter relating to the ongoing restructuring in the department that threatened to liquidate the Chamber the department was able to prevail on our social partners.

I.2 Human resource priorities for the year under review and impact of these

The Department embarked on a project of verification and head count of all the employees within the establishment. The staff verification process was strengthened through the web-based verification tool (HMS2) that was developed by the departmental ICT team. The verification tool was populated with PERSAL data. Districts and Facilities were then required to physically verify staff against the available data. The Headcount and staff verification using HMS2 was initiated at Head Office, District Offices and all Health Facilities. All the districts and facilities had access to this system during the project span. The department issued a circular directing the Head Office, District and Institutional Leadership to implement freezing of salaries in respect of all employees who have not presented themselves for verification and/or those who are not accounted for by Head Office, Districts and Institutions.

For purposes of accurate reporting the following definitions were adopted to differentiate between unverified vs Ghost employees:

Unverified Staff is defined as those employees that could not be verified during the different verification rounds, which could be due to valid reasons such as being on leave, maternity leave, study leave, long leave, not able to provide suitable identification and other valid reasons.

Ghost Staff is defined as staff that could not physically be traced or be accounted for after the exception reporting of a district/facility has been completed. The project has been concluded and all employees in the department have been accounted for.

1.3 Workforce planning and key strategies to attract and recruit a skilled and capable workforce

Whilst not quite able to close the staffing gap, as yet, the Department has made great strides in 2022/23 financial year to employ critical staff to meet the demand for patient care and meet minimum standards. The Annual Recruitment Plan for 2022/23 comprised of two thousand nine hundred and forty-one (2 941) posts. Of the 2 941 posts, 1 938 appointments were made, which is 65.8% of ARP appointments achieved.

In total, 13 204 appointments were made in the 2022/23 financial year. Of these 13 204 appointments, 8 097 were medical and clinical categories, being 61.3% of the total appointments for this period. This total includes both ARP and replacement posts in the Approved Post List (APL), Annual intake of Medical Interns and Community Service Health Professionals. During January 2023 alone, 1 141 employees were appointed, inclusive of 251 Community Service Doctors and Medical Interns; 45 clinical support professionals and 206 Medical Officers.

The department allocated funds to employ all of its 145 bursary holders, post-community service, plus 613 posts for nurses completing their community service on 31 March 2023. The department will commence with the appointment of 613 Community Service Professional Nurses from April 2023.

1.4 Employee wellness programmes

Employee Wellness Services are provided through a hybrid service delivery model utilizing a small group of appointed EW professionals, staff health clinics, internal clinical resources such as HIV, TB, Health Promotions programmes that also include employees and external partners such as GEMS, NGOs and Financial Wellness partners. Clinical services such as counselling have been supplemented by interns resourced through HRD.

The year saw the tail-end of the COVID-19 pandemic which had a lingering negative impact on the Health workforce with COVID-19 infections and reinfections continuing despite vaccination and boosting and a rising number of incapacity cases showing post COVID-19 fatigue, physical and mental illness. Analysis of EW programme utilisation also revealed that there is a sharp increase of work-related conflict, physical and mental illness and substance abuse, all of which raises red flags that the department is a workforce needing serious psychosocial support.

The EW Programme succeeded in providing all elements of services including counselling, occupational health, health promotion and supervisory support. However, the reach is still constrained by limited staff capacity and resources. The Department has now taken the landmark decision to contract external clinical services to meet the huge demand for psychosocial support and the procurement process has been initiated.

Occupational Health and Safety has seen some improvement in governance and mitigation of risk but the overall level of compliance across health facilities remains inconsistent and low. The main reasons for challenges in Occupational Health and Safety remain limited capacity of facility leaders to manage this highly specialised service; poor functionality of OHS Statutory Structures; gross shortage of appropriately qualified staff to implement policy and protocols exacerbated by a poor physical infrastructure of facilities; and dependence to the Department of Public Works and Infrastructure to address issues. A Technical Working Group was successfully established with the International Labour Organization, Departments of Employment and Labour and Public Works as well as recognised Trade Unions and this has yielded additional support and increased responsiveness at facility level on OHS matters.

1.5 Highlight achievements and challenges faced by the department, as well as future human resource plans/goals

Despite the low vacancy rate mentioned above, it needs to be mentioned that the vacancy rate is based on the vacant and funded posts on the establishment (i.e. on PERSAL). A major risk for the department is the insufficient compensation of employees (COE) budget to adequately capacitate the facilities. The capacity challenge is further exacerbated by the fact that the department, for the past three consecutive financial years, could not replace posts as and when positions became vacant due to budgetary constraints and the restrictive COE ceilings imposed by National Treasury. Absenteeism consistently remains one of the leading misconducts in the department. As such, one of the focal areas for the Employee Relations Directorate in 2023/24 year will be the training of managers in managing discipline.

Skills Development:

The following table demonstrates the breakdown of training offered by the department to women and persons with disabilities for the period April to March 2023:

Table 1.5.1: Breakdown of training offered by the department to women and persons with disabilities

LEARNING INTERVENTION	TOTAL DISABLED	TOTAL MALE	TOTAL FEMALES	TOTALS
Health Professionals Clinical Training	6	3706	11664	15385
Non Clinical Trainings	0	817	1946	2763
Management and Leadership Trainings	1	97	226	324

During the financial year 2022/23, the department continued to support students pursuing various health science and related studies in South Africa and in Cuba.

During the same period, students receiving financial aid in South African Universities were a total of 216 bursary holders. Of these, seventy-two (72) students completed their studies in the 4th quarter, whilst another seven (7) were excluded for various reasons resulting in failure to meet academic requirements.

The Department also supported a total of 53 medical students under the Nelson Mandela – Fidel Castro (NMFC) Medical Scholarship Programme. Thirty (30) students under NMFC Medical Programme completed their studies, while one (1) student was suspended for misconduct. Of the remaining students on the programme, all are in local South African universities pursuing their final year, thus none are still in Cuba.

During the year under review, the department implemented a number of Youth Development Programmes in response to government initiatives to implement the National Youth Development Strategies linked to the Poverty Eradication Programmes, the National Skills Development Strategy III, the DPSA HRD Strategy and the Eastern Cape Provincial Growth Development Plan.

Similarly, the National Department of Health's (NDOH) pursuit of these objectives was tailored to priority areas of the department i.e. pharmacist interns, health related learnerships and artisan trade skills – all contributing towards the realization of the National Health Insurance programme and quality health standards.

The following table provides a break-down of youth Programmes implemented during 2022/23 financial year, reflecting the gender split per initiative, totals per category and the overall financial implications:

Table I.5.2: Breakdown of youth Programmes implemented per gender

ITEM	NUMBER PER PROGRAMME / INITIATIVE	NUMBER	UNIT COST	RAND VALUE
Males = 145 and Females=415	Departmental Generic Interns	560	6 083	3 406 480
Males = 25 and Females=415	Leaner Post Basic Pharmacy Assistant	80	3 500	280 000
Males = 13 and Females = 37	Pharmacy Technicians	50	6 083	304 150
Males = 12 and Females = 27	Learner Basic Pharmacy Assistant	39	3 500	136 500
Males =24 and Females = 48	Generic Interns HWSETA	72	6 100	439 200
Males = 36 and Females = 206	TVET learner (Funded by Various SETAs)	242	3 500	847 000
Males = 115 and Females = 141	TVET learner HWSETA	256	3 500	896 000
Males = 25 and Females = 50	Post Basic Pharmacist Assistant Interns	75	3 500	262 500
		1374	35 766	6 571 830
ARTISAN DEVELOPMENT				
Males = 9 and Females = 6	Plumbing Artisan Trainees	15	6 000	90 000
Males = 9 and Females = 1	Carpentry Artisan Trainees	10	6 000	60 000
Males = 5 and Females = 0	Clinical Engineering Technicians	5	6 000	30 000
		30	18 000	180 000

2. HUMAN RESOURCE OVERSIGHT STATISTICS

3.1. Personnel related expenditure

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

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

Table 3.1.1 Personnel expenditure by programme for the period 1 April 2022 and 31 March 2023

Programme	Total Expenditure (R'000)	Personnel Expenditure (R'000)	Training Expenditure (R'000)	Professional and Special Services Expenditure (R'000)	Personnel Expenditure as a % of Total Expenditure	Average Personnel Cost per Employee (R'000)
Administration	846 580	396 013	0.00	0.00	46.80	575.00
District Health Services	15 077 221	10 137 436	0.00	0.00	66.80	329.00
Emergency Medical Service	1 452 877	1 022 603	0.00	0.00	70.40	406.00
Provincial Hospital Services	3 926 710	3 056 817	0.00	0.00	78.00	405.00
Central Hospital Services	4 713 574	3 196 308	0.00	0.00	69.20	542.00
Health Science & Training	985 706	809 225	0.00	0.00	74.90	274.00
Health Care Support Serv	1 15 053	70 240	0.00	0.00	61.00	416.00
Health Facilities Management	1 071 575	24 157	0.00	0.00	2.20	310.00
Total as on Financial Systems (BAS)	28 189 296	18 712 799	0.00	0.00	61.70	373.00

Table 3.1.2 Personnel costs by salary band for the period 1 April 2022 and 31 March 2023

Salary Band	Personnel Expenditure including Transfers (R'000)	% of Total Personnel Cost	Number of Employees	Average Personnel Cost per Employee (R)
01 Lower skilled (Levels 1-2)	1 020 974	5,40	5 377	189 878
02 Skilled (Levels 3-5)	4 137 076	21,90	14 814	279 268
03 Highly skilled production (Levels 6-8)	5 095 603	27,00	11 588	439 731
04 Highly skilled supervision (Levels 9-12)	6 506 322	34,50	6 971	933 341
05 Senior management (Levels >= 13)	108 013	0,60	81	1 333 494
09 Other	-	0,30	172	364 564
10 Contract (Levels 1-2)	2 012	0,00	3	670 667
11 Contract (Levels 3-5)	96 341	0,50	403	239 060
12 Contract (Levels 6-8)	439 653	2,30	1 253	350 880
13 Contract (Levels 9-12)	955 219	5,10	1 081	883 644
14 Contract (Levels >= 13)	5 556	0,00	3	1 852 000
19 Periodical Remuneration	934	0,00	13	71 846
20 Abnormal Appointment	345 096	1,80	8 358	41 469
TOTAL	18 712 799	99	50 117	7 649 842

Table 3.1.3 Salaries, Overtime, Homeowners Allowance and Medical Aid by programme for the period 1 April 2022 and 31 March 2023

Programme	Salaries		Overtime		Home Owners Allowance		Medical Aid	
	Amount (R'000)	Salaries as a % of Personnel Costs	Amount (R'000)	Overtime as a % of Personnel Costs	Amount (R'000)	HOA as a % of Personnel Costs	Amount (R'000)	Medical Aid as a % of Personnel Costs
PRG2: District Health Services	239.00	84.80	0.00	0.00	5.00	1.80	10.00	3.50
PRG1: Administration	324 302.00	80.80	2 381.00	0.60	11 942.00	3.00	17 544.00	4.40
PRG2: District Health Services	8 250 225.00	80.80	255 402.00	2.50	354 933.00	3.50	486 036.00	4.80
PRG3: Emergency Medical Services	657 622.00	63.80	174 072.00	16.90	42 526.00	4.10	78 773.00	7.60
PRG4: Provincial Hospital Service	2 642 198.00	76.40	256 487.00	7.40	106 912.00	3.10	166 728.00	4.80
PRG5: Central Hospital Services	2 380 632.00	75.60	334 608.00	10.60	76 896.00	2.40	122 213.00	3.90
PRG6: Health Sciences & Training	403 815.00	76.20	70 197.00	13.30	7 600.00	1.40	10 748.00	2.00
PRG7: Health Care Support Services	57 380.00	81.10	32.00	0.00	2 635.00	3.70	3 950.00	5.60
PRG8: Health Facilities Management	21 165.00	84.00	0.00	0.00	888.00	3.50	261.00	1.00
TOTAL	14 737 580.00	78.10	1 093 180.00	5.80	604 337.00	3.20	886 262.00	4.70

Table 3.1.4 Salaries, Overtime, Home Owners Allowance and Medical Aid by salary band for the period 1 April 2022 and 31 March 2023

Salary Band	Salaries		Overtime		Home Owners Allowance		Medical Aid	
	Amount (R'000)	Salaries as a % of Personnel Costs	Amount (R'000)	Overtime as a % of Personnel Costs	Amount (R'000)	HOA as a % of Personnel Costs	Amount (R'000)	Medical Aid as a % of Personnel Costs
01 Lower skilled (Levels 1-2)	744 098.00	72.90	8 536.00	0.80	87 148.00	8.50	95 868.00	9.40
02 Skilled (Levels 3-5)	3 033 816.00	72.90	165 016.00	4.00	247 706.00	6.00	338 471.00	8.10
03 Highly skilled production (Levels 6-8)	4 064 547.00	79.40	99 934.00	2.00	174 525.00	3.40	299 462.00	5.80
04 Highly skilled supervision (Levels 9-12)	5 118 106.00	78.30	605 225.00	9.30	92 455.00	1.40	151 228.00	2.30
05 Senior management (Levels >= 13)	95 382.00	86.20	0.00	0.00	2 151.00	1.90	717.00	0.60
09 Other	61 917.00	98.60	110.00	0.20	97.00	0.20	265.00	0.40
10 Contract (Levels 1-2)	1 934.00	96.10	0.00	0.00	19.00	0.90	41.00	2.00
11 Contract (Levels 3-5)	95 904.00	98.60	273.00	0.30	51.00	0.10	25.00	0.00
12 Contract (Levels 6-8)	438 630.00	99.20	555.00	0.10	75.00	0.00	109.00	0.00
13 Contract (Levels 9-12)	733 232.00	76.60	213 531.00	22.30	110.00	0.00	75.00	0.00
14 Contract (Levels >= 13)	5 164.00	89.80	0.00	0.00	0.00	0.00	0.00	0.00
19 Periodical Remuneration	934.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00
20 Abnormal Appointment	343 914.00	97.80	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	14 737 580.00	78.10	1 093 180.00	5.80	604 337.00	3.20	886 262.00	4.70

3.2. Employment and Vacancies

Table 3.2.1 Employment and vacancies by programme as on 31 March 2023

Programme	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Employees Additional to the Establishment
PRG2: District Health Services, Permanent	12.00	3.00	75.00	0.00
PRG 1: Administration, Permanent	719.00	635.00	11.70	1.00
PRG: District Health Services, Permanent	26 241.00	24 269.00	7.50	1 093.00
PRG 2: District Health Services, Temporary	76.00	76.00	0.00	0.00
PRG 3: Emergency Medical Services, Permanent	2 795.00	2 516.00	10.00	0.00
PRG 4: Provincial Hospital Service, Permanent	7 884.00	7 465.00	5.30	199.00
PRG 4: Provincial Hospital Service, Temporary	24.00	24.00	0.00	0.00
PRG 5: Central Hospital Services, Permanent	6 528.00	5 952.00	8.80	556.00
PRG 5: Central Hospital Services, Temporary	24.00	24.00	0.00	0.00
PRG 6: Health Sciences & Training, Permanent	715.00	578.00	19.20	47.00
PRG 7: Health Care Support Services, Permanent	181.00	165.00	8.80	2.00
PRG 8: Health Facilities Management, Permanent	45.00	39.00	13.30	1.00
TOTAL	45 244.00	41 746.00	7.70	1 899.00

Table 3.2.2 Employment and vacancies by salary band as on 31 March 2023

Salary Band	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Employees Additional to the Establishment
01 Lower Skilled (Levels 1-2), Permanent	5 694.00	5 377.00	5.60	35.00
02 Skilled (Levels 3-5), Permanent	15 821.00	14 814.00	6.40	58.00
03 Highly Skilled Production (Levels 6-8), Permanent	12 746.00	11 587.00	9.10	115.00
03 Highly Skilled Production (Levels 6-8), Temporary	1.00	1.00	0.00	0.00
04 Highly Skilled Supervision (Levels 9-12), Permanent	7 966.00	6 966.00	12.60	32.00
04 Highly Skilled Supervision (Levels 9-12), Temporary	5.00	5.00	0.00	0.00
05 Senior Management (Levels >= 13), Permanent	96.00	81.00	15.60	1.00
09 Other, Permanent	54.00	54.00	0.00	4.00
09 Other, Temporary	118.00	118.00	0.00	0.00
10 Contract (Levels 1-2), Permanent	3.00	3.00	0.00	0.00
11 Contract (Levels 3-5), Permanent	403.00	403.00	0.00	3.00
12 Contract (Levels 6-8), Permanent	1 253.00	1 253.00	0.00	733.00
13 Contract (Levels 9-12), Permanent	1 081.00	1 081.00	0.00	918.00
14 Contract (Levels >= 13), Permanent	3.00	3.00	0.00	0.00
TOTAL	45 244.00	41 746.00	7.70	1 899.00

Table 3.2.3 Employment and vacancies by critical occupations as on 31 March 2023

Critical Occupation	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Employees Additional to the Establishment
Administrative Related, Permanent	479.00	434.00	9.40	7.00
All Artisans In The Building Metal Machinery Etc., Permanent	187.00	154.00	17.60	0.00
Ambulance And Related Workers, Permanent	2 630.00	2 358.00	10.30	0.00
Appraisers-Valuers And Related Professionals, Permanent	1.00	1.00	0.00	0.00
Architects Town And Traffic Planners, Permanent	3.00	3.00	0.00	0.00
Artisan Project And Related Superintendents, Permanent	18.00	17.00	5.60	0.00
Auxiliary And Related Workers, Permanent	571.00	524.00	8.20	5.00
Basic Training, Permanent	2.00	2.00	0.00	0.00
Biochemistry Pharmacol. Zoology & Life Scie.Techni, Permanent	1.00	1.00	0.00	0.00
Boiler And Related Operators, Permanent	43.00	39.00	9.30	0.00
Building And Other Property Caretakers, Permanent	112.00	105.00	6.30	0.00
Bus And Heavy Vehicle Drivers, Permanent	18.00	17.00	5.60	0.00
Cartographic Surveying And Related Technicians, Permanent	2.00	1.00	50.00	0.00
Cashiers Tellers And Related Clerks, Permanent	2.00	2.00	0.00	0.00
Chemists, Permanent	41.00	41.00	0.00	0.00
Civil Engineering Technicians, Permanent	1.00	1.00	0.00	0.00

Critical Occupation	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Employees Additional to the Establishment
Cleaners In Offices Workshops Hospitals Etc., Permanent	4 604.00	4 381.00	4.80	46.00
Client Inform Clerks(Switchb Recept Inform Clerks), Permanent	204.00	191.00	6.40	0.00
Communication And Information Related, Permanent	52.00	48.00	7.70	0.00
Compositors Typesetters & Related Printing Workers, Permanent	3.00	3.00	0.00	0.00
Conservation Labourers, Permanent	2.00	2.00	0.00	0.00
Dental Practitioners, Permanent	174.00	167.00	4.00	15.00
Dental Technicians, Permanent	7.00	5.00	28.60	0.00
Dental Therapy, Permanent	19.00	19.00	0.00	1.00
Dieticians And Nutritionists, Permanent	155.00	146.00	5.80	17.00
Dieticians And Nutritionists, Temporary	1.00	1.00	0.00	0.00
Diplomats, Permanent	2.00	2.00	0.00	0.00
Electrical And Electronics Engineering Technicians, Permanent	6.00	6.00	0.00	0.00
Emergency Services Related, Permanent	41.00	40.00	2.40	0.00
Engineering Sciences Related, Permanent	4.00	4.00	0.00	1.00
Engineers And Related Professionals, Permanent	25.00	22.00	12.00	0.00
Environmental Health, Permanent	22.00	19.00	13.60	1.00
Farm Hands And Labourers, Permanent	7.00	7.00	0.00	0.00
Finance And Economics Related, Permanent	155.00	134.00	13.50	1.00
Financial And Related Professionals, Permanent	70.00	66.00	5.70	1.00
Financial Clerks And Credit Controllers, Permanent	400.00	369.00	7.80	0.00
Fire Fighting And Related Workers, Permanent	1.00	1.00	0.00	0.00
Food Services Aids And Waiters, Permanent	577.00	551.00	4.50	3.00
Food Services Workers, Permanent	5.00	5.00	0.00	0.00
General Legal Administration & Rel. Professionals, Permanent	1.00	0.00	100.00	0.00
Head Of Department/Chief Executive Officer, Permanent	10.00	8.00	20.00	0.00
Health Sciences Related, Permanent	330.00	298.00	9.70	2.00
Home-Based Personal Care Workers, Permanent	1.00	1.00	0.00	0.00
Household And Laundry Workers, Permanent	869.00	829.00	4.60	9.00
Household Food And Laundry Services Related, Permanent	4.00	4.00	0.00	0.00
Housekeepers Laundry And Related Workers, Permanent	15.00	14.00	6.70	0.00
Human Resources & Organisat Developm & Relate Prof, Permanent	50.00	41.00	18.00	0.00
Human Resources Clerks, Permanent	273.00	255.00	6.60	1.00
Human Resources Related, Permanent	202.00	182.00	9.90	0.00
Information Technology Related, Permanent	16.00	15.00	6.30	0.00
Inspectors Of Apprentices Works And Vehicles, Permanent	2.00	2.00	0.00	0.00
Language Practitioners Interpreters & Other Commun, Permanent	24.00	23.00	4.20	0.00
Legal Related, Permanent	3.00	2.00	33.30	0.00
Librarians And Related Professionals, Permanent	2.00	1.00	50.00	0.00
Library Mail And Related Clerks, Permanent	79.00	73.00	7.60	0.00
Life Sciences Related, Permanent	3.00	1.00	66.70	0.00
Light Vehicle Drivers, Permanent	162.00	156.00	3.70	0.00
Logistical Support Personnel, Permanent	101.00	86.00	14.90	1.00
Material-Recording And Transport Clerks, Permanent	181.00	170.00	6.10	1.00
Mechanical Engineering Technicians, Permanent	3.00	2.00	33.30	0.00
Medical Practitioners, Permanent	2 511.00	2 323.00	7.50	784.00
Medical Practitioners, Temporary	100.00	100.00	0.00	0.00
Medical Research And Related Professionals, Permanent	6.00	4.00	33.30	0.00
Medical Specialists, Permanent	263.00	201.00	23.60	0.00
Medical Specialists, Temporary	17.00	17.00	0.00	0.00
Medical Technicians/Technologists, Permanent	51.00	40.00	21.60	1.00
Medical Technicians/Technologists, Temporary	4.00	4.00	0.00	0.00
Messengers Porters And Deliverers, Permanent	726.00	674.00	7.20	3.00
Middle Managers, Permanent	1.00	1.00	0.00	0.00
Motor Vehicle Drivers, Permanent	36.00	33.00	8.30	2.00
Nursing Assistants, Permanent	5 494.00	5 318.00	3.20	8.00
Occupational Therapy, Permanent	202.00	159.00	21.30	52.00
Optometrists And Opticians, Permanent	6.00	6.00	0.00	0.00
Oral Hygiene, Permanent	24.00	19.00	20.80	0.00
Other Administrat & Related Clerks And Organisers, Permanent	1 694.00	1 498.00	11.60	23.00
Other Administrative Policy And Related Officers, Permanent	298.00	273.00	8.40	5.00
Other Information Technology Personnel., Permanent	88.00	83.00	5.70	0.00
Other Occupations, Permanent	57.00	57.00	0.00	1.00
Pharmaceutical Assistants, Permanent	32.00	8.00	75.00	0.00
Pharmacists, Permanent	1 105.00	1 008.00	8.80	128.00
Pharmacists, Temporary	1.00	1.00	0.00	0.00

Critical Occupation	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Employees Additional to the Establishment
Pharmacologists Pathologists & Related Professiona, Permanent	1.00	1.00	0.00	0.00
Physicists, Permanent	6.00	6.00	0.00	1.00
Physiotherapy, Permanent	236.00	198.00	16.10	61.00
Probation Workers, Permanent	1.00	1.00	0.00	0.00
Professional Nurse, Permanent	13 223.00	11 947.00	9.60	639.00
Psychologists And Vocational Counsellors, Permanent	107.00	75.00	29.90	11.00
Psychologists And Vocational Counsellors, Temporary	1.00	1.00	0.00	0.00
Quantity Surveyors & Rela Prof Not Class Elsewhere, Permanent	1.00	1.00	0.00	0.00
Radiography, Permanent	451.00	413.00	8.40	34.00
Risk Management And Security Services, Permanent	3.00	3.00	0.00	0.00
Road Workers, Permanent	1.00	1.00	0.00	0.00
Safety Health And Quality Inspectors, Permanent	15.00	15.00	0.00	0.00
Secretaries & Other Keyboard Operating Clerks, Permanent	1 179.00	1 141.00	3.20	2.00
Security Guards, Permanent	13.00	13.00	0.00	0.00
Security Officers, Permanent	1.00	1.00	0.00	0.00
Senior Managers, Permanent	98.00	87.00	11.20	0.00
Shoemakers, Permanent	3.00	3.00	0.00	0.00
Social Sciences Related, Permanent	4.00	4.00	0.00	0.00
Social Work And Related Professionals, Permanent	154.00	151.00	1.90	0.00
Speech Therapy And Audiology, Permanent	111.00	73.00	34.20	15.00
Staff Nurses And Pupil Nurses, Permanent	3 755.00	3 566.00	5.00	17.00
Student Nurse, Permanent	3.00	0.00	100.00	0.00
Supplementary Diagnostic Radiographers, Permanent	16.00	10.00	37.50	0.00
Trade Labourers, Permanent	162.00	151.00	6.80	0.00
Trade Related, Permanent	5.00	5.00	0.00	0.00
TOTAL	45 244.00	41 746.00	7.70	1 899.00

3.3. Filling of SMS Posts

The tables in this section provide information on employment and vacancies as it relates to members of the Senior Management Service by salary level. It also provides information on advertising and filling of SMS posts, reasons for not complying with prescribed timeframes and disciplinary steps taken.

Table 3.3.1 SMS post information as on 31 March 2023

SMS Level	Total number of funded SMS posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
Director-General/ Head of Department	1	1	100%	0	0%
Salary Level 16					
Salary Level 15	4	2	50%	2	50%
Salary Level 14	18	18	100%	0	0%
Salary Level 13	73	52	71%	21	29%
Total	96	73	76%	23	24%

Table 3.3.2 SMS post information as on 30 September 2022

SMS Level	Total number of funded SMS posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
Director-General/ Head of Department	1	1	100%	0	0%
Salary Level 16					
Salary Level 15	4	3	75%	1	25%
Salary Level 14	19	19	100%	0	0%
Salary Level 13	71	60	85%	11	15%
Total	95	83	87%	12	13%

Table 3.3.3 Advertising and filling of SMS posts for the period 1 April 2022 and 31 March 2023

SMS Level	Advertising	Filling of Posts	
	Number of vacancies per level advertised in 6 months of becoming vacant	Number of vacancies per level filled in 6 months of becoming vacant	Number of vacancies per level not filled in 6 months but filled in 12 months
Director-General/ Head of Department	0		
Salary Level 16			
Salary Level 15	3	0	3
Salary Level 14	2	0	2
Salary Level 13	14	2	12
Total	19	2	17

Table 3.3.4 Reasons for not having complied with the filling of funded vacant SMS - Advertised within 6 months and filled within 12 months after becoming vacant for the period 1 April 2022 and 31 March 2023

Reasons for vacancies not advertised within six months
Not Applicable
Reasons for vacancies not filled within twelve months
For the posts that were advertised, no suitable candidates could be found.
Rationalisation and Service Optimization Project were both introduced in the light of the constrained financial outlook of the Department and had to ensure efficiency and effectiveness in the process of implementation.
Rationalisation & Service Optimization Project as a Strategic Intent of the Department to ensure maximisation of efficiencies negatively affected filling of vacant posts within the stipulated periods. Furthermore, the Department had to be mindful of the risk of advertising and filling the posts meanwhile the post may be filled through the process of person to post matching within the available resources and the organogram review process.

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 2022 and 31 March 2023

Reasons for vacancies not advertised within six months
NONE

Reasons for vacancies not filled within six months

For the posts that were advertised, no suitable candidates could be found.

Rationalisation and Service Optimization Project were both introduced in the light of the constrained financial outlook of the Department and had to ensure efficiency and effectiveness in the process of implementation.

Rationalisation & Service Optimization Project as a Strategic Intent of the Department to ensure maximisation of efficiencies negatively affected filling of vacant posts within the stipulated periods. Furthermore, the Department had to be mindful of the risk of advertising and filling the posts meanwhile the post may be filled through the process of person to post matching within the available resources and the organogram review process.

3.4. Job Evaluation

Within a nationally determined framework, executing authorities may evaluate or re-evaluate any job in his or her organisation. In terms of the Regulations all vacancies on salary levels 9 and higher must be evaluated before they are filled. The following table summarises the number of jobs that were evaluated during the year under review. The table also provides statistics on the number of posts that were upgraded or downgraded.

Table 3.4.1 Job Evaluation by Salary band for the period 1 April 2022 and 31 March 2023

Salary Band	Number of Posts on Approved Establishment	Number of Jobs Evaluated	% of Posts Evaluated by Salary Bands	Posts Upgraded		Posts Downgraded	
				Number	% of Posts Evaluated	Number	% of Posts Evaluated
01 Lower Skilled (Levels 1-2)	5 694.00	0.00	0.00	0.00	0.00	0.00	0.00
02 Skilled (Levels 3-5)	15 821.00	0.00	0.00	1.00	100.00	0.00	0.00
03 Highly Skilled Production (Levels 6-8)	12 747.00	0.00	0.00	0.00	0.00	0.00	0.00
04 Highly Skilled Supervision (Levels 9-12)	7 971.00	0.00	0.00	1.00	100.00	0.00	0.00
05 Senior Management Service Band A	74.00	0.00	0.00	0.00	0.00	0.00	0.00
06 Senior Management Service Band B	17.00	0.00	0.00	0.00	0.00	0.00	0.00
07 Senior Management Service Band C	4.00	0.00	0.00	0.00	0.00	0.00	0.00
08 Senior Management Service Band D	1.00	0.00	0.00	0.00	0.00	0.00	0.00
09 Other	172.00	0.00	0.00	0.00	0.00	0.00	0.00
10 Contract (Levels 1-2)	3.00	0.00	0.00	0.00	0.00	0.00	0.00
11 Contract (Levels 3-5)	403.00	0.00	0.00	0.00	0.00	0.00	0.00
12 Contract (Levels 6-8)	1 253.00	0.00	0.00	0.00	0.00	0.00	0.00
13 Contract (Levels 9-12)	1 081.00	0.00	0.00	1.00	100.00	0.00	0.00
14 Contract Band A	2.00	0.00	0.00	0.00	0.00	0.00	0.00
17 Contract Band D	1.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	45 244.00	0.00	0.00	3.00	100.00	0.00	0.00

Table 3.4.2 Profile of employees whose positions were upgraded due to their posts being upgraded for the period 1 April 2022 and 31 March 2023

Gender	African	Asian	Coloured	White	Total
Female	0.00	0.00	0.00	0.00	0.00
Male	0.00	0.00	0.00	0.00	0.00
TOTAL	0.00	0.00	0.00	0.00	0.00
Employees with a Disability	0.00	0.00	0.00	0.00	0.00

The following table summarises the number of cases where remuneration bands exceeded the grade determined by job evaluation. Reasons for the deviation are provided in each case.

Table 3.4.3 Employees with salary levels higher than those determined by job evaluation by occupation for the period 1 April 2022 and 31 March 2023

Occupation	Number of Employees	Job Evaluation Level	Remuneration Level	Reason for Deviation	No of Employees in Department
Not Applicable	0.00	Not Applicable	Not Applicable	Not Applicable	Not Applicable
TOTAL	0.00				
Percentage of Total Employment	0.00				
Total number of employees whose salaries exceeded the level determined by job evaluation					0.00
Percentage of total employed					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 2022 and 31 March 2023

Gender	African	Asian	Coloured	White	Total
Female	0.00	0.00	0.00	0.00	0.00
Male	0.00	0.00	0.00	0.00	0.00
TOTAL	0.00	0.00	0.00	0.00	0.00
Employees with a Disability	0.00	0.00	0.00	0.00	0.00

Total number of Employees whose salaries exceeded the grades determine by job evaluation	0.00
--	------

3.5. Employment Changes

This section provides information on changes in employment over the financial year. Turnover rates provide an indication of trends in the employment profile of the department. The following tables provide a summary of turnover rates by salary band and critical occupations (see definition in notes below).

Table 3.5.1 Annual turnover rates by salary band for the period 1 April 2022 and 31 March 2023.

Salary Band	Number of Employees at Beginning of Period-01 April 2022	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover Rate
01 Lower Skilled (Levels 1-2) Permanent	5 107.00	654.00	138.00	2.70
02 Skilled (Levels 3-5) Permanent	14 663.00	1 257.00	593.00	4.00
03 Highly Skilled Production (Levels 6-8) Permanent	11 289.00	947.00	961.00	8.50
03 Highly Skilled Production (Levels 6-8) Temporary	2.00	0.00	1.00	50.00
04 Highly Skilled Supervision (Levels 9-12) Permanent	6 828.00	620.00	678.00	9.90
04 Highly Skilled Supervision (Levels 9-12) Temporary	5.00	0.00	0.00	0.00
05 Senior Management Service Band A Permanent	65.00	0.00	6.00	9.20
06 Senior Management Service Band B Permanent	17.00	0.00	0.00	0.00
07 Senior Management Service Band C Permanent	3.00	1.00	2.00	66.70
08 Senior Management Service Band D Permanent	1.00	0.00	0.00	0.00
09 Other Permanent	87.00	0.00	1.00	1.10
09 Other Temporary	69.00	118.00	64.00	92.80
10 Contract (Levels 1-2) Permanent	38.00	1.00	36.00	94.70
11 Contract (Levels 3-5) Permanent	471.00	357.00	152.00	32.30
12 Contract (Levels 6-8) Permanent	843.00	1 523.00	643.00	76.30
13 Contract (Levels 9-12) Permanent	1 019.00	763.00	640.00	62.80
14 Contract Band A Permanent	2.00	2.00	2.00	100.00
15 Contract Band B Permanent	0.00	1.00	1.00	0.00
17 Contract Band D Permanent	1.00	0.00	0.00	0.00
TOTAL	40 510.00	6 244.00	3 918.00	9.70

Table 3.5.2 Annual turnover rates by critical occupation for the period 1 April 2022 and 31 March 2023.

Critical Occupation	Number of Employees at Beginning of Period-01 April 2022	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover Rate
Administrative Related Permanent	443.00	20.00	33.00	7.40
Agriculture Related Permanent	1.00	0.00	1.00	100.00
All Artisans In The Building Metal Machinery Etc. Permanent	157.00	31.00	33.00	21.00
Ambulance And Related Workers Permanent	2 348.00	83.00	67.00	2.90
Architects Town And Traffic Planners Permanent	3.00	0.00	0.00	0.00
Artisan Project And Related Superintendents Permanent	16.00	4.00	2.00	12.50
Auxiliary And Related Workers Permanent	540.00	33.00	32.00	5.90
Basic Training Permanent	0.00	2.00	0.00	0.00
Biochemistry Pharmacol. Zoology & Life Scie.Techni Permanent	1.00	0.00	0.00	0.00
Boiler And Related Operators Permanent	44.00	1.00	3.00	6.80

Critical Occupation	Number of Employees at Beginning of Period- 01 April 2022	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover Rate
Building And Other Property Caretakers Permanent	91.00	18.00	2.00	2.20
Bus And Heavy Vehicle Drivers Permanent	19.00	0.00	1.00	5.30
Cartographic Surveying And Related Technicians Permanent	2.00	0.00	1.00	50.00
Cashiers Tellers And Related Clerks Permanent	1.00	1.00	0.00	0.00
Chemists Permanent	43.00	0.00	2.00	4.70
Civil Engineering Technicians Permanent	1.00	0.00	0.00	0.00
Cleaners In Offices Workshops Hospitals Etc. Permanent	4 141.00	467.00	203.00	4.90
Client Inform Clerks(Switchb Recept Inform Clerks) Permanent	173.00	26.00	7.00	4.00
Communication And Information Related Permanent	47.00	4.00	1.00	2.10
Compositors Typesetters & Related Printing Workers Permanent	3.00	2.00	2.00	66.70
Conservation Labourers Permanent	3.00	0.00	1.00	33.30
Dental Practitioners Permanent	161.00	33.00	23.00	14.30
Dental Practitioners Temporary	1.00	0.00	1.00	100.00
Dental Technicians Permanent	5.00	0.00	0.00	0.00
Dental Therapy Permanent	18.00	3.00	2.00	11.10
Dieticians And Nutritionists Permanent	134.00	30.00	17.00	12.70
Dieticians And Nutritionists Temporary	1.00	0.00	0.00	0.00
Diplomats Permanent	1.00	0.00	0.00	0.00
Electrical And Electronics Engineering Technicians Permanent	6.00	0.00	0.00	0.00
Emergency Services Related Permanent	36.00	3.00	0.00	0.00
Engineering Sciences Related Permanent	3.00	2.00	1.00	33.30
Engineers And Related Professionals Permanent	28.00	3.00	6.00	21.40
Environmental Health Permanent	22.00	1.00	4.00	18.20
Farm Hands And Labourers Permanent	9.00	0.00	2.00	22.20
Finance And Economics Related Permanent	141.00	3.00	12.00	8.50
Financial And Related Professionals Permanent	64.00	2.00	2.00	3.10
Financial Clerks And Credit Controllers Permanent	344.00	42.00	19.00	5.50
Fire Fighting And Related Workers Permanent	1.00	0.00	0.00	0.00
Food Services Aids And Waiters Permanent	548.00	27.00	22.00	4.00
Food Services Workers Permanent	5.00	0.00	0.00	0.00
Handymen Permanent	1.00	0.00	1.00	100.00
Head Of Department/Chief Executive Officer Permanent	10.00	2.00	3.00	30.00
Health Sciences Related Permanent	331.00	11.00	35.00	10.60
Home-Based Personal Care Workers Permanent	1.00	0.00	0.00	0.00
Household And Laundry Workers Permanent	759.00	116.00	42.00	5.50
Household Food And Laundry Services Related Permanent	4.00	0.00	0.00	0.00
Housekeepers Laundry And Related Workers Permanent	15.00	0.00	1.00	6.70
Human Resources & Organisat Developm & Relate Prof Permanent	44.00	2.00	6.00	13.60
Human Resources Clerks Permanent	247.00	20.00	10.00	4.00
Human Resources Related Permanent	197.00	5.00	22.00	11.20
Information Technology Related Permanent	14.00	1.00	0.00	0.00
Inspectors Of Apprentices Works And Vehicles Permanent	2.00	0.00	0.00	0.00
Language Practitioners Interpreters & Other Commun Permanent	25.00	1.00	1.00	4.00
Legal Related Permanent	4.00	7.00	8.00	200.00
Librarians And Related Professionals Permanent	1.00	0.00	0.00	0.00
Library Mail And Related Clerks Permanent	67.00	8.00	5.00	7.50
Life Sciences Related Permanent	1.00	0.00	0.00	0.00
Light Vehicle Drivers Permanent	160.00	8.00	10.00	6.30
Logistical Support Personnel Permanent	84.00	8.00	7.00	8.30
Material-Recording And Transport Clerks Permanent	171.00	4.00	4.00	2.30
Mechanical Engineering Technicians Permanent	3.00	0.00	1.00	33.30
Medical Practitioners Permanent	2 164.00	884.00	638.00	29.50
Medical Practitioners Temporary	66.00	95.00	56.00	84.80
Medical Research And Related Professionals Permanent	4.00	1.00	2.00	50.00
Medical Specialists Permanent	210.00	29.00	36.00	17.10
Medical Specialists Temporary	6.00	17.00	6.00	100.00
Medical Technicians/Technologists Permanent	46.00	2.00	6.00	13.00
Medical Technicians/Technologists Temporary	0.00	4.00	0.00	0.00
Messengers Porters And Deliverers Permanent	682.00	32.00	25.00	3.70
Middle Managers Permanent	1.00	0.00	0.00	0.00
Motor Vehicle Drivers Permanent	34.00	3.00	5.00	14.70
Nursing Assistants Permanent	5 337.00	401.00	205.00	3.80

Critical Occupation	Number of Employees at Beginning of Period- 01 April 2022	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover Rate
Occupational Therapy Permanent	164.00	71.00	71.00	43.30
Occupational Therapy Temporary	1.00	0.00	1.00	100.00
Optometrists And Opticians Permanent	6.00	0.00	0.00	0.00
Oral Hygiene Permanent	18.00	1.00	0.00	0.00
Other Administrat & Related Clerks And Organisers Permanent	1 322.00	239.00	55.00	4.20
Other Administrative Policy And Related Officers Permanent	289.00	10.00	25.00	8.70
Other Information Technology Personnel. Permanent	82.00	5.00	4.00	4.90
Other Occupations Permanent	58.00	4.00	7.00	12.10
Pharmaceutical Assistants Permanent	9.00	0.00	1.00	11.10
Pharmacists Permanent	964.00	214.00	151.00	15.70
Pharmacists Temporary	0.00	1.00	0.00	0.00
Pharmacologists Pathologists & Related Professiona Permanent	1.00	0.00	0.00	0.00
Physicists Permanent	5.00	2.00	1.00	20.00
Physiotherapy Permanent	200.00	78.00	79.00	39.50
Probation Workers Permanent	1.00	0.00	0.00	0.00
Professional Nurse Permanent	1 543.00	2 282.00	1 434.00	12.40
Psychologists And Vocational Counsellors Permanent	68.00	23.00	18.00	26.50
Psychologists And Vocational Counsellors Temporary	1.00	1.00	1.00	100.00
Quantity Surveyors & Rela Prof Not Class Elsewhere Permanent	1.00	0.00	0.00	0.00
Radiography Permanent	399.00	74.00	60.00	15.00
Risk Management And Security Services Permanent	3.00	0.00	0.00	0.00
Road Workers Permanent	1.00	0.00	0.00	0.00
Safety Health And Quality Inspectors Permanent	15.00	0.00	0.00	0.00
Secretaries & Other Keyboard Operating Clerks Permanent	1 130.00	98.00	65.00	5.80
Security Guards Permanent	17.00	0.00	3.00	17.60
Security Officers Permanent	1.00	0.00	0.00	0.00
Senior Managers Permanent	89.00	4.00	8.00	9.00
Shoemakers Permanent	3.00	0.00	0.00	0.00
Social Sciences Related Permanent	4.00	0.00	0.00	0.00
Social Work And Related Professionals Permanent	125.00	30.00	6.00	4.80
Speech Therapy And Audiology Permanent	74.00	26.00	25.00	33.80
Staff Nurses And Pupil Nurses Permanent	3 453.00	566.00	253.00	7.30
Supplementary Diagnostic Radiographers Permanent	11.00	0.00	1.00	9.10
Trade Labourers Permanent	152.00	12.00	12.00	7.90
Trade Related Permanent	4.00	1.00	0.00	0.00
Total	40 510.00	6 244.00	3 918.00	9.70

Table 3.5.3 Reasons why staff left the department for the period 1 April 2022 and 31 March 2023

Termination Type	Number	% of Total Resignations
01 Death, Permanent	218.00	5.60
02 Resignation, Permanent	1 635.00	41.70
02 Resignation, Temporary	6.00	0.20
03 Expiry of contract, Permanent	1 256.00	32.10
03 Expiry of contract, Temporary	59.00	1.50
04 Transfers, Permanent	1.00	0.00
06 Discharged due to ill health, Permanent	16.00	0.40
07 Dismissal-misconduct, Permanent	41.00	1.00
09 Retirement, Permanent	685.00	17.50
10 Other, Permanent	1.00	0.00
TOTAL	3 918.00	100.00

Table 3.5.4 Promotions by critical occupation for the period 1 April 2022 and 31 March 2023

Occupation	Employees 1 April 2022	Promotions to another Salary Level	Salary Level Promotions as a % of Employees by Occupation	Progression to another Notch within a Salary Level	Notch Progression as a % of Employees by Occupation
Administrative Related	443.00	11.00	2.50	302.00	68.20
Agriculture Related	1.00	0.00	0.00	1.00	100.00
All Artisans In The Building Metal Machinery Etc.	157.00	0.00	0.00	77.00	49.00
Ambulance And Related Workers	2 348.00	17.00	0.70	1 249.00	53.20
Architects Town And Traffic Planners	3.00	0.00	0.00	0.00	0.00
Artisan Project And Related Superintendents	16.00	0.00	0.00	8.00	50.00
Auxiliary And Related Workers	540.00	0.00	0.00	323.00	59.80
Biochemistry Pharmacol. Zoology & Life Scie. Techni	1.00	0.00	0.00	0.00	0.00
Boiler And Related Operators	44.00	0.00	0.00	27.00	61.40
Building And Other Property Caretakers	91.00	0.00	0.00	65.00	71.40
Bus And Heavy Vehicle Drivers	19.00	0.00	0.00	12.00	63.20
Cartographic Surveying And Related Technicians	2.00	0.00	0.00	1.00	50.00
Cashiers Tellers And Related Clerks	1.00	0.00	0.00	1.00	100.00
Chemists	43.00	0.00	0.00	15.00	34.90
Civil Engineering Technicians	1.00	0.00	0.00	1.00	100.00
Cleaners In Offices Workshops Hospitals Etc.	4 141.00	1.00	0.00	2 600.00	62.80
Client Inform Clerks(Switchboard Recept Inform Clerks)	173.00	2.00	1.20	128.00	74.00
Communication And Information Related	47.00	0.00	0.00	27.00	57.40
Compositors Typesetters & Related Printing Workers	3.00	0.00	0.00	1.00	33.30
Conservation Labourers	3.00	0.00	0.00	1.00	33.30
Dental Practitioners	162.00	0.00	0.00	65.00	40.10
Dental Technicians	5.00	0.00	0.00	4.00	80.00
Dental Therapy	18.00	0.00	0.00	11.00	61.10
Dieticians And Nutritionists	135.00	2.00	1.50	72.00	53.30
Diplomats	1.00	0.00	0.00	1.00	100.00
Electrical And Electronics Engineering Technicians	6.00	0.00	0.00	2.00	33.30
Emergency Services Related	36.00	0.00	0.00	5.00	13.90
Engineering Sciences Related	3.00	0.00	0.00	1.00	33.30
Engineers And Related Professionals	28.00	1.00	3.60	7.00	25.00
Environmental Health	22.00	0.00	0.00	11.00	50.00
Farm Hands And Labourers	9.00	0.00	0.00	2.00	22.20
Finance And Economics Related	141.00	0.00	0.00	91.00	64.50
Financial And Related Professionals	64.00	2.00	3.10	44.00	68.80
Financial Clerks And Credit Controllers	344.00	1.00	0.30	249.00	72.40
Fire Fighting And Related Workers	1.00	0.00	0.00	0.00	0.00
Food Services Aids And Waiters	548.00	0.00	0.00	363.00	66.20
Food Services Workers	5.00	0.00	0.00	3.00	60.00
Handymen	1.00	0.00	0.00	0.00	0.00
Head Of Department/Chief Executive Officer	10.00	0.00	0.00	1.00	10.00
Health Sciences Related	331.00	1.00	0.30	120.00	36.30
Home-Based Personal Care Workers	1.00	0.00	0.00	1.00	100.00
Household And Laundry Workers	759.00	4.00	0.50	502.00	66.10
Household Food And Laundry Services Related	4.00	0.00	0.00	3.00	75.00
Housekeepers Laundry And Related Workers	15.00	0.00	0.00	8.00	53.30
Human Resources & Organisat Developm & Relate Prof	44.00	1.00	2.30	26.00	59.10
Human Resources Clerks	247.00	5.00	2.00	192.00	77.70
Human Resources Related	197.00	3.00	1.50	134.00	68.00
Information Technology Related	14.00	0.00	0.00	12.00	85.70
Inspectors Of Apprentices Works And Vehicles	2.00	0.00	0.00	0.00	0.00
Language Practitioners Interpreters & Other Commun	25.00	0.00	0.00	13.00	52.00
Legal Related	4.00	0.00	0.00	0.00	0.00
Librarians And Related Professionals	1.00	0.00	0.00	1.00	100.00
Library Mail And Related Clerks	67.00	1.00	1.50	55.00	82.10
Life Sciences Related	1.00	0.00	0.00	0.00	0.00
Light Vehicle Drivers	160.00	2.00	1.30	91.00	56.90
Logistical Support Personnel	84.00	0.00	0.00	65.00	77.40
Material-Recording And Transport Clerks	171.00	0.00	0.00	131.00	76.60
Mechanical Engineering Technicians	3.00	1.00	33.30	1.00	33.30
Medical Practitioners	2 230.00	24.00	1.10	626.00	28.10
Medical Research And Related Professionals	4.00	0.00	0.00	1.00	25.00
Medical Specialists	216.00	12.00	5.60	61.00	28.20
Medical Technicians/Technologists	46.00	1.00	2.20	20.00	43.50
Messengers Porters And Deliverers	682.00	2.00	0.30	431.00	63.20

Occupation	Employees 1 April 2022	Promotions to another Salary Level	Salary Level Promotions as a % of Employees by Occupation	Progression to another Notch within a Salary Level	Notch Progression as a % of Employees by Occupation
Middle Managers	1.00	0.00	0.00	1.00	100.00
Motor Vehicle Drivers	34.00	1.00	2.90	18.00	52.90
Nursing Assistants	5 337.00	0.00	0.00	1 615.00	30.30
Occupational Therapy	165.00	3.00	1.80	52.00	31.50
Optometrists And Opticians	6.00	0.00	0.00	3.00	50.00
Oral Hygiene	18.00	0.00	0.00	14.00	77.80
Other Administrat & Related Clerks And Organisers	1 322.00	13.00	1.00	1 016.00	76.90
Other Administrative Policy And Related Officers	289.00	1.00	0.30	189.00	65.40
Other Information Technology Personnel.	82.00	0.00	0.00	63.00	76.80
Other Occupations	58.00	0.00	0.00	31.00	53.40
Pharmaceutical Assistants	9.00	0.00	0.00	8.00	88.90
Pharmacists	964.00	3.00	0.30	425.00	44.10
Pharmacologists Pathologists & Related Professiona	1.00	0.00	0.00	1.00	100.00
Physicists	5.00	0.00	0.00	3.00	60.00
Physiotherapy	200.00	3.00	1.50	70.00	35.00
Probation Workers	1.00	0.00	0.00	1.00	100.00
Professional Nurse	11 543.00	312.00	2.70	2 555.00	22.10
Psychologists And Vocational Counsellors	69.00	0.00	0.00	33.00	47.80
Quantity Surveyors & Rela Prof Not Class Elsewhere	1.00	0.00	0.00	0.00	0.00
Radiography	399.00	5.00	1.30	235.00	58.90
Risk Management And Security Services	3.00	0.00	0.00	2.00	66.70
Road Workers	1.00	0.00	0.00	1.00	100.00
Safety Health And Quality Inspectors	15.00	0.00	0.00	12.00	80.00
Secretaries & Other Keyboard Operating Clerks	1 130.00	1.00	0.10	841.00	74.40
Security Guards	17.00	0.00	0.00	10.00	58.80
Security Officers	1.00	0.00	0.00	1.00	100.00
Senior Managers	89.00	1.00	1.10	54.00	60.70
Shoemakers	3.00	0.00	0.00	3.00	100.00
Social Sciences Related	4.00	0.00	0.00	1.00	25.00
Social Work And Related Professionals	125.00	1.00	0.80	50.00	40.00
Speech Therapy And Audiology	74.00	4.00	5.40	25.00	33.80
Staff Nurses And Pupil Nurses	3 453.00	7.00	0.20	978.00	28.30
Supplementary Diagnostic Radiographers	11.00	0.00	0.00	6.00	54.50
Trade Labourers	152.00	0.00	0.00	90.00	59.20
Trade Related	4.00	0.00	0.00	3.00	75.00
TOTAL	40 510.00	449.00	1.10	16 675.00	41.20

Table 3.5.5 Promotions by salary band for the period 1 April 2022 and 31 March 2023

Salary Band	Employees 1 April 2022	Promotions to another Salary Level	Salary Level Promotions as a % of Employees by Salary Band	Progressions to another Notch within a Salary Level	Notch Progression as a % of Employees by Salary Band
01 Lower Skilled (Levels 1-2), Permanent	5 107.00	0.00	0.00	3 132.00	61.30
02 Skilled (Levels 3-5), Permanent	14 663.00	32.00	0.20	6 781.00	46.20
03 Highly Skilled Production (Levels 6-8), Permanent	11 289.00	172.00	1.50	4 284.00	37.90
03 Highly Skilled Production (Levels 6-8), Temporary	2.00	0.00	0.00	0.00	0.00
04 Highly Skilled Supervision (Levels 9-12), Permanent	6 828.00	243.00	3.60	2 321.00	34.00
04 Highly Skilled Supervision (Levels 9-12), Temporary	5.00	0.00	0.00	1.00	20.00
05 Senior Management (Levels >= 13), Permanent	86.00	1.00	1.20	44.00	51.20
09 Other, Permanent	87.00	0.00	0.00	0.00	0.00
09 Other, Temporary	69.00	0.00	0.00	2.00	2.90
10 Contract (Levels 1-2), Permanent	38.00	0.00	0.00	0.00	0.00
11 Contract (Levels 3-5), Permanent	471.00	0.00	0.00	2.00	0.40
12 Contract (Levels 6-8), Permanent	843.00	0.00	0.00	1.00	0.10
13 Contract (Levels 9-12), Permanent	1 019.00	1.00	0.10	107.00	10.50
14 Contract (Levels >= 13), Permanent	3.00	0.00	0.00	0.00	0.00
TOTAL	40 510.00	449.00	1.10	16 675.00	41.20

3.6. Employment Equity

Table 3.6.1 Total number of employees (including employees with disabilities) in each of the following occupational categories as on 1 April 2022 and 31 March 2023

Occupational Category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
01 - Senior Officials And Managers	38	0	1	0	49	5	2	4	99
02 - Professionals	1 530	126	121	311	2 321	256	119	44	5 224
03 - Technicians And Associate Professionals	2 393	148	3	41	9 903	1 276	24	400	14 188
04 - Clerks	902	56	1	11	2 548	128	3	42	3 691
05 - Service Shop And Market Sales Workers	2 627	261	5	66	7 815	443	1	95	11 313
07 - Craft And Related Trade Workers	119	14	0	9	41	0	0	0	183
08 - Plant And Machine Operators And Assemblers	214	17	0	4	9	1	0	0	245
09 - Labourers And Related Workers	2 207	111	1	24	4 165	219	0	28	6 755
99 - Unknown	14	1	0	1	29	2	0	1	48
TOTAL	10 044	734	132	467	26 880	2 330	149	1 010	41 746
Employees with disabilities	40	6	0	46	3	40	6	0	46

Table 3.6.2 Total number of employees (including employees with disabilities) in each of the following occupational bands as on 31 March 2023

Occupational Band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
01 Top Management, Permanent	1.00	0.00	0.00	0.00	2.00	0.00	0.00	0.00	3.00
02 Senior Management, Permanent	32.00	0.00	2.00	5.00	35.00	1.00	1.00	2.00	78.00
03 Professionally qualified and experienced specialists and mid-management, Permanent	1 342.00	141.00	86.00	229.00	4 101.00	624.00	73.00	370.00	6 966.00
03 Professionally qualified and experienced specialists and mid-management, Temporary	0.00	0.00	0.00	0.00	3.00	0.00	0.00	2.00	5.00
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	2 280.00	233.00	9.00	73.00	7 700.00	934.00	20.00	338.00	11 587.00
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	1.00
05 Semi-skilled and discretionary decision making, Permanent	3 835.00	251.00	1.00	47.00	10 102.00	503.00	3.00	72.00	14 814.00
06 Unskilled and defined decision making, Permanent	1 778.00	71.00	0.00	9.00	3 378.00	137.00	0.00	4.00	5 377.00
07 Not Available, Permanent	17.00	2.00	0.00	2.00	30.00	2.00	0.00	1.00	54.00
07 Not Available, Temporary	52.00	3.00	6.00	17.00	26.00	1.00	0.00	13.00	118.00
08 Contract (Top Management), Permanent	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	1.00
09 Contract (Senior Management), Permanent	1.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	2.00
10 Contract (Professionally Qualified), Permanent	374.00	23.00	26.00	82.00	349.00	44.00	48.00	135.00	1 081.00
11 Contract (Skilled Technical), Permanent	251.00	8.00	2.00	3.00	837.00	77.00	4.00	71.00	1 253.00
12 Contract (Semi-Skilled), Permanent	81.00	2.00	0.00	0.00	313.00	6.00	0.00	1.00	403.00
13 Contract (Unskilled), Permanent	0.00	0.00	0.00	0.00	3.00	0.00	0.00	0.00	3.00
TOTAL	10 044.00	734.00	132.00	467.00	26 880.00	2 330.00	149.00	1 010.00	41 746.00

Table 3.6.3 Recruitment for the period 1 April 2022 and 31 March 2023

Occupational Band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
03 Professionally qualified and experienced specialists and mid-management, Permanent	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	1.00
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	183.00	12.00	7.00	29.00	320.00	33.00	10.00	26.00	620.00
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	206.00	12.00	0.00	1.00	627.00	78.00	2.00	21.00	947.00
05 Semi-skilled and discretionary decision making, Permanent	269.00	20.00	0.00	4.00	917.00	43.00	0.00	4.00	1 257.00
06 Unskilled and defined decision making, Permanent	240.00	10.00	0.00	0.00	393.00	11.00	0.00	0.00	654.00
07 Not Available, Temporary	54.00	4.00	5.00	12.00	29.00	0.00	0.00	14.00	118.00
08 Contract (Top Management), Permanent	2.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	3.00
09 Contract (Senior Management), Permanent	256.00	20.00	18.00	55.00	259.00	35.00	32.00	88.00	763.00
10 Contract (Professionally qualified), Permanent	318.00	11.00	2.00	3.00	1 016.00	99.00	4.00	70.00	1 523.00
11 Contract (Skilled technical), Permanent	80.00	2.00	0.00	0.00	267.00	7.00	0.00	1.00	357.00
12 Contract (Semi-skilled), Permanent	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00
13 Contract (Unskilled), Permanent	1 608.00	91.00	32.00	105.00	3 830.00	306.00	48.00	224.00	6 244.00
TOTAL	1687	78	31	95	6241	409	39	248	8828

Table 3.6.4 Promotions for the period 1 April 2022 and 31 March 2023

Occupational Band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Senior Management, Permanent	24.00	0.00	1.00	2.00	16.00	0.00	0.00	2.00	45.00
Professionally qualified and experienced specialists and mid-management, Permanent	534.00	60.00	40.00	109.00	1 378.00	240.00	38.00	165.00	2 564.00
Professionally qualified and experienced specialists and mid-management, Temporary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	915.00	88.00	2.00	33.00	2 906.00	348.00	7.00	157.00	4 456.00

Semi-skilled and discretionary decision making, Permanent	1 936.00	151.00	1.00	24.00	4 403.00	254.00	2.00	42.00	6 813.00
Unskilled and defined decision making, Permanent	996.00	39.00	0.00	5.00	2 020.00	70.00	0.00	2.00	3 132.00
Not Available, Temporary	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
Contract (Professionally qualified), Permanent	33.00	1.00	1.00	8.00	33.00	4.00	10.00	18.00	108.00
Contract (Skilled technical), Permanent	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00
Contract (Semi-skilled), Permanent	0.00	0.00	0.00	0.00	2.00	0.00	0.00	0.00	2.00
TOTAL	4 440.00	339.00	45.00	181.00	10 759.00	916.00	57.00	387.00	17 124.00

Table 3.6.5 Terminations for the period 1 April 2022 and 31 March 2023

Occupational Band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
01 Top Management, Permanent	1.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	2.00
02 Senior Management, Permanent	5.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	6.00
03 Professionally qualified and experienced specialists and mid-management, Permanent	123.00	13.00	7.00	27.00	415.00	50.00	7.00	36.00	678.00
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	177.00	14.00	0.00	4.00	641.00	72.00	2.00	51.00	961.00
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	1.00
05 Semi-skilled and discretionary decision making, Permanent	189.00	12.00	0.00	3.00	358.00	27.00	0.00	4.00	593.00
06 Unskilled and defined decision making, Permanent	55.00	5.00	0.00	0.00	78.00	0.00	0.00	0.00	138.00
07 Not Available, Permanent	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	1.00
07 Not Available, Temporary	32.00	1.00	1.00	8.00	16.00	0.00	0.00	6.00	64.00
09 Contract (Senior Management), Permanent	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00
10 Contract (Professionally qualified), Permanent	215.00	16.00	17.00	39.00	211.00	40.00	16.00	86.00	640.00
11 Contract (Skilled technical), Permanent	149.00	9.00	1.00	4.00	351.00	57.00	11.00	61.00	643.00
12 Contract (Semi-skilled), Permanent	41.00	1.00	0.00	0.00	107.00	3.00	0.00	0.00	152.00
13 Contract (Unskilled), Permanent	5.00	0.00	0.00	0.00	31.00	0.00	0.00	0.00	36.00
TOTAL	995.00	72.00	27.00	86.00	2 208.00	249.00	36.00	245.00	3 918.00

Table 3.6.6 Disciplinary action for the period 1 April 2022 and 31 March 2023

Disciplinary Action	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Disciplinary action	104	47	0	0	40	35	0	0	226

Table 3.6.7 Skills development for the period 1 April 2022 and 31 March 2023

Occupational Category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Legislators, senior officials and managers	46	2	0	1	92	9	1	0	151
Professionals	296	12	1	3	893	2	11	5	1223
Technicians and associate professionals	78	0	0	0	175	2	0	1	256
Clerks	82	0	0	0	238	2	0	0	322
Service and sales workers	78	1	0	0	143	0	0	0	222
Skilled agriculture and fishery workers	1	2	0	0	1	0	0	0	4
Craft and related trades workers	0	0	0	0	0	0	0	0	0
Plant and machine operators and assemblers	16	0	0	0	0	0	0	0	16
Elementary occupations	41	0	0	1	61	0	0	0	103
Total	638	17	1	5	1603	15	12	12	2303
Employees with disabilities	2	0	0	0	4	0	0	0	6

3.7. Signing of Performance Agreements by SMS Members

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

Table 3.7.1 Signing of Performance Agreements by SMS members as on 31 May 2022.

SMS Level	Total number of funded SMS posts	Total number of SMS members	Total number of signed performance agreements	Signed performance agreements as % of total number of SMS members
Director-General/ Head of Department	1	1	1	100%
Salary Level 16				
Salary Level 15	3	3	3	100%
Salary Level 14	17	17	16	95%
Salary Level 13	62	62	58	93.5%
Total	83	83	78	94%

Table 3.7.2 Reasons for not having concluded Performance agreements for all SMS members as on 31 March 2022

Reasons
One Level 14 not contracted because she was on suspension for the period under review
Four Level 13 not contracted were mainly due to differences between themselves and their line function supervisors and their cases were presented to the HoD for intervention.

Table 3.7.3 Disciplinary steps taken against SMS members for not having concluded Performance agreements as on 31 March 2022

Reasons
Warning Letters were given to all the members who did not contract and due to the reasons provided they were not given any sanction as the matter was already in the HoD's office for consideration.

3.8. Performance Rewards

To encourage good performance, the department has granted the following performance rewards during the year under review. The information is presented in terms of race, gender, disability, salary bands and critical occupations (see definition in notes below).

Table 3.8.1 Performance Rewards by race, gender and disability for the period 1 April 2022 and 31 March 2023

Race and Gender	Number of Beneficiaries	Number of Employees	% of Total within Group	Total Cost (R'000)	Average Cost per Employee (R)
African, Female	0.00	26 839.00	0.00	0.00	0.00
African, Male	0.00	10 005.00	0.00	0.00	0.00
Asian, Female	0.00	149.00	0.00	0.00	0.00
Asian, Male	0.00	132.00	0.00	0.00	0.00
Coloured, Female	0.00	2 324.00	0.00	0.00	0.00
Coloured, Male	0.00	728.00	0.00	0.00	0.00
Total Blacks, Female	0.00	29 312.00	0.00	0.00	0.00
Total Blacks, Male	0.00	10 865.00	0.00	0.00	0.00
White, Female	0.00	1 007.00	0.00	0.00	0.00
White, Male	0.00	464.00	0.00	0.00	0.00
Employees with a disability	0.00	98.00	0.00	0.00	0.00
TOTAL	0.00	41 746.00	0.00	0.00	0.00

Table 3.8.2 Performance Rewards by salary band for personnel below Senior Management Service for the period 1 April 2022 and 31 March 2023

Salary Band	Number of Beneficiaries	Number of Employees	% of Total within Salary Band	Total Cost (R'000)	Average Cost per Employee (R)
01 Lower Skilled (Levels 1-2)	0.00	5 377.00	0.00	0.00	0.00
02 Skilled (Levels 3-5)	0.00	14 814.00	0.00	0.00	0.00
03 Highly Skilled Production (Levels 6-8)	0.00	11 588.00	0.00	0.00	0.00
04 Highly Skilled Supervision (Levels 9-12)	0.00	6 971.00	0.00	0.00	0.00
09 Other	0.00	172.00	0.00	0.00	0.00
10 Contract (Levels 1-2)	0.00	3.00	0.00	0.00	0.00
11 Contract (Levels 3-5)	0.00	403.00	0.00	0.00	0.00
12 Contract (Levels 6-8)	0.00	1 253.00	0.00	0.00	0.00
13 Contract (Levels 9-12)	0.00	1 081.00	0.00	0.00	0.00
TOTAL	0.00	41 662.00	0.00	0.00	0.00

Table 3.8.3 Performance Rewards by critical occupation for the period 1 April 2022 and 31 March 2023

Critical Occupation	Number of Beneficiaries	Number Of Employees	% Of Total Within Occupation	Total Cost (R'000)	Average Cost per Employee (R)
Financial Clerks And Credit Controllers	0.00	369.00	0.00	0.00	0.00
Household Food And Laundry Services Related	0.00	4.00	0.00	0.00	0.00
Human Resources Clerks	0.00	255.00	0.00	0.00	0.00
Security Officers	0.00	1.00	0.00	0.00	0.00
Household And Laundry Workers	0.00	829.00	0.00	0.00	0.00
Oral Hygiene	0.00	19.00	0.00	0.00	0.00
Messengers Porters And Deliverers	0.00	674.00	0.00	0.00	0.00
All Artisans In The Building Metal Machinery Etc.	0.00	154.00	0.00	0.00	0.00
Human Resources & Organisat Developm & Relate Prof	0.00	41.00	0.00	0.00	0.00
Risk Management And Security Services	0.00	3.00	0.00	0.00	0.00
Biochemistry Pharmacol. Zoology & Life Scie. Techni	0.00	1.00	0.00	0.00	0.00
Safety Health And Quality Inspectors	0.00	15.00	0.00	0.00	0.00
Life Sciences Related	0.00	1.00	0.00	0.00	0.00
Boiler And Related Operators	0.00	39.00	0.00	0.00	0.00
Social Sciences Related	0.00	4.00	0.00	0.00	0.00
Logistical Support Personnel	0.00	86.00	0.00	0.00	0.00
Finance And Economics Related	0.00	134.00	0.00	0.00	0.00
Food Services Workers	0.00	5.00	0.00	0.00	0.00
Chemists	0.00	41.00	0.00	0.00	0.00
Optometrists And Opticians	0.00	6.00	0.00	0.00	0.00
Other Administrat & Related Clerks And Organisers	0.00	1 498.00	0.00	0.00	0.00
Appraisers-Valuers And Related Professionals	0.00	1.00	0.00	0.00	0.00
Housekeepers Laundry And Related Workers	0.00	14.00	0.00	0.00	0.00
Auxiliary And Related Workers	0.00	524.00	0.00	0.00	0.00
Other Occupations	0.00	57.00	0.00	0.00	0.00
Legal Related	0.00	2.00	0.00	0.00	0.00
Financial And Related Professionals	0.00	66.00	0.00	0.00	0.00
Building And Other Property Caretakers	0.00	105.00	0.00	0.00	0.00
Probation Workers	0.00	1.00	0.00	0.00	0.00
Occupational Therapy	0.00	159.00	0.00	0.00	0.00
Home-Based Personal Care Workers	0.00	1.00	0.00	0.00	0.00
Medical Technicians/Technologists	0.00	44.00	0.00	0.00	0.00
Emergency Services Related	0.00	40.00	0.00	0.00	0.00
Radiography	0.00	413.00	0.00	0.00	0.00
Diplomats	0.00	2.00	0.00	0.00	0.00
Architects Town And Traffic Planners	0.00	3.00	0.00	0.00	0.00
Administrative Related	0.00	434.00	0.00	0.00	0.00
Communication And Information Related	0.00	48.00	0.00	0.00	0.00
Basic Training	0.00	2.00	0.00	0.00	0.00
Secretaries & Other Keyboard Operating Clerks	0.00	1 141.00	0.00	0.00	0.00
Physicists	0.00	6.00	0.00	0.00	0.00
Cleaners In Offices Workshops Hospitals Etc.	0.00	4 381.00	0.00	0.00	0.00
Library Mail And Related Clerks	0.00	73.00	0.00	0.00	0.00
Human Resources Related	0.00	182.00	0.00	0.00	0.00
Dental Practitioners	0.00	167.00	0.00	0.00	0.00
Ambulance And Related Workers	0.00	2 358.00	0.00	0.00	0.00

Critical Occupation	Number of Beneficiaries	Number Of Employees	% Of Total Within Occupation	Total Cost (R'000)	Average Cost per Employee (R)
Pharmaceutical Assistants	0.00	8.00	0.00	0.00	0.00
Cashiers Tellers And Related Clerks	0.00	2.00	0.00	0.00	0.00
Head Of Department/Chief Executive Officer	0.00	8.00	0.00	0.00	0.00
Trade Labourers	0.00	151.00	0.00	0.00	0.00
Environmental Health	0.00	19.00	0.00	0.00	0.00
Physiotherapy	0.00	198.00	0.00	0.00	0.00
Language Practitioners Interpreters & Other Commun	0.00	23.00	0.00	0.00	0.00
Medical Practitioners	0.00	2 423.00	0.00	0.00	0.00
Social Work And Related Professionals	0.00	151.00	0.00	0.00	0.00
Cartographic Surveying And Related Technicians	0.00	1.00	0.00	0.00	0.00
Civil Engineering Technicians	0.00	1.00	0.00	0.00	0.00
Road Workers	0.00	1.00	0.00	0.00	0.00
Material-Recording And Transport Clerks	0.00	170.00	0.00	0.00	0.00
Psychologists And Vocational Counsellors	0.00	76.00	0.00	0.00	0.00
Farm Hands And Labourers	0.00	7.00	0.00	0.00	0.00
Compositors Typesetters & Related Printing Workers	0.00	3.00	0.00	0.00	0.00
Dieticians And Nutritionists	0.00	147.00	0.00	0.00	0.00
Other Administrative Policy And Related Officers	0.00	273.00	0.00	0.00	0.00
Artisan Project And Related Superintendents	0.00	17.00	0.00	0.00	0.00
Fire Fighting And Related Workers	0.00	1.00	0.00	0.00	0.00
Inspectors Of Apprentices Works And Vehicles	0.00	2.00	0.00	0.00	0.00
Professional Nurse	0.00	11 947.00	0.00	0.00	0.00
Bus And Heavy Vehicle Drivers	0.00	17.00	0.00	0.00	0.00
Medical Research And Related Professionals	0.00	4.00	0.00	0.00	0.00
Senior Managers	0.00	87.00	0.00	0.00	0.00
Client Inform Clerks(Switchb Recept Inform Clerks)	0.00	191.00	0.00	0.00	0.00
Speech Therapy And Audiology	0.00	73.00	0.00	0.00	0.00
Pharmacists	0.00	1 009.00	0.00	0.00	0.00
Engineers And Related Professionals	0.00	22.00	0.00	0.00	0.00
Middle Managers	0.00	1.00	0.00	0.00	0.00
Trade Related	0.00	5.00	0.00	0.00	0.00
Other Information Technology Personnel.	0.00	83.00	0.00	0.00	0.00
Dental Therapy	0.00	19.00	0.00	0.00	0.00
Light Vehicle Drivers	0.00	156.00	0.00	0.00	0.00
Electrical And Electronics Engineering Technicians	0.00	6.00	0.00	0.00	0.00
Engineering Sciences Related	0.00	4.00	0.00	0.00	0.00
Medical Specialists	0.00	218.00	0.00	0.00	0.00
Motor Vehicle Drivers	0.00	33.00	0.00	0.00	0.00
Dental Technicians	0.00	5.00	0.00	0.00	0.00
Security Guards	0.00	13.00	0.00	0.00	0.00
Health Sciences Related	0.00	298.00	0.00	0.00	0.00
Food Services Aids And Waiters	0.00	551.00	0.00	0.00	0.00
Nursing Assistants	0.00	5 318.00	0.00	0.00	0.00
Quantity Surveyors & Rela Prof Not Class Elsewhere	0.00	1.00	0.00	0.00	0.00
Conservation Labourers	0.00	2.00	0.00	0.00	0.00
Mechanical Engineering Thechnicians	0.00	2.00	0.00	0.00	0.00
Pharmacologists Pathologists & Related Professiona	0.00	1.00	0.00	0.00	0.00
Supplementary Diagnostic Radiographers	0.00	10.00	0.00	0.00	0.00
Information Technology Related	0.00	15.00	0.00	0.00	0.00
Librarians And Related Professionals	0.00	1.00	0.00	0.00	0.00
Shoemakers	0.00	3.00	0.00	0.00	0.00
Staff Nurses And Pupil Nurses	0.00	3 566.00	0.00	0.00	0.00
TOTAL	0.00	41 746.00	0.00	0.00	0.00

Table 3.8.4 Performance related rewards (cash bonus), by salary band for Senior Management Service for the period 1 April 2022 and 31 March 2023

Salary Band	Number of Beneficiaries	Number Of Employees	% Of Total Within Salary Band	Total Cost (R'000)	Average Cost Per Employee (R)	Total Cost As A % Of The Total Personnel Expenditure	Personnel Cost SMS (R'000)
Band A	0.00	63.00	0.00	0.00	0.00	0.00	81 102.32
Band B	0.00	17.00	0.00	0.00	0.00	0.00	25 758.16
Band C	0.00	2.00	0.00	0.00	0.00	0.00	5 204.50
Band D	0.00	2.00	0.00	0.00	0.00	0.00	4 393.66
TOTAL	0.00	84.00	0.00	0.00	0.00	0.00	116 458.64

3.9. Foreign Workers

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

Table 3.9.1 Foreign workers by salary band for the period 1 April 2022 and 31 March 2023

Salary Band	Employment at Beginning of Period	Percent age of Total at Beginning of Period	Employment at End of Period	Percent age of Total at End of Period	Change in Employment	Percent age of Total	Total Employment at Beginning of Period	Total Employment at End of Period	Total Change in Employment
Highly skilled production (Levels 6-8)	2.00	5.30	2.00	5.10	0.00	0.00	38.00	39.00	1.00
Highly skilled supervision (Levels 9-12)	35.00	92.10	36.00	92.30	1.00	100.00	38.00	39.00	1.00
Other	1.00	2.60	1.00	2.60	0.00	0.00	38.00	39.00	1.00
Senior management (Levels 13-16)	0.00	0.00	0.00	0.00	0.00	0.00	38.00	39.00	1.00
Skilled (Levels 3-5)	0.00	0.00	0.00	0.00	0.00	0.00	38.00	39.00	1.00
TOTAL	38.00	100.00	39.00	100.00	1.00	100.00	38.00	39.00	1.00

Table 3.9.2 Foreign workers by major occupation for the period 1 April 2022 and 31 March 2023.

Major Occupation	Employment at Beginning of Period	Percent age of Total at Beginning of Period	Employment at End of Period	Percent age of Total at End of Period	Change in Employment	Percent age of Total	Total Employment at Beginning of Period	Total Employment at End of Period	Total Change in Employment
Administrative office workers	1.00	2.60	1.00	2.60	0.00	0.00	38.00	39.00	1.00
Craft and related trades workers	0.00	0.00	0.00	0.00	0.00	0.00	38.00	39.00	1.00
Information technology personnel	0.00	0.00	0.00	0.00	0.00	0.00	38.00	39.00	1.00
Professionals and managers	37.00	97.40	38.00	97.40	1.00	100.00	38.00	39.00	1.00
Service workers	0.00	0.00	0.00	0.00	0.00	0.00	38.00	39.00	1.00
Technicians and associated professionals	0.00	0.00	0.00	0.00	0.00	0.00	38.00	39.00	1.00
TOTAL	38.00	100.00	39.00	100.00	1.00	100.00	38.00	39.00	1.00

3.10. Leave utilisation

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

Table 3.10.1 Sick leave for the period 1 January 2022 to 31 December 2022

Salary Band	Total Days	% Days with Medical Certification	Number of Employees using Sick Leave	% of Total Employees using Sick Leave	Average Days per Employee	Estimated Cost (R'000)	Total number of Employees using Sick Leave	Total number of days with medical certification
Contract (Levels 1-2)	126.00	63.50	30.00	0.10	4.00	69.00	28 597.00	80.00
Contract (Levels 3-5)	615.00	82.80	136.00	0.50	5.00	564.00	28 597.00	509.00
Contract (Levels 6-8)	3 415.00	67.80	792.00	2.80	4.00	4 226.00	28 597.00	2 315.00
Contract (Levels 9-12)	2 028.00	65.50	468.00	1.60	4.00	4 701.00	28 597.00	1 328.00
Highly skilled production (Levels 6-8)	79 060.00	83.10	8 779.00	30.70	9.00	115 745.00	28 597.00	65 685.00
Highly skilled supervision (Levels 9-12)	42 493.50	83.80	4 805.00	16.80	9.00	119 161.00	28 597.00	35 626.00
Lower skilled (Levels 1-2)	29 411.50	84.30	3 266.00	11.40	9.00	17 401.00	28 597.00	24 787.00
Other	103.00	96.10	6.00	0.00	17.00	180.00	28 597.00	99.00
Senior management (Levels 13-16)	254.00	91.30	31.00	0.10	8.00	1 207.00	28 597.00	232.00
Skilled (Levels 3-5)	91 575.00	84.80	10 284.00	36.00	9.00	79 999.00	28 597.00	77 625.00
TOTAL	249 081.00	83.60	28 597.00	100.00	9.00	343 252.00	28 597.00	208 286.00

Table 3.10.2 Disability leave (temporary and permanent) for the period 1 January 2022 to 31 December 2022

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 6-8)	66.00	100.00	2.00	0.60	33.00	90.00	66.00	358.00
Contract (Levels 9-12)	83.00	100.00	3.00	0.80	28.00	130.00	83.00	358.00
Highly skilled production (Levels 6-8)	7 733.00	99.90	102.00	28.50	76.00	11 597.00	7 729.00	358.00
Highly skilled supervision (Levels 9-12)	4 774.00	100.00	79.00	22.10	60.00	13 199.00	4 774.00	358.00
Lower skilled (Levels 1-2)	2 455.00	100.00	41.00	11.50	60.00	1 453.00	2 455.00	358.00
Skilled (Levels 3-5)	8 214.00	100.00	131.00	36.60	63.00	7 245.00	8 212.00	358.00
TOTAL	23 325.00	100.00	358.00	100.00	65.00	33 714.00	23 319.00	358.00

The table below summarises the utilisation of annual leave. The wage agreement concluded with trade unions in the PSCBC in 2000 requires management of annual leave to prevent high levels of accrued leave being paid at the time of termination of service.

Table 3.10.3 Annual Leave for the period 1 January 2022 to 31 December 2022

Salary Band	Total Days Taken	Average per Employee	Number of Employees using Annual Leave
Contract (Levels 1-2)	261.00	8.00	34.00
Contract (Levels 3-5)	3 597.00	12.00	295.00
Contract (Levels 6-8)	13 559.00	11.00	1 246.00
Contract (Levels 9-12)	13 160.24	13.00	977.00
Highly skilled production (Levels 6-8)	251 692.49	22.00	11 462.00
Highly skilled supervision (Levels 9-12)	155 373.94	23.00	6 762.00
Lower skilled (Levels 1-2)	107 373.29	22.00	4 944.00
Other	147.00	21.00	7.00
Senior management (Levels 13-16)	1 412.00	19.00	74.00
Skilled (Levels 3-5)	304 170.29	21.00	14 180.00
TOTAL	850 746.25	21.00	39 981.00

Table 3.10.4 Capped leave for the period 1 January 2022 to 31 December 2022

Salary Band	Total Days of Capped Leave Taken	Average Number of Days Taken per Employee	Average Capped Leave per Employee as at End of Period	Number of Employees using Capped Leave	Total Number of Capped Leave Available at End of Period	Number of Employees as at End of Period
Contract (Levels 1-2)	0.00	0.00	0.00	0.00	0.00	0.00
Contract (Levels 13-16)	0.00	0.00	0.00	0.00	0.00	0.00
Contract (Levels 3-5)	0.00	0.00	90.00	0.00	268.93	3.00
Contract (Levels 6-8)	0.00	0.00	98.00	0.00	886.47	9.00
Contract (Levels 9-12)	0.00	0.00	57.00	0.00	573.68	10.00
Highly skilled production (Levels 6-8)	406.25	5.00	66.00	77.00	66 625.24	1 016.00
Highly skilled supervision (Levels 9-12)	364.00	7.00	68.00	54.00	82 616.04	1 213.00
Lower skilled (Levels 1-2)	1.00	1.00	76.00	1.00	2 569.75	34.00
Other	0.00	0.00	10.00	0.00	10.00	1.00
Senior management (Levels 13-16)	0.00	0.00	64.00	0.00	1 594.90	25.00
Skilled (Levels 3-5)	107.25	3.00	51.00	37.00	32 737.59	648.00
TOTAL	878.50	5.00	63.00	169.00	187 882.60	2 959.00

The following table summarise payments made to employees as a result of leave that was not taken.

Table 3.10.5 Leave pay-outs for the period 1 April 2022 and 31 March 2023

Reason	Total Estimated Amount (R'000)	Number of Employees	Estimated Average per Employee (R)
Annual - Discounting With Resignation (Work Days)	3 202.00	147.00	21 782.00
Annual - Discounting: Unused Vacation Credits (Work Days)	110.00	5.00	22 000.00
Annual - Gratuity: Death/Retirement/Medical Retirement(Work	12 129.00	378.00	32 087.00
Capped - Gratuity: Death/Retirement/Medical Retirement(Work	12 213.00	103.00	118 573.00
TOTAL	27 654.00	633.00	

3.1.1. 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
<p>All Clinical, Clinical Support, Emergency Medical Services, Forensics, Maintenance, Laundry Staff Refuse Collectors and General Assistants at medical service delivery points are at high risk of exposure to HIV, TB, COVID-19 and other communicable diseases through direct contact with infected public / patients / colleagues, body parts and body fluids.</p> <p>The mode of infection includes cuts, needle pricks, handling of infected body parts, body fluids, breathing infected air and touching contaminated items of linen, utensils, and other surfaces in the course of duty.</p>	<p>Standard/Universal Precautions taken for infection control, Needle Prick protocol, Post Exposure Prophylaxis, Protective Barriers /Equipment and Personal Protective clothing – gowns, aprons, gloves, masks, visors, eye wear, etc.</p> <p>Special COVID-19 safety practices continued according to the exposure risk categories of different occupational groups. These included hand hygiene and sanitization, special cleaning and disinfection, screening and testing of employees, quarantine and isolation as well as special and additional Personal Protective clothing and equipment e.g. screens and other physical barriers to prevent air droplet transmission.</p> <p>Other interventions include:</p> <ol style="list-style-type: none"> Staff training on infection control and standard / universal precautions and special Covid-29 safety measures. Warning signage and promotional material Reporting and investigation of occupational exposures Education on sharps and waste disposal. Trauma debriefing Monitoring proper use of Personal Protective Clothing and equipment

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

Question	Yes	No	Details, if yes
1. Has the department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter I of the Public Service Regulations, 2001? If so, provide her/his name and position.	Yes		Miss T Govender: Senior Manager: Employee Wellness
2. Does the department have a dedicated unit or have you designated specific staff members to promote health and well being of your employees? If so, indicate the number of employees who are involved in this task and the annual budget that is available.	Yes		The EW Unit has 26 designated personnel: 12 EW at Districts and Hospital Complexes and 5 at Head Office (including COID unit); OHS dedicated Staff 4 in the Districts and 5 in Health Facilities. The annual operational budget for the programmes amounted to R 220 000 with R50 000 ring fenced for Compensation of Occupational Injuries and Diseases. Services have been delivered within this limited budget and with support from other programmes such as Clinical Services; HRD and external partners. EMS Directorate funds services for theirs and Forensic Pathology
3. Has the department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/services of the programme.	Yes		Employee Assistance and Health Promotion are integrated into four Employee Wellness Sub-programmes. These are aligned to the DPSA Framework and include: HIV & AIDS and TB Workplace, Health and Productivity, SHERQ and Wellness Management. The core services include: 1. Case Management and counselling, attended to 2559 referrals with 1428 being active cases at the end of the year. 127 Trauma debriefing sessions were held with 819 employees to mitigate the impact of covid-19. 2. Prevention and Education: basic health risk assessments, HIV counselling and testing, TB screening, sport and recreation, Health calendar events, Life Skills (including Financial), presentations, workshops and distribution of information on various Wellness topics: 350 Sessions Reaching 4968 employees 3. Management Training and Advice: 54 Sessions reaching 329 supervisors and shop stewards 4. EW Programme Promotion, 169 sessions reaching 2877 employees 5. Monitoring and Evaluation
4. Has the department established (a) committee(s) as contemplated in Part VI E.5 (e) of Chapter I of the Public Service Regulations, 2001? If so, please provide the names of the members of the committee and the stakeholder(s) that they represent.	Yes		The Provincial Committee led by DDG: HR & CS, OHS Committees & Structures are functional at Health Facility Level.
5. Has the department reviewed the employment policies and practices of your department to ensure that these do not unfairly discriminate against employees on the basis of their HIV status? If so, list the employment policies/practices so reviewed.	Yes		All HR policies have been reviewed and comply with the required principles. The policies are aligned to the DPSA Framework for Employee Health and Wellness and include: HIV, AIDS & TB Workplace Policy, Health and Productivity Management Policy, Occupational Health & Safety Policy, Wellness Management Policy,
6. Has the department introduced measures to protect HIV-positive employees or those perceived to be HIV-positive from discrimination? If so, list the key elements of these measures.	Yes		The Department has implemented Case management and Counselling services and addresses stigma and discrimination through all Prevention, Education and training programmes. Educational sessions include Substance Abuse, GBV and Sexual Harassment in the workplace.
7. Does the department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have achieved.	Yes		The EWP partners with GEMS and the HIV Directorate to host and promote VCT. HIV counseling; testing and PEP is also offered at Staff Health clinics. Employees testing positive are provided with counseling, referred for clinical management and assisted with COIDA claims where there is workplace exposure.
8. Has the department developed measures/indicators to monitor & evaluate the impact of your health promotion programme? If so, list	Yes		The current measure is Health Risk Assessments (voluntary screening and testing) which is conducted at events with GEMS and at facility level through Staff Health services so that employees

Question	Yes	No	Details, if yes
these measures/indicators.			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 2022 and 31 March 2023

SUBJECT MATTER	DATE
None	

TOTAL NUMBER OF COLLECTIVE AGREEMENTS	None
---------------------------------------	------

The following table summarises the outcome of disciplinary hearings conducted within the department for the year under review.

Table 3.12.2 Misconduct and disciplinary hearings finalised for the period 1 April 2022 and 31 March 2023

Outcomes of disciplinary hearings	Number	% of Total
Correctional counselling	NIL	
Verbal warning	NIL	
Written warning	20	11%
Final written warning	33	19%
Suspended without pay	27	15%
Fine	NIL	
Demotion	NIL	
Dismissal	96	55%
Not guilty	NIL	
Case withdrawn	NIL	
Total	176	100%

Notes

- If there were no agreements, keep the heading and replace the table with the following:

Total number of Disciplinary hearings finalised	176
---	-----

Table 3.12.3 Types of misconduct addressed at disciplinary hearings for the period 1 April 2022 and 31 March 2023

Type of misconduct	Number	% of Total
Absenteeism	50	22%
Insubordination	10	4%
Illegal strike	150	66%
Theft	5	2%
Other	11	6%
Total	226	100%

Notes

- If there were no agreements, keep the heading and replace the table with the following:

Total number of Disciplinary hearings finalised	None
---	------

Table 3.12.4 Grievances logged for the period 1 April 2022 and 31 March 2023

Number of grievances addressed	Number	% of Total
Number of grievances resolved	67	80%
Number of grievances not resolved	17	20%
Total number of grievances lodged	84	100%

Table 3.12.5 Disputes logged with Councils for the period 1 April 2022 and 31 March 2023

Disputes	Number	% of Total
Number of disputes upheld	9	19%
Number of disputes dismissed	38	81%
Total number of disputes lodged	47	100%

Table 3.12.6 Strike actions for the period 1 April 2022 and 31 March 2023

Total number of persons working days lost	89
Total costs working days lost	
Amount recovered as result of no pay (R'000)	Nil

Table 3.12.7 Precautionary suspensions for the period 1 April 2022 and 31 March 2023

Number of people suspended	11
Number of people whose suspension exceeded 30 days	8
Average number of days suspended	120
Cost of suspension (R'000)	R 3 749 000

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 2022 and 31 March 2023

Occupational Category	Gender	Number of Employees at Beginning of Period	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	706	0	91	6	97
Legislators, senior officials and managers	Male	473	0	60	2	62
Professionals	Female	11570	4	393	194	591
Professionals	Male	2649	0	162	68	230
Technicians and associate professionals	Female	9026	24	124	149	297
Technicians and associate professionals	Male	4010	14	63	64	141
Clerks	Female	2412	46	376	20	442
Clerks	Male	869	15	151	12	178
Service and sales workers	Female	2710	1	40	1	42
Service and sales workers	Male	946	0	21	3	24
Skilled agriculture and fishery workers	Female	29		10		10
Skilled agriculture and fishery workers	Male	79		6		6
Craft and related trades workers	Female					
Craft and related trades workers	Male					
Plant and machine operators and assemblers	Female	213		14	0	14
Plant and machine operators and assemblers	Male	300		50	2	52
Elementary occupations	Female	2925	37	112	7	156
Elementary occupations	Male	1423	51	53	8	112
Gender sub totals	Female	29591	112	1160	377	1719
Gender sub totals	Male	10749	80	566	159	857
TOTAL		40340	192	1726	536	2576

Table 3.13.2 Training provided for the period 1 April 2022 and 31 March 2023

Occupational Category	Gender	Number of Employees at Beginning of Period	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	706	0	76	26	102
Legislators, senior officials and managers	Male	473	0	38	11	49
Professionals	Female	11570		630	281	911
Professionals	Male	2649		218	94	312
Technicians and associate professionals	Female	9026	1	90	87	178
Technicians and associate professionals	Male	4010	1	58	19	78
Clerks	Female	2412	7	128	42	240
Clerks	Male	869	1	37	23	82
Service and sales workers	Female	2710	3	41	99	143
Service and sales workers	Male	946	8	34	37	79
Skilled agriculture and fishery workers	Female	29	0	1	0	1
Skilled agriculture and fishery workers	Male	79	0	0	3	3
Craft and related trades workers	Female					
Craft and related trades workers	Male					
Plant and machine operators and assemblers	Female	213	0	0	0	0
Plant and machine operators and assemblers	Male	300	0	2	14	16
Elementary occupations	Female	2925	3	35	23	61
Elementary occupations	Male	1423	0	33	9	42
Gender sub totals	Female	29591	47	762	467	1233
Gender sub totals	Male	10749	37	312	167	488
TOTAL		40340	84	1074	634	1721

3.14. Injury on duty

The following tables provide basic information on injury on duty.

Table 3.14.1 Injury on duty for the period 1 April 2022 and 31 March 2023

Nature of injury on duty	Number	% of Total
Required basic medical attention only	3	3%
Temporary Total Disablement	99	97%
Permanent Disablement	0.00	0.00
Fatal	0.00	0.00
TOTAL	102.00	100

3.15. Utilisation of Consultants.

The following tables relates to information on the utilisation of consultants in the department.

In terms of the Public Service Regulations “consultant” means a natural or juristic person or a partnership who or which provides in terms of a specific contract on an ad hoc basis any of the following professional services to a department against remuneration received from any source:

The rendering of expert advice:

The drafting of proposals for the execution of specific tasks; and

The execution of a specific task which is of a technical or intellectual nature, but excludes an employee of a department.

Table 3.15.1 Report on consultant appointments using appropriated funds for the period 1 April 2022 and 31 March 2023

Project Title	Total number of consultants that worked on the project	Duration: Work days	Contract value in Rand
-	-	-	-

Table 3.15.2 Analysis of consultant appointments using appropriated funds, in terms of Historically Disadvantaged Individuals (HDIs) for the period 1 April 2022 and 31 March 2023

Project Title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of Consultants from HDI groups that work on the project
-	-	-	-

Table 3.15.3 Report on consultant appointments using Donor funds for the period 1 April 2022 and 31 March 2023

Project Title	Total number of consultants that worked on the project	Duration: Work days	Donor and Contract value in Rand
-	-	-	-

Table 3.15.4 Analysis of consultant appointments using Donor funds, in terms of Historically Disadvantaged Individuals (HDI) for the period 1 April 2022 and 31 March 2023

Project Title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of Consultants from HDI groups that work on the project
-	-	-	-

3.16. Severance Packages.

Table 3.16.1 Granting of employee initiated severance packages for the period 1 April 2022 and 31 March 2023

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

PFMA COMPLIANCE REPORT



Province of the
EASTERN CAPE
HEALTH

2.7.1 INFORMATION ON IRREGULAR, FRUITLESS AND WASTEFUL, UNAUTHORISED EXPENDITURE AND MATERIAL LOSSES

IRREGULAR EXPENDITURE

(a) Reconciliation of irregular expenditure

Description	2022/23	2021/22
	R'000	R'000
Opening balance	271 714	167 033
Prior Period error/ Adjustments	-	20 929
As Restated	271 714	187 962
Add: Irregular expenditure confirmed	6 579	83 957
Less Irregular Expenditure Condoned	(52 006)	(205)
Closing balance	226 287	271 714

Reconciling notes

Description	2022/23	2021/22
	R'000	R'000
Irregular expenditure that was under assessment in 2021/22		
Irregular expenditure that relates to 2021/22 and identified in 2022/23		
Irregular expenditure for the current year	6 579	83 957
Total	6 579	83 957

(b) Details of current and previous year irregular expenditure (under assessment, determination, and investigation)

Description	2022/23	2021/22
	R'000	R'000
Irregular expenditure under assessment	2 941	-
Irregular expenditure under determination	223 029	-
Irregular expenditure under investigation	317	-
Total	226 287	-

c) Details of current and previous year irregular expenditure condoned

Description	2022/23	2021/22
	R'000	R'000
Irregular expenditure condoned	52 006	205
Total	52 006	205

d) Details of current and previous year irregular expenditure removed - (not condoned)

Description	2022/23	2021/22
	R'000	R'000
Irregular expenditure NOT condoned and removed	-	-
Total	-	-

e) Details of current and previous year irregular expenditure recovered

Description	2022/23	2021/22
	R'000	R'000
Irregular expenditure recovered	-	-
Total	-	-

f) Details of current and previous year irregular expenditure written off (irrecoverable)

Description	2022/23	2021/22
	R'000	R'000
Irregular expenditure written off	-	-
Total	-	-

FRUITLESS AND WASTEFUL EXPENDITURE

(a) Reconciliation of fruitless and wasteful expenditure

Description	2022/23	2021/22
	R'000	R'000
Opening balance	8 367	2 704
Prior Period error/ Adjustments	-	106 789
As Restated	8 367	109 493
Add: Fruitless and wasteful expenditure – confirmed	42 496	4 139
Less Fruitless and wasteful Expenditure written off	(38 582)	(105 050)
Less: Fruitless and wasteful expenditrure recoverable	(661)	(215)
Closing balance	11 620	8 367

Reconciling notes

Description	2022/23	2021/22
	R'000	R'000
Fruitless and wasteful expenditure that was under assessment in 2021/22	8 367	
Fruitless and wasteful expenditure that relates to 2021/22 and identified in 2022/23	-	
Fruitless and wasteful expenditure for the current year	3 253	
Total	11 620	

b) Details of current and previous year fruitless and wasteful expenditure (under assessment, determination, and investigation)

Description	2022/23	2021/22
	R'000	R'000
Fruitless and wasteful expenditure under assessment	-	-
Fruitless and wasteful expenditure under determination	5 920	-
Fruitless and wasteful expenditure under investigation	5 700	-
Total	11 620	-

c) Details of current and previous year fruitless and wasteful expenditure recovered

Description	2022/23	2021/22
	R'000	R'000
Fruitless and wasteful expenditure recovered	-	-
Total	-	-

d) Details of current and previous year fruitless and wasteful expenditure not recovered and written off

Description	2022/23	2021/22
	R'000	R'000
Fruitless and wasteful expenditure written off	-	-
Total	-	-

e) Details of current and previous year disciplinary or criminal steps taken as a result of fruitless and wasteful expenditure

Disciplinary steps taken

-

UNAUTHORISED EXPENDITURE

a) Reconciliation of unauthorised

Description	2022/23	2021/22
	R'000	R'000
Opening balance	2,542,230	2,265,086
Add: unauthorised expenditure confirmed	193,865	277,144
Less: unauthorised expenditure approved with funding	0	0
Less: unauthorised expenditure approved without funding	0	0
Less: unauthorised expenditure recoverable	0	0
Less: unauthorised not recovered and written off	0	0
Closing balance	2,736,095	2,542,230

Reconciling notes

Description	2022/23	2021/22
	R'000	R'000
Unauthorised expenditure that was under assessment in 2021/22	2,542,230	2,265,086
Unauthorised expenditure that relates to 2021/22 and identified in 2022/23	0	0
Unauthorised expenditure for the current year	193,865	277,144
TOTAL	2,736,095	2,542,230

b) Details of current and previous year unauthorised expenditure (under assessment, determination, and investigation)

Description	2022/23	2021/22
	R'000	R'000
Unauthorised expenditure under assessment	0	0
Unauthorised expenditure under determination	0	0
Unauthorised expenditure under investigation	2,736,095	2,542,230
TOTAL	2,736,095	2,542,230

Additional disclosure relating to material losses in terms of PFMA Section 40(3)(b)(i) &(iii)

c) Details of current and previous year material losses through criminal conduct

Material losses through criminal conduct	2022/23	2021/22
	R'000	R'000
Theft		
Other material losses		
Less: Recovered		
Less: Not recovered and written off		
TOTAL	0	0

d) Details of other material losses

Nature of other material losses	2022/23	2021/22
	R'000	R'000

2.7.2 INFORMATION ON LATE AND/OR NON-PAYMENT OF SUPPLIERS

Description	Number of invoices	Consolidated value R'000
Valid invoices received	138 818	9 301 763 058,44
Invoices paid within 30 days or agreed period	74 190	4 829 320 934,49
Invoices paid after 30 days or agreed period	64 628	4 472 442 123,95
Invoices older than 30 days or agreed period (<i>unpaid and without dispute</i>)	47 834	3 304 779 213,50
Invoices older than 30 days or agreed period (<i>unpaid and in dispute</i>)	Not applicable	Not applicable

2.7.3 INFORMATION ON SUPPLY CHAIN MANAGEMENT

Procurement by other means

Table 2.7.3.1: Procurement by other means

Project description	Name of supplier	Type of procurement by other means		Contract number	Value of contract R'000
		Emergency	Soul Source		
Frank Machine (Standing deviation)	Early worx		Yes	BC-007810	R 5 000,00
Frank Machine (Standing deviation)	Early worx		Yes	BC-007812	R 500,00
Purchasing of Iodene Capsules	AEC Amersham		Yes	LH-096444	R 15 504,00
Purchasing of artificial eyes	Eyecraft Laboratory		Yes	PH-043527	R 32 650,00
Purchasing of Paediatric drape kit	SSEM Mthembu		Yes	PH-043539	R 95 220,00
Purchasing of NT packs	Genop Healthcare		Yes	PH-043538	R 91 540,00
Building of boundry wall around Boiler house	Dumisha Construct	Yes		LH-096407	R 99 361,00
Service of Noxbox and Supply of Nitritous oxide	Sidewinger Medical		Yes	PH-043535	R 140 524,00
Purchasing of alaris giving sets for strores	Becton Dickenson		Yes	LH-096660	R 497 537,00
Cassette,haemodialysis multi filter,medical 500803 l plasma, filter,medical multifil. Sub	Fresenius Med Care	Yes		LH-096565	R 48 087,00
Garment thigh lent 71cm, garment thigh flowtron large	Arjo Huntleigh		Yes	LH-096566	R 29 226,00
Tube,adapter oral/nasal airways	SSEM Mthembu		Yes	LH-096509	R 59 408,00
Source,radioisotope 10gbq	AEC Amersham		Yes	LH-096688	R 167 187,00
Apostar medium 150ml syringe	Tecmed Pharma		Yes	PH-043573	R 17 197,00
Coronary model 5f catheter	Boston Scientific		Yes	PH-043553	R 5 566,00
24250 Ranger flow ext set	Augustine Medical		Yes	PH-043549	R 2 415,00
Medical service;repair;remove xray equip	East Cape X-rays		Yes	LH-096650	R 5 002,00

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Power supply replace	East Cape X-rays	Yes	LH-096651	R 79 866,00
Service repair upgrade pacs	East Cape X-rays	Yes	LH-096573	R 34 334,00
Accessories for dinamap nibp machine	Medhold Medical	Yes	LH-095924	R 87 092,00
Repair anaesthetic machines	AD Medical	Yes	LH-096258	R 62 766,00
Decontamination and evaluation of pharmacy boxes	Vivid Air	Yes	PH-043569	R 100 855,00
Apostar syringes 150ml	Tecmed Pharma	Yes	PH-043598	R 34 394,00
Infusio mat space line u-site 3000units	B Braun	Yes	PH-043595	R 29 312,00
Adult femoral/radial angiography packs	SSEM Mthembu	Yes	PH-043599	R 103 500,00
Gem opl cuvettes	Ilex SA	Yes	PH-043583	R 53 843,00
Imeron 350 100ml	Axim	Yes	PH-043596	R 88 312,00
Compression devices 29cm, 24cm	Vertice Healthcare	Yes	PH-043592	R 45 698,00
Medical sensor neo	Medhold Medical	Yes	PH-043591	R 73 705,00
Artriostomy catheters	Vertice Healthcare	Yes	PH-043597	R 48 972,00
Medical filter for renal dialysis machine	B Braun	Yes	LH-096506	R 65 881,00
Administration kit cv- I 157015	Teleflex Medical	Yes	LH-096741	R 31 125,00
Arthroscopy of the knee of ortho patient	Arthromedix	Yes	LH-096728	R 79 195,00
Diagnostic catheter for cathlab	Vertice Healthcare	Yes	PH-043604	R 23 086,00
Prelude 6f radial access	Merit Medical	Yes	PH-043605	R 19 991,00
Bloodgas Analyzer Consumables	Medhold Medical	Yes	LH-097224	R 67 091,00
Filter, Cassettes, Multifiltrate	Fresenius Medical Care	Yes	LH-097228	R 48 087,00
AV Lines	Nipro Medical	Yes	LH-097198	R 28 207,00
Biopsy Needles 14g	MJ Medical	Yes	LH-097199	R 20 010,00
Iodone 1311 Capsule	AEC Amersham	Yes	LH-097148	R 28 241,00

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Skeletal Imaging Diagnostic Kit	AEC Amersham	Yes	LH-097149	R 88 507,00
Bloodgas Analyzer Consumables	Ilex SA	Yes	LH-097153	R 493 696,00
Bloodgas Analyzer Consumables	The Scientific Group	Yes	LH-097154	R 49 680,00
Suture Material Tycron Diff Sizes	Grobir Medical	Yes	PH-043660	R 45 958,00
Apostar 150ml Angio Syringe	Tecmed Pharma	Yes	PH-043626	R 19 197,00
Tube Chamber Set, Cannulas Diff Sizes	Respiratory Care Acrika	Yes	PH-043700	R 15 110,00
Y-Type Extension Set	B Braun	Yes	PH-043664	R 4 298,00
Catheters & Cannulas Diff Sizes	Medtronic	Yes	PH-043683	R 94 536,00
Medical Guide Wire	Henry Lines	Yes	PH-043685	R 16 445,00
Hydrophilic Uniglide Guide Wire	Marcus Medical	Yes	PH-043686	R 33 709,00
Diagnostic Kit Catheter	Disa Vascular	Yes	PH-043684	R 28 282,00
Repair to X-Ray Radiation Room	East Cape X-Ray	Yes	LH-097099	R 9 646,00
Enteral Feeding Tube Applix Pump	Fresenius Kabi	Yes	LH-097097	R 24 481,00
Annual Service to X-Ray Machine	East Cape X-Ray	Yes	LH-097098	R 12 500,00
Blood Pressure Schiller Microphone	Tecmed	Yes	LH-097215	R 10 143,00
Annual Quality Assurance	Axim	Yes	LH-097220	R 85 248,00
Repair to X-Ray Mobile Unit	Axim	Yes	LH-097243	R 89 889,00
Service Repair to Room B X-Ray	East Cape X-Ray	Yes	LH-097264	R 14 500,00
Repair NX Workstation	East Cape X-Ray	Yes	LH-097265	R 10 936,00
Repair CT Scanner	East Cape X-Ray	Yes	LH-097269	R 207 875,00
Repair Ziehm Vascular Machine	Ziehm Imaging	Yes	LH-097270	R 11 987,00
Repair to X-Ray Machine	Axim	Yes	PH-043652	R 128 650,00
Repair to Agfa Equipment	East Cape X-Ray	Yes	PH-043695	R 57 123,00

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Medical Service	Netcare Greenacres	Yes	LH-097556	R 214 502,00
Theatre Light Handle	Hutz Hospi Tec	Yes	LH-097534	R 10 902,00
Level 1 & 2 Test Cartridge Citrated	Vertice Healthcare	Yes	LH-097508	R 139 150,00
Airvo Spiral Tube	RCA	Yes	LH-097508	R 190 670,00
Generator 99-Tc	AEC-Amersham	Yes	LH-097503	R 167 187,00
Quick Biopsy Needle 18G	Marcus Medical	Yes	LH-097349	R 45 058,00
Re-Usable Large Adult Blade	Marcus Medical	Yes	LH-097327	R 49 138,00
Implant Consignment	Stryker	Yes	LH-097402	R 13 773,00
Implant Consignment	Ortho-Xact	Yes	LH-097465	R 11 248,00
Implant Consignment	Corin SA	Yes	LH-097312	R 82 425,00
Paediatric Femoral Drape	SSEM Mthembu	Yes	PH-043725	R 47 610,00
Hi Torque Guidewire	Baroque Medical	Yes	PH-043703	R 14 378,00
Blood Gas Reagents	Obsidian Health	Yes	PH-043744	R 35 379,00
Repair to Anaesthetic Machine	AD Medical	Yes	LH-097439	R 73 894,00
Comprehension Maintenance Phillips BV Pulsera	East Cape X-Ray	Yes	LH-097538	R 356 500,00
Repair to Orthopaedic Drill	B Braun	Yes	LH-097436	R 52 276,00
Service Daablin 3 serious Machine	Skintech	Yes	LH-097438	R 11 489,00
Service Patient Monitors & Aneasthetic M	East Cape X-Ray	Yes	LH-097440	R 104 699,00
Repair to Dialog A Dialyzer Machines	B Braun	Yes	LH-097470	R 299 999,00
Service TEG Machine	Vertice Healthcare	Yes	LH-097452	R 3 766,00
Service to Amtronix Diagnostic Equipment	Lebone Medical Supplies	Yes	LH-097451	R 10 237,00
Annual Assurance on Phillip Machine	East Cape X-Ray	Yes	PH-043753	R 5 288,00
Repair to Hospital Beds	Arjo Huntleigh	Yes	PH-043718	R 346 723,00

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Service to Ethylene Oxide Sterilizers	CSX Customer Services	Yes	PH-043719	R 53 321,00
Annual Service to Plamnea Dental Unit	Axim	Yes	PH-043720	R 34 957,00
Amtronix Diagnostic Equipment Calibration	HASS Industrial	Yes	PH-043735	R 38 615,00
Medical Ventral Patch	Bard Medical	Yes	LH-097788	R 496 800,00
Coronary Stent	Vascumed	Yes	LH-097787	R 489 281,00
Vascular Graft	Marcus Medical	Yes	LH-097876	R 497 335,00
Gore Graft	Babcock Healthcare	Yes	LH-097671	R 499 675,00
Embolization Coil	Marcus Medical	Yes	LH-097672	R 497 326,00
Vcavity Drainage Set	Teleflex Medical	Yes	LH-097756	R 187 092,00
Thermal Bair Hugger Blanket	Augustine Medical	Yes	LH-097782	R 27 772,00
Perforator Driver Attachment	Medtronic	Yes	LH-097835	R 37 710,00
Suction Nozzles, Penetrating Oil	Istrodent	Yes	LH-097852	R 26 180,00
Microscopic Drapes	Intamarket Medical Tech	Yes	LH-097896	R 25 872,00
Model 31 Bair Hugger Blanket	Augustine Medical	Yes	LH-097599	R 29 900,00
Upper Body Bair Hugger Blanket	Augustine Medical	Yes	LH-097623	R 24 840,00
Single Pressure Transducer Set	SSEM Mthembu	Yes	LH-097624	R 27 508,00
Bloodgas Analyzer cartridges	Ilex SA	Yes	LH-097634	R 499 696,00
Flowtron & Thigh Garments	Arjo Huntleigh	Yes	LH-097642	R 46 760,00
Ranger Blood Warming Blaket	Augustine Medical	Yes	LH-097641	R 24 150,00
FullBody 300 Blanket	Augustine Medical	Yes	LH-097645	R 24 840,00
Flowcare Giving Set	Nutricia SA	Yes	LH-097682	R 28 301,00
Connectors, Adaptors & Cannulas Perfusion	Tau Medical	Yes	PH-043766	R 82 493,00
Disposable Cuvettes Perfusion	Tau Medical	Yes	PH-043782	R 163 875,00

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Dorc Consumables	Genop Healthcare	Yes	PH-043803	R 498 962,00
Airvo Chamber Kit	Respiratory Healthcare Africa	Yes	PH-043876	R 123 935,00
Angiographic Needles & Guidewires	Merit Medical	Yes	PH-043768	R 26 283,00
ECG Thermal Paper	East Cape X-Rays	Yes	PH-043767	R 55 264,00
Blood Oxygenators	Prime Surgical	Yes	PH-043781	R 175 292,00
Pacing Bipolar, Tempo PW Leads	Medtronic	Yes	PH-043788	R 97 657,00
Intra-Aorta Catheter, Ultra Catheter	Teleflex Medical	Yes	PH-043793	R 69 975,00
Angiographic Needles & Guidewires	Merit Medical	Yes	PH-043768	R 26 283,00
Medical Gas not on RT Tender	Afrox	Yes	LH-097633	R 28 001,00
Nitrocomp Drink	B Braun	Yes	LH-097761	R 8 779,00
Finger Probes, Extension Cords	Class Three Medical	Yes	LH-097881	R 25 932,00
Service Medical Compressor	Universal Equipment	Yes	LH-097565	R 268 720,00
Service to Room B X-Ray	East Cape X-Rays	Yes	LH-097569	R 497 979,00
Repair/Service Infusion Pumps	Becton Dickinson	Yes	LH-097600	R 106 910,00
Quality Assurance to X-Ray Equipment	Tecmed	Yes	LH-097615	R 11 025,00
ECG Cables	East Cape X-Rays	Yes	LH-097706	R 45 197,00
Annual Service to X-Ray Equipment	East Cape X-Rays	Yes	LH-097724	R 9 383,00
Repair to X-Ray Machine	East Cape X-Rays	Yes	LH-097707	R 12 500,00
Repair to Philips X-Ray Machine	East Cape X-Rays	Yes	LH-097708	R 18 550,00
Repair MRI Scanner	East Cape X-Rays	Yes	LH-097710	R 15 936,00
Quality Assurance to X-Ray Equipment	East Cape X-Rays	Yes	LH-097725	R 12 500,00
Repair to Medical Equipmmt	Universal Equipment	Yes	PH-043764	R 175 012,00
Repair to Medical Instruments	Karl Storz	Yes	PH-043777	R 103 109,00

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Stomach Tubes	B Braun	Yes	LH-097900	R 22 500,00
Medical Insert Plates diff sizes	East Cape X-Ray	Yes	LH-097904	R 9 504,00
Theatre Light Handles	Marcus Medical	Yes	LH-097957	R 29 598,00
Fast Load Syringes	Axim	Yes	LH-097994	R 97 085,00
Apollo Syringes, CT Injectors	East Cape X-Ray	Yes	LH-098039	R 139 699,00
Endoscopic Stapler, Clips, Shears, Cutter	Johnson&Johnson	Yes	LH-098041	R 245 713,00
Reload Stapler & Staples	Grobir	Yes	LH-098042	R 239 144,00
Perfusion Adaptors, Connectors, Cannula	Tau Medical	Yes	PH-043885	R 82 492,00
Max Neo Connectors	Medhold Medical	Yes	PH-043976	R 44 223,00
Thermal Paper ECG	RCA	Yes	PH-043963	R 12 132,00
Repair X-Ray Machine	East Cape X-Ray	Yes	LH-098004	R 224 390,00
Quality Assurance on X-Ray Machine	East Cape X-Ray	Yes	LH-098001	R 6 877,00
Service Room B in X-Ray	East Cape X-Ray	Yes	LH-098003	R 8 535,00
Quality Assurance on X-Ray Machine	East Cape X-Ray	Yes	LH-098000	R 10 102,00
Repair Anaesthetic Machine	Mbuso Medical Supplies	Yes	LH-098005	R 21 569,00
Feeds	Nutricia SA	Yes	PH-043954	R 1 683,00
Feeds	Fresenius Kabi	Yes	PH-043955	R 3 201,00
Repair X-Ray Machine	East Cape X-Ray	Yes	PH-043956	R 4 429,00
Quality Assurance on X-Ray Machine	East Cape X-Ray	Yes	PH-043958	R 10 102,00
Perforator Driver Legend AD01	Medtronic	Yes	LH-098198	R 25 694,00
Biopsy Needle 14G	MJ Medical	Yes	LH-098199	R 22 425,00
Soft Shell Blood Cells	Tau Medical	Yes	PH-044011	R 339 250,00
Laparoscopy Port Kits	Grobir	Yes	LH-097897	R 202 557,00

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
3 Imm Single Use Stapler	Grobir	Yes	LH-097898	R 137 216,00
Quality Assurance on X-Ray Machine	East Cape X-Ray	Yes	LH-098210	R 9 263,00
Repair to X-Ray Equipment	Axim	Yes	LH-098216	R 24 549,00
Niti-S Esophageal Covered Stent Diam 20mm, Length 10cm	MJ Medical	Yes	LH-098283	R 496 340,00
FCP GEM 5000 600, 300 Bloodgas Test Cartridges	Ilex SA	Yes	LH-098285	R 486 433,00
Guidewire Nuero Surgery	Baroque Medical	Yes	LH-098284	R 29 727,00
Prismaflex ST150	Adcock Ingram	Yes	LH-098239	R 79 265,00
Diacap Ultra Filters	B Braun	Yes	LH-098137	R 65 881,00
Thigh length Garment, 71cm Largw	Arjo Huntleigh	Yes	LH-098226	R 48 864,00
Anchor Fast Oral Endotracheal Fastener	Hartmann Vitamed	Yes	LH-098227	R 51 184,00
Alaris Blood Infusion Sets	Becton Dickinson	Yes	PH-044032	R 23 964,00
Adult Oxygenators	TAU Medical	Yes	PH-044023	R 349 600,00
Adult Tubing Packs	TAU Medical	Yes	PH-044016	R 330 625,00
Imeron 350	Axim	Yes	PH-044019	R 27 421,00
Quality Assurance on X-ray Eq Bucky Room	East Cape X-Ray	Yes	LH-098210	R 9 263,00
Repair to Shumadzu Mobile Unit	Axim	Yes	LH-098216	R 24 549,00
Repair to Blood Warmer	Augustine Medical	Yes	LH-098265	R 7 057,00
10GBQ Generator	AEC Amersham	Yes	LH-098317	R 167 187,00
Blood Time Clotting	Baxter Healthcare	Yes	LH-098318	R 29 902,00
Infant/Neonatal Expiration valve & membr	SSEM Mthembu	Yes	LH-098344	R 10 706,00
Blood Infusion Set	Fresenius Kabi	Yes	PH-044085	R 82 791,00
Aspiration Cutter, Kit Parts	Alcon Laboratories	Yes	PH-044084	R 375 314,00

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Space Line Set Intravenous	B Braun	Yes	PH-044071	R 20 438,00
Extension Set Intravenous	Augustine Medical	Yes	PH-044056	R 24 150,00
Radial & Femoral Drape Kit	SSEM Mthembu	Yes	PH-044060	R 86 250,00
Titanium Clips	Teleflex Medical	Yes	PH-044041	R 56 869,00
Suction Valves Diff Sizes	Karl Storz Endoscopy	Yes	PH-044051	R 10 329,00
Orthopaedic Hip Replacement	Johnson&Johnson	Yes	LH-098381	R 68 882,00
Penetrating Oil/Spray	B Braun	Yes	LH-098300	R 29 797,00
Headphones for X-Ray Machine	East Cape X-Rays	Yes	LH-098367	R 37 091,00
Repair Anaesthetic Machine	AD Medical	Yes	LH-098382	R 41 400,00
Repair Anaesthetic Machine	Medhold Medical	Yes	LH-098385	R 87 158,00
Repair Ventilator	SSEM Mthembu	Yes	LH-098389	R 52 657,00
Finger Probes, Cutters & Battery Packs	SSEM Mthembu	Yes	LH-098390	R 442 719,00
Sensors, cord & cables	RCA	Yes	LH-098391	R 123 382,00
Repair Ultrasound Unit	East Cape X-Rays	Yes	PH-044055	R 3 208,00
Dietary Supplement Peptamen Probio	Nestle SA	Yes	PH-044074	R 11 784,00
Repair to Scope in Theatre	Surgical Innovations	Yes	PH-044093	R 130 766,00
Air Neonatal Intubation Trainer	Survival Technologies	Yes	LH-098370	R 16 378,00
Paediatric Intubation Trainer	Survival Technologies	Yes	LH-098371	R 38 230,00
Little Baby Trainer	Survival Technologies	Yes	LH-098369	R 10 736,00
Child Torso Little J Trainer	Survival Technologies	Yes	LH-098335	R 13 139,00
Training Aid Airway Management	Survival Technologies	Yes	LH-098336	R 20 985,00
Little Anne Training Aid	Survival Technologies	Yes	LH-098337	R 13 259,00
Bair Hugger Blanket 3M SA compatible	Augustine Medical	Yes	LH-098620	R 28 117,00

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Mesh Left & Right used during Hernia Op	Grobir Medical	Yes	LH-098619	R 98 011,00
Renal Dialysis not on contract	Adcock Ingram Critical Care	Yes	LH-098574	R 4 131,00
Multi Purpose Upper Body Blanket	Augustine Medical	Yes	LH-098588	R 27 945,00
Garment Flowtron/Thigh	Arijo Huntleigh	Yes	LH-098521	R 48 864,00
Diacap Filter	B Braun	Yes	LH-098522	R 65 881,00
Anchor Fasterner Endotracheal Tube	Hartmann	Yes	LH-098523	R 51 184,00
Single Transducer 504T	SSEM Mthembu	Yes	LH-098427	R 28 255,00
Perforator Drivr Attachment Angled	Medtronic	Yes	LH-098396	R 24 080,00
Double Lumen Catheter 13.5FR Hemodialy	MJ Medical	Yes	LH-098502	R 28 608,00
Repair Kit	Medtronic	Yes	LH-098482	R 25 838,00
Blood Tube Luer	Becton Dickinson	Yes	LH-098404	R 8 731,00
Ear Clip Adaptor SPO2 Probe	SSEM Mthembu	Yes	LH-098397	R 31 859,00
Orthopaedic Implants not on contract	Johnson&Johnson	Yes	LH-098625	R 65 367,00
Orthopaedic Implants not on contract	Johnson&Johnson	Yes	LH-098626	R 104 912,00
Orthopaedic Implants not on contract	Smith&Nephew	Yes	LH-098570	R 209 701,00
Orthopaedic Implants not on contract	Smith&Nephew	Yes	LH-098571	R 201 396,00
Orthopaedic Implants not on contract	Smith&Nephew	Yes	LH-098572	R 31 729,00
Orthopaedic Implants not on contract	Johnson&Johnson	Yes	LH-098542	R 28 730,00
5F Balloon Pacing Set	Teleflex Medical	Yes	PH-044156	R 22 657,00
Pelnac Fenestra Dressing	Smith&Nephew	Yes	PH-044119	R 13 628,00
Hopkins 30 Degrees Telescope	Storz Endoscopy	Yes	PH-044113	R 27 141,00
Repair to Equipment	B Braun	Yes	LH-098634	R 8 779,00
Repair to X-Ray Equipment	East Cape X-Rays	Yes	LH-098635	R 1 863,00

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Repair to Scanner	East Cape X-Rays	Yes	LH-098593	R 205 525,00
Service/Repair to Medical Equipment	Medhold Medical	Yes	LH-098595	R 16 905,00
Repair to CT Scanner	East Cape X-Rays	Yes	LH-098594	R 3 208,00
Repair to CT Scanner	East Cape X-Rays	Yes	LH-098598	R 3 208,00
Renilon 7.5 dietary supplement	Nutricia SA	Yes	LH-098578	R 5 532,00
Circle Crimp Cable	Johnson&Johnson	Yes	LH-098577	R 32 131,00
Repair to Theatre Beds	Medhold Medical	Yes	LH-098584	R 48 868,00
Repair to Laundry Machine	Amlazi Equipment	Yes	LH-098474	R 490 279,00
Repair to Anaesthetic Machines	AD Medical	Yes	LH-098537	R 320 897,00
Alterations on building	Maya Tech	Yes	LH-098579	R 290 984,00
Electrical Maintenance	Alford System	Yes	LH-098580	R 242 637,00
Repair to Radio Therapy Unit	East Cape X-Rays	Yes	LH-098581	R 32 085,00
Medical Hose, SPO2 Sensors, Cable, Cord	RCA	Yes	LH-098383	R 131 537,00
Repair X-Ray Machine	East Cape X-Rays	Yes	LH-098464	R 12 742,00
Removal of Contrast Media X-Ray Machine	East Cape X-Rays	Yes	LH-098468	R 14 346,00
Repair MRI Scanner	East Cape X-Rays	Yes	LH-098469	R 13 597,00
Repair MRI Scanner	East Cape X-Rays	Yes	LH-098470	R 17 480,00
Repair to Dialyser	East Cape X-Rays	Yes	LH-098465	R 5 899,00
Repair to X-Ray Equipment	East Cape X-Rays	Yes	LH-098467	R 58 783,00
Repair to Neuro Microscope	Medequip	Yes	LH-098475	R 43 845,00
Repair to Ultrasound Unit	Axim	Yes	PH-044162	R 71 054,00
Neocate Supplement	Nutricia SA	Yes	PH-044109	R 7 089,00
Repair to Equipment	Khokela Trading	Yes	PH-044118	R 409 664,00

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Velcro Adult Cuff Medium/Large	Tecmed	Yes	LH-098857	R 22 141,00
Bloodgas Analyser Consumables	Ilex SA	Yes	LH-098825	R 478 975,00
ECG Recording Paper	RCA	Yes	LH-098844	R 64 515,00
Brachytherapy Radiation Sources	Elekta	Yes	LH-098826	R 161 035,00
Straight Connectors & Adaptors	Disa Vascular	Yes	LH-098796	R 30 941,00
Brachytherapy Radiation Sources	Elekta	Yes	LH-098787	R 499 215,00
Esophageal Catheter	RCA	Yes	LH-098783	R 4 130,00
Airvo Disinfectant Filter	RCA	Yes	LH-098802	R 13 558,00
ECG Electrodes	SSEM Mthembu	Yes	LH-098800	R 29 441,00
Intravenous 20cm Mini Bore Ext Set	B Braun	Yes	LH-098868	R 32 115,00
Antiseptic Body Wash	Enviro 2000	Yes	LH-098872	R 32 363,00
Endotracheal Tape-guard Evac	Medtronic	Yes	LH-098869	R 32 019,00
Model 300 Bair Hugger	Augustine Medical	Yes	LH-098871	R 24 840,00
Cerclage Cable W/Crimp	Johnson & Johnson	Yes	LH-098873	R 28 762,00
GIA80.3.85G Stapler with Staples	Grobir Medical	Yes	LH-098894	R 136 232,00
Magnetic Skin Marker	Sysmax SA	Yes	LH-098888	R 92 046,00
Bone Chips Harvest	Bone SA	Yes	LH-098643	R 118 829,00
Orthopaedic Implants not on Tender	Smith & Nephew	Yes	LH-098644	R 121 812,00
Orthopaedic Implants not on Tender	Smith & Nephew	Yes	LH-098645	R 121 112,00
Orthopaedic Implants not on Tender	Smith & Nephew	Yes	LH-098750	R 133 294,00
Orthopaedic Implants not on Tender	Smith & Nephew	Yes	LH-098752	R 119 075,00
MXSSEM.SX570729 Drape Kit	SSEM Mthembu	Yes	PH-044210	R 86 250,00
Radial & Femoral Kit	SSEM Mthembu	Yes	PH-044199	R 48 300,00

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Silk Suture	Clinisut	Yes	PH-044277	R 2 254,00
Oxygenator Membrane	Viking Cardiovascular	Yes	PH-044259	R 21 039,00
Radial & Femoral Adult Drape Kit	Augustine Medical	Yes	PH-044199	R 37 907,00
CG8 Cartridges for Bloodgas Analyser	Obsidian Health	Yes	PH-044217	R 32 097,00
S19 Medical Sensor	Viking Cardiovascular	Yes	PH-044257	R 9 378,00
Varioline Feeding Set	Fresenius Kabi	Yes	PH-044223	R 12 240,00
Vitreol Sterile Pack	Genop Healthcare	Yes	PH-044214	R 27 462,00
Catheter 492 I	Disa Vascular	Yes	PH-044218	R 28 282,00
DORC Consumables	Genop Healthcare	Yes	PH-044213	R 495 655,00
Radiation Gloves Rubber	Ariste Health	Yes	PH-044281	R 6 292,00
Calibration of Equipment in X-Ray	East Cape X-Ray	Yes	LH-098789	R 7 052,00
Repair/Service to Compressor	Universal Equipment	Yes	LH-098776	R 172 500,00
Repair to Theatre Equipment	Khokela Trading	Yes	LH-098586	R 82 892,00
Calibration of Equipment in X-Ray	East Cape X-Ray	Yes	LH-098760	R 114 341,00
Repair Ventilator	Maqcare	Yes	LH-098761	R 102 943,00
Metal Detector	Axim	Yes	LH-098599	R 26 790,00
Service X-Ray Equipment	East Cape X-Ray	Yes	LH-098767	R 16 220,00
Repair MRI Scanner	East Cape X-Ray	Yes	LH-098863	R 38 681,00
Repair X-Ray Machine	Zeilm Imaging	Yes	LH-098887	R 6 536,00
Parts for Clinical Engineering Medhold M	Medhold Medical	Yes	LH-098881	R 172 058,00
Fresubin Dietary Supplement	Fresenius Kabi	Yes	PH-044225	R 8 253,00
Repair/Service to Equipment	Staar Surgical	Yes	PH-044226	R 7 022,00
Cartridges for Oncology Equipment	CHM Vuwani	Yes	LH-098798	R 34 851,00

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
IVAC Sets 690093E	Becton Dickinson	Yes	LH-098921	R 142 153,57
Paediatric Proximal Femur Plate	Johnson & Johnson	Yes	LH-098918	R 19 011,80
Key filling adapter Sevo	AD Medical	Yes	PH-077319	R 7 315,38
Loan of PTW Beam Scan 3D	Axim	Yes	LH-098964	R 65 780,00
Perclot standard 3g	Baxter Healthcare	Yes	LH-098993	R 49 251,44
Optistar syringe 60ml	AXIM	Yes	LH-098955	R 128 656,92
Arrowgard 5,5fr 8cm	Teleflex	Yes	PH-044336	R 22 915,00
Allergy Test & Courier Charges	Mednom Investment	Yes	LH-098926	R 26 778,00
Implant Orthopaedic not on consignment tender	Johnson&Johnson	Yes	LH-098918	R 19 011,00
Pot Cooking 225L Jacketed	Flat-Foot	Yes	LH-098969	R 219 249,80
Repair to Drills & Saws	B Braun	Yes	LH-098953	R 156 122,00
Repair to Oxygen Equipment & Cylinder	Sidwinger Medical	Yes	PH-044287	R 149 896,00
Arterial Catheter 20GA	Teleflex	Yes	PH-044312	R 23 943,00
Blood Clotting Machine	Baxter Healthcare	Yes	LH-098993	R 49 251,00
10GBQ Radio Isotope Source	AEC Amersham	Yes	LH-098996	R 167 187,00
Repair Medical Equipment	Axim	Yes	LH-098998	R 8 280,00
Repair CT Scanner	East Cape X-Rays	Yes	LH-098989	R 443 082,00
Maintain Software of X-Ray Equipment	East Cape X-Rays	Yes	LH-098984	R 2 639,00
Service repair medical equipment	AD Medical CC	Yes	NM-006187	R 20 753,48
Personnel Agency (Nurses)	Yemalandu Trading	Yes	NM-006201	R 938 400,00
Vision Blue (surgical consumables)	Genop Healthcare	Yes	UT-012863	R 28 939,80
Vitreotomy Cutters	Genop Healthcare	Yes	UT-012864	R 27 556,76
Ophthalmic Knives	Genop Healthcare	Yes	UT-012866	R 27 483,86

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Nercell Spears	Genop Healthcare	Yes	UT-012867	R 17 399,73
Vac Granufom	Genop Healthcare	Yes	UT-012878	R 36 948,67
Professional Assult Response Training	Cecil Wood Training	Yes	ED-002198	R 38 750,00
Servicing of 26 x BP machines V 6	Khokhela Trading	Yes	ED-002214	R 14 352,00
Prof Ethics for Health Care Practitioners	JP Executive Communications	Yes	ED-002220	R 112 107,00
Repair of theatre lights	AD Medical	Yes	UT-013068	R 23 555,45
Calibration of medical equipment	Khokhela Medical	Yes	UT-013098	R 65 297,00
BP cuffs	SSEM Mthembu Midical	Yes	UT-013102	R 29 167,66
LED day / night flood lights	Sunset Brook Trading	Yes	UT-013116	R 29 199,97
Nursing staf	Yemalandu Trading	Yes	UT-013117	R 368 292,00
Service repair medical equipment	AD Medical	Yes	NM-006425	R 16 868,59
Service repair medical equipment	Mbuso Medical Supplies	Yes	NM-006426	R 65 734,00
Medical Training Equipment	Survival Technology	Yes	LI-001266	R 46 884,00
Kiwi omni cups	Pharmaco	Yes	UT-013132	R 51 750,00
OPO 71 Phaco sets	Genop Healthcare	Yes	UT-013142	R 24 921,65
QA testing & service	Axim	Yes	UT-013151	R 16 028,11
QA testing & service	Lomaen Medical	Yes	UT-013152	R 15 061,07
QA testing & service	East Cape X-rays	Yes	UT-013153	R 17 403,87
Service repair medical equipment	Lomaen Medical (PTY) LTD	Yes	NM-006464	R 65 578,75
Service repair medical equipment	Khokhela Trading Enterprises	Yes	NM-006465	R 69 405,35
Service repair medical equipment	Khokhela Trading Enterprises	Yes	NM-006465	R 100 000,00
Defibrillator, Welch Allyn and AED Pads	Trojan Medical	Yes	NM-006470	R 257 393,00
Urit Test Strips	Intermed	Yes	NM-006495	R 488 550,67

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
HB Meter	Endomed Medical & Surgical Supplies		NM-006500	R 270 250,00
Battery, Rechargeable and AED Pads Philips	East Cape X Ray	Yes	NM-006503	R 43 845,67
ECG Paper for Nihon Khoden machines	SSEM Mthembu Medical	Yes	UT-013169	R 42 665,00
Netcell spears	Genop Healthcare	Yes	UT-013177	R 10 336,20
HB test strips for Mission HB machine	Vital Life Medical	Yes	UT-013184	R 43 700,00
Eden pulse oximeter probes	Kwa-Dube Medical	Yes	UT-013192	R 56 166,00
VLT22 infusion sets for Fresenius Kabi infusion pumps	Fresenius Kabi	Yes	UT-013194	R 68 994,00
Ceaser Birth (Illegal Strike)	Metropol Hospitals	Yes	NM-006590	R 35 811,87
Personnel Agency (Nurses)	MPC Recruitment	Yes	NM-006587	R 220 197,70
Service of incubators, Sunray CTG machines and Yonker vital signs machines	Mbuso Medical	Yes	UT-013207	R 27 025,00
Personnel Agency (Nurses)	Yemalandu Trading	Yes	NM-006595	R 182 931,00
10 Boxes (5 per box) x VAC cannisters, 10 Boxes (5 per box) x VAC granufoam	Augustine Medical	Yes	NM-006664	R 106 814,88
2 x Repair and service of infant warmers	SSEM Mthembu Medical	Yes	NM-006672	R 8 105,85
12 x Defibrillators Calibration verification	SSEM Mthembu Medical	Yes	NM-006676	R 14 552,79
ECG connection cables, crabtree plugtop, power cord, adult plate assy & external paddles	SSEM Mthembu Medical	Yes	NM-006670	R 54 622,63
2000 x Introcan intravenous indwelling catheters - LOT 18M16G8391, 24g, 0,7 x 19mm / 22ml/min	Biosurge	Yes	NM-006667	R 27 627,60
2000 x Jelco intravenous catheters - LOT 0805 599, F24ml/min, L 19mm, 0 0,70mm	Biosurge	Yes	NM-006671	R 58 484,40
Service - X-Ray machine	Lomaen Medical	Yes	NM-006705	R 10 771,61
Service, calibrate and repair medical equipment	AD Medical	Yes	NM-006706	R 2 154,97
Service, calibrate and repair medical equipment	Khokela Trading Enterprise	Yes	NM-006707	R 319 168,78

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Service - X-Ray machine - Shamdazu	Axim	Yes	NM-006714	R 3 120,24
Contracting of EMS Services for strike	Priority Care Ambulances	Yes	EL-002824	R 602 201,20
Contracting of EMS Services for strike	Priority Care Ambulances	Yes	EL-002823	R 179 921,30
Contracting of EMS Services for strike	Wattlegrove Trading CC	Yes	EL-002822	R 237 953,62
Contracting of EMS Services for strike	Wattlegrove Trading CC	Yes	EL-002821	R 233 998,53
Service of 15 Transport Incubators and 5 Infusion pumps	Kwa Dube Medical	Yes	QE-001915	R 93 220,67
Service and repairs of a Philips Heartstart MRX Defibrillator	East Cape X-Ray	Yes	QE-001921	R 40 138,81
Service and repairs of a Lifepack 15 Defibrillator	Trojan Medical	Yes	QE-001926	R 44 606,14
Service and repairs of 2 Philips Heartstart MRX Defibrillators	East Cape X-Ray	Yes	QE-001927	R 16 761,47
Use of private ambulances during unprotected strike	Alderson Ambulances	Yes	EL-002862	R 244 490,00
Use of private ambulances during unprotected strike	Alderson Ambulances	Yes	EL-002860	R 999 000,00
Use of private ambulances during unprotected strike	Alderson Ambulances	Yes	EL-002861	R 999 000,00
Use of private ambulances during unprotected strike	Red Alert	Yes	EL-002857	R 729 270,44
Use of private ambulances during unprotected strike	Priority Care	Yes	EL-002870	R 1 600 000,00
LMA Supreme Airways - various sizes	Teleflex Medical	Yes	PE-001427	R 28 492,24
Implant Surgical, Implants and Prostheses	Johnson & Johnson Medical	Yes	FR-093203	R 198 304,26
Implant Surgical, Implants and Prostheses	Johnson & Johnson Medical	Yes	FR-093205	R 289 761,22
Implant Surgical, Implants and Prostheses	Johnson & Johnson Medical	Yes	FR-093212	R 83 351,14
Tank,Fuel HFO	Everitt Engineering	Yes	FR-093779	R 499 796,00
Circuit,C P A P Adult Optiflow Medium,Fisopt844	Respiratory Care Africa	Yes	FR-093780	R 234 140,00
Humidifier,Medical :F&P CPAP Humidification:FIS-RT	Respiratory Care Africa	Yes	FR-093781	R 168 015,00
Generator,Pulse Infant Flow Sen777085-102	Respiratory Care Africa	Yes	FR-093782	R 198 950,00

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Humidifier, Medical -F&P CPAP Humidification:FIS-RT	Respiratory Care Africa	Yes	FR-093782	R 168 015,00
Mask, Medical Nasal Mask Small	Respiratory Care Africa	Yes	FR-093782	R 67 620,00
Bonnet, Nasal, Infant Flow Prong Extra Small Sen7770	Respiratory Care Africa	Yes	FR-093782	R 36 800,00
Cardiology Advisory Service	M Smith	Yes	FR-093783	R 28 240,25
Haemodialysis Apparatus FX 80 Dialyser	B Braun Medical	Yes	FR-093786	R 72 450,00
Filter Ultipor Bactiviral Machine Filter ,BB22-15	Medhold Medical	Yes	FR-093791	R 10 764,00
Hire of House Premises	East London Own Haven	Yes	FR-093794	R 292 679,17
Connector, Surgical Patties 1.1/2 X 1.1/2	Baroque Medical	Yes	FR-094084	R 1 430,10
Connector , Surgical Patties Codman (80-1406)	Baroque Medical	Yes	FR-094084	R 1 430,10
Catheter, Ventricular External Drainage Set NMT REF	Medtronic Africa	Yes	FR-094085	R 28 289,66
Pad, Surgical to the Chest Pillow Mizuhosi D28503CE	Intamarket Medical Technologies	Yes	FR-094086	R 21 460,72
Head, Medical Disposable Cranial Access Kit, 826616	Baroque Medical	Yes	FR-094088	R 15 399,87
Tank, Fuel HFO	Eventt Engineering	Yes	FR-094125	R 497 904,00
Implants Surgical, Implants and Prosthesis	Johnson & Johnson Medical	Yes	FR-094130	R 273 619,08
Needle, Biopsy Fistula	Adcock Ingram Critical Care	Yes	FR-094140	R 10 695,00
Nitrogen Liquid Nitrogen	Afrox	Yes	FR-094141	R 85,32
Advisory	M Smith	Yes	FR-094143	R 21 483,47
Advisory	M Smith	Yes	FR-094144	R 29 182,13
Advisory	M Smith	Yes	FR-094145	R 20 157,24
Advisory	M Smith	Yes	FR-094146	R 24 621,05
Adapter, Suction Tip Handle Suction Control (MEDIPL	Johnson & Johnson Medical	Yes	FR-094175	R 18 465,25
Infusion Blood Set Transfusion ,200UM, FPDVLT00	Fresenius Kabi	Yes	FR-094209	R 15 547,98
Infusion Set Standard Set, 2K-NECT, FPDVLT22	Fresenius Kabi	Yes	FR-094209	R 13 798,80

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Catheter,Ventricular External Drainage Set NMT REF	Meditronic Africa	Yes	FR-094252	R 28 289,66
Tubing y-tType Tur Tubing	Techno Med	Yes	FR-094254	R 7 757,90
Medical Equipment Set Elec.Repairs	Hass Industrial	Yes	FR-094260	R 19 874,30
Medical Equipment Set Elec.Repairs	B Braun Medical	Yes	FR-094267	R 20 756,30
Medical Equipment Set Elec.Repairs	Karl Storz Endoscopy SA	Yes	FR-094268	R 14 004,34
Medical Equipment Set Elec.Repairs	Karl Storz Endoscopy SA	Yes	FR-094269	R 23 921,25
Hire of House Premises	East London Own Haven	Yes	FR-094308	R 9 729,34
Dressing Granuflex Extra Thin 5CM X 10CM S163w	Umsinsi Health Care	Yes	FR-094309	R 13 800,00
Guide Wire, Medical JagwireStraight MOO55658011	Boston Scientific SA	Yes	FR-094311	R 26 760,62
Forceps Multipitr Biopsy 1010	Boston Scientific SA	Yes	FR-094313	R 13 829,90
Test Kit Pylortek-For Helcobacter-Strips	First Medical Company (PTY) LTD	Yes	FR-094314	R 18 502,60
Stent , Biliary CLBS- I0-9	Marcus Medical	Yes	FR-094338	R 28 474,69
Tube ,Tracheostomy Shiley Paediatric Tracheostomy T	Babcock Health Care	Yes	FR-094349	R 9 221,40
Tube ,Tracheostomy Shiley Paediatric, with Obturator	Babcock Health Care	Yes	FR-094349	R 9 221,40
Tube ,Tracheostomy Shiley 5.5	Babcock Health Care	Yes	FR-094349	R 9 221,40
Medical Equipment Set Elec.Repairs	Karl Storz Endoscopy SA	Yes	FR-094377	R 7 533,44
Medical Equipment Set Elec.Repairs	Karl Storz Endoscopy SA	Yes	FR-094378	R 25 000,45
Medical Equipment Set Elec.Repairs	Becton Dickinson	Yes	FR-094390	R 27 117,00
Medical Equipment Set Elec.Repairs	B Braun Medical	Yes	FR-094400	R 20 756,30
Mask,Medical Clamp 2015N	Azimed	Yes	FR-094456	R 22 425,00
Infusion Set Standard, FPDVLST10	Fresenius Kabi	Yes	FR-094481	R 5 366,20
Infusion Set Standard, FPDVLST10	Fresenius Kabi	Yes	FR-094481	R 6 899,40

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Infusion Set Standard, FPDVLST10	Fresenius Kabi	Yes	FR-094481	R 9 199,20
Infusion Blood Set Transfusion ,200UM,FPDVLTR00	Fresenius Kabi	Yes	FR-094481	R 6 996,60
Haemodialysis Apparatus FX 60 Dialyser	B Braun Medical	Yes	FR-094497	R 32 266,00
Medical Equipment Set Elec.Repairs	Black & White Medical Solutions	Yes	FR-094534	R 10 156,55
Sensor, Medical Patient Flow Sensor	SSEM Mthembu Medical	Yes	FR-094535	R 29 426,76
Medical Equipment Set Elec.Repairs	Fresenius Kabi	Yes	FR-094537	R 8 829,25
Sensor, Medical Patient Flow Sensor	SSEM Mthembu Medical	Yes	FR-094538	R 29 426,77
Service;Repair Medical Equipment Oncology and	Respiratory Care Africa	Yes	FR-094554	R 19 737,09
Temperature Probe for Giraffe Warmer, Disp	Medhold Medical	Yes	FR-094573	R 29 940,44
Catheter,Epidural Anaesthesia Sims Mini Pack 16G	Teleflex Medical	Yes	FR-094617	R 7 075,26
Infusion Set Standard, FPDVLST10	Fresenius Kabi	Yes	FR-094629	R 15 332,00
Catheter;Intravenous Paediatric Double Lumen 4 FR	Teleflex Medical	Yes	FR-094630	R 3 061,93
Catheter;Intravenous Paediatric Double Lumen 4 FR	Teleflex Medical	Yes	FR-094630	R 3 061,93
Tank,Fuel HFO	Everitt Engineering	Yes	FR-094654	R 524 032,00
Medical Equipment Set Elec.Repairs	Boston Scientific SA	Yes	FR-094665	R 178 764,38
Medical Equipment Set Elec.Repairs	Lebone Medical Supplies	Yes	FR-094667	R 32 883,10
Implant Bone Chips SML	Bone SA	Yes	FR-094685	R 28 503,55
Surgical Implants	Ortho-Sport	Yes	FR-094686	R 6 007,49
Implant Surgical, Implants and Prostheses	Affmed	Yes	FR-094765	R 37 177,15
Haemodialysis Apparatus FX 80 Dialyser	B Braun Medical	Yes	FR-094768	R 29 891,16
Haemodialysis Apparatus FX 80 Dialyser	B Braun Medical	Yes	FR-094768	R 29 891,16
Haemodialysis Apparatus FX 60 Dialyser	B Braun Medical	Yes	FR-094769	R 29 683,20
Haemodialysis Apparatus FX 60 Dialyser	B Braun Medical	Yes	FR-094769	R 29 683,20

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Circuit, C P A P Adult Airvo, FIS900PT501 Including	Respiratory Care Africa	Yes	FR-094784	R 28 600,50
Circuit, C P A P Adult Airvo, FIS900PT501 Including	Respiratory Care Africa	Yes	FR-094784	R 28 600,50
Needle Set Intra-Osseous	Teleflex Medical	Yes	FR-094786	R 29 538,61
Needle Set Intra-Osseous	Teleflex Medical	Yes	FR-094786	R 29 538,61
Needle Set EZ-IO 15MM	Teleflex Medical	Yes	FR-094787	R 29 538,61
Needle Set EZ-IO 15MM	Teleflex Medical	Yes	FR-094787	R 29 538,61
Circuit, C P A P Adult Airvo, FIS900PT501 Including	Respiratory Care Africa	Yes	FR-094842	R 28 600,50
Needle, Biopsy Trucut Achieve Coaxial 14G X 11CM	Merit Medical South Africa	Yes	FR-094859	R 15 973,84
Needle, Biopsy Trucut Achieve Coaxial 16G X 15CM	Merit Medical South Africa	Yes	FR-094859	R 10 649,11
Circuit, C P A P Adult Optiflow Medium, FISOPT844	Respiratory Care Africa	Yes	FR-094903	R 29 992,00
Tip, Guide, Catheter ERCP Savary-Gillard Wire Guide LTD	First Medical Company (PTY) LTD	Yes	FR-094916	R 28 462,50
Circuit, C P A P Adult Airvo, FIS900PT501 Including	Respiratory Care Africa	Yes	FR-094937	R 13 121,50
Tube Breathing with Chamber Junior Airvo FIS900PT5	Respiratory Care Africa	Yes	FR-094937	R 13 346,90
Unit Tisseel Kit 4ML	Baroque Medical	Yes	FR-094939	R 36 247,89
Advisory	Dr Tarboton & Partners	Yes	FR-094957	R 952 703,30
Advisory	Dr Tarboton & Partners	Yes	FR-094961	R 988 509,60
Advisory	Dr Tarboton & Partners	Yes	FR-094962	R 936 062,00
Advisory	Dr Tarboton & Partners	Yes	FR-094963	R 367 487,90
Advisory	Dr Tarboton & Partners	Yes	FR-094964	R 920 100,00
Advisory	Dr Tarboton & Partners	Yes	FR-094965	R 875 253,43
Advisory	Dr Tarboton & Partners	Yes	FR-094966	R 962 330,30
Infusion Set Standard Set. 2K-NECT, FPDVLS22	Fresenius Kabi	Yes	FR-094974	R 22 997,70

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Cartridge,Medical Bloodgas Tests	Ilex (South Africa)	Yes	FR-094979	R 15 622,04
Implant Harmonic Ace Shears 5MM ACE36P	Johnson & Johnson Medical	Yes	FR-094992	R 16 330,60
Implant Harmonic Ace 36E (ACE36E)	Johnson & Johnson Medical	Yes	FR-094992	R 8 573,57
Drape,Surgical loban Steri-Drape 900MM X 450MM-665	Augustine Medical SA	Yes	FR-094994	R 29 394,88
Tank,Fuel HFO	Everitt Engineering	Yes	FR-094997	R 491 280,00
Snare,Polypectomy Code M00562671 6267 Sensation ST	M J Medical	Yes	FR-095020	R 28 097,37
Solution,Bloodgas Machine Clinitubes,942-880	Medhold Medical	Yes	FR-095024	R 27 559,11
Solution,Bloodgas Machine Opti Check	Medhold Medical	Yes	FR-095025	R 3 429,52
Syringe,Medical Arterial Blood PICO50 2ML	Medhold Medical	Yes	FR-095025	R 3 728,46
Cartridge,Medical Bloodgas Tests	Medhold Medical	Yes	FR-095025	R 20 804,87
Cartridge,Medical Bloodgas Tests	Ilex (South Africa)	Yes	FR-095026	R 15 622,04
Filter Ultipor Bactiviral Machine Filter,BB22-15	Medhold Medical	Yes	FR-095028	R 17 940,00
Tube ,Connecting,Surgical Nephrostomy CTUI 4.0-30-ST	Marcus Medical	Yes	FR-095037	R 10 052,84
Dilator Set Puncture Site, JCD9.O-38-20	Marcus Medical	Yes	FR-095037	R 4 364,25
Dilator Set Puncture Site, JCD9.O-38-20	Marcus Medical	Yes	FR-095037	R 4 364,25
Dilator Set Puncture Site, JCD9.O-38-20	Marcus Medical	Yes	FR-095037	R 4 364,71
Dilator Set Puncture Site, JCD9.O-38-20	Marcus Medical	Yes	FR-095037	R 4 364,71
Extractor,Mucus specimen 8884-724000 Trap 40ML	First Medical Company (PTY) LTD	Yes	FR-095043	R 29 921,85
Compression Device Flowtron Calf Garment	Arjo Huntleigh SA	Yes	FR-095093	R 20 435,50
Compression Device Flowtron Calf Garment	Arjo Huntleigh SA	Yes	FR-095094	R 20 435,50
Stent,Oesophageal Ultraflex,15CM X 12CM,M00513150	Boston Scientific SA	Yes	FR-095099	R 29 900,00
Biopsy Set Topnotch 18G X 21CM,M0065101101	Bard Medical SA	Yes	FR-095107	R 27 164,72

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Infusion Set Microborel Extension,FPD9014342,PVC 20	Fresenius Kabi	Yes	FR-095114	R 4 560,00
Infusion Set Standard Set.2K-Neck,FPDVLST72	Fresenius Kabi	Yes	FR-095114	R 22 998,00
Mesh,Hernia Parietex Composite 3DPY,PC 03020	NU Angle Medical	Yes	FR-095117	R 5 684,70
Suture,Absorbable,Surgical Digitex,PG520250 Device	NU Angle Medical	Yes	FR-095117	R 11 243,82
Suture,Absorbable,Surgical Digitex,PG520270 Suture	NU Angle Medical	Yes	FR-095117	R 3 043,45
Staple, Surgical EEA 31 Disposable Loading Unit	Johnson & Johnson Medical	Yes	FR-095123	R 28 562,60
Diathermy Apparatus Valleylab Diathermy Plate	Grobir Medical Suppliers	Yes	FR-095124	R 28 959,04
Staple, Surgical EEA 31 Disposable Loading Unit	Johnson & Johnson Medical	Yes	FR-095125	R 25 880,31
Cutter,Medical Reload Gold,TRD75	Johnson & Johnson Medical	Yes	FR-095126	R 27 956,59
Staple, Surgical EEA 28 Disposable Loading Unit	Johnson & Johnson Medical	Yes	FR-095127	R 28 562,60
Medical Equipment Set Cranial Perforator 14/11MM 0	Impilo Evolving Solutions	Yes	FR-095144	R 29 664,40
Tubing Set For E 9010 Hall Coolflex High Speed DRI	Medhold Medical	Yes	FR-095145	R 28 653,63
Stapler,Surgical GIA8038S Linear Cutter 80MM	Johnson & Johnson Medical	Yes	FR-095146	R 28 955,10
Electrode,Medical External Pacing,NKH305	SSEM Mthembu Medical	Yes	FR-095147	R 14 833,28
Gastroscope Duodenoscope	Surgical Innovations	Yes	FR-095148	R 11 196,86
Sponge,Surgical Bichol Codman Sponge 80-1460	Baroque Medical	Yes	FR-095149	R 19 349,92
Bur,Ear Surgery 3.0MM Round Coarse Diamond Bur,	Medtronic Africa	Yes	FR-095150	R 2 672,02
Bur,Ear Surgery 2.0MM Round Fluted Bur,Medium Stry	Medtronic Africa	Yes	FR-095150	R 2 518,96
Bur,Ear Surgery Round Fas tCutting 6.0MM	Medtronic Africa	Yes	FR-095150	R 1 672,01
Bur,Ear Surgery E8225 Round 2.5 X 48MM	Medtronic Africa	Yes	FR-095150	R 2 680,78
Bur,Ear Surgery 5MM ,64MM L L Round Carbide,3127655	Medtronic Africa	Yes	FR-095150	R 4 381,59
Bur,Ear Surgery 4MM,64MM L Round Carbide,3127654	Medtronic Africa	Yes	FR-095150	R 3 942,17

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Transducer Double Line Kit,MX 57038	SSEM Mthembu Medical	Yes	FR-095151	R 27 600,00
Drill,Medical E9000 Bur, RND Diamond E6150	Medhold Medical	Yes	FR-095152	R 28 729,79
Sponge,Surgical Bichol Codman Sponge 80-1460	Baroque Medical	Yes	FR-095153	R 19 349,92
Bur,Ear Surgery Round Diamond Bur 1.0MM	Medtronic Africa	Yes	FR-095154	R 2 122,37
Bur,Bone Surgery Fine Diamond Long,5MM,31135066	Medtronic Africa	Yes	FR-095154	R 3 510,93
Bur,Ear Surgery 3.0MM Round Fluted Bur,Medium Stry	Medtronic Africa	Yes	FR-095154	R 1 950,45
Bur,Ear Surgery 4.0MM Round Fluted Bur,Medium Stry	Medtronic Africa	Yes	FR-095154	R 2 122,37
Bur,Ear Surgery Medium Fluted Bur,5720-10-60,6 MM	Medtronic Africa	Yes	FR-095154	R 3 365,90
Bur,Ear, Surgery Round Diamond Bur 3.0MM	Medtronic Africa	Yes	FR-095154	R 2 112,26
Bur,Ear Surgery Round Fluted Bur 0.5MM (5820010005	Medtronic Africa	Yes	FR-095154	R 2 112,26
Bur,Bone Surgery Fine Diamond Long,4MM,31134068	Medtronic Africa	Yes	FR-095154	R 2 610,81
Bur,Bone Surgery Fine Diamond Long,3.5MM,31133568	Medtronic Africa	Yes	FR-095154	R 2 011,68
Bur,Bone Surgery L Round Fine Diamond,31102575,2.5	Medtronic Africa	Yes	FR-095154	R 1 962,11
Bur,Ear Surgery 2MM, Fine Diamond Long,31132070	Medtronic Africa	Yes	FR-095154	R 2 122,37
Bur,Ear Surgery E8225 Round 2.5 X 48MM	Medtronic Africa	Yes	FR-095155	R 1 374,65
Bur,Ear Surgery E8220 Round 2.0 X 48MM	Medtronic Africa	Yes	FR-095155	R 1 311,95
Bur,Ear Surgery E8240LSO Round 4.0 X 48MM	Medtronic Africa	Yes	FR-095155	R 1 747,40
Bur,Ear Surgery Ultrapak 5PK 6MM,31316058U	Medtronic Africa	Yes	FR-095155	R 8 284,42
Bur, Ear Surgery 3MM,64MM L Round Carbide,3127653	Medtronic Africa	Yes	FR-095155	R 1 507,29
Bur, Ear Surgery 3MM,75MM L Round Carbide,3127754	Medtronic Africa	Yes	FR-095155	R 1 747,40
Bur,Dental Fine Diamond Long 5MM-31315066U; Nappi	Medtronic Africa	Yes	FR-095155	R 7 169,77
Swab,Medical Bag-IT SpongeE Counting Pack,4050	Disa Vascular Distribution	Yes	FR-095156	R 5 103,24
Trenducer Single Line Kit,MX 9504	SSEM Mthembu Medical	Yes	FR-095160	R 28 980,00

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Solution,Bloodgas Machine THB Solution 944-021	Medhold Medical	Yes	FR-095180	R 3 728,46
Unit Solution Pack ABL90 FLEX 944-157	Medhold Medical	Yes	FR-095180	R 933,62
Cassette,X-Ray Sensor Cassette 900T/DAY (946-009)	Medhold Medical	Yes	FR-095180	R 20 804,87
Implant Surgical, Implants and Prosthesis	Bone SA	Yes	FR-095187	R 22 240,51
Implant Surgical	Osteofix	Yes	FR-095191	R 15 011,26
Implant Surgical, Implants and Prosthesis	Johnson & Johnson Medical	Yes	FR-095192	R 4 157,37
Implant Surgical, Implants and Prosthesis	Johnson & Johnson Medical	Yes	FR-095193	R 22 991,34
Tank,Fuel HFO	Everitt Engineering	Yes	FR-095201	R 473 685,00
Tubing Low Pressure CTL120	Grobir Medical Suppliers	Yes	FR-095216	R 27 932,99
Tubing Y Adapt Optistatic,CT9000,810555	Grobir Medical Suppliers	Yes	FR-095217	R 29 231,25
Needle, Biopsy Trucut Achieve Coaxial 14G X 11CM	Merit ,Medical SA	Yes	FR-095218	R 29 285,37
Syringe,Medical 200ML Front Loading With Handfil	Grobir Medical Suppliers	Yes	FR-095222	R 27 589,90
Pump,Syringe Set P7000 G30402	Becton Dickinson	Yes	FR-095225	R 7 363,34
Caliper,Medical Cone Set CCS Small	Libra Health Solutions	Yes	FR-095228	R 29 050,00
Caliper Cone Set CCS	Libra Health Solutions	Yes	FR-095229	R 27 615,00
Implant Surgical, Implants and Prosthesis	Smith + Nephew Limited (DNE)	Yes	FR-095230	R 12 316,50
Implant Surgical, Implants and Prosthesis	Johnson & Johnson Medical	Yes	FR-095238	R 67 153,88
Implant Surgical, Implants and Prosthesis	Johnson & Johnson Medical	Yes	FR-095239	R 19 752,93
Test Strips and Color Chart,Bilirubin,Blood,Gluco	Siemens Healthcare	Yes	FR-095240	R 16 613,36
Tube, Endotracheal Attachment Device 9799 12/BX	Hsrtmann-Vitamed	Yes	FR-095249	R 25 592,22
Dressing Tracheostomy Foam Non-Adhesive Code: 9060	Augustine Medical SA	Yes	FR-095250	R 15 032,80
Infusion Set Standard Set.2K-Neck,FPDVLST22	Fresenius Kabi	Yes	FR-095253	R 29 897,01
Collar, Cervical Semi-Rigid Large	Orthopaedic Textiles	Yes	FR-095254	R 14 283,00

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Collar, Cervical Semi-Rigid Large	Orthopaedic Textiles	Yes	FR-095254	R 14 283,00
Unit Tisseel Kit 4ML	Baroque Medical	Yes	FR-095260	R 29 813,87
Catheter, Protactomy 3 Way Silicone, PGAB6022	NIU Angle Medical	Yes	FR-095268	R 27 898,08
Dressing Granuflex Extra Thin 5CM X 10CM S163W	Liora Medical Suppliers	Yes	FR-095274	R 6 142,00
Telescope Hopkins 0 Degrees 4MM	Karl Storz Endoscop SA	Yes	FR-095275	R 148 353,68
Cuff, Resuscitator Neo Cuffs 3CM Single Tube	Medhold Medical	Yes	FR-095276	R 5 741,17
Cuff, Resuscitator Neo Cuffs 4CM Single Tube	Medhold Medical	Yes	FR-095276	R 5 741,17
Cuff, Resuscitator BP Neo Cuff Size 2	Medhold Medical	Yes	FR-095276	R 5 741,17
Cuff, Resuscitator BP Neo Size 1	Medhold Medical	Yes	FR-095276	R 5 741,17
Administration, Parenteral Nutrition Sets FPDVL	Fresenius Kabi	Yes	FR-095278	R 6 233,80
Infusion Set Microbore Extension, FPD9014342, PVC 20	Fresenius Kabi	Yes	FR-095278	R 1 139,65
Infusion Blood Set Transfusion ,200UM, FPDVLT00	Fresenius Kabi	Yes	FR-095278	R 6 996,60
Infusion Set Standard Set.2K-Neck, FPDVLT22	Fresenius Kabi	Yes	FR-095278	R 13 798,62
Catheterization Set Selfcath Male, FUJI, I151406	Techno Med	Yes	FR-095288	R 12 499,58
Catheterization Set Selfcath Female, FUJI, I151306	Techno Med	Yes	FR-095288	R 12 499,58
Catheterization Set Selfcath Paed, FUJI, I151704	Techno Med	Yes	FR-095288	R 4 999,83
Infusion Set Standard Set.2K-Neck, FPDVLT22	Fresenius Kabi	Yes	FR-095299	R 29 897,01
Infusion Set Microbore Extension, FPD9014342, PVC 20	Fresenius Kabi	Yes	FR-095300	R 2 279,30
Infusion Blood Set Transfusion ,200UM, FPDVLT00	Fresenius Kabi	Yes	FR-095300	R 18 701,41
Service; Repair Machinery	RMG Group	Yes	FR-095308	R 79 971,00
Medical Equipment Set Inst. Spares External	Boston Scientific SA	Yes	FR-095312	R 178 764,38
Implant Surgical, Implants and Prosthesis	Stryker SA	Yes	FR-095315	R 205 808,15
Implant Surgical, Implants and Prosthesis	Johnson & Johnson Medical	Yes	FR-095316	R 66 237,22

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Canula, Intravenous Jelco Yellow 24G	Space Med	Yes	FR-095317	R 29 053,83
Implant Surgical, Implants and Prosthesis	Smith + Nephew Limited (DNE)	Yes	FR-095318	R 54 326,69
Infusion Set 20 Drop, Smartsite Needlefree Valve P	Becton Dickinson	Yes	FR-095319	R 28 430,73
Infusion Set 20 Drop, Smartsite Needlefree Valve P	Becton Dickinson	Yes	FR-095320	R 28 430,73
Medical Equipment Set Inst. Spares External	Vivid AIR	Yes	FR-095332	R 46 230,00
Biopsy Set Topnotch 18G X 21CM, M0065101101	Bard Medical SA	Yes	FR-095346	R 27 164,72
Biopsy Set Topnotch 18G X 21CM, M0065101101	Bard Medical SA	Yes	FR-095351	R 27 164,72
DRESSING Melolin Bulk 50CMX7M Roll	Smith + Nephew Limited (DNE)	Yes	FR-095353	R 29 895,81
Balloon, Dilation, Catheter Trachealator Airway Perf	Disa Vascular Distribution	Yes	FR-095355	R 8 706,68
Balloon, Dilation, Catheter Trachealator Airway Perf	Disa Vascular Distribution	Yes	FR-095355	R 17 413,36
Balloon, Dilation, Catheter Trachealator Airway Perfusion 30M	Disa Vascular Distribution	Yes	FR-095357	R 17 413,36
Balloon, Dilation, Catheter Trachealator Airway Perf	Disa Vascular Distribution	Yes	FR-095357	R 8 706,68
Dressing Melolin Low Adherent, 20 X 30CM, 66974944	Smith + Nephew Limited (DNE)	Yes	FR-095362	R 29 693,11
Diathermy Apparatus NSEALX22L G2 Super Jaw Harmoni	Johnson & Johnson Medical	Yes	FR-095365	R 24 746,40
Implant Surgical, Implants and Prosthesis	BoneSA	Yes	FR-095388	R 25 233,92
Needle Set Intra-Osseous	Teleflex Medical	Yes	FR-095371	R 3 544,62
Driver Unit EZ-IO Intraosseous Vascular Access 16.	Teleflex Medical	Yes	FR-095371	R 3 544,62
Needle Set EZ-IO 15MM	Teleflex Medical	Yes	FR-095371	R 3 544,62
Dressing Aid ATS VAC Canister 1000ML M6275093	Supra Healthcare Cape Town	Yes	FR-095422	R 27 708,18
Dressing Aid VAC Granufoam Large Dressing Kit	Supra Healthcare Cape Town	Yes	FR-095423	R 26 577,42
Dressing Aid VAC Granufoam Medium Dressing Kit	Supra Healthcare Cape Town	Yes	FR-095424	R 25 950,60
Tank, Fuel HFO	Everitt Engineering	Yes	FR-095425	R 390 753,90

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Mask,Medical Clamp 2015N	Azimed	Yes	FR-095437	R 22 425,00
Implant Surgical, Implants and Prosthesis	Johnson & Johnson Medical	Yes	FR-095438	R 14 188,76
Service,Repair Medical Equipment Oncology and Radiodiagnostic	Tecmed	Yes	FR-095460	R 16 416,25
Feeding Set Varioline for Applix Pump,EGV0002AS	Disa Vascular Distribution	Yes	FR-095474	R 26 341,20
Caliper Cone Set CCS	Libra Health Solutions	Yes	FR-095475	R 29 949,50
Feeding Set Varioline for Applix Smart Pump	Fresenius Kabi	Yes	FR-095478	R 27 820,80
Implant Surgical, Implants and Prosthesis	Johnson & Johnson Medical	Yes	FR-095479	R 231 398,29
Implant Surgical, Implants and Prosthesis	Johnson & Johnson Medical	Yes	FR-095480	R 34 735,68
Implant Surgical, Implants and Prosthesis	Johnson & Johnson Medical	Yes	FR-095481	R 286 816,99
Tank,Fuel HFO	Engen Petroleum	Yes	FR-095482	R 3 499 478,34
Implant Surgical, Implants and Prosthesis	Vertice Healthcare	Yes	FR-095499	R 38 075,05
Implant Surgical, Implants and Prosthesis	Johnson & Johnson Medical	Yes	FR-095501	R 92 260,00
Implant Surgical, Implants and Prosthesis	Smith + Nephew Limited (DNE)	Yes	FR-095502	R 53 365,61
Infusion Set Blood Transfusion,200UM,FPDVLTR00	Fresenius Kabi	Yes	FR-095504	R 4 664,40
Infusion Set Standard Set,2K-NECT,FPDVLST22	Fresenius Kabi	Yes	FR-095504	R 9 199,08
Feeding Set Varioline for Applix Smart Pump	Fresenius Kabi	Yes	FR-095512	R 28 152,00
Suture,Absorbable,Surgical Surgical Absorbable-I 90	Johnson & Johnson Medical	Yes	FR-095513	R 26 572,88
Advisory	Dr Tarboton & Partners	Yes	FR-095547	R 998 065,56
Transducer Arterial Kit - PX260 12093	SSEM Mthembu Medical	Yes	FR-095564	R 28 750,00
Tip,Guide,Catherter TRI-30M,Trippl Lumen Sphinctero	Marcus Medical	Yes	FR-095575	R 26 925,18
Tube,Surgical Inverta Peg Pull Kit 20FR Flexiflo	M J Medical	Yes	FR-095581	R 29 900,00
Implant Surgical, Implants and Prosthesis	Stryker South Africa	Yes	FR-095587	R 12 059,00

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Implant Surgical, Implants and Prosthesis	Stryker South Africa	Yes	FR-095587	R 13 245,00
Unit Tisseel Kit 4ML	Baroque Medical	Yes	FR-095588	R 7 107,43
Stent,Oesophageal Ultraflex, 15CM X 12CM,M00513150	Boston Scientific SA	Yes	FR-095612	R 29 900,00
Circuit,C P A P Optiflow Junior,FISOPT318 Paeds	Respiratory Care Africa	Yes	FR-095616	R 25 300,00
Circuit,C P A P Optiflow Junior,FISOPT316 Infant	Respiratory Care Africa	Yes	FR-095617	R 20 240,00
Tube	Respiratory Care Africa	Yes	FR-095618	R 29 992,00
Liner Receptal 3 Litre 8888-310847	Grobir Medical Suppliers	Yes	FR-095620	R 29 261,75
Biopsy Set Topnotch 18G X 21CM,M0065101101	Bard Medical SA	Yes	FR-095621	R 27 164,73
Hire of Dosimeter	SABS Commercial	Yes	FR-095628	R 24 250,80
Hire of Dosimeter	SABS Commercial	Yes	FR-095629	R 23 276,63
Hire of Dosimeter	SABS Commercial	Yes	FR-095630	R 24 559,53
Nitrogen Liquid Nitrogen	Afrox	Yes	FR-095631	R 77,44
Infusion Set Blood Transfusion Fusion,200UM,FPDVLTR00	Fresenius Kabi	Yes	FR-095640	R 5 364,00
Infusion Set Standard Set ,2K-NECT,FPDVLST22	Fresenius Kabi	Yes	FR-095640	R 16 137,60
Wax Bone (W810)	B Braun Medical	Yes	FR-095645	R 18 011,11
Clip Device Hem-o-Lok ClipsXL 7-16MM,WK544250	Impilo Evolving Solutions	Yes	FR-095647	R 9 562,60
Clip,Haemo Hemolok L 5-13MM,WK544240	Impilo Evolving Solutions	Yes	FR-095647	R 19 125,20
Extractor,Stone Loop Stone Extractor EBL-15-200	Marcus Medical	Yes	FR-095654	R 27 993,85
Tubing Y Adapt Optistatic,CT9000,810555	Grobir Medical Suppliers	Yes	FR-095707	R 29 231,28
Syringe,Medical 200ML Front Loading With Handifil For Liebel Flaseim CT 9000 Injector MX 800096	Grobir Medical Suppliers	Yes	FR-095711	R 27 933,00
Ligator Speedband Superview,4225	M J Medical	Yes	FR-095714	R 29 785,00
Wax Bone (W810)	B Braun Medical	Yes	FR-095716	R 27 709,40

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Stent, Oesophageal Ultraflex, 15CM X 12CM, M00513150	M J Medical	Yes	FR-095717	R 30 000,00
Tube, Tracheostomy Paediatric Shiley OO	Endomed Medical & Surgical Supp	Yes	FR-095722	R 1 700,00
Tube ,Tracheostomy	Endomed Medical & Surgical Supp	Yes	FR-095722	R 1 700,00
Tube, Tracheostomy Shiley Paediatric, 3.5	Endomed Medical & Surgical Supp	Yes	FR-095722	R 1 700,00
Tube ,Tracheostomy Shiley Paediatric, with Obturator 4.0 PED	Endomed Medical & Surgical Supp	Yes	FR-095722	R 1 700,00
Tubing low Pressure CTL120	Grobir Medical Suppliers	Yes	FR-095728	R 27 932,99
Needle, Biopsy Trucut Achieve Coaxial 14G X 11CM	Merit Medical SA	Yes	FR-095731	R 29 285,38
Catheter, Venous Double Lumen 7FR Hickman Line - DOCE 4310P001	Bard Medical SA	Yes	FR-095743	R 29 089,35
Cannula, Intravenous Jelco Yellow 24G	Space Med	Yes	FR-095751	R 29 053,80
Unit	B Braun Medical	Yes	FR-095781	R 29 785,00
Transducer	SSEM Mthembu Medical	Yes	FR-095788	R 28 750,00
Public Private Partnership Unitary Patments	Metropol Hospital	Yes	HU-001746	R 3 905 397,88
Medical Instrument	Pharmaco Districbutions	Yes	AV-002172	R 10 350,00
Medical pump	Fresenius Kabi	Yes	AV-002179	R 4 896,00
Service of machine	Africa X-ray industrial and Medic	Yes	AV-002180	R 10 655,90
Infusion sets	Bectin Dickinsons	Yes	HU-001753	R 29 665,76
Infusion sets	Bectin Dickinsons	Yes	HU-001757	R 25 796,74
Blood gas analyser proe	Medhold Medical	Yes	ST-005257	R 290 051,04
Parts for cpc medical machine	Phoenix Neomed	Yes	ST-005264	R 186 933,42
Paper ECG	SSEM Mthembu Medicals	Yes	VVV-000319	R 2 934,23

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
X-Ray monitor	East Cape X-Rays	Yes	AA-000366	R 15 216,80
Conentrater oxygen	Khokela Trading	Yes	AA-000367	R 13 378,87
Probe, finger clip	Medhold Medical	Yes	AA-000368	R 5 989,20
Service of medical equipment	Mbuso Medical Supplier	Yes	AA-000369	R 22 770,00
Medical Monitor	Kwa-Dube Medical	Yes	AA-000370	R 18 348,25
Infusion sets	Fresenius Kabi	Yes	HU-001772	R 11 877,66
Catheterization set	Jesse Daniel Projects	Yes	MH-002116	R 28 357,00
Knife medical	Surgical and Ophthalmic Supplies	Yes	MH-002119	R 29 707,54
Test strips	Endomed Medical & Surgicals	Yes	CD-003863	R 112 125,00
Pack sterile	Medhold Medical	Yes	ST-005269	R 15 247,38
Laundry (lisc investment)	Lengends Tavern & Mimosa Stores	Yes	ST-005275	R 250 000,00
Medical Instrument	Pharmaco Districbutions	Yes	WW-000330	R 10 350,00
Service, repair of medical equipment	Respiatory Care Africa	Yes	AA-000373	R 6 072,00
Service, repair of medical equipment	AD Mecial	Yes	AA-000375	R 17 829,19
Service, repair of medical equipment	Africa X-ray industrial and Medic	Yes	AA-000377	R 15 092,00
Service, repair of medical equipment	Lomean Medical	Yes	AV-002205	R 10 122,99
Medical consulting	Leekoena Trading	Yes	JV-000343	R 9 240,00
Labels	Rise & Shine Business Venture	Yes	MA-001483	R 2 685,00
Dietary supplements	Fresenius Kabi	Yes	MP-000752	R 49 162,50
Plate, medical	Dynamic Pharmaceuticals	Yes	ST-005281	R 10 764,00
Service, repair of medical equipment	Mbuso Medical Supplier	Yes	SV-000832	R 7 366,32
Paper, medical CTG	AD Mecial	Yes	WW-000348	R 3 652,75

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Service, repair of medical equipment	Lomean Medical	Yes	AV-002218	R 98 101,90
Service, repair of medical equipment	Africa X-ray industrial and Medic	Yes	AV-002220	R 47 934,20
Service, repair of medical equipment	SSEM Mthembu Medicals	Yes	HU-001782	R 7 183,59
Service, repair of medical equipment	Medical Repair Services	Yes	MH-002140	R 8 625,00
Service, repair of medical equipment	Mbuso Medical Supplier	Yes	MH-002142	R 23 402,50
Medical equipment Set	Pharmaco Districbutions	Yes	MH-002146	R 28 980,00
Service, repair of medical equipment	Siemens Healthcare	Yes	PO-001293	R 13 813,80
Medical Instrument	Maximed	Yes	ST-005300	R 18 400,00
Formua Feeding	Abbott Laboratories South Africa	Yes	ST-005304	R 9 362,16
Dietary supplements	Nutricia Southern Africa	Yes	ST-005307	R 4 466,52
Formula feedings	Nestle SA	Yes	ST-005311	R 8 997,12
Medical Humidifier	KPMG Trading	Yes	VWV-000353	R 4 399,00
Meter Flow	AD Mercial	Yes	VWV-000358	R 4 140,00
Battery for medical equipment	East Cape X-Rays	Yes	AA-000385	R 28 320,83
Battery for medical equipment	SSEM Mthembu Medicals	Yes	AV-002235	R 62 194,94
Digital Blood presure machine	Kaya-Mnandi Trading	Yes	BJ-000556	R 7 130,00
Tube, Tracheals	Sunset Brook Trading	Yes	BJ-000559	R 2 047,00
Tube, Tracheals	Sunset Brook Trading	Yes	BJ-000561	R 4 094,00
Cuff and Bladder supplies	Hospiworx	Yes	BJ-000562	R 2 277,00
Test quality assurance	Africa X-ray industrial and Medic	Yes	BJ-000563	R 8 833,15
Medical unit	Africa X-ray industrial and Medic	Yes	BJ-000564	R 140 674,13
Collimator and Beam Alignment test tool	Africa X-ray industrial and Medic	Yes	BJ-000568	R 14 305,38

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Formula feedings	Nestle SA	Yes	HU-001791	R 10 723,68
Dietary supplements	Abbott Laboratories South Africa	Yes	HU-001793	R 29 655,36
Renewal of licence	Early Worx 282	Yes	MH-002166	R 5 245,50
Formula feedings	Nestle SA	Yes	MH-002175	R 2 518,56
Extension device	Dynamic Pharmaceuticals	Yes	PO-001311	R 9 180,00
Paper Medical	Maximed	Yes	PO-001312	R 4 991,00
Hook, Medical Amniotic Hooks, disposable	Omkhulu Eziphakeme Medical	Yes	PO-001314	R 5 980,00
Service, repair of X-Ray Machine	Siemens Healthcare	Yes	PO-001320	R 284 239,45
Training Computer	Sola Training Solutions	Yes	CD-003929	R 29 400,00
Audio Visual equipment	CHM Yuvani Computer Solutions	Yes	CD-003933	R 15 512,24
Franking machine	Pitney Bowes SA	Yes	ST-005319	R 8 109,23
Ventilator medical	AD Mecal	Yes	ST-005329	R 3 565,00
Service, repair of Franking Machine	Pitney Bowes SA	Yes	ST-005345	R 3 840,00
Blanket, safety-fire blankets	Ingolela Trading	Yes	TE-000916	R 3 600,00
Meter Flow	Ecomed Medical	Yes	WW-000363	R 3 944,30
Battery for medical equipment	AD Mecal	Yes	WW-000370	R 2 580,84
Monitor Medical	Kwa-Dube Medical	Yes	WW-000372	R 19 634,86
Repair of x-ray machine	Africa X-ray industrial and Medic	Yes	AV-002244	R 18 935,90
Medical Instrument	Dynamic Pharmaceuticals	Yes	PO-001334	R 9 180,00
Subscription fees	PBSA Batsumi Enterprose	Yes	PO-001336	R 2 520,23
Medical Instrument	Maximed	Yes	ST-005351	R 17 250,00
Medical Instrument	Ibuya Trading	Yes	ST-005355	R 10 940,00

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Gauge, medical	Ingolela Trading	Yes	MJ-000843	R 29 250,00
Stethoscope	Ingolela Trading	Yes	MJ-000844	R 10 040,00
Service, repair of medical equipment	Kwa-Dube Medical	Yes	TE-000926	R 7 998,94
Rechargeable battery for defibs	SSEM Mthembu Medicals	Yes	VW-000385	R 15 717,59
Battery , rechargeble	SSEM Mthembu Medicals	Yes	AA-000405	R 13 237,49
Paper ECG	Kwa-Dube Medical	Yes	JO-000260	R 10 531,13
Infusion sets	Bectin Dickinsons	Yes	HU-001810	R 14 709,70
Infusion sets	Bectin Dickinsons	Yes	HU-001823	R 28 376,42
Infusion sets	Bectin Dickinsons	Yes	HU-001833	R 14 709,70
Infusion sets	Bectin Dickinsons	Yes	HU-001834	R 28 376,42
Paper ECG	East Cape X-Rays	Yes	HU-001824	R 29 773,50
Cannula nasal, oxygen	Ingolela Trading	Yes	HU-001831	R 14 000,00
Service, repair of medical equipment	Kwa-Dube Medical	Yes	HU-001818	R 14 786,24
Transducer :Toco Transducer for sunray CTG	Mbuso Medical Supplier	Yes	HU-001814	R 63 283,95
Service, repair of medical equipment	Mbuso Medical Supplier	Yes	HU-001821	R 11 902,50
Service, repair of incubator	Phoenix Neomed	Yes	HU-001820	R 8 469,75
Service, repair of medical equipment	Respiratory Care Africa	Yes	HU-001813	R 20 433,91
Autoclave test pack	Safmed (pty)ltd	Yes	HU-001812	R 16 463,16
Hand control Amsco operating table hand control	Tecmed	Yes	HU-001817	R 23 138,89
Lens, Ophthalmic	Alcon Laboratories SA	Yes	MH-002186	R 15 830,48
Feeding set varioline for applix smart pump	Fresenius Kabi	Yes	MH-002196	R 4 896,24
Service, repair of medical equipment	Khokela Trading	Yes	MH-002190	R 53 483,37
Colposcope	Nikibex	Yes	MH-002188	R 11 350,00

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Service, repair of defibrillator	SSEM Mthembu Medicals	Yes	MH-002189	R 69 286,40
Service, repair of medical equipment	Black & White Medical Solutions	Yes	PO-001347	R 10 098,97
Service, repair of medical equipment	Delta Surgical	Yes	PO-001346	R 7 199,00
Catheter, urinal supra pubic catheters	Ziyazanda Business Solutions	Yes	PO-001349	R 24 240,00
Catheter, urinal supra pubic catheters	Ziyazanda Business Solutions	Yes	PO-001357	R 24 240,00
Dietary supplements	Fresenius Kabi	Yes	ST-005365	R 2 442,60
Forceps	Premier Endoscope	Yes	ST-005364	R 9 446,66
Service, repair of X-Ray Machine	Siemens Healthcare	Yes	ST-005367	R 13 813,80
Service, repair of X-Ray Machine	Siemens Healthcare	Yes	ST-005368	R 73 351,92
Sensor, medical	East Coast Medical Northern Reg	Yes	SV-000886	R 7 182,67
Suction unit	Iziko Medical & Surgical Supplies	Yes	SV-000885	R 13 838,60
Service, repair of medical equipment	Kwa-Dube Medical	Yes	SV-000883	R 26 329,79
Repair polisher	KLMN Sales	Yes	VWV-000388	R 8 500,00
Diesel	Aberdeen Community Trading	Yes	AA-000409	R 17 360,00
Diesel	Aberdeen Community Trading	Yes	AA-000409	R 17 360,00
Diesel	Bougalove	Yes	JO-000268	R 29 466,00
Diesel	Lug 2020 Trading	Yes	MH-002222	R 188 820,00
Diesel	Casmac Trading	Yes	ST-005371	R 25 312,00
Diesel	Settler City Toyota	Yes	MJ-000866	R 23 465,00
Diesel	Settler City Toyota	Yes	MJ-000867	R 23 465,00
Diesel	Extra Dimension 1191	Yes	VWV-000394	R 26 730,00
Service and repair of X-ray machine	Africa X-ray industrial and Medic	Yes	AV-002281	R 3 237,25

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
MIMS & MDR publications	Arena Holdings (Pty) Ltd	Yes	FH-004105	R 2 998,15
Hemocue WBC cuvettes and WBC cleaners	Hemocue SA	Yes	FH-004123	R 2 742,44
Tower of London 2nd ed. for assessment of patients	JVR Psychometrics (Pty) Ltd	Yes	FH-004155	R 21 058,80
Neopost JJ25 cartridge for franking machine	Howard Manufacturing	Yes	FH-004170	R 14 431,28
Hemocue HbA1c 501 Monthly check cartridges and Daily check	Hemocue SA	Yes	FH-004258	R 1 206,00
Hemocue WBC cuvettes	Hemocue SA	Yes	FH-004331	R 8 621,60
Service 14 x Dinamap machines + supply 2 x batteries	Medhold Medical (Pty) Ltd	Yes	FH-004388	R 16 284,00
Hemocue Hb 201 cuvettes 4 x 50pcs and Cleaner 5pcs	Hemocue SA	Yes	FH-004470	R 4 288,51
Service 12 x Minus40 medicine fridges	M40 Refrigeration (Pty) Ltd	Yes	FH-004498	R 94 459,07
Diesel for facilities	Imbani Projects	Yes	AH-021939	R 754 854,00
Supply and delivery of 30100L of diesel for facilities - SCM3-22/23-0633-AM	Imbani Projects	Yes	AH-022051	R 815 710,00
Supply Delivery and Installation of Perspex Glass Window Panes	Sizisa Ukhanyo	Yes	QV-001834	R 7 400,00
Franking Machine Annual Licence & Maintenance	Earlyworx	Yes	JB-000315	R 10 000,00
Physiotherapy Consumables	Hi-Tech Therapy Pty Ltd	Yes	JM-000397	R 2 312,00
Service of Edan Medical Equipment	Kwa-Dube Medical cc	Yes	UM-000278	R 29 938,00
Annual Calibration of Audiology Equipment	Lebone Medical Supplies (Pty) Ltd	Yes	AN-000818	R 1 725,00
Physiotherapy Consumables	Respiratory Care Africa (Pty) Ltd	Yes	AN-000817	R 29 945,00
Physiotherapy Consumables	Hi-Tech Therapy Pty Ltd	Yes	JM-000397	R 2 312,00
Repair X-Ray door	Tecmed Pty Ltd	Yes	JM-000437	R 15 824,00
Infrastructure - Emptying sewerage tank at Phelandaba Clinic	Nthabie Eye Vision	Yes	JN-000078	R 12 000,00

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Infrastructure - Blockage in the Kitchen and Male Ward	Nthabie Eye Vision	Yes	EH-000857	R 20 000,00
Infrastructure - Faulty generator and electric gate not working	Makoni	Yes	JL-000287	R 21 742,00
Pm Service of Endoflator and Hamou	Karl Storz	Yes	DR-029027	R 15 525,00
Supply ventilation exhalation	Respiratory care	Yes	DR-029011	R 7 748,22
Sensormedics Oscillator Kit	Respiratory Care	Yes	DR-029112	R 475 996,50
Olympic brainz monitor	Respiratory Care	Yes	DR-029084	R 61 409,43
Service of Compressor	Universal Equipment	Yes	DR-029119	R 30 166,80
Replacement no2 sensors	Sidewinder Medical	Yes	DR-029242	R 56 252,25
Trach care neonatal suction cath	Biosurge Medical	Yes	DR-029243	R 358 689,60
Vygon premicath	Endosurgical	Yes	DR-029217	R 493 005,00
Service of anaesthetic machine	Medhold Medical	Yes	DR-029202	R 81 915,02
Service of Radiometer	Medhold Medical	Yes	DR-029206	R 40 116,93
Neocate LCP	Nutricia SA	Yes	DR-029230	R 42 538,80
Repair of vital signs monitor	Respiratory Care	Yes	DR-029241	R 53 784,75
Service anaesthetic machine	East Cape Xray	Yes	DR-029216	R 56 585,84
Resource Fruit	Nestle	Yes	DR-029180	R 20 092,80
Repairs of chiller plant	Mpuma koloni cooling & Electrical	Yes	DR-029258	R 125 617,95
Annual QA Payment	East Cape X-Ray	Yes	DR-029342	R 12 477,50
Repairs to phillips expose button	East Cape X-Ray	Yes	DR-029264	R 22 561,70
Diesel	Extra Dimension 1191	Yes	DR-029428	R 98 670,00
Installation Gate Security	Hopwork	Yes	DR-029429	R 79 580,00
Curette Set Curette	National Medical Supplies	Yes	DR-029641	R 29 926,20

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Powder Infatrini 400g	Nutricia Southern Africa	Yes	DR-029654	R 30 751,80
Urgent Performance of Annual Services	Africa X-Ray Industrial and Medic	Yes	DR-029618	R 45 436,78
Catheter Arterial Seldinger 20G X 5cm	Teleflex Medical	Yes	DR-029628	R 35 200,80
Oscillator Tube	Respiratory Care Africa	Yes	DR-029721	R 370 219,50
Coping A4 Printing Paper (Roll)	The Scientific Group	Yes	DR-029692	R 1 138,50
Bone Marrow 13g	Bard Medical	Yes	DR-029718	R 21 413,58
Unit Neo- Verso Adapter	Respiratory Care Africa	Yes	DR-029727	R 17 392,49
Dressing Tegaderm	Augustine Medical SA	Yes	DR-029722	R 258 016,00
Lung Test, Flow Sensor Cable	SSEM Mthembu Medical	Yes	DR-029728	R 17 110,16
Repair and service of infusion pumps	Becton Dickinson	Yes	MZ-001614	R 8 607,00
Repairs of X-Ray Dry Pix machine	Lomaen medical	Yes	MT- 001514	R 41 992,25
Procurement of HB Meter cuvettes	Endomed Medical	Yes	MZ-001615	R 24 840,00
Service and Repair of Patient Monitors	Khokhela Trading	Yes	MZ-001619	R 24 081,00
Procurement of CTG Papers	Kwa Dube Medical	Yes	MZ-001629	R 36 432,00
Service repairs of vital sign monitor	Njabulo & Luthandomedical	Yes	MT-001525	R 1 598,50
Procuring of blood liquid callibrants and test cartridges Edan.	Kwa-Dube Medical	Yes	TQ-001670	R 63 855,22
Installation of TB Hard Shimadzu Digital X-Ray	Africa X-Ray Industrial & Medic	Yes	SP-002066	R 36 904,65
Service of Anaesthetic Machine	Respiratory Care Africa	Yes	SP-002065	R 56 905,28
Procurement of ECG paper for ECG machines	SSEM Mthembu medical	Yes	SI-000909	R 9 812,95
Repair of Lawnmowers	Transkei Yamaha	Yes	MT-001547	R 13 445,14
Service of EDAN and Ningbo Equipment	Kwa-Dube Medical	Yes	MT-001538	R 62 851,39
Services and Calibration of Equipment	SSEM Mthembu medical	Yes	MT-001516	R 15 539,26

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Service of X-Ray Machine Shimadzu	Loamen Medical	Yes	MT-001563	R 21 581,13
Repair and Service of 5 Grass Cutters	IFRS Trading	Yes	SP-002084	R 12 229,00
Vital Signs Monitor Accessories	Respiratory Care Africa (Pty)Ltd	Yes	SP-002080	R 42 151,39
Repair of X-Ray cables	Axim (Pty) Ltd	Yes	TQ-001700	R 22 206,78
Service of Drypix	Lomaen Medical	Yes	MZ-001690	R 32 746,00
service & Repair of Gulf Cut	Transkei Yamaha	Yes	MZ-001720	R 37 664,00
Service and Repair of Auto Scrubber Machine	Amatola Cleaning Supplies	Yes	SP-002092	R 7 762,50
Diagnostic Set Bulbs	Black & White Medical Solutions	Yes	SP-002096	R 50 957,66
Procuring of supplements	Nestle SA	Yes	TQ-001719	R 38 010,24
Procuring of alaries	Becton Dickinson	Yes	TQ-001714	R 70 220,09
Procuring of HB cuvettes	Hemocue SA	Yes	TQ-001734	R 199 430,98
Service of Medical Equi EG Autoclave machine	EG Medical and Technical Service	Yes	SI-000940	R 32 021,70
Service of Medical Equip Infant Incubators & Radiant Warmer, Vital sign Monitor and CTG Machine	Kwa-Dube Medical	Yes	SI-000937	R 33 632,65
Edan CTG paper	East Coast Medical	Yes	TQ-001748	R 14 800,00
Replacement of desk top pc on shimadzu control panel	Axim (Pty) Ltd	Yes	TQ-001741	R 50 996,64
Procuring of HB test strips	Endomed Medical & Surgical Supplies	Yes	TQ-001747	R 29 555,00
Repair of Medical Equipment	SSEM Mthembu Medical	Yes	SP-002128	R 9 384,60
CPAP Consumables	Phoenix Neomed	Yes	MZ-001749	R 97 996,00
Recording Papers (ECG)	SSEM Mthembu	Yes	MZ-001750	R 17 460,00
Repair of X-Ray Machine	Loamen Medical	Yes	MT-001624	R 34 825,68
Repair of Incubator	Kwa-Dube Medical	Yes	SI-000962	R 16 184,84

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
HB Strips	Endomed Medical & Surgical	Yes	SI-000961	R 46 575,00
Servicing of vital sign monitors	Ecomed Medical	Yes	TQ-001782	R 28 618,31
Servicing of suction machines	Kwa-Dube Medical	Yes	TQ-001784	R 21 986,62
Service of Medical Equipment	Ecomed Medical	Yes	MT-001636	R 31 806,15
Servicing of incubators and anaesthetic machines	AD Medical CC	Yes	TQ-001791	R 76 519,98
Procuring of CPAP masks	SSEM Mthembu Medical	Yes	TQ-001794	R 37 937,20
Servicing of vital sign monitors	Respiratory Care Africa	Yes	TQ-001792	R 151 843,33
Service of theatre tables	Medhold	Yes	TQ-001790	R 33 409,80
Procuring of paper filter bags	Duomed	Yes	TQ-001793	R 38 985,00
Adult transducers	SSM Mthembu	Yes	CM-026393	R 52 900,00
Arterial catheterization	Teleflex	Yes	CM-026371	R 43 237,00
Surgicell	Johnson and Johnson	Yes	CM-026401	R 58 232,00
Spongostan	Johnson and Johnson	Yes	CM-026377	R 63 713,22
Theatre tables	Medhold	Yes	CM-026344	R 133 355,83
Infant warmers	Medhold	Yes	CM-026344	R 336 925,40
Micro Blenders	RCA	Yes	CM-026345	R 253 559,61
Ventilators	RCA	Yes	CM-026337	R 278 016,90
Cpap	RCA	Yes	CM-026341	R 126 779,80
Various accessories	Black and White Medical	Yes	CM-026400	R 112 144,43
Anaesthetic machine	AD Medical	Yes	CM-026340	R 76 601,77
Vital monitor	RCA	Yes	CM-026336	R 196 545,33
Defibrillator batteries	SSM Mthembu	Yes	CM-026335	R 189 637,88
Y piece probes	Black and White Medical	Yes	CM-026347	R 116 807,20

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Vital signs machine	RCA	Yes	CM-026343	R 47 541,00
Breastmilk bank	South African Breastmilk reserve	Yes	CM-026403	R 240 360,00
paediatric warm blankets	Medtronic Africa	Yes	CM-026396	R 69 334,65
Oscillators circuits	SSEM Mthembu	Yes	CM-026628	R 96 079,00
Curved scalpel	Johnson & Johnson	Yes	CM-026406	R 66 955,49
Lumen catheter	Teleflex	Yes	CM-026418	R 92 020,13
Anaesthetic gas module	Medhold	Yes	CM-026446	R 32 865,44
Monitors accessories	Ssem Mthembu	Yes	CM-026442	R 321 028,16
Infant warmers	Medhold	Yes	CM-026454	R 234 521,41
Ligasure impact LF43 18	Grobir Medical	Yes	CM-026454	R 44 500,79
Ausculp camera	B Braun	Yes	CM-026453	R 92 306,50
Actisorb/DYNA-FLEX	Supra Healthcare	Yes	CM-026443	R 38 942,50
Infusion sets	Fresenius Kabi	Yes	CM-026436	R 293 292,00
Ear Theamometer	Black and White	Yes	CM-026460	R 99 737,20
Suturing nylon 10/10	Apex Vision	Yes	CM-026516	R 53 352,00
Promogan 28/123	Supra Healthcare	Yes	CM-026445	R 60 230,60
Intrasite conformable dressing	Smith and Nephew	Yes	CM-026514	R 41 441,52
Acticoat dressing	Smith and Nephew	Yes	CM-026515	R 210 333,16
Melolin dressing	Smith and Nephew	Yes	CM-026513	R 55 139,86
Melladerm gel	Medika	Yes	CM-026500	R 165 062,38
Tergaderm	Supra Healthcare	Yes	CM-026444	R 103 881,50
Ultrasound transucers	Axim	Yes	CM-026562	R 196 814,45
Monitors accessories	Ssem Mthembu	Yes	CM-026564	R 142 192,12

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Infant warmers	Axim	Yes	CM-026563	R 53 988,54
Ligasure impact LF4318	Black and White Medical Solutions	Yes	CM-026596	R 56 678,33
Auscult camera	Grobir Medical Suppliers	Yes	CM-026685	R 145 919,10
Services and repairs of reverse osmosis plant	RMG Group	Yes	CM-026582	R 404 595,30
Lagating and marking clips	B Braun	Yes	CM-026684	R 103 519,00
Video laryngoscope	Marcus Medical	Yes	CM-026681	R 39 828,15
Vital signs accessories	SSEM Mthembu	Yes	CM-026682	R 150 433,80
Anios lab washer chemicals	Hitec Medical	Yes	CM-026683	R 67 947,75
Repair Cleaning equipment	Industro Clean	Yes	CM-026580	R 56 877,90
Repair and service	Technomile	Yes	CM-026671	R 481 604,14
Gem 4000 Catridge	Ilex	Yes	CM-026921	R 389 104,80
Gem 4000 Catridge(T BIL)	Ilex	Yes	CM-026924	R 338 955,60
Medical Linear	Johnson & Johnson	Yes	CM-026949	R 66 862,61
Nutritional supplementation	Peptamen Prebio	Yes	CM-026974	R 35 352,00
Purchase of Diesel	Mattam Trading	Yes	FT-016790	R 291 720,00
Purchase of Diesel	Mattam Trading	Yes	FT-016789	R 291 720,00
Purchase of Diesel	Mattam Trading	Yes	FT-016798	R 291 720,00
Purchase of Diesel	Mattam Trading	Yes	AG-380646	R 291 720,00
Purchase of Diesel	Mattam Trading	Yes	FT-016820	R 104 985,00
Purchase of Monitoring services for alarm system	Red Guard security services	Yes	FT-016813	R 1 580,00
Purchase of Monitoring services for alarm system	Red Guard security services	Yes	FT-016925	R 1 580,00
Purchase of Monitoring services for alarm system	Red Guard security services	Yes	FT-016879	R 4 962,00

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Maintenance Of Incubator Drager	AD Medical cc	Yes	FT-016974	R 98 662,00
Medial Standard Adult Cuff	Medhold Medical (pty) Ltd	Yes	FT-017005	R 208 524,00
Fast Load Syringes	Axim	Yes	FT-016999	R 26 109,00
Radiation Monitor Protection Services	Medhold Medical (pty) Ltd	Yes	FT-017017	R 75 724,00
Security Services for monitoring	Red Guard Security services	Yes	FT-017129	R 1 654,00
Immunoglobulin Injection 150iu/ml;Anti-Rabies (Rabies Antibody);2ml	Equity Pharmaceuticals (Pty) Ltd	Yes	263514	R 155 825,00
Immunoglobulin;Anti-d;125 Mcg Injection;1's	Equity Pharmaceuticals (Pty) Ltd	Yes	263506	R 392 472,00
Carbamazepine 400mg Cr Tablet;28's	Octapharma South Africa (Pty) Ltd	Yes	263505	R 494 868,00
Test,Kit Blood Screening Kit;for Rapid Establishing The RH (Rhesus) Type Of a Patient;eq to Rapidtest Nbrts 374;50's	Novartis S A (Pty) Ltd	Yes	263504	R 498 298,50
Benzylpenicillin Injection3g(5mu);for Im/lv Injection	National Bioproducts Institute	Yes	263673	R 64 872,00
Benzathine Penicillin Injectionpenicillin G;1,2 Mega Units	Dynamed Pharmaceuticals (Pty) Ltd	Yes	263671	R 103 500,00
Benzathine Penicillin Injectionpenicillin G;2,4 Mega Units	Equity Pharmaceuticals (Pty) Ltd	Yes	263672	R 218 960,00
Intravenous Injection Set Blood;W/ Integral Chamber;10 Drops/ml;Tubing Min lg 1.5m;1's	Equity Pharmaceuticals (Pty) Ltd	Yes	576179	R 86 250,00
Atazanavir and Ritonavir;300mg;100mg;Tablet;30's	Ando Pharma (Pty) Ltd	Yes	308220	R 475 200,00
Anti-rabies Immunoglobulin Injection;Equine;1500 lu/5ml;Vial;1's	Ando Pharma (Pty) Ltd	Yes	263878	R 155 825,00
Chloroquine Base Tablets 200mg; 100's	Logan Medical & Surgical (Pty) Ltd.	Yes	265155	R 499 500,00
Haem Arginine Injection 25mg/ 10ml	Equity Pharmaceuticals (Pty) Ltd	Yes	588928	R 32 248,32
Haem Arginine Injection 25mg/ 10ml	Equity Pharmaceuticals (Pty) Ltd	Yes	588985	R 32 248,32

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
TPN EQ TO ITN5501IA / ITN5501IXA	Fresenius Kabi South Africa (Pty) LTD	Yes	593658	R 4 767,42
TPN EQ TO ITN5501IA / ITN5501IXA	Fresenius Kabi South Africa (Pty) LTD	Yes	593659	R 4 767,42
TPN EQ TO ITN5501IA / ITN5501IXA	Fresenius Kabi South Africa (Pty) LTD	Yes	593717	R 4 767,42
TPN EQ TO ITN5501IA / ITN5501IXA	Fresenius Kabi South Africa (Pty) LTD	Yes	593718	R 1 589,14
TPN EQ TO ITN5501IA / ITN5501IXA	Fresenius Kabi South Africa (Pty) LTD	Yes	593766	R 4 767,42
TPN EQ TO 880IA	Fresenius Kabi South Africa (Pty) LTD	Yes	593767	R 1 780,26
TPN EQ TO ITN5501IA / ITN5501IXA	Fresenius Kabi South Africa (Pty) LTD	Yes	593768	R 3 178,28
TPN EQ TO ITN5501IA / ITN5501IXA	Fresenius Kabi South Africa (Pty) LTD	Yes	593793	R 4 767,42
TPN EQ TO 880IA	Fresenius Kabi South Africa (Pty) LTD	Yes	593942	R 3 560,52
TPN EQ TO ITN5501IA / ITN5501IXA	Fresenius Kabi South Africa (Pty) LTD	Yes	593943	R 3 178,28
TPN EQ TO 880IA	Fresenius Kabi South Africa (Pty) LTD	Yes	594061	R 3 560,52
TPN EQ TO ITN5501IA / ITN5501IXA	Fresenius Kabi South Africa (Pty) LTD	Yes	594062	R 4 767,42
TPN EQ TO ITN8009A	Fresenius Kabi South Africa (Pty) LTD	Yes	594082	R 2 160,94
TPN EQ TO 880IA	Fresenius Kabi South Africa (Pty) LTD	Yes	594086	R 1 780,26
TPN EQ TO ITN5501IA / ITN5501IXA	Fresenius Kabi South Africa (Pty) LTD	Yes	594087	R 7 945,70

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
TPN EQ TO ITN5501 IA / ITN5501 IXA	Fresenius Kabi South Africa (Pty) LTD	Yes	594119	R 11 123,98
TPN EQ TO ITN5501 IA / ITN5501 IXA	Fresenius Kabi South Africa (Pty) LTD	Yes	594173	R 14 302,26
TPN EQ TO ITN Baby 102	Fresenius Kabi South Africa (Pty) LTD	Yes	593564	R 408,78
TPN EQ TO ITN Baby 103	Fresenius Kabi South Africa (Pty) LTD	Yes	593565	R 1 883,58
TPN EQ TO ITN Baby 103	Fresenius Kabi South Africa (Pty) LTD	Yes	593599	R 1 883,58
TPN EQ TO ITN Paed 108	Fresenius Kabi South Africa (Pty) LTD	Yes	593657	R 1 183,53
TPN EQ TO ITN Paed 108	Fresenius Kabi South Africa (Pty) LTD	Yes	593660	R 3 550,59
TPN EQ TO ITN BABY 103	Fresenius Kabi South Africa (Pty) LTD	Yes	593661	R 3 767,16
TPN EQ TO ITN Paed 106	Fresenius Kabi South Africa (Pty) LTD	Yes	593662	R 2 182,41
TPN EQ TO ITN BABY 103	Fresenius Kabi South Africa (Pty) LTD	Yes	593663	R 3 139,30
TPN EQ TO ITN Paed 108	Fresenius Kabi South Africa (Pty) LTD	Yes	593716	R 4 734,12
TPN EQ TO ITN Paed 106	Fresenius Kabi South Africa (Pty) LTD	Yes	593750	R 727,47
TPN EQ TO ITN Paed 108	Fresenius Kabi South Africa (Pty) LTD	Yes	593751	R 3 550,59
TPN EQ TO ITN Paed 108	Fresenius Kabi South Africa (Pty) LTD	Yes	593790	R 1 183,53
TPN EQ TO ITN BABY 103	Fresenius Kabi South Africa (Pty) LTD	Yes	593913	R 3 139,30

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
TPN EQ TO ITN Paed 108	Fresenius Kabi South Africa (Pty) LTD	Yes	593914	R 2 367,06
TPN EQ TO ITN Baby 103	Fresenius Kabi South Africa (Pty) LTD	Yes	594063	R 627,86
TPN EQ TO ITN Baby 103	Fresenius Kabi South Africa (Pty) LTD	Yes	594064	R 1 255,72
TPN EQ TO ITN Baby 103	Fresenius Kabi South Africa (Pty) LTD	Yes	594084	R 1 255,72
TPN EQ TO ITN Paed 106	Fresenius Kabi South Africa (Pty) LTD	Yes	594085	R 1 454,94
TPN EQ TO ITN Baby 103	Fresenius Kabi South Africa (Pty) LTD	Yes	594088	R 1 255,72
TPN EQ TO ITN Baby 103	Fresenius Kabi South Africa (Pty) LTD	Yes	594118	R 3 767,16
Oxaliplatin for Injection 100MG for Infusion	Sandoz South Africa (PTY) LTD	Yes	593911	R 137 557,50
Oxaliplatin for Injection 100MG for Infusion	Sandoz South Africa (PTY) LTD	Yes	593912	R 55 023,00
L-Asparaginase Amidohydrolase for injection Colaspase; 10000IU; 1'S	Pharmacare LTD T/A Aspen Pharmacare	Yes	596599	R 162 986,00
Emicizumab;60MG/0.4ML Single Dose VIAL; 1'S	Roche Products (PTY) LTD	Yes	596602	R 428 160,96
Emicizumab;30MG/ML Injection; 1ML; 1'S	Roche Products (PTY) LTD	Yes	596603	R 205 151,26
Fibrin Sealant Kit Frezee Dried;Fibrinogen Human Kit;Two Componets. Products B19322. 2.0ML	Baxter Healthcare South Africa (PTY)LTD	Yes	596604	R 298 947,20
Poliomyelitis Oral Vaccine;Bivalent;20 DOSE;3ML	The Biovac Institute	Yes	267768	R 991 386,00
Dolutegravir;10MG Scored Dispersible Tablet;30'S	Viartis Healthcare T/A Mylan (PTY) LTD	Yes	308687	R 465 750,00
5-Fluorouracil; 1000MG/20ML Injection;20ML;VIAL; 1'S	Teva Pharmaceuticals (PTY) LTD	Yes	597097	R 18 416,00
5-Fluorouracil; 1000MG/20ML Injection;20ML;VIAL; 1'S	Teva Pharmaceuticals (PTY) LTD	Yes	597098	R 27 624,00

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
5-Fluorouracil; 1000MG/20ML Injection; 20ML; VIAL; 1'S	Teva Pharmaceuticals (PTY) LTD	Yes	597099	R 22 099,20
Test Kit, Blood Screening Kit for Rapid Establishing The RH(Rhesus) Type of a Patient; 50 Tests/Kit	National Bioproducts Institute	Yes	513092	R 142 371,15
Diesel Fuel	Imbani Projects	Yes	MM-000865	R 70 440,00
Test kit, Blood Screening Kit: for Rapid Establishing The RH (Rhesus) type of a Patient; 50 Tests/Kit	National Bioproducts Institute	Yes	512750	R 142 371,00
Lopinavir/Ritonavir; 40mg/10mg Capsule (Oral Pellets); 120's	Cipla - Medpro (Pty) Ltd	Yes	204368	R 398 208,00
Poliomyelitis Oral Vaccine; Bivalent; 20 Dose; 3ML	Cipla-Medpro(Pty) Ltd	Yes	513099	R 304 980,00
Polyvalent Antivenom 10ml	South African Vaccine Products	Yes	513104	R 50 250,00
Paracetamol 120mg/5ml 100ml	Gulf Drug Company	Yes	513353	R 465 300,00
Test kit, Blood Screening Kit: for Rapid Establishing The RH (Rhesus) type of a Patient; 50 Tests/Kit	National Bioproducts Institute	Yes	513494	R 142 371,00
Polyvalent Antivenom 10ml	South African Vaccine Products	Yes	513603	R 50 250,00
Poliomyelitis Oral Vaccine; Bivalent; 20 Dose; 3ML	Cipla-Medpro(Pty) Ltd	Yes	513499	R 355 810,00
Service and repairs of anaesthetic machine	Medhold	Yes	QG-001127	R 33 036,63
Service repairs of anaesthetic machine	Respiratory Care Africa	Yes	QW-000765	R 29 944,28
Service repairs of x-ray machine	Tecmed	Yes	QC-000931	R 27 791,90
Service repairs of x-ray machine	Lomaen Medical	Yes	QC-000957	R 17 781,30
Service repairs of infant warmers	SSEM Mthembu	Yes	QP-001267	R 12 207,02
Service repairs of x-ray machine	Tecmed	Yes	QW-000775	R 14 383,63
Service repair of incubator	Ad Medical	Yes	QW-000777	R 5 937,45
Service repair of x-ray machine	SSEM Mthembu	Yes	QG-001180	R 16 851,32
Service repair of x-ray machine	Respiratory Care Africa	Yes	QG-001182	R 11 454,00
Service repair of Medical Equipment	Medhold Medical	Yes	QG-001172	R 33 036,63

Project description	Name of supplier	Type of procurement by other means	Contract	Value of contract R'000
Patient vital monitors	Medhold Medical	Yes	QW-000791	R 19 653,50
Licence renewal of franking machine	Earlyworx 282	Yes	QH-009102	R 5 585,55
Service and repairs of anaesthetic machine	AD Medical	Yes	QF-001576	R 58 187,70
Maintenance of the agfa drystar 5503 printer	East Cape X-Ray	Yes	QP-001332	R 17 854,18
Service repair of x-ray machine fuji CR system	Lomaen Medical	Yes	QF-001572	R 20 451,05
Patient vital monitors	Medhold Medical	Yes	QW-000791	R 19 653,50
Total				R 91 899 361, 30

Contract Variations and Expansions

Table 2.7.3.2: Contract variations and expansions

Project description	Name of supplier	Contract modification or type (Expansion or Variation)	Contract number	Original contract value	Value of previous contract expansion/s or variation/s (if applicable)	Value of current contract expansion or variation
Establishment of a database for residential accommodation for intake of medical officers/ medical specialists, community services doctors/ nurses and allied workers for Nelson Mandela Academic Hospital for a period of 36 months.	Multiple Service Providers	The contract was extended owing to difficulties in obtaining positive responses from the market. The contract was extended for a total period of 7 months and 19,44% in excess of the originally awarded period of 36 Months	SCMU3-18/19-0029-HO	R'000 Rate Based Contract	R'000 Rate Based Contract	R'000

Project description	Name of supplier	Contract modification type (Expansion or Variation)	Contract number	Original contract value	Value of previous contract expansion/s or variation/s (if applicable)	Value of current contract expansion or variation
Provision of employee assistance programme for EMS and Forensic pathology services employees for a period of 36 months	Metropolitan Health Corporate (Pty) Ltd	The contract was extended for 3 months, owing to the new bid not being finalised at a total of R247 071.70. In addition, a variation of the scope order was approved effective 01 September 2020 up to 31 November 2020 at a cost of R202 032.00 for 48000 additional employees for telephonic counselling services Total variance of 15.56%	SCMU3-18/19-0137-HO	R581 464 079,00	R449 103,70	N/A
Provision of Security Services at Amathole Health District for a period of eighteen (18) months	Multiple Service Providers (Phiko Security Services & Tyeks Security Services)	The contract was extended for a total period of 28 months owing to a Court Interdict that resulted in the cancellation of a new bid process that had been in the Procurement Plan. The extension resulted in a variance of 122.69%	SCMU3-16/17-0229-HO	R131 551 099,00	R291 450 257,60	N/A
Total				713 015 178.00	291 899 361,30	

PART F

FINANCIAL INFORMATION



Province of the
EASTERN CAPE
HEALTH

Department of Health

Audit Report

For the year ended 31 March 2023



AUDITOR-GENERAL
SOUTH AFRICA

Auditing to build public confidence

Report of the auditor-general to the Eastern Cape Legislature on vote no. 3: Department of Health

Report on the audit of the financial statements

Qualified opinion

1. I have audited the financial statements of the Department of Health set out on pages 348 to 466 which comprise the appropriation statement, statement of financial position as at 31 March 2023, statement of financial performance, statement of changes in net assets, and cash flow statement for the year then ended, as well as notes to the financial statements, including a summary of significant accounting policies.
2. In my opinion, except for the effects of the matter described in the basis for qualified opinion section of this report, the financial statements present fairly, in all material respects, the financial position of the Department of Health as at 31 March 2023, and its financial performance and cash flows for the year then ended in accordance with the Modified Cash Standards (MCS) as prescribed by the National Treasury and the requirements of the Public Finance Management Act 1 of 1999 (PFMA) and the Division of Revenue Act of South Africa, Act No.5 of 2022 (Dora).

Basis for qualified opinion

Contingent liabilities

3. The department did not fully account for contingent liabilities, as required by chapter 14 of the MCS, *Provisions and contingencies*. The department did not appropriately calculate and determine the best estimate of funds required to settle the obligation for contingent liabilities at the reporting date. I was unable to determine the full extent of the measurement misstatement of contingent liabilities stated at R26,3 billion (2022: R25,1 billion) in note 18 to the financial statements, as it was impracticable to do so.

Context for opinion

4. I conducted my audit in accordance with the International Standards on Auditing (ISAs). My responsibilities under those standards are further described in the responsibilities of the auditor-general for the audit of the financial statements section of my report.
5. I am independent of the department in accordance with the International Ethics Standards Board for Accountants' *International code of ethics for professional accountants (including International Independence Standards)* (IESBA code) as well as other ethical requirements that are relevant to my audit in South Africa. I have fulfilled my other ethical responsibilities in accordance with these requirements and the IESBA code.

6. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my qualified opinion.

Material uncertainty relating to going concern

7. I draw attention to the matter below. My opinion is not modified in respect of this matter.
8. As disclosed in note 18 to the financial statements, the materialisation of the medico legal claims, may lead to the department not being able to realise its assets and discharge its liabilities in the normal course of business. This poses a significant risk to the financial sustainability of the department. These events and conditions indicate that a material uncertainty exists that may cast significant doubt on the department's ability to continue as a going concern. The steps taken by management to address the risk and ensure the department's financial sustainability are also highlighted in note 18.

Emphasis of matter

9. I draw attention to the matter below. My opinion is not modified in respect of this matter.

Bank overdraft

10. The department was in an overdraft position of R1,046 billion (2022: R1,034 billion) as disclosed in note 14 of the financial statements.

Other matter

11. I draw attention to the matter below. My opinion is not modified in respect of this matter.

Unaudited supplementary schedules

12. The supplementary annexures set out on pages 467 to 492 do not form part of the financial statements and are presented as additional information. I have not audited these schedules and accordingly I do not express an opinion thereon.

National Treasury Instruction No. 4 of 2022/2023: PFMA Compliance and Reporting Framework

13. On 23 December 2022, the National Treasury issued Instruction Note 4 of 2022-23, which came into effect on 3 January 2023, in terms of section 76(1)(b), (e) and (f), 2(e) and (4)(a) and (c) of the PFMA. The instruction note deals with the PFMA compliance and reporting framework and addresses, among others, the disclosure of unauthorised expenditure, irregular expenditure and fruitless and wasteful expenditure. Irregular expenditure and fruitless and wasteful expenditure incurred in prior financial years and not yet addressed no longer need to be disclosed in the disclosure notes to the annual financial statements. Only the current year and prior year figures are disclosed in note 25 to the financial statements of the Department of Health. Movements in respect of irregular expenditure and fruitless and wasteful expenditure also no longer need to be disclosed in the notes to the annual financial statements. The disclosure of these movements (condoned, recoverable, removed, written off, under assessment, under determination and under investigation) is now included as part of the other

information in the annual report of the department. I do not express an opinion on the disclosure of irregular expenditure and fruitless and wasteful expenditure in the annual report. I do not express an opinion on the disclosure of irregular expenditure and fruitless and wasteful expenditure in the annual report.

Responsibilities of the accounting officer for the financial statements

14. The accounting officer is responsible for the preparation and fair presentation of the financial statements in accordance with the MCS as prescribed by the National Treasury and the requirements of the PFMA and Dora; and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.
15. In preparing the financial statements, the accounting officer is responsible for assessing the department's ability to continue as a going concern; disclosing, as applicable, matters relating to going concern; and using the going concern basis of accounting unless the appropriate governance structure either intends to liquidate the department or to cease operations, or has no realistic alternative but to do so.

Responsibilities of the auditor-general for the audit of the financial statements

16. My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error; and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with the ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.
17. A further description of my responsibilities for the audit of the financial statements is included in the annexure to this auditor's report.

Report on the audit of the annual performance report

18. In accordance with the Public Audit Act 25 of 2004 (PAA) and the general notice issued in terms thereof, I must audit and report on the usefulness and reliability of the reported performance against predetermined objectives for selected programmes presented in the annual performance report. The accounting officer is responsible for the preparation of the annual performance report.
19. I selected the following programmes presented in the annual performance report for the year ended 31 March 2023 for auditing. I selected programmes that measure the department's performance on its primary mandated functions and that are of significant national, community or public interest.

Programme	Page numbers	Purpose
District Health Services	78 - 113	To ensure the delivery of primary health care services through the implementation of the District Health System.
Provincial Hospital Services	121 - 156	To provide cost-effective, good quality secondary hospital services and specialised services, which include psychiatry and TB hospital services.

20. I evaluated the reported performance information for the selected programmes against the criteria developed from the performance management and reporting framework, as defined in the general notice. When an annual performance report is prepared using these criteria, it provides useful and reliable information and insights to users on the department's planning and delivery on its mandate and objectives.

21. I performed procedures to test whether:

- the indicators used for planning and reporting on performance can be linked directly to the department's mandate and the achievement of its planned objectives
- the indicators are well defined and verifiable to ensure that they are easy to understand and apply consistently and that I can confirm the methods and processes to be used for measuring achievements
- the targets can be linked directly to the achievement of the indicators and are specific, time bound and measurable to ensure that it is easy to understand what should be delivered and by when, the required level of performance as well as how performance will be evaluated
- the indicators and targets reported on in the annual performance report are the same as what was committed to in the approved initial or revised planning documents
- the reported performance information is presented in the annual performance report in the prescribed manner
- there is adequate supporting evidence for the achievements reported and for the reasons provided for any over- or underachievement of targets.

22. I performed the procedures for the purpose of reporting material findings only; and not to express an assurance opinion.

23. The material findings on the performance information of the selected programmes are as follows:

District Health Services

Various indicators

24. Some supporting evidence was not provided for auditing and, where it was, I identified material differences between the actual and reported achievements. Consequently, the achievements might be more or less than reported and were not reliable for determining if the targets had been achieved.

Indicator	Target	Reported Achievement
3.3.6 All DS – TB client loss to follow – up rate	12%	14,7%
1.1.1 Couple year protection rate	60%	41,6%
1.1.5 Maternal mortality in facility ratio	<120/100 000	124,5/100 000
1.2.2 Mother postnatal visit within 6 days rate	75%	80,7%
1.3.3 Immunisation under 1year coverage	82%	82,1%
1.3.9 Child under 5 years diarrhoea case fatality rate	2,6%	2,6%
1.3.10 Child under 5 years pneumonia case fatality rate	2,8%	2,8%
1.3.11 Child under 5 years severe acute malnutrition case fatality rate	8,4%	7,6%

Various indicators

25. Based on the audit evidence provided, the actual achievements for the following indicators did not agree to what was reported in the annual performance report. I could not determine the actual achievements, but I estimated them to be materially less. Consequently, the targets were not achieved, the under achievements on the targets were more than reported and the achievements against the targets were lower than reported.

Indicator	Target	Reported Achievement
3.2.8 ART Child viral load suppressed rate	90%	62%
1.3.2 Infant PCR test positive around 10 weeks rate	<0,4%	0,6%

Provincial Hospital Services

Various indicators

26. Some supporting evidence was not provided for auditing and, where it was, I identified material differences between the actual and reported achievements. Consequently, the achievements might be more or less than reported and were not reliable for determining if the targets had been achieved.

Indicator	Target	Reported Achievement
1.1.7 Maternal mortality in facility ratio	127/100 000	188,4/100 000
1.3.17 Child under 5 years pneumonia case fatality rate	2,8%	2,9%
1.3.18 Child under 5 years severe acute malnutrition case fatality rate	5%	13,3%

Other matters

27. I draw attention to the matters below.

Achievement of planned targets

28. The annual performance report includes information on reported achievements against planned targets and provides explanations for over- and under-achievements. This information should be considered in the context of the material findings on the reported performance information.
29. The department plays a key role in delivering services to South Africans. The annual performance report includes the following service delivery achievements against planned targets:

Key service delivery indicators not achieved	Planned target	Reported achievement
Programme 2- District Health Services		
<i>Targets achieved: 56%</i>		
<i>Budget spent: 100,59%</i>		
ART adult remain in care rate	90%	63%
ART child remain in care rate	90%	74%
ART Child - viral load suppressed rate	90%	62%
All DS – TB client loss to follow – up rate	12%	15,7%
Couple year protection rate	60%	41,6%

Live birth under 2500g in facility rate	13%	15%
Infant PCR test positive around 10 weeks rate	<0,4%	1%
Neonatal death in facility rate	10 / 1000	13,8/1000
Maternal mortality in facility ratio (district hospital)	57,3/100 000	65,1/100 000
Death under 5 years against live birth (district hospitals)	600	797
Programme 4 – Provincial Hospital Services		
<i>Targets achieved: 42%</i>		
<i>Budget spent: 102,78%</i>		
Maternal mortality in facility ratio	127/100000	188,4/100 000
Child under 5 years' pneumonia case fatality rate	2,8%	2,9%
Child under 5 years' diarrhoea case fatality rate	2,4%	2,3%
Child under 5 years severe acute malnutrition case fatality rate	5%	13,3%
Death under 5 years against live birth	600	735

30. Reasons for the underachievement of targets are included in the annual performance report on pages .78. to 113.

Material misstatements

31. I identified material misstatements in the annual performance report submitted for auditing. These material misstatements were in the reported performance information of District Health Services and Provincial Hospital Services. Management did not correct all of the misstatements and I reported material findings in this regard.

Report on compliance with legislation

32. In accordance with the PAA and the general notice issued in terms thereof, I must audit and report on compliance with applicable legislation relating to financial matters, financial management and other related matters. The accounting officer is responsible for the department's compliance with legislation.

33. I performed procedures to test compliance with selected requirements in key legislation in accordance with the findings engagement methodology of the Auditor-General of South Africa (AGSA). This engagement is not an assurance engagement. Accordingly, I do not express an assurance opinion or conclusion.

34. Through an established AGSA process, I selected requirements in key legislation for compliance testing that are relevant to the financial and performance management of the [type of auditee], clear to allow consistent measurement and evaluation, while also sufficiently

detailed and readily available to report in an understandable manner. The selected legislative requirements are included in the annexure to this auditor's report.

35. The material findings on compliance with the selected legislative requirements, presented per compliance theme, are as follows:

Annual financial statements, performance report and annual report

36. The financial statements submitted for auditing were not prepared in accordance with the prescribed financial reporting framework and supported by full and proper records as required by section 40(1) (a) of the PFMA. Material misstatements identified by the auditors in the submitted financial statements were not adequately corrected and the supporting records could not be provided subsequently, which resulted in the financial statements receiving a qualified opinion.

Strategic planning and performance management

37. Specific information systems were not implemented to enable the monitoring of progress made towards achieving targets, core objectives and service delivery as required by public service regulation 25(1)(e)(i) and (iii).

Expenditure management

38. Effective and appropriate steps were not taken to prevent unauthorised expenditure amounting to R193,9 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.
39. Effective and appropriate steps were not taken to prevent irregular expenditure amounting to R6,6 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 services being rendered without an order.
40. Effective steps were not taken to prevent fruitless and wasteful expenditure amounting to R42, 5 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.
41. Payments were not settled within 30 days from receipt of invoice or within the timeframe agreed upon, as required in terms of Treasury Regulation 8.2.3.

Grant management

42. The performance of the programmes funded by the statutory human resources, training and development grant was not evaluated, as required by section 12(5) of the Dora.

Procurement and contract management

43. Some of the contracts were awarded to bidders based on evaluation/adjudication criteria that differed from those stipulated in the original invitation for bidding as required by Treasury Regulation 16A6.3 (a) and (b).
44. Procurement by other means did not cover at least the minimum requirements as required by PFMA Instruction Note 3 of 2021/22 par. 4.3 and 4.4 in the SCM policy of the institution.

45. Tender requirements for some of the contracts above R30 million did not include a condition for mandatory subcontracting to advance designated groups, as required by the 2017 Preferential Procurement Regulation 9(1).
46. Some of the construction contracts were awarded to contractors that did not qualify for the contract in accordance with section 18(1) of the CIDB Act and Construction Industry Development Board Regulations 17 and 25(7A).
47. Some of the contracts were extended or modified without the approval of a properly delegated official as required by section 44 of the PFMA and Treasury Regulations 8.2.1 and 8.2.2.

Consequence management

48. I was unable to obtain sufficient appropriate audit evidence that disciplinary steps were taken against some of the officials who had permitted fruitless and wasteful expenditure in prior years, as required by section 38(1)(h)(iii) of the PFMA.
49. I was unable to obtain sufficient appropriate audit evidence that losses resulting from fruitless and wasteful expenditure were recovered from the liable persons, as required by treasury regulation 9.1.4.
50. 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.

Other information in the annual report

51. The accounting officer is responsible for the other information. The other information comprises the information included in the annual report. The other information does not include the financial statements, the auditor's report and the selected programme presented in the annual performance report that have been specifically reported in this auditor's report.
52. My opinion on the financial statements, the report on the audit of the annual performance report and the report on compliance with legislation, do not cover the other information included in the annual report and I do not express an audit opinion or any form of assurance conclusion on it.
53. My responsibility is to read this other information and, in doing so, consider whether it 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.
54. I did not receive the other information prior to the date of this auditor's report. When I do receive and read this information, if I conclude that there is a material misstatement therein, I am required to communicate the matter to those charged with governance and request that the other information be corrected. If the other information is not corrected, I may have to retract this auditor's report and re-issue an amended report as appropriate. However, if it is corrected this will not be necessary.

Internal control deficiencies

55. I considered internal control relevant to my audit of the financial statements, annual performance report and compliance with applicable legislation; however, my objective was not to express any form of assurance on it.
56. The matters reported below are limited to the significant internal control deficiencies that resulted in the basis for the qualified opinion, the material findings on the annual performance report and the material findings on compliance with legislation included in this report.
57. The department did not have adequate reconciliation and review processes for the underlying supporting schedules and records utilised to determine the measurement of contingent liabilities.
58. The department did not have an effective records management system in place to reliably account for its performance information. As a result, the department still had a challenge with the submission of documentation to support their reported performance.
59. Senior management created an audit action plan to improve the reporting on performance information, financial statements and resolve previously reported findings on non-compliance; however, the plan did not effectively resolve the targeted areas for improvement.
60. The department's compliance review and monitoring processes were not effective to ensure compliance with laws and regulations. This contributed to new and repeat non-compliance findings being reported.

Material irregularities

61. In accordance with the PAA and the Material Irregularity Regulations, I have a responsibility to report on material irregularities identified during the audit and on the status of material irregularities as previously reported in the auditor's report.

Material irregularities in progress

62. I identified a material irregularity during the audit and notified the accounting officer, as required by material irregularity regulation 3(2). By the date of this auditor's report, the response of the accounting officer was not yet due. This material irregularity will be included in next year's auditor's report.

Status of previously reported material irregularities

Invoices on construction contract not paid within 30 days

63. Variation orders for the extension of time with costs were approved and paid for the upgrading of staff accommodation. The extension of time with costs arose from the suspension of work by the contractor, due to late payments by the department. These claims were paid on 19 April

2020 and 17 December 2020 and amounted to R5,7 million (VAT inclusive). This constitutes a material financial loss as well as non-compliance with treasury regulation 8.2.3.

64. The accounting officer was notified of the material irregularity on 31 August 2021 and was invited to make a written submission on the actions taken and that will be taken to address the matter. The accounting officer responded with a written submission on 22 October 2021, but has not taken any action in response to being notified of the material irregularity. I recommended that the accounting officer should have taken the following actions to address the material irregularity, which should have been implemented by 4 November 2022:

- The fruitless and wasteful expenditure incurred in respect of the extension of time claims should be investigated and the financial loss incurred should be quantified, in accordance with the applicable instruction note(s) issued by the National Treasury dealing with fruitless and wasteful expenditure.
- The investigation should determine the reasons and circumstances that led to the extension of time claims for the purpose of developing and implementing an action plan to address control weaknesses.
- Effective and appropriate disciplinary steps should be initiated without undue delay, against any official that the investigation found to be responsible, as required by section 38(1)(h) of the PFMA and in accordance with treasury regulation 9.1.3.
- Appropriate action should be taken to determine whether the responsible official is liable by law for the losses suffered by the department for the purpose of recovery, as required by treasury regulations 9.1.4 and 12.7.1.
- Appropriate action should be taken to ensure that the cash flow requirements of all projects, including the cash flow requirements of implementing agents, are included in the annual budget and adjustment budget of the department.

65. The accounting officer submitted a written response on the implementation of the recommendations on 4 November 2022 and supplementary responses on 9 December 2022 as well as 25 January 2023 with substantiating documentation. The written responses and submitted documentation were assessed and it was concluded that progress was being made with the implementation of the recommendations, but some actions were still in progress and not yet completed.

66. I granted the accounting officer an extension up to 4 July 2023 to complete the actions and implement the recommendations. The written response and substantiating documentation on the implementation of the recommendations were received on 4 July 2023, and the final investigation report on 26 July 2023. At the time of this report I was still assessing the actions taken to implement the recommendations

Other reports

67. In addition to the investigations relating to material irregularities, I draw attention to the following engagements conducted by various parties. 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.

68. The South African Police Service and Special Investigations Unit, were engaged in seven and one pending investigations, at year end, respectively. Four forensic firms were also engaged to conduct investigations, which were still in progress at year end. These investigations relate to allegations of fraud, corruption and theft.

Auditor - General

East London

31 July 2023



AUDITOR - GENERAL
SOUTH AFRICA

Auditing to build public confidence

Annexure to the auditor's report

The annexure includes the following:

- the auditor-general's responsibility for the audit
- the selected legislative requirements for compliance testing.

Auditor-general's responsibility for the audit

Professional judgement and professional scepticism

As part of an audit in accordance with the ISAs, I exercise professional judgement and maintain professional scepticism throughout my audit of the financial statements and the procedures performed on reported performance information for selected programmes and on the department's compliance with selected requirements in key legislation.

Financial statements

In addition to my responsibility for the audit of the financial statements as described in this auditor's report, I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the department's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made
- conclude on the appropriateness of the use of the going concern basis of accounting in the preparation of the financial statements. I also conclude, based on the audit evidence obtained, whether a material uncertainty exists relating to events or conditions that may cast significant doubt on the ability of the department to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements about the material uncertainty or, if such disclosures are inadequate, to modify my opinion on the financial statements. My conclusions are based on the information available to me at the date of this auditor's report. However, future events or conditions may cause a department to cease operating as a going concern
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

Communication with those charged with governance

I communicate with the accounting officer regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

I also provide the accounting officer with a statement that I have complied with relevant ethical requirements regarding independence and to communicate with them all relationships and other matters that may reasonably be thought to bear on my independence and, where applicable, actions taken to eliminate threats or safeguards applied.

Compliance with legislation – selected legislative requirements

The selected legislative requirements are as follows:

Legislation	Sections or regulations
Public Finance Management Act 1 of 1999 (PFMA)	Section 1 Section 38(1)(a)(iv); 38(1)(b);38(1)(c);38(1)(c)(i); 38(1)(c)(ii); 38(1)(d); 38(1)(h)(iii); Section 39(1)(a); 39(2)(a); Section 40(1)(a); 40(1)(b); 40(1)(c)(i) Section 43(4); 44; 44 (1) and (2); 45(b); Section 50(3); 50(3)(a)
Treasury Regulations for departments, trading entities, constitutional institutions and public entities (TR)	Treasury regulations 4.1.1; 4.1.3 Treasury regulations 5.1.1; 5.2.1; 5.2.3(a); 5.2.3(d); 5.3.1 Treasury regulations 6.3.1(a); 6.3.1(b); 6.3.1(c'); 6.3.1(d); 6.4.1(b) Treasury regulation 7.2.1 Treasury regulations 8.1.1; 8.2.1; 8.2.2; 8.2.3; 8.4.1 Treasury regulations 9.1.1; 9.1.4 Treasury regulations 10.1.1(a); 10.1.2 Treasury regulations 11.4.1; 11.4.2; 11.5.1 Treasury regulation 12.5.1 Treasury regulation 15.10.1.2(c') Treasury regulations 16A 6.1; 16A6.2(a) ,(b) & (e) ; 16A 6.3(a); 16A 6.3(b); 16A 6.3(c);16A6.3(d) ; 16A 6.3(e); 16A 6.4; 16A 6.5; 16A 6.6; 16A7.1; 16A.7.3; 16A.7.6; 16A.7.7; TR 16A8.2 (1) and (2); 16A 8.3 16A8.3 (d); 16A 8.4; 16A9; 16A9.1; 16A9.1(b)(ii);16A9.1 (c); 16A 9.1(d); 16A 9.1(e); 116A9.2; 16A9.2(a)(ii) &(iii); 16A9.1(f). Treasury regulation 17.1.1 Treasury regulation 18.2 Treasury regulation 19.8.4
Division of Revenue Act 5 of 2022	Dora 11(6)(a) Dora 12(5) Dora 16(1) Dora 16(3) Dora 16(3)(a)(i) Dora 16(3)(a)(ii)(bb)
Public Service Regulations	Public service regulations 18; 18 (1) and (2); 25(1)(e)(i); 25(1)(e)(iii)
Prevention and Combating of Corrupt Activities Act 12 of 2004 (PRECCA)	Section 34(1)
Construction Industry Development Board Act 38 of 2000 (CIDB)	Section 18(1)
Construction Industry Development Board Regulations	CIDB regulations 17 & 25(7A)
PPPFA	Section 2.1(a); 2.1(b); 2.1(f)
PPR 2017	Paragraphs 4.1; 4.2 Paragraphs 5.1; 5.3; 5.6; 5.7 Paragraphs 6.1; 6.2; 6.3; 6.5; 6.6 Paragraphs 7.1; 7.2; 7.3; 7.5; 7.6 Paragraphs 8.2; 8.5 Paragraphs 9.1; 9.2 Paragraph 11.2 Paragraphs 12.1 and 12.2

Legislation	Sections or regulations
PPR 2022	Paragraphs 4.1; 4.2; 4.3; 4.4 Paragraphs 5.1; 5.2; 5.3; 5.4
SITA ACT	Section 7(3)
National Treasury Instruction Note 1 of 2015-16	Paragraphs 3.1; 4.1; 4.2
NT SCM Instruction Note 03 2021-22	Paragraphs 4.3; 4.4; 4.4 (a); 4.4 (c) -(d) Paragraphs 7.2; 7.6
NT SCM Instruction Note 11 2020-21	Paragraphs 3.1; 3.4 (b); 3.9; 6.1; 6.2; 6.7
NT SCM Instruction Note 2 of 2021-22	Paragraphs 3.2.1; 3.2.4(a); 3.3.1; 3.2.2 Paragraph 4.1
PFMA SCM Instruction Note 08 of 2022-23	Paragraphs 4.3.2 and 4.3.3
NT Instruction Note 4 of 2015-16	Paragraph 3.4
Second amendment of NTI 05 of 2020-21	Paragraphs 4.8; 4.9; 5.1; 5.3
Practice Note 7 of 2009-10	Paragraph 4.1.2
NT Instruction Note 1 of 2021-22	Paragraph 4.1



Province of the
EASTERN CAPE
HEALTH

ANNUAL FINANCIAL STATEMENTS FOR THE EASTERN CAPE DEPARTMENT OF HEALTH

For the year ended
31 March 2023

Date of approval: 31 May 2023

Date authorised for issue: 31 August 2023

Authorised by: Dr Wagner

Accounting Officer – Eastern Cape Department of Health

ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

Table of Contents

Appropriation Statement	3
Notes to the Appropriation Statement	46
Statement of Financial Performance	51
Statement of Financial Position	53
Statement of Changes in Net Assets	54
Cash Flow Statement	55
Notes to the Annual Financial Statements (including Accounting policies)	56
Annexures	119

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

Appropriation per programme									
	2022/23						2021/22		
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Voted funds and Direct charges									
Programme									
1 ADMINISTRATION	855,644	-	(11,154)	844,490	844,484	6	100.0%	768,147	768,147
2 DISTRICT HEALTH SERVICES	14,829,237	-	160,155	14,989,392	15,077,221	(87,829)	100.6%	15,066,109	15,094,877
3 EMERGENCY MEDICAL SERVICES	1,378,643	-	76,000	1,454,643	1,452,877	1,766	99.9%	1,406,088	1,353,522
4 PROVINCIAL HOSPITAL SERVICES	3,686,851	-	133,827	3,820,678	3,926,710	(106,032)	102.8%	3,677,124	3,686,353
5 CENTRAL HOSPITAL SERVICES	4,910,397	-	(153,000)	4,757,397	4,713,574	43,823	99.1%	4,628,724	4,751,526
6 HEALTH SCIENCES AND TRAINING	1,138,363	-	(90,000)	1,048,363	985,706	62,657	94.0%	859,573	774,759
7 HEALTH CARE SUPPORT SERVICES	172,848	-	(13,828)	159,020	115,053	43,967	72.4%	160,886	112,986
8 HEALTH FACILITIES MANAGEMENT	1,277,491	-	(102,000)	1,175,491	1,071,575	103,916	91.2%	1,206,263	1,087,913
Programme sub total	28,249,474	-	-	28,249,474	28,187,200	62,274	99.8%	27,772,914	27,630,083
Statutory Appropriation	2,096	-	-	2,096	2,096	-	100.0%	1,820	1,820
Member of Executive Council salary	2,096	-	-	2,096	2,096	-	100.0%	1,820	1,820
TOTAL	28,251,570	-	-	28,251,570	28,189,296	62,274	99.8%	27,774,734	27,631,903

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

	2022/23								2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
Voted funds and Direct charges										
Reconciliation with Statement of Financial Performance										
Add:										
Departmental receipts				-				-		
NRF Receipts				-				-		
Aid assistance				-				-		
Actual amounts per Statement of Financial Performance (Total Revenue)										
				28,251,570				27,774,734		
Add:										
Aid assistance				-				-		
Prior year unauthorised expenditure approved without funding										
Actual amounts per Statement of Financial Performance Expenditure										
				28,189,296					27,631,903	

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2023

Appropriation per economic classification									
	2022/23						2021/22		
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	26,141,856	(35,078)	-	26,106,778	26,368,102	(261,324)	101.0%	25,944,844	26,127,564
Compensation of employees	18,851,557	(97,000)	(41,000)	18,713,557	18,712,799	758	100.0%	18,488,155	18,479,937
Goods and services	7,290,299	61,922	41,000	7,393,221	7,616,416	(223,195)	103.0%	7,454,816	7,642,943
Interest and rent on land	-	-	-	-	38,887	(38,887)	-	1,873	4,684
Transfers and subsidies	589,646	35,078	-	624,724	519,529	105,195	83.2%	336,495	332,597
Departmental agencies and accounts	32,073	(15,200)	-	16,873	16,866	7	100.0%	13,149	13,075
Non-profit institutions	19,212	15,200	-	34,412	26,528	7,884	77.1%	-	-
Households	538,361	35,078	-	573,439	476,135	97,304	83.0%	323,346	319,522
Payments for capital assets	1,520,068	-	-	1,520,068	1,301,665	218,403	85.6%	1,493,396	1,171,742
Buildings and other fixed structures	592,363	-	-	592,363	461,114	131,249	77.8%	767,417	575,252
Machinery and equipment	927,705	-	-	927,705	840,551	87,154	90.6%	725,979	596,490
	28,251,570	-	-	28,251,570	28,189,296	62,274	99.8%	27,774,734	27,631,903

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2023

Programme 1: ADMINISTRATION

	2022/23						2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
Sub programme 1 OFFICE OF THE MEC	8,089	-	-	8,089	6,156	1,933	76.1%	9,018
2 MANAGEMENT	847,555	-	(11,154)	836,401	838,328	(1,927)	100.2%	759,129
	855,644	-	(11,154)	844,490	844,484	6	100.0%	768,147
Economic classification								
Current payments	784,637	-	(11,154)	773,483	729,429	44,054	94.3%	717,664
Compensation of employees	452,925	(31,000)	-	421,925	393,917	28,008	93.4%	401,264
Goods and services	331,712	31,000	(11,154)	351,558	332,601	18,957	94.6%	314,527
Interest and rent on land	-	-	-	-	2,911	(2,911)	-	1,873
Transfers and subsidies	2,369	-	-	2,369	4,200	(1,831)	177.3%	10,113
Departmental agencies and accounts	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-
Households	2,369	-	-	2,369	4,200	(1,831)	177.3%	10,113
Payments for capital assets	68,638	-	-	68,638	110,855	(42,217)	161.5%	40,371
Buildings and other fixed structures	-	-	-	-	-	-	-	-
Machinery and equipment	68,638	-	-	68,638	110,855	(42,217)	161.5%	40,371
	855,644	-	(11,154)	844,490	844,484	6	100.0%	768,147

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

Subprogramme: 1.1: OFFICE OF THE MEC

	2022/23							2021/22	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	6,427	-	-	6,427	5,946	481	92.5%	8,384	5,401
Compensation of employees	1,328	-	-	1,328	4,349	(3,021)	327.5%	3,856	3,670
Goods and services	5,099	-	-	5,099	1,597	3,502	31.3%	4,528	1,731
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	170
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	170
Payments for capital assets	1,662	-	-	1,662	210	1,452	12.6%	634	185
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	1,662	-	-	1,662	210	1,452	12.6%	634	185
Total	8,089	-	-	8,089	6,156	1,933	76.1%	9,018	5,756

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

Subprogramme: 1.2: MANAGEMENT

	2022/23							2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	778,210	-	(11,154)	767,056	723,483	43,573	94.3%	709,280	703,200
Compensation of employees	451,597	(31,000)	-	420,597	389,568	31,029	92.6%	397,408	392,142
Goods and services	326,613	31,000	(11,154)	346,459	331,004	15,455	95.5%	309,999	308,485
Interest and rent on land	-	-	-	-	2,911	(2,911)	-	1,873	2,573
Transfers and subsidies	2,369	-	-	2,369	4,200	(1,831)	177.3%	10,113	10,087
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	2,369	-	-	2,369	4,200	(1,831)	177.3%	10,113	10,087
Payments for capital assets	66,976	-	-	66,976	110,645	(43,669)	165.2%	39,737	49,104
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	66,976	-	-	66,976	110,645	(43,669)	165.2%	39,737	49,104
Total	847,555	-	(11,154)	836,401	838,328	(1,927)	100.2%	759,129	762,391

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

Programme 2: DISTRICT HEALTH SERVICES

	2022/23						2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
Sub programme								
1 DISTRICT MANAGEMENT	1,029,490	-	20,000	1,049,490	1,084,075	(34,585)	103.3%	1,237,997
2 COMMUNITY HEALTH CLINICS	2,728,764	(17,456)	88,155	2,799,463	2,942,147	(142,684)	105.1%	2,979,387
3 COMMUNITY HEALTH CENTRES	1,423,538	17,456	52,000	1,492,994	1,409,766	83,228	94.4%	1,364,840
4 COMMUNITY BASED SERVICES	834,764	-	-	834,764	819,164	15,600	98.1%	596,831
5 OTHER COMMUNITY SERVICES	311,846	-	-	311,846	208,015	103,831	66.7%	64,171
6 HIV/AIDS	2,762,178	-	-	2,762,178	2,795,830	(33,652)	101.2%	3,116,477
7 NUTRITION	41,874	-	-	41,874	31,097	10,777	74.3%	39,779
8 CORONER SERVICES	116,411	-	-	116,411	132,897	(16,486)	114.2%	129,651
9 DISTRICT HOSPITALS	5,580,372	-	-	5,580,372	5,654,230	(73,858)	101.3%	5,536,976
	14,829,237	-	160,155	14,989,392	15,077,221	(87,829)	100.6%	15,066,109
								15,094,877

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

Programme 2: DISTRICT HEALTH SERVICES

	2022/23							2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Current payments	14,375,018	(17,456)	64,155	14,421,717	14,663,863	(242,146)	101.7%	14,729,597	14,810,440
Compensation of employees	10,314,571	(114,000)	-	10,200,571	10,137,436	63,135	99.4%	10,194,688	10,117,843
Goods and services	4,060,447	96,544	64,155	4,221,146	4,504,824	(283,678)	106.7%	4,534,909	4,691,268
Interest and rent on land	-	-	-	-	21,603	(21,603)	-	-	1,329
Transfers and subsidies	315,205	17,456	52,000	384,661	296,649	88,012	77.1%	105,056	113,039
Departmental agencies and accounts	15,206	(15,200)	-	6	-	6	-	-	-
Non-profit institutions	19,212	15,200	-	34,412	26,528	7,884	77.1%	-	-
Households	280,787	17,456	52,000	350,243	270,121	80,122	77.1%	105,056	113,039
Payments for capital assets	139,014	-	44,000	183,014	116,709	66,305	63.8%	231,456	171,398
Buildings and other fixed structures	-	-	-	-	-	-	-	60,000	-
Machinery and equipment	139,014	-	44,000	183,014	116,709	66,305	63.8%	171,456	171,398
	14,829,237	-	160,155	14,989,392	15,077,221	(87,829)	100.6%	15,066,109	15,094,877

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

Subprogramme: 2.1: DISTRICT MANAGEMENT

	2022/23							2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	945,442	-	-	945,442	1,002,035	(56,593)	106.0%	1,095,102	976,325
Compensation of employees	783,546	(64,000)	-	719,546	811,959	(92,413)	112.8%	890,656	842,224
Goods and services	161,896	64,000	-	225,896	190,076	35,820	84.1%	204,446	134,101
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	40,347	-	-	40,347	32,303	8,044	80.1%	69,971	55,826
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	40,347	-	-	40,347	32,303	8,044	80.1%	69,971	55,826
Payments for capital assets	43,701	-	20,000	63,701	49,737	13,964	78.1%	72,924	74,879
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	43,701	-	20,000	63,701	49,737	13,964	78.1%	72,924	74,879
Total	1,029,490	-	20,000	1,049,490	1,084,075	(34,585)	103.3%	1,237,997	1,107,030

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

Subprogramme: 2.2: COMMUNITY HEALTH CLINICS

	2022/23						2021/22		
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	2,711,328	(17,456)	94,155	2,788,027	2,932,926	(144,899)	105.2%	2,958,073	3,189,150
Compensation of employees	2,017,195	(50,000)	-	1,967,195	1,978,553	(11,358)	100.6%	2,070,464	2,062,497
Goods and services	694,133	32,544	94,155	820,832	954,358	(133,526)	116.3%	887,609	1,126,653
Interest and rent on land	-	-	-	-	15	(15)	-	-	-
Transfers and subsidies	-	-	-	-	3,264	(3,264)	-	-	2,804
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	3,264	(3,264)	-	-	2,804
Payments for capital assets	17,436	-	(6,000)	11,436	5,957	5,479	52.1%	21,314	4,148
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	17,436	-	(6,000)	11,436	5,957	5,479	52.1%	21,314	4,148
Total	2,728,764	(17,456)	88,155	2,799,463	2,942,147	(142,684)	105.1%	2,979,387	3,196,102

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

Subprogramme: 2.3: COMMUNITY HEALTH CENTRES

	2022/23							2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	1,417,637	-	-	1,417,637	1,382,411	35,226	97.5%	1,357,886	1,407,174
Compensation of employees	1,175,137	-	-	1,175,137	1,145,094	30,043	97.4%	1,140,943	1,169,848
Goods and services	242,500	-	-	242,500	235,269	7,231	97.0%	216,943	237,326
Interest and rent on land	-	-	-	-	2,048	(2,048)	-	-	-
Transfers and subsidies	-	17,456	52,000	69,456	21,115	48,341	30.4%	-	2,335
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	17,456	52,000	69,456	21,115	48,341	30.4%	-	2,335
Payments for capital assets	5,901	-	-	5,901	6,240	(339)	105.7%	6,954	7,594
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	5,901	-	-	5,901	6,240	(339)	105.7%	6,954	7,594
Total	1,423,538	17,456	52,000	1,492,994	1,409,766	83,228	94.4%	1,364,840	1,417,103

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

Subprogramme: 2.4: COMMUNITY BASED SERVICES

	2022/23							2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	832,329	-	-	832,329	814,432	17,897	97.8%	574,058	558,636
Compensation of employees	672,329	-	-	672,329	697,530	(25,201)	103.7%	457,166	463,940
Goods and services	160,000	-	-	160,000	116,902	43,098	73.1%	116,892	94,693
Interest and rent on land	-	-	-	-	-	-	-	-	3
Transfers and subsidies	-	-	-	-	771	(771)	-	-	1,009
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	771	(771)	-	-	1,009
Payments for capital assets	2,435	-	-	2,435	3,961	(1,526)	162.7%	22,773	25,380
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	2,435	-	-	2,435	3,961	(1,526)	162.7%	22,773	25,380
Total	834,764	-	-	834,764	819,164	15,600	98.1%	596,831	585,025

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

Subprogramme: 2.5: OTHER COMMUNITY SERVICES

	2022/23							2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	311,705	-	-	311,705	207,959	103,746	66.7%	64,030	77,374
Compensation of employees	297,834	-	-	297,834	197,385	100,449	66.3%	46,214	67,965
Goods and services	13,871	-	-	13,871	10,574	3,297	76.2%	17,816	9,409
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	56	(56)	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	56	(56)	-	-	-
Payments for capital assets	141	-	-	141	-	141	-	141	38
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	141	-	-	141	-	141	-	141	38
Total	311,846	-	-	311,846	208,015	103,831	66.7%	64,171	77,412

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

Subprogramme: 2.6: HIV/AIDS

	2022/23							2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	2,707,515	-	-	2,707,515	2,749,465	(41,950)	101.5%	3,038,620	2,833,663
Compensation of employees	659,544	-	-	659,544	559,976	99,568	84.9%	877,079	672,626
Goods and services	2,047,971	-	-	2,047,971	2,189,489	(141,518)	106.9%	2,161,541	2,161,037
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	34,668	-	-	34,668	26,889	7,779	77.6%	183	405
Departmental agencies and accounts	15,206	(15,200)	-	6	-	6	-	-	-
Non-profit institutions	19,212	15,200	-	34,412	26,528	7,884	77.1%	-	-
Households	250	-	-	250	361	(111)	144.4%	183	405
Payments for capital assets	19,995	-	-	19,995	19,476	519	97.4%	77,674	16,987
Buildings and other fixed structures	-	-	-	-	-	-	-	60,000	-
Machinery and equipment	19,995	-	-	19,995	19,476	519	97.4%	17,674	16,987
Total	2,762,178	-	-	2,762,178	2,795,830	(33,652)	101.2%	3,116,477	2,851,055

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

Subprogramme: 2.7: NUTRITION

	2022/23							2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	41,600	-	-	41,600	31,097	10,503	74.8%	39,456	29,756
Compensation of employees	-	-	-	-	-	-	-	-	-
Goods and services	41,600	-	-	41,600	31,097	10,503	74.8%	39,456	29,755
Interest and rent on land	-	-	-	-	-	-	-	-	1
Transfers and subsidies	-	-	-	-	-	-	-	-	(1)
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	(1)
Payments for capital assets	274	-	-	274	-	274	-	323	345
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	274	-	-	274	-	274	-	323	345
Total	41,874	-	-	41,874	31,097	10,777	74.3%	39,779	30,100

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

Subprogramme: 2.8: CORONER SERVICES

	2022/23							2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	109,880	-	-	109,880	125,353	(15,473)	114.1%	122,424	123,937
Compensation of employees	91,580	-	-	91,580	103,251	(11,671)	112.7%	105,132	103,579
Goods and services	18,300	-	-	18,300	22,102	(3,802)	120.8%	17,292	20,358
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	200	-	-	200	94	106	47.0%	60	32
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	200	-	-	200	94	106	47.0%	60	32
Payments for capital assets	6,331	-	-	6,331	7,450	(1,119)	117.7%	7,167	13,187
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	6,331	-	-	6,331	7,450	(1,119)	117.7%	7,167	13,187
Total	116,411	-	-	116,411	132,897	(16,486)	114.2%	129,651	137,156

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

Subprogramme: 2.9: DISTRICT HOSPITALS

	2022/23							2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	5,297,582	-	(30,000)	5,267,582	5,418,185	(150,603)	102.9%	5,479,948	5,614,425
Compensation of employees	4,617,406	-	-	4,617,406	4,643,688	(26,282)	100.6%	4,607,034	4,735,164
Goods and services	680,176	-	(30,000)	650,176	754,957	(104,781)	116.1%	872,914	877,936
Interest and rent on land	-	-	-	-	19,540	(19,540)	-	-	1,325
Transfers and subsidies	239,990	-	-	239,990	212,157	27,833	88.4%	34,842	50,629
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	239,990	-	-	239,990	212,157	27,833	88.4%	34,842	50,629
Payments for capital assets	42,800	-	30,000	72,800	23,888	48,912	32.8%	22,186	28,840
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	42,800	-	30,000	72,800	23,888	48,912	32.8%	22,186	28,840
Total	5,580,372	-	-	5,580,372	5,654,230	(73,858)	101.3%	5,536,976	5,693,894

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3

APPROPRIATION STATEMENT
for the year ended 31 March 2023

Programme 3: EMERGENCY MEDICAL SERVICES

	2022/23						2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
Sub programme								
1 EMERGENCY TRANSPORT	1,255,684	(56,000)	16,000	1,215,684	1,209,639	6,045	99.5%	1,120,416
2 PLANNED PATIENT TRANSPORT	122,959	56,000	60,000	238,959	243,238	(4,279)	101.8%	285,672
	1,378,643	-	76,000	1,454,643	1,452,877	1,766	99.9%	1,406,088
								1,353,522
Economic classification								
Current payments	1,235,025	-	30,000	1,265,025	1,264,249	776	99.9%	1,263,176
Compensation of employees	907,050	86,000	30,000	1,023,050	1,022,603	447	100.0%	1,051,361
Goods and services	327,975	(86,000)	-	241,975	241,646	329	99.9%	211,815
Interest and rent on land	-	-	-	-	-	-	-	-
Transfers and subsidies	3,970	-	-	3,970	3,028	942	76.3%	3,792
Departmental agencies and accounts	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-
Households	3,970	-	-	3,970	3,028	942	76.3%	3,792
Payments for capital assets	139,648	-	46,000	185,648	185,600	48	100.0%	139,120
Buildings and other fixed structures	-	-	-	-	-	-	-	-
Machinery and equipment	139,648	-	46,000	185,648	185,600	48	100.0%	139,120
	1,378,643	-	76,000	1,454,643	1,452,877	1,766	99.9%	1,406,088
								1,353,522

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

Subprogramme: 3.1: EMERGENCY TRANSPORT

	2022/23							2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	1,141,529	(56,000)	-	1,085,529	1,030,953	54,576	95.0%	995,137	961,908
Compensation of employees	872,554	-	-	872,554	801,937	70,617	91.9%	816,656	782,476
Goods and services	268,975	(56,000)	-	212,975	229,016	(16,041)	107.5%	178,481	179,432
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	3,970	-	-	3,970	2,978	992	75.0%	3,792	3,971
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	3,970	-	-	3,970	2,978	992	75.0%	3,792	3,971
Payments for capital assets	110,185	-	16,000	126,185	175,708	(49,523)	139.2%	121,487	124,087
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	110,185	-	16,000	126,185	175,708	(49,523)	139.2%	121,487	124,087
Total	1,255,684	(56,000)	16,000	1,215,684	1,209,639	6,045	99.5%	1,120,416	1,089,966

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

Subprogramme: 3.2: PLANNED PATIENT TRANSPORT

	2022/23							2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	93,496	56,000	30,000	179,496	233,296	(53,800)	130.0%	268,039	248,694
Compensation of employees	34,496	86,000	30,000	150,496	220,666	(70,170)	146.6%	234,705	216,319
Goods and services	59,000	(30,000)	-	29,000	12,630	16,370	43.6%	33,334	32,375
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	50	(50)	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	50	(50)	-	-	-
Payments for capital assets	29,463	-	30,000	59,463	9,892	49,571	16.6%	17,633	14,862
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	29,463	-	30,000	59,463	9,892	49,571	16.6%	17,633	14,862
Total	122,959	56,000	60,000	238,959	243,238	(4,279)	101.8%	285,672	263,556

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

Programme 4: PROVINCIAL HOSPITAL SERVICES

	2022/23						2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
Sub programme								
1 GENERAL (REGIONAL) HOSPITALS	2,622,831	-	100,000	2,722,831	2,909,523	(186,692)	106.9%	2,725,830
2 TB HOSPITALS	447,634	-	-	447,634	387,954	59,680	86.7%	385,691
3 PSYCHIATRIC MENTAL HOSPITALS	616,386	-	33,827	650,213	629,233	20,980	96.8%	565,603
	3,686,851	-	133,827	3,820,678	3,926,710	(106,032)	102.8%	3,677,124
								3,686,353
Economic classification								
Current payments	3,581,063	-	103,827	3,684,890	3,797,684	(112,794)	103.1%	3,633,236
Compensation of employees	2,860,698	-	70,000	2,930,698	3,056,817	(126,119)	104.3%	2,924,095
Goods and services	720,365	-	33,827	754,192	728,650	25,542	96.6%	709,141
Interest and rent on land	-	-	-	-	12,217	(12,217)	-	-
Transfers and subsidies	92,434	-	-	92,434	120,207	(27,773)	130.0%	29,942
Departmental agencies and accounts	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-
Households	92,434	-	-	92,434	120,207	(27,773)	130.0%	29,942
Payments for capital assets	13,354	-	30,000	43,354	8,819	34,535	20.3%	13,946
Buildings and other fixed structures	-	-	-	-	-	-	-	-
Machinery and equipment	13,354	-	30,000	43,354	8,819	34,535	20.3%	13,946
	3,686,851	-	133,827	3,820,678	3,926,710	(106,032)	102.8%	3,677,124
								3,686,353

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

Subprogramme: 4.1: GENERAL (REGIONAL) HOSPITALS

	2022/23							2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	2,531,874	-	70,000	2,601,874	2,788,774	(186,900)	107.2%	2,694,359	2,718,093
Compensation of employees	2,100,356	-	70,000	2,170,356	2,341,435	(171,079)	107.9%	2,226,089	2,270,538
Goods and services	431,518	-	-	431,518	435,122	(3,604)	100.8%	468,270	446,960
Interest and rent on land	-	-	-	-	12,217	(12,217)	-	-	595
Transfers and subsidies	88,734	-	-	88,734	117,346	(28,612)	132.2%	28,512	23,740
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	88,734	-	-	88,734	117,346	(28,612)	132.2%	28,512	23,740
Payments for capital assets	2,223	-	30,000	32,223	3,403	28,820	10.6%	2,959	7,047
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	2,223	-	30,000	32,223	3,403	28,820	10.6%	2,959	7,047
Total	2,622,831	-	100,000	2,722,831	2,909,523	(186,692)	106.9%	2,725,830	2,748,880

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

Subprogramme: 4.2: TB HOSPITALS

	2022/23							2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	438,408	-	-	438,408	384,811	53,597	87.8%	376,360	378,690
Compensation of employees	311,222	-	-	311,222	309,491	1,731	99.4%	300,869	317,008
Goods and services	127,186	-	-	127,186	75,320	51,866	59.2%	75,491	61,682
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	1,200	-	-	1,200	229	971	19.1%	1,430	987
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	1,200	-	-	1,200	229	971	19.1%	1,430	987
Payments for capital assets	8,026	-	-	8,026	2,914	5,112	36.3%	7,901	3,094
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	8,026	-	-	8,026	2,914	5,112	36.3%	7,901	3,094
Total	447,634	-	-	447,634	387,954	59,680	86.7%	385,691	382,771

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

Subprogramme: 4.3: PSYCHIATRIC MENTAL HOSPITALS

	2022/23							2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	610,781	-	33,827	644,608	624,099	20,509	96.8%	562,517	549,767
Compensation of employees	449,120	-	-	449,120	405,891	43,229	90.4%	397,137	392,185
Goods and services	161,661	-	33,827	195,488	218,208	(22,720)	111.6%	165,380	157,582
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	2,500	-	-	2,500	2,632	(132)	105.3%	-	1,046
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	2,500	-	-	2,500	2,632	(132)	105.3%	-	1,046
Payments for capital assets	3,105	-	-	3,105	2,502	603	80.6%	3,086	3,889
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	3,105	-	-	3,105	2,502	603	80.6%	3,086	3,889
Total	616,386	-	33,827	650,213	629,233	20,980	96.8%	565,603	554,702

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

Programme 5: CENTRAL HOSPITAL SERVICES

	2022/23						2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
Sub programme								
1 CENTRAL HOSPITAL SERVICES	1,755,366	26,000	(41,000)	1,740,366	1,702,835	37,531	97.8%	1,473,430
2 PROVINCIAL TERTIARY SERVICES	3,155,031	(26,000)	(112,000)	3,017,031	3,010,739	6,292	99.8%	3,155,294
	4,910,397	-	(153,000)	4,757,397	4,713,574	43,823	99.1%	4,628,724
								4,751,526
Economic classification								
Current payments	4,526,307	(17,622)	(71,000)	4,437,685	4,512,638	(74,953)	101.7%	4,461,820
Compensation of employees	3,306,409	(38,000)	(71,000)	3,197,409	3,196,308	1,101	100.0%	3,267,222
Goods and services	1,219,898	20,378	-	1,240,276	1,314,174	(73,898)	106.0%	1,194,598
Interest and rent on land	-	-	-	-	2,156	(2,156)	-	-
Transfers and subsidies	103,984	17,622	(52,000)	69,606	37,772	31,834	54.3%	27,409
Departmental agencies and accounts	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-
Households	103,984	17,622	(52,000)	69,606	37,772	31,834	54.3%	27,409
Payments for capital assets	280,106	-	(30,000)	250,106	163,164	86,942	65.2%	139,495
Buildings and other fixed structures	98,000	-	-	98,000	17,509	80,491	17.9%	-
Machinery and equipment	182,106	-	(30,000)	152,106	145,655	6,451	95.8%	139,495
	4,910,397	-	(153,000)	4,757,397	4,713,574	43,823	99.1%	4,628,724
								4,751,526

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

Subprogramme: 5.1: CENTRAL HOSPITAL SERVICES

	2022/23							2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	1,521,533	20,378	29,000	1,570,911	1,572,492	(1,581)	100.1%	1,374,576	1,494,544
Compensation of employees	1,042,439	-	29,000	1,071,439	1,037,741	33,698	96.9%	986,532	1,089,427
Goods and services	479,094	20,378	-	499,472	533,085	(33,613)	106.7%	388,044	405,009
Interest and rent on land	-	-	-	-	1,666	(1,666)	-	-	108
Transfers and subsidies	41,924	5,622	(40,000)	7,546	26,921	(19,375)	356.8%	10,697	10,962
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	41,924	5,622	(40,000)	7,546	26,921	(19,375)	356.8%	10,697	10,962
Payments for capital assets	191,909	-	(30,000)	161,909	103,422	58,487	63.9%	88,157	16,184
Buildings and other fixed structures	98,000	-	-	98,000	17,509	80,491	17.9%	-	-
Machinery and equipment	93,909	-	(30,000)	63,909	85,913	(22,004)	134.4%	88,157	16,184
Total	1,755,366	26,000	(41,000)	1,740,366	1,702,835	37,531	97.8%	1,473,430	1,521,690

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

Subprogramme: 5.2: PROVINCIAL TERTIARY SERVICES

	2022/23							2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	3,004,774	(38,000)	(100,000)	2,866,774	2,940,146	(73,372)	102.6%	3,087,244	3,163,392
Compensation of employees	2,263,970	(38,000)	(100,000)	2,125,970	2,158,567	(32,597)	101.5%	2,280,690	2,320,413
Goods and services	740,804	-	-	740,804	781,089	(40,285)	105.4%	806,554	842,900
Interest and rent on land	-	-	-	-	490	(490)	-	-	79
Transfers and subsidies	62,060	12,000	(12,000)	62,060	10,851	51,209	17.5%	16,712	12,240
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	62,060	12,000	(12,000)	62,060	10,851	51,209	17.5%	16,712	12,240
Payments for capital assets	88,197	-	-	88,197	59,742	28,455	67.7%	51,338	54,204
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	88,197	-	-	88,197	59,742	28,455	67.7%	51,338	54,204
Total	3,155,031	(26,000)	(112,000)	3,017,031	3,010,739	6,292	99.8%	3,155,294	3,229,836

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2023

Programme 6: HEALTH SCIENCES AND TRAINING

	2022/23						2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
Sub programme								
1 NURSING TRAINING COLLEGES	333,469	-	(70,000)	263,469	237,777	25,692	90.2%	277,329
2 EMS TRAINING COLLEGE	15,254	-	-	15,254	10,522	4,732	69.0%	14,996
3 BURSARIES	88,379	-	(20,000)	68,379	49,152	19,227	71.9%	192,639
4 OTHER TRAINING	701,261	-	-	701,261	688,255	13,006	98.1%	374,609
	1,138,363	-	(90,000)	1,048,363	985,706	62,657	94.0%	859,573
								774,759
Economic classification								
Current payments	1,045,166	-	(90,000)	955,166	917,579	37,587	96.1%	683,263
Compensation of employees	896,179	-	(70,000)	826,179	809,225	16,954	97.9%	536,476
Goods and services	148,987	-	(20,000)	128,987	108,354	20,633	84.0%	146,787
Interest and rent on land	-	-	-	-	-	-	-	-
Transfers and subsidies	71,584	-	-	71,584	57,589	13,995	80.4%	160,183
Departmental agencies and accounts	16,867	-	-	16,867	16,866	1	100.0%	13,149
Non-profit institutions	-	-	-	-	-	-	-	-
Households	54,717	-	-	54,717	40,723	13,994	74.4%	147,034
Payments for capital assets	21,613	-	-	21,613	10,538	11,075	48.8%	16,127
Buildings and other fixed structures	-	-	-	-	-	-	-	-
Machinery and equipment	21,613	-	-	21,613	10,538	11,075	48.8%	16,127
	1,138,363	-	(90,000)	1,048,363	985,706	62,657	94.0%	859,573
								774,759

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

Subprogramme: 6.1: NURSING TRAINING COLLEGES

	2022/23							2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	326,180	-	(70,000)	256,180	232,738	23,442	90.8%	270,911	253,118
Compensation of employees	298,188	-	(70,000)	228,188	207,778	20,410	91.1%	243,621	229,722
Goods and services	27,992	-	-	27,992	24,960	3,032	89.2%	27,290	23,396
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	2,311	-	-	2,311	3,147	(836)	136.2%	2,000	2,534
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	2,311	-	-	2,311	3,147	(836)	136.2%	2,000	2,534
Payments for capital assets	4,978	-	-	4,978	1,892	3,086	38.0%	4,418	3,649
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	4,978	-	-	4,978	1,892	3,086	38.0%	4,418	3,649
Total	333,469	-	(70,000)	263,469	237,777	25,692	90.2%	277,329	259,301

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

Subprogramme: 6.2: EMS TRAINING COLLEGE

	2022/23							2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	11,784	-	-	11,784	9,369	2,415	79.5%	10,466	9,521
Compensation of employees	7,266	-	-	7,266	6,265	1,001	86.2%	8,101	7,459
Goods and services	4,518	-	-	4,518	3,104	1,414	68.7%	2,365	2,062
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	65	(65)	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	65	(65)	-	-	-
Payments for capital assets	3,470	-	-	3,470	1,088	2,382	31.4%	4,530	2,439
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	3,470	-	-	3,470	1,088	2,382	31.4%	4,530	2,439
Total	15,254	-	-	15,254	10,522	4,732	69.0%	14,996	11,960

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

Subprogramme: 6.3: BURSARIES

	2022/23							2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	31,223	-	(20,000)	11,223	10,427	796	92.9%	47,555	38,667
Compensation of employees	-	-	-	-	-	-	-	-	-
Goods and services	31,223	-	(20,000)	11,223	10,427	796	92.9%	47,555	38,667
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	52,406	-	-	52,406	37,326	15,080	71.2%	145,034	140,465
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	52,406	-	-	52,406	37,326	15,080	71.2%	145,034	140,465
Payments for capital assets	4,750	-	-	4,750	1,399	3,351	29.5%	50	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	4,750	-	-	4,750	1,399	3,351	29.5%	50	-
Total	88,379	-	(20,000)	68,379	49,152	19,227	71.9%	192,639	179,132

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

Subprogramme: 6.4: OTHER TRAINING

	2022/23							2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	675,979	-	-	675,979	665,045	10,934	98.4%	354,331	305,305
Compensation of employees	590,725	-	-	590,725	595,182	(4,457)	100.8%	284,754	246,379
Goods and services	85,254	-	-	85,254	69,863	15,391	81.9%	69,577	58,926
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	16,867	-	-	16,867	17,051	(184)	101.1%	13,149	13,312
Departmental agencies and accounts	16,867	-	-	16,867	16,866	1	100.0%	13,149	13,075
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	185	(185)	-	-	237
Payments for capital assets	8,415	-	-	8,415	6,159	2,256	73.2%	7,129	5,749
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	8,415	-	-	8,415	6,159	2,256	73.2%	7,129	5,749
Total	701,261	-	-	701,261	688,255	13,006	98.1%	374,609	324,366

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

Programme 7: HEALTH CARE SUPPORT SERVICES

	2022/23						2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
Sub programme								
1 ORTHOTIC & PROSTHETIC SERVICES	101,538	-	(13,828)	87,710	53,386	34,324	60.9%	95,247
2 MEDICINE TRADING ACCOUNT	71,310	-	-	71,310	61,667	9,643	86.5%	65,639
	172,848	-	(13,828)	159,020	115,053	43,967	72.4%	160,886
								112,986
Economic classification								
Current payments	157,660	-	(13,828)	143,832	109,355	34,477	76.0%	142,304
Compensation of employees	79,305	-	-	79,305	70,240	9,065	88.6%	68,045
Goods and services	78,355	-	(13,828)	64,527	39,115	25,412	60.6%	74,259
Interest and rent on land	-	-	-	-	-	-	-	-
Transfers and subsidies	100	-	-	100	31	69	31.0%	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-
Households	100	-	-	100	31	69	31.0%	-
Payments for capital assets	15,088	-	-	15,088	5,667	9,421	37.6%	18,582
Buildings and other fixed structures	-	-	-	-	-	-	-	-
Machinery and equipment	15,088	-	-	15,088	5,667	9,421	37.6%	18,582
	172,848	-	(13,828)	159,020	115,053	43,967	72.4%	160,886
								112,986

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2023

ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3

Subprogramme: 7.1: ORTHOTIC & PROSTHETIC SERVICES

	2022/23							2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	86,844	-	(13,828)	73,016	47,974	25,042	65.7%	77,509	48,716
Compensation of employees	31,883	-	-	31,883	23,587	8,296	74.0%	26,097	23,532
Goods and services	54,961	-	(13,828)	41,133	24,387	16,746	59.3%	51,412	25,184
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	100	-	-	100	-	100	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	100	-	-	100	-	100	-	-	-
Payments for capital assets	14,594	-	-	14,594	5,412	9,182	37.1%	17,738	2,204
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	14,594	-	-	14,594	5,412	9,182	37.1%	17,738	2,204
Total	101,538	-	(13,828)	87,710	53,386	34,324	60.9%	95,247	50,920

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

Subprogramme: 7.2: MEDICINE TRADING ACCOUNT

	2022/23						2021/22		
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	70,816	-	-	70,816	61,381	9,435	86.7%	64,795	61,753
Compensation of employees	47,422	-	-	47,422	46,653	769	98.4%	41,948	46,250
Goods and services	23,394	-	-	23,394	14,728	8,666	63.0%	22,847	15,503
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	31	(31)	-	-	39
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	31	(31)	-	-	39
Payments for capital assets	494	-	-	494	255	239	51.6%	844	274
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	494	-	-	494	255	239	51.6%	844	274
Total	71,310	-	-	71,310	61,667	9,643	86.5%	65,639	62,066

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

Programme 8: HEALTH FACILITIES MANAGEMENT

	2022/23							2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 COMMUNITY HEALTH FACILITIES	310,402	-	(30,000)	280,402	215,004	65,398	76.7%	207,869	186,906
2 EMERGENCY MEDICAL RESCUE SERVICES	-	-	-	-	-	-	-	-	-
3 DISTRICT HOSPITAL SERVICES	692,578	-	(72,000)	620,578	567,534	53,044	91.5%	726,163	595,470
4 PROVINCIAL HOSPITAL SERVICES	265,435	-	-	265,435	287,279	(21,844)	108.2%	254,000	275,833
5 OTHER FACILITIES	9,076	-	-	9,076	1,758	7,318	19.4%	18,231	29,704
	1,277,491	-	(102,000)	1,175,491	1,071,575	103,916	91.2%	1,206,263	1,087,913

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

Programme 8: HEALTH FACILITIES MANAGEMENT

	2022/23							2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Current payments									
Compensation of employees	434,884	-	(12,000)	422,884	371,209	51,675	87.8%	311,964	374,535
Goods and services	32,324	-	-	32,324	24,157	8,167	74.7%	43,184	22,754
Interest and rent on land	402,560	-	(12,000)	390,560	347,052	43,508	88.9%	268,780	351,781
	-	-	-	-	-	-	-	-	-
Transfers and subsidies									
	-	-	-	-	53	(53)	-	-	5
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	53	(53)	-	-	5
Payments for capital assets									
Buildings and other fixed structures	842,607	-	(90,000)	752,607	700,313	52,294	93.1%	894,299	713,373
Machinery and equipment	494,363	-	-	494,363	443,605	50,758	89.7%	707,417	575,252
	348,244	-	(90,000)	258,244	256,708	1,536	99.4%	186,882	138,121
	1,277,491	-	(102,000)	1,175,491	1,071,575	103,916	91.2%	1,206,263	1,087,913

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

Subprogramme: 8.1: COMMUNITY HEALTH FACILITIES

	2022/23							2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	73,419	-	-	73,419	68,748	4,671	93.6%	123,377	120,781
Compensation of employees	1,906	-	-	1,906	1,476	430	77.4%	-	1,621
Goods and services	71,513	-	-	71,513	67,272	4,241	94.1%	123,377	119,160
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	236,983	-	(30,000)	206,983	146,256	60,727	70.7%	84,492	66,125
Buildings and other fixed structures	127,286	-	-	127,286	75,692	51,594	59.5%	80,492	61,987
Machinery and equipment	109,697	-	(30,000)	79,697	70,564	9,133	88.5%	4,000	4,138
Total	310,402	-	(30,000)	280,402	215,004	65,398	76.7%	207,869	186,906

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2023

ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3

Subprogramme: 8.2: EMERGENCY MEDICAL RESCUE SERVICES

	2022/23							2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	-	-	-	-	-	-	-	-	-
Compensation of employees	-	-	-	-	-	-	-	-	-
Goods and services	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

Subprogramme: 8.3: DISTRICT HOSPITAL SERVICES

	2022/23							2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	242,416	-	(12,000)	230,416	220,514	9,902	95.7%	100,022	131,184
Compensation of employees	108	-	-	108	1,904	(1,796)	1763.0%	11,415	2,509
Goods and services	242,308	-	(12,000)	230,308	218,610	11,698	94.9%	88,607	128,675
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	1
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	1
Payments for capital assets	450,162	-	(60,000)	390,162	347,020	43,142	88.9%	626,141	464,285
Buildings and other fixed structures	263,314	-	-	263,314	253,215	10,099	96.2%	513,112	414,906
Machinery and equipment	186,848	-	(60,000)	126,848	93,805	33,043	74.0%	113,029	49,379
Total	692,578	-	(72,000)	620,578	567,534	53,044	91.5%	726,163	595,470

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

Subprogramme: 8.4: PROVINCIAL HOSPITAL SERVICES

	2022/23							2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	119,049	-	-	119,049	80,216	38,833	67.4%	70,411	92,866
Compensation of employees	30,310	-	-	30,310	20,349	9,961	67.1%	31,769	18,624
Goods and services	88,739	-	-	88,739	59,867	28,872	67.5%	38,642	74,242
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	53	(53)	-	-	4
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	53	(53)	-	-	4
Payments for capital assets	146,386	-	-	146,386	207,010	(60,624)	141.4%	183,589	182,963
Buildings and other fixed structures	96,763	-	-	96,763	114,698	(17,935)	118.5%	113,736	98,359
Machinery and equipment	49,623	-	-	49,623	92,312	(42,689)	186.0%	69,853	84,604
Total	265,435	-	-	265,435	287,279	(21,844)	108.2%	254,000	275,833

APPROPRIATION STATEMENT
for the year ended 31 March 2023

Subprogramme: 8.5: OTHER FACILITIES

	2022/23							2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	-	-	-	-	1,731	(1,731)	-	18,154	29,704
Compensation of employees	-	-	-	-	428	(428)	-	-	-
Goods and services	-	-	-	-	1,303	(1,303)	-	18,154	29,704
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	9,076	-	-	9,076	27	9,049	0.3%	77	-
Buildings and other fixed structures	7,000	-	-	7,000	-	7,000	-	77	-
Machinery and equipment	2,076	-	-	2,076	27	2,049	1.3%	-	-
Total	9,076	-	-	9,076	1,758	7,318	19.4%	18,231	29,704

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2023**

Direct charges

	2022/23							2021/22	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1	Member of Executive Council salary			-	2,096	-	100.0%	1,820	1,820
	2,096	-	-	2,096	2,096	-	100.0%	1,820	1,820
Economic classification									
Current payments		2,096	-	-	2,096	2,096	-	100.0%	1,820
Compensation of employees		2,096	-	-	2,096	2,096	-	100.0%	1,820
Goods and services		-	-	-	-	-	-	-	-
Interest and rent on land		-	-	-	-	-	-	-	-
Transfers and subsidies		-	-	-	-	-	-	-	-
Departmental agencies and accounts		-	-	-	-	-	-	-	-
Non-profit institutions		-	-	-	-	-	-	-	-
Households		-	-	-	-	-	-	-	-
Payments for capital assets		-	-	-	-	-	-	-	-
Buildings and other fixed structures		-	-	-	-	-	-	-	-
Machinery and equipment		-	-	-	-	-	-	-	-
	2,096	-	-	2,096	2,096	-	100.0%	1,820	1,820

NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2023

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:

Administration

Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
R'000	R'000	R'000	%

844,490 844,484 6 0.00%

The Programme spent at 100% after adjusting for funds shifts and virements of -R11,150 million post 2022/23 2nd AEPRE. The programme gave up this portion of its cash flows in favour of mitigating the goods and services pressure within the clinical District Health Services Programme to continue delivery of public health care services uninterrupted. This pressure in the clinical programmes having arisen from the payment of payables and accruals at the vote level at the beginning of the current financial year, treated as a first charge of the 2022/23 budget allocation, with the knock on effect being that the 31 March 2023 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

District Health Services

14,989,392 15,077,221 (87,829) -0.59%

The Programme spent at 100.59 % (over by R87,829 million) after adjusting for funds shifts and virements of +R160,151 million post 2022/23 2nd AEPRE. Overspending was primarily caused by goods and services pressures vesting in the Community Health Clinics sub programme, to continue the delivery of public health care services uninterrupted. The budget pressures in the programme having arisen from the payment of payables and accruals at the vote level of (R4.6 billion) at the beginning of the current financial year, treated as a first charge of the 2022/23 budget allocation, with the knock on effect being that the 31 March 2023 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2023**

Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
R'000	R'000	R'000	%

Emergency Medical Services

1,454,643 1,452,877 1,766 0.12%

The Programme spent at 99.88% (under by R1,766 million) after adjusting for funds shifts and virements of +R76,000 million post 2022/23 2nd AEPRE. The programme received a portion of its cash flows from Programmes 6 and 8 in favour of mitigating the pressure to continue delivery of public health care services uninterrupted. This pressure in the clinical programmes having arisen from the payment of payables and accruals at the vote level of (R4.6 billion) at the beginning of the current financial year, treated as a first charge of the 2022/23 budget allocation, with the knock on effect being that the 31 March 2023 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

Provincial Hospital Services

3,820,678 3,926,710 (106,032) -2.78%

The Programme spent at 102.78% (over by R106,032 million) after adjusting for funds shifts and virements of +R133,827 million post 2022/23 2nd AEPRE. Overspending primarily occurred in the General (Regional) Hospitals sub programme vesting in compensation of employees as a result of incorrect persal link codes by and between several programmes.

Central Hospital Services

4,757,397 4,713,574 43,823 0.92%

The Programme spent at 99.08% (under by R43,823 million) after adjusting for funds shifts and virements of -R153,000 million post 2022/23 2nd AEPRE. The under expenditure also represents the unspent amount in support of the application for conditional grant rollover submitted relating to the National Tertiary Services Conditional Grant.

Health Science and Training

1,048,363 985,706 62,657 5.98%

The Programme spent at 94.02% (under by R62,657 million) after adjusting for funds shifts and virements of -R90,000 million post 2022/23 2nd AEPRE. The programme gave up a portion of its cash flows in favour of mitigating the pressure within the clinical programmes to continue delivery of public health care services uninterrupted. This pressure in the clinical programmes having arisen from the payment of payables and accruals at the vote level of (R4.6 billion) at the beginning of the current financial year, treated as a first charge of the 2022/23 budget allocation, with the knock on effect being that the 31 March 2023 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2023**

Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
R'000	R'000	R'000	%

Health Care and Support Services

159,020 115,053 43,967 27.65%

The Programme spent at 72.35% (under by R43,967 million) after adjusting for funds shifts and virements of -R13,828 million post 2022/23 2nd AEPRE. The underspend is attributable inter alia to the department budgeting for the mandate of a "public healthcare remedy" for the provision of healthcare services in the public healthcare sector in medico-legal claims. The defences have envisaged the development of the common law to allow for a "public healthcare defence" and an "undertaking to pay defence" to be raised in medico-legal claims against the state. This is premised on the approach that if the department is required to continue to pay claims on the basis of full, up-front payment of estimated future medical and other expenses this will, in time, overwhelm the ECDoH's capacity to meet its constitutionally mandated health service delivery obligations.

The judgement was handed down on the 7 February 2023, indicating clearly how the common law is to accommodate the public health defence; and affirming the goods and services that the State will provide to the plaintiff during his lifetime. Although the plaintiff indicated during March 2023 that she will be taking the landmark judgement on appeal, agreement was reached that the order is to be implemented whilst the appeal process is underway. This means that Department started with the process of implementing the Court order in the new financial year and the savings in the 2022/23 year against this line item was utilised to offset the budget pressures within the clinical programmes to continue delivery of public health care services uninterrupted. (This pressure in the clinical programmes having arisen from the payment of payables and accruals at the vote level of (R4.6 billion) at the beginning of the current financial year, treated as a first charge of the 2022/23 budget allocation, with the knock on effect being that the 31 March 2023 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.)

Health Facilities Management

1,175,491 1,071,575 103,916 8.84%

The Programme spent at 91.16% (under by R103,916 million) after adjusting for funds shifts and virements of -R102,000 million post 2022/23 2nd AEPRE. The programme gave up a portion of its equitable share cash flows in favour of mitigating the pressure within the clinical programmes to continue delivery of public health care services uninterrupted. This pressure in the clinical programmes having arisen from the payment of payables and accruals at the vote level of (R4.6 billion) at the beginning of the current financial year, treated as a first charge of the 2022/23 budget allocation, with the knock on effect being that the 31 March 2023 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance. The conditional grant allocations were spent entirely.

**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2023**

4.2 Per economic classification:

Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
R'000	R'000	R'000	%

Current expenditure

Compensation of employees	18,713,557	18,712,799	758	0.00%
Goods and services	7,393,221	7,616,416	(223,195)	-3.02%
Interest and rent on land	-	38,887	(38,887)	

Transfers and subsidies

Departmental agencies and accounts	16,873	16,866	7	0.04%
Non-profit institutions	34,412	26,528	7,884	22.91%
Households	573,439	476,135	97,304	16.97%

Payments for capital assets

Buildings and other fixed structures	592,363	461,114	131,249	22.16%
Machinery and equipment	927,705	840,551	87,154	9.39%

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

Goods and Services - spent at 103.02% and incurred net overspending of R223,195 million for the year, primarily as a result of pressure within the clinical programmes to continue delivery of public health care services uninterrupted; This pressure in the clinical programmes having arisen from the payment of payables and accruals at the vote level (of R4.6 billion) at the beginning of the current financial year, treated as a first charge of the 2022/23 budget allocation, with the knock on effect being that the 31 March 2023 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

This overspending was primarily funded from several non clinical programmes having given up a portion of their cash flows in favour of mitigating the pressure within the clinical programmes.

Transfers and Subsidies - spent overall at 83.2% and incurred net under spending of R105,195 million for the year, primarily the residual funded portion of the writs application budget allocation of R377,002 million received in the 2022/23 1st AEPRE [Reprioritisation allocation for Medico Legal Claims - R164,802 million; Provincial Allocations: Payment of Medico Legal Claims – R151,680 million (front loaded 2023/24 - R58,405 million, front loaded 2024/25 - R55,761million, New Funds – PRF - R37,514 million) and R60,520 internal reprioritisation).

The Department has made application to Provincial Treasury for the rollover of Equitable Share in instances where the beneficiary trust accounts had not yet received letters of authority from the master of the high court.

Payment for Capital Assets - spent at 85.6% and incurred net underspending of R218,403 million for the year. A small conditional grant rollover from the 2022-23 to the 2023-24 financial year has been made amounting to R25,80 million for the National Tertiary Services Conditional Grant, the bulk of which is in respect of medical & allied / health technology equipment and computer equipment. The majority of the under-spend is attributable to that portion of the cash flows that had to be used in favour of mitigating the pressure within the clinical programmes and thereby ensure the delivery of public health care services.

NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2023

4.3 Per conditional grant

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
	R'000	R'000	R'000	%
National Tertiary Services Grant	1,202,821	1,177,597	25,224	2.10%
Human Resource and Training Grant	578,756	578,743	13	0.00%
District Health Programme Grant	3,221,279	3,214,612	6,667	0.21%
Health Facility Revitalisation grant	730,829	730,601	228	0.03%
Expanded Public Works Programme Integrated	1,906	1,905	1	0.05%
Expanded Public Works Programme Social Sector	12,268	12,268	-	0.00%
National Health Insurance Grant	181,009	181,021	(12)	-0.01%
TOTAL	5,928,868	5,896,747	32,121	0.54%

Overall, conditional grants have spent 99.46% of the adjusted appropriation. Applications for conditional grant rollovers of R31,013 million from the 2022-23 to the 2023-24 financial year have been made amounting to R24,825 million for the National Tertiary Services Conditional Grant and R6,188 million for the District Health Programme Conditional Grant (Comprehensive HIV Component) - non profit institutions for home based care. The bulk of the National Tertiary Services Grant application is in respect of medical & allied / health technology equipment and computer equipment. This essential life saving equipment used for various tertiary level medical interventions through prioritisation for the development and modernization of the service.

STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2023

	Note	2022/23 R'000	2021/22 R'000
REVENUE			
Annual appropriation	1	28,249,474	27,772,914
Statutory appropriation	2	2,096	1,820
Departmental revenue	3	-	-
Aid assistance	4	-	-
TOTAL REVENUE		28,251,570	27,774,734
EXPENDITURE			
Current expenditure			
Compensation of employees	5	18,712,799	18,479,942
Goods and services	6	7,616,414	7,642,941
Interest and rent on land	7	38,888	4,685
Aid assistance	4	-	-
Total current expenditure		26,368,101	26,127,568
Transfers and subsidies			
Transfers and subsidies	8	519,527	332,593
Total transfers and subsidies		519,527	332,593
Expenditure for capital assets			
Tangible assets	9	1,301,668	1,171,742
Intangible assets	9	-	-
Total expenditure for capital assets		1,301,668	1,171,742
Payments for financial assets		-	-
TOTAL EXPENDITURE		28,189,296	27,631,903
SURPLUS/(DEFICIT) FOR THE YEAR		62,274	142,831

STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2023

	Note	2022/23 R'000	2021/22 R'000
Reconciliation of Net Surplus/(Deficit) for the year			
Voted Funds		62,274	142,831
Annual appropriation		30,153	26,264
Statutory Appropriation		-	-
Conditional grants		32,121	116,567
Departmental revenue and NRF Receipts	3	-	-
Aid assistance	4	-	-
SURPLUS/(DEFICIT) FOR THE YEAR		62,274	142,831

STATEMENT OF FINANCIAL POSITION
as at 31 March 2023

	Note	2022/23 R'000	2021/22 R'000
ASSETS			
Current Assets		263,361	244,914
Cash and cash equivalents	10	164	154
Prepayments and advances		-	-
Receivables	11	263,197	244,760
Non-Current Assets		4,524	1,542
Receivables	11	4,524	1,542
TOTAL ASSETS		267,885	246,456
LIABILITIES			
Current Liabilities		2,840,548	2,640,037
Voted funds to be surrendered to the Revenue Fund	12	1,720,359	1,581,090
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	13	52,152	14,346
Bank overdraft	14	1,045,831	1,033,980
Payables	15	19,218	7,633
Aid assistance unutilised	4	2,988	2,988
TOTAL LIABILITIES		2,840,548	2,640,037
NET ASSETS		(2,572,663)	(2,393,581)
Represented by:			
Recoverable revenue		163,432	148,649
Unauthorised expenditure		(2,736,095)	(2,542,230)
TOTAL		(2,572,663)	(2,393,581)

STATEMENT OF CHANGES IN NET ASSETS
for the year ended 31 March 2023

	Note	2022/23 R'000	2021/22 R'000
Recoverable revenue			
Opening balance		148,649	135,342
Transfers		14,783	13,307
Debts revised		-	3,007
Debts recovered (included in departmental receipts)		(6,590)	(8,253)
Debts raised		21,373	18,553
Closing balance		163,432	148,649
Unauthorised expenditure			
Opening balance		(2,542,230)	(2,265,086)
Unauthorised expenditure - current year		(193,865)	(277,144)
Relating to overspending of the vote or main division within the vote		(193,865)	(277,144)
Closing balance		(2,736,095)	(2,542,230)
TOTAL		(2,572,663)	(2,393,581)

CASH FLOW STATEMENT
for the year ended 31 March 2023

	Note	2022/23 R'000	2021/22 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		28,434,113	27,848,312
Annual appropriated funds received	1.1	28,249,474	27,772,914
Statutory appropriated funds received	2	2,096	1,820
Departmental revenue received	3	182,190	73,323
Interest received	3.2	353	255
Aid assistance received	4	-	-
Net (increase)/ decrease in working capital		(6,852)	(324,686)
Surrendered to Revenue Fund		(265,797)	(126,030)
Surrendered to RDP Fund/Donor		-	-
Current payments		(26,329,213)	(25,845,739)
Interest paid	7	(38,888)	(4,685)
Payments for financial assets		-	-
Transfers and subsidies paid		(519,527)	(332,593)
Net cash flow available from operating activities	16	1,273,836	1,214,579
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	9	(1,301,668)	(1,171,742)
Proceeds from sale of capital assets	3.3	4,190	-
(Increase)/ decrease in non-current receivables		(2,982)	210
Net cash flows from investing activities		(1,300,460)	(1,171,532)
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/ (decrease) in net assets		14,783	13,307
Net cash flows from financing activities		14,783	13,307
Net increase/ (decrease) in cash and cash equivalents		(11,841)	56,354
Cash and cash equivalents at beginning of period		(1,033,826)	(1,090,180)
Cash and cash equivalents at end of period	17	(1,045,667)	(1,033,826)

ACCOUNTING POLICIES
for the year ended 31 March 2023

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.

ACCOUNTING POLICIES
for the year ended 31 March 2023

6.2	<p>Current year comparison with budget</p> <p>A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement.</p>
7	Revenue
7.1	<p>Appropriated funds</p> <p>Appropriated funds comprise of departmental allocations as well as direct charges against the revenue fund (i.e. statutory appropriation).</p> <p>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.</p> <p>Appropriated funds are measured at the amounts receivable.</p> <p>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.</p>
7.2	<p>Departmental revenue</p> <p>Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the relevant revenue fund, unless stated otherwise.</p> <p>Departmental revenue is measured at the cash amount received.</p> <p>In-kind donations received are recorded in the notes to the financial statements on the date of receipt and are measured at fair value.</p> <p>Any amount owing to the relevant revenue fund at the reporting date is recognised as a payable in the statement of financial position.</p>
7.3	<p>Accrued departmental revenue</p> <p>Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when:</p> <ul style="list-style-type: none"> • 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. <p>The accrued revenue is measured at the fair value of the consideration receivable.</p> <p>Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents.</p> <p>Write-offs are made according to the department's debt write-off policy.</p>
8	Expenditure
8.1	Compensation of employees
8.1.1	<p>Salaries and wages</p> <p>Salaries and wages are recognised in the statement of financial performance on the date of payment.</p>

ACCOUNTING POLICIES
for the year ended 31 March 2023

8.1.2	<p>Social contributions</p> <p>Social contributions made by the department in respect of current employees are recognised in the statement of financial performance on the date of payment.</p> <p>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.</p>
8.2	<p>Other expenditure</p> <p>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.</p> <p>Donations made in kind are recorded in the notes to the financial statements on the date of transfer and are measured at cost or fair value.</p>
8.3	<p>Accruals and payables not recognised</p> <p>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.</p> <p>Accruals and payables not recognised are measured at cost or fair value at the reporting date.</p>
8.4	Leases
8.4.1	<p>Operating leases</p> <p>Operating lease payments made during the reporting period are recognised as current expenditure in the statement of financial performance on the date of payment.</p> <p>The operating lease commitments are recorded in the notes to the financial statements.</p>
8.4.2	<p>Finance leases</p> <p>Finance lease payments made during the reporting period are recognised as capital expenditure in the statement of financial performance on the date of payment. Finance lease payments received are recognised as departmental revenue.</p> <p>The finance lease commitments are recorded in the notes to the financial statements and are not apportioned between the capital and interest portions.</p> <p>Finance lease assets acquired at the end of the lease term are recorded and measured at the lower of:</p> <ul style="list-style-type: none"> • cost, being the fair value of the asset; or • the sum of the minimum lease payments made, including any payments made to acquire ownership at the end of the lease term, excluding interest.
8.5	<p>Interest and rent on land</p> <p>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</p>

ACCOUNTING POLICIES
for the year ended 31 March 2023

	land and the fixed structures on it, the whole amount is recorded under goods and services.
8.6	<p>Covid-19 expenditure</p> <p>Included in the total expenditure is expenditure incurred in relation to the covid-19 pandemic. The expenditure is categorised as per SCOA economic classification and recognised in the statement of financial performance on the date of payment:</p> <ul style="list-style-type: none"> Salaries and wages relating to employees / contract workers, etc. assigned to covid-19 facilities are recognised as compensation of employees in the statement of financial performance. Operating expenditure relating to the covid-19 response is recognised as goods and services in the statement of financial performance on the date of payment. Expenditure incurred on refurbishment/ acquisition of buildings and machinery relating to covid-19 facilities is recognised as expenditure for capital assets in the statement of financial performance. Transfers to households relating to the covid-19 employees is recognised as Transfers & subsidies expenditure in the statement of financial performance.
9	Aid Assistance
9.1	<p>Aid assistance received</p> <p>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.</p> <p>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.</p>
9.2	<p>Aid assistance paid</p> <p>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.</p>
10	<p>Cash and cash equivalents</p> <p>Cash and cash equivalents are stated at cost in the statement of financial position.</p> <p>Bank overdrafts are shown separately on the face of the statement of financial position as a current liability.</p> <p>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.</p>
11	<p>Prepayments and advances</p> <p>Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash.</p> <p>Prepayments and advances are initially and subsequently measured at cost.</p>

ACCOUNTING POLICIES
for the year ended 31 March 2023

12	Loans and receivables Loans and receivables are recognised in the statement of financial position at cost plus accrued interest, where interest is charged, less amounts already settled or written-off. Write-offs are made according to the department's write-off policy. Due to the uncertainty of the recovery date of receivables the department classifies only those receivables as non-current for which there is a formal agreement to that effect. The remaining receivables are deemed to be current as they are expected to be realised within 12 months.
13	Investments Investments are recognised in the statement of financial position at cost.
14	Financial assets
14.1	Financial assets (not covered elsewhere) A financial asset is recognised initially at its cost plus transaction costs that are directly attributable to the acquisition or issue of the financial. At the reporting date, a department shall measure its financial assets at cost, less amounts already settled or written-off, except for recognised loans and receivables, which are measured at cost plus accrued interest, where interest is charged, less amounts already settled or written-off.
14.2	Impairment of financial assets Where there is an indication of impairment of a financial asset, an estimation of the reduction in the recorded carrying value, to reflect the best estimate of the amount of the future economic benefits expected to be received from that asset, is recorded in the notes to the financial statements.
15	Payables Payables are recognised in the statement of financial position at cost.
16	Capital Assets
16.1	Immovable capital assets Immovable assets reflected in the asset register of the department are recorded in the notes to the financial statements at cost or fair value where the cost cannot be determined reliably. Immovable assets acquired in a non-exchange transaction are recorded at fair value at the date of acquisition. Immovable assets are subsequently carried in the asset register at cost and are not currently subject to depreciation or impairment. Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use. Additional information on immovable assets not reflected in the assets register is provided in the notes to financial statements.
16.2	Movable capital assets Movable capital assets are initially recorded in the notes to the financial statements at

ACCOUNTING POLICIES
for the year ended 31 March 2023

	<p>cost. Movable capital assets acquired through a non-exchange transaction is measured at fair value as at the date of acquisition.</p> <p>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.</p> <p>All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.</p> <p>Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment.</p> <p>Subsequent expenditure that is of a capital nature forms part of the cost of the existing asset when ready for use.</p>
16.3	<p>Intangible assets</p> <p>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.</p> <p>Internally generated intangible assets are recorded in the notes to the financial statements when the department commences the development phase of the project.</p> <p>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.</p> <p>All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.</p> <p>Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment.</p> <p>Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.</p>
16.4	<p>Project Costs: Work-in-progress</p> <p>Expenditure of a capital nature is initially recognised in the statement of financial performance at cost when paid.</p> <p>Amounts paid towards capital projects are separated from the amounts recognised and accumulated in work-in-progress until the underlying asset is ready for use. Once ready for use, the total accumulated payments are recorded in an asset register. Subsequent payments to complete the project are added to the capital asset in the asset register.</p> <p>Where the department is not the custodian of the completed project asset, the asset is transferred to the custodian subsequent to completion.</p>
17	<p>Provisions and Contingents</p>
17.1	<p>Provisions</p> <p>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</p>

ACCOUNTING POLICIES
for the year ended 31 March 2023

	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	<p>Employee benefits</p> <p>Short-term employee benefits that give rise to a present legal or constructive obligation are disclosed in the disclosure notes to the financial statements. These amounts are not recognised in the statement of financial performance or the statement of financial position. The value of each major class of employee benefit obligation (accruals, payables not recognised and provisions) is recorded in the Employee benefits note.</p> <p>Accruals and payables not recognised for employee benefits are measured at cost or fair value at the reporting date.</p> <p>The provision for employee benefits is measured as the best estimate of the funds required to settle the present obligation at the reporting date.</p>
17.3	<p>Contingent liabilities</p> <p>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.</p>
17.4	<p>Contingent assets</p> <p>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.</p>
17.5	<p>Capital commitments</p> <p>Capital commitments are recorded at cost in the notes to the financial statements.</p>
18	<p>Unauthorised expenditure</p> <p>Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure.</p> <p>Unauthorised expenditure is recognised in the statement of changes in net assets until such time as the expenditure is either:</p> <ul style="list-style-type: none"> • 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.

ACCOUNTING POLICIES
for the year ended 31 March 2023

	<p>Unauthorised expenditure recorded in the notes to the financial statements comprise of</p> <ul style="list-style-type: none"> unauthorised expenditure that was under assessment in the previous financial year; unauthorised expenditure relating to previous financial year and identified in the current year; and <p>Unauthorised incurred in the current year.</p>
19	<p>Fruitless and wasteful expenditure</p> <p>Fruitless and wasteful expenditure receivables are recognised in the statement of financial position when recoverable. The receivable is measured at the amount that is expected to be recovered and is de-recognised when settled or subsequently written-off as irrecoverable.</p> <p>Fruitless and wasteful expenditure is recorded in the notes to the financial statements when and at amounts confirmed, and comprises of.</p> <ul style="list-style-type: none"> fruitless and wasteful expenditure that was under assessment in the previous financial year; fruitless and wasteful expenditure relating to previous financial year and identified in the current year; and <p>fruitless and wasteful expenditure incurred in the current year.</p>
20	<p>Irregular expenditure</p> <p>Losses emanating from irregular expenditure are recognised as a receivable in the statement of financial position when recoverable. The receivable is measured at the amount that is expected to be recovered and is de-recognised when settled or subsequently written-off as irrecoverable.</p> <p>Irregular expenditure is recorded in the notes to the financial statements when and at amounts confirmed and comprises of:</p> <ul style="list-style-type: none"> irregular expenditure that was under assessment in the previous financial year; irregular expenditure relating to previous financial year and identified in the current year; and <p>irregular expenditure incurred in the current year.</p>
21	<p>Changes in accounting policies, accounting estimates and errors</p> <p>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.</p> <p>Changes in accounting estimates are applied prospectively in accordance with MCS</p>

ACCOUNTING POLICIES
for the year ended 31 March 2023

	<p>requirements.</p> <p>Correction of errors is applied retrospectively in the period in which the error has occurred in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the error. In such cases the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.</p>
22	<p>Events after the reporting date</p> <p>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.</p>
23	<p>Principal-Agent arrangements</p> <p>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.</p>
24	<p>Departures from the MCS requirements</p> <p>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.</p>
25	<p>Capitalisation reserve</p> <p>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.</p>
26	<p>Recoverable revenue</p> <p>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.</p>
27	<p>Related party transactions</p> <p>Related party transactions within the Minister/MEC's portfolio are recorded in the notes to the financial statements when the transaction is not at arm's length.</p> <p>The number of individuals and the full compensation of key management personnel is recorded in the notes to the financial statements.</p>

ACCOUNTING POLICIES
for the year ended 31 March 2023

28	Key management personnel Key management members are those persons having the authority and responsibility for planning, directing and controlling the activities of the department. In the department all officials from level 14 and above are deemed to be key management personnel. Their full compensation is recorded in the notes to the financial statements.
29	Inventories (<i>Effective from date determined in a Treasury Instruction</i>) At the date of acquisition, inventories are recognised at cost in the statement of financial performance. Where inventories are acquired as part of a non-exchange transaction, the inventories are measured at fair value as at the date of acquisition. Inventories are subsequently measured at the lower of cost and net realisable value or where intended for distribution (or consumed in the production of goods for distribution) at no or a nominal charge, the lower of cost and current replacement value. The cost of inventories is assigned by using the weighted average cost basis.
30	Public-Private Partnerships Public Private Partnerships are accounted for based on the nature and or the substance of the partnership. The transaction is accounted for in accordance with the relevant accounting policies. A summary of the significant terms of the PPP agreement, the parties to the agreement, and the date of commencement thereof together with the description and nature of the concession fees received, the unitary fees paid, rights and obligations of the department are recorded in the notes to the financial statements.

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023**

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

	2022/23			2021/22		
	Final Appropriation R'000	Actual Funds Received R'000	Funds not requested/ not received R'000	Final Appropriation R'000	Appropriation Received R'000	Funds not requested/ not received R'000
Programmes						
Pr1 Health Administration	855,644	855,644	-	768,147	768,147	-
Pr2 District Health Services	14,829,237	14,829,237	-	15,066,109	15,066,109	-
Pr3 Emergency Medical Services	1,378,643	1,378,643	-	1,406,088	1,406,088	-
Pr4 Provincial Hospital Services	3,686,851	3,686,851	-	3,677,124	3,677,124	-
Pr5 Central Hospital Services	4,910,397	4,910,397	-	4,628,724	4,628,724	-
Pr6 Health Science & Training	1,138,363	1,138,363	-	859,573	859,573	-
Pr7 Health Care & Support Services	172,848	172,848	-	160,886	160,886	-
Pr8 Health Facilities Management	1,277,491	1,277,491	-	1,206,263	1,206,263	-
Total	28,249,474	28,249,474	-	27,772,914	27,772,914	-

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.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

		2022/23 R'000	2021/22 R'000
1.2 Conditional grants			
Total grants received	37	<u>5,928,868</u>	<u>5,420,478</u>

2 Statutory Appropriation

Member of executive committee		2,096	1,820
Total		<u>2,096</u>	<u>1,820</u>
Actual Statutory Appropriation received		<u>2,096</u>	<u>1,820</u>

3 Departmental Revenue

Sales of goods and services other than capital assets	3.1	171,433	67,433
Interest, dividends and rent on land	3.2	353	255
Sales of capital assets	3.3	4,190	-
Transactions in financial assets and liabilities	3.4	10,757	5,890
Total revenue collected		<u>186,733</u>	<u>73,578</u>
Less: Own revenue included in appropriation	13	<u>186,733</u>	<u>73,578</u>
Departmental revenue collected		<u>-</u>	<u>-</u>

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

		2022/23 R'000	2021/22 R'000
3.1 Sales of goods and services other than capital assets	3		
Sales of goods and services produced by the department		171,168	67,205
Sales by market establishment		19,817	20,613
Administrative fees		3,748	3,558
Other sales		147,603	43,034
Sales of scrap, waste and other used current goods		265	228
Total		171,433	67,433
3.2 Interest, dividends and rent on land	3		
Interest		353	255
Total		353	255
3.3 Sales of capital assets	3		
Tangible assets			
Machinery and equipment		4,190	-
		4,190	-
3.4 Transactions in financial assets and liabilities	3		
Receivables		2,724	3,080
Other Receipts including Recoverable Revenue		8,033	2,810
Total		10,757	5,890

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

	Note	2022/23 R'000	2021/22 R'000
4 Aid Assistance			
Opening Balance		2,988	2,988
Transferred from statement of financial performance		-	-
Transferred to/from retained funds		-	-
Paid during the year		-	-
Closing Balance		2,988	2,988
4.1 Analysis of balance by source			
Aid assistance from RDP		-	-
Aid assistance from other sources		2,988	2,988
Closing Balance		2,988	2,988
4.2 Analysis of balance			
Aid assistance unutilised		2,988	2,988
Aid assistance repayable		-	-
Closing Balance		2,988	2,988

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

	Note	2022/23 R'000	2021/22 R'000
4.3 Donations received in kind (not included in the main note)			
<i>List in kind donations received</i>			
Medical & Laundry Equipment		-	11,255
Medical & Allied Equipment		21,692	6,990
Computer Equipment		6,311	-
Medical & Allied Equipment		-	-
Hospital & Computer Equipment		-	283
Furniture & Office Equipment		-	130
Other Machinery & Equipment		-	-
Total		28,003	18,658

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

	Note	2022/23 R'000	2021/22 R'000
5 Compensation of Employees			
5.1 Salaries and wages			
Basic salary		11,417,396	11,128,643
Performance award		12,596	11,784
Service Based		14,315	11,029
Compensative/circumstantial		1,941,329	2,004,559
Periodic payments		1,431	5,375
Other non-pensionable allowances		3,056,883	3,150,884
Total		16,443,950	16,312,274
5.2 Social Contributions			
Employer contributions			
Pension		1,372,059	1,324,766
Medical		889,948	834,840
UIF		2,683	3,990
Bargaining council		3,107	3,048
Insurance		1,052	1,024
Total		2,268,849	2,167,668
Total compensation of employees		18,712,799	18,479,942
 Average number of employees		 49,321	 51,869

Misallocations occurred between basic salaries and other non-pensionable allowances in the prior year. These misallocations have been corrected. Find further details in note 30.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

	<i>Note</i>	2022/23 R'000	2021/22 R'000
6 Goods and services			
Administrative fees		2,429	1,166
Advertising		3,897	1,787
Minor assets	6.1	8,111	11,449
Bursaries (employees)		15,552	15,270
Catering		2,068	270
Communication		154,844	133,093
Computer services	6.2	157,697	109,454
Consultants: Business and advisory services		22,472	22,286
Laboratory services		1,039,935	1,305,273
Legal services		88,338	65,730
Contractors		375,912	327,736
Agency and support / outsourced services		334,665	283,413
Entertainment		41	-
Audit cost – external	6.3	28,492	29,050
Fleet services		264,438	205,014
Inventory	6.4	3,194,919	3,390,715
Consumables	6.5	163,572	187,401
Operating leases		177,315	165,250
Property payments	6.6	1,334,854	1,203,882
Rental and hiring		637	432
Transport provided as part of the departmental activities		622	1,095
Travel and subsistence	6.7	153,567	110,407
Venues and facilities		14,410	8,866
Training and development		23,117	11,231
Other operating expenditure	6.8	54,510	52,671
Total		7,616,414	7,642,941

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

		2022/23 R'000	2021/22 R'000
6.1 Minor assets	6		
Tangible assets		8,111	11,449
Machinery and equipment		8,111	11,449
Intangible assets		-	-
Patents, licences, copyright, brand names, trademarks		-	-
Total		8,111	11,449
6.2 Computer services	6		
SITA computer services		47,322	55,738
External computer service providers		110,375	53,716
Total		157,697	109,454
6.3 Audit cost – external	6		
Regularity audits		28,492	29,050
Total		28,492	29,050
6.4 Inventory	6		
Clothing material and accessories		2,736	3,535
Food and food supplies		151,168	147,556
Fuel, oil and gas		102,920	50,405
Materials and supplies		98,200	98,415
Medical supplies		949,042	1,087,362
Medicine		1,890,853	2,003,442
Total		3,194,919	3,390,715

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

	Note	2022/23 R'000	2021/22 R'000
6.5 Consumables	6		
Consumable supplies		122,706	140,806
Uniform and clothing		76,081	90,933
Household supplies		36,343	32,226
Building material and supplies		-	-
Communication accessories		-	449
IT consumables		9,641	15,574
Other consumables		641	1,624
Stationery, printing and office supplies		40,866	46,595
Total		163,572	187,401
6.6 Property payments	6		
Municipal services		491,822	412,076
Property maintenance and repairs		85,314	71,692
Other		757,718	720,114
Total		1,334,854	1,203,882
6.7 Travel and subsistence	6		
		153,567	110,407
Local		153,143	110,047
Foreign		424	360
Total		153,567	110,407
6.8 Other operating expenditure	6		
Professional bodies, membership and subscription fees		1,026	708
Resettlement costs		2,486	2,171
Other		50,998	49,792
Total		54,510	52,671

Included in the above other property payments are security related expenditures of R746,882 million (2022: R659,032 million)

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

[illegible]

The remuneration of the Audit and Risk committee do not satisfy the recognition criteria by the Treasury Regulations for this disclosure note. They had erroneously been included in the prior year's financial statements. See further details under the correction of prior year error note 30.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

		2022/23	2021/22
	<i>Note</i>	R'000	R'000
7 Interest and Rent on Land			
Interest paid		38,888	4,685
Total		38,888	4,685
8 Transfers and Subsidies			
Departmental agencies and accounts	ANNEXURE 1B	16,866	13,058
Non-profit institutions	ANNEXURE 1F	26,528	-
Households	ANNEXURE 1G	476,133	319,535
Total		519,527	332,593
9 Expenditure for capital assets			
9.1 Tangible assets		1,301,668	1,171,742
Buildings and other fixed structures	34	461,112	575,250
Machinery and equipment	31	840,556	596,492
Intangible assets		-	-
Software	33	-	-
Total		1,301,668	1,171,742

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

9.2 Analysis of funds utilised to acquire capital assets - 2022/23

	Voted Funds	Aid assistance	TOTAL
	R'000	R'000	R'000
Tangible assets	1,301,668	-	1,301,668
Buildings and other fixed structures	461,112	-	461,112
Machinery and equipment	840,556	-	840,556
Intangible assets	-	-	-
Software	-	-	-
Intangible assets	-	-	-
Software	-	-	-
Total	1,301,668	-	1,301,668

9.3 Analysis of funds utilised to acquire capital assets - 2021/22

	Voted Funds	Aid assistance	TOTAL
	R'000	R'000	R'000
Tangible assets	1,171,742	-	1,171,742
Buildings and other fixed structures	575,250	-	575,250
Machinery and equipment	596,492	-	596,492
Intangible assets	-	-	-
Software	-	-	-
Total	1,171,742	-	1,171,742

	2022/23 R'000	2021/22 R'000
9.4 Finance lease expenditure included in Expenditure for capital assets		
Tangible assets	299,514	297,899
Machinery and equipment	299,514	297,899
Total	299,514	297,899

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

	Note	2022/23 R'000	2021/22 R'000
10 Cash and Cash Equivalents			
Consolidated Paymaster General Account		-	101
Cash receipts		164	53
Disbursements			
Total		164	154

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

Note**11 Receivables**

Claims recoverable	11.1/Ann 4
Trade receivables	11.2
Recoverable expenditure	11.3
Staff debt	11.4
Other receivables	11.5
Total	

2022/23			
Current	Non-current	Total	
R'000	R'000	R'000	
1,929	-	1,929	
2,096	-	2,096	
7,680	-	7,680	
15,814	4,524	20,338	
235,678	-	235,678	
263,197	4,524	267,721	

2021/22			
Current	Non-current	Total	
R'000	R'000	R'000	
1,838	-	1,838	
1,589	-	1,589	
10,330	-	10,330	
14,057	1,542	15,599	
216,946	-	216,946	
244,760	1,542	246,302	

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

	Note	2022/23 R'000	2021/22 R'000
11.1 Claims recoverable	11		
National departments		134	166
Provincial departments		1,795	1,672
Total		1,929	1,838
11.2 Trade receivables	11		
Supplier overpayments		2,096	1,589
Total		2,096	1,589
11.3 Recoverable expenditure (disallowance accounts)	11		
Dishonoured Cheques		473	473
Salary rebates		7,207	9,857
Total		7,680	10,330

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

		2022/23 R'000	2021/22 R'000
11.4 Staff debt	11		
Salary Debt		20,338	15,599
Total		20,338	15,599
11.5 Other debtors	11		
Irregular expenditure		8,758	8,117
Fruitless and wasteful expenditure		1,540	958
Medsas claims recoverable		1,388	2,992
Ex-Employees		215,335	196,669
Breach of contract - Bursary holders		8,657	8,210
Medical aid		-	-
Total		235,678	216,946
11.6 Impairment of receivables			
Estimate of impairment of receivables		220,525	187,518
Total		220,525	187,518

It is the department's policy to impair all receivables, other than debts held by current employees, that are older than 1 year.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

	Note	2022/23 R'000	2021/22 R'000
12 Voted Funds to be Surrendered to the Revenue Fund			
Opening balance		1,581,090	1,161,115
Transfer from statement of financial performance		62,274	142,831
Add: Unauthorised expenditure for current year		193,865	277,144
Voted funds not requested/not received	1.1	-	-
Paid during the year		(116,870)	-
Closing balance		1,720,359	1,581,090
12.1 Reconciliation of unspent conditional grants			
Total conditional grants received		5,928,868	-
Total conditional grants spent		(5,896,747)	-
Unspent conditional grants to be surrendered	37	32,121	-
Due by the Provincial Revenue Fund		32,121	-
13 Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund			
Opening balance		14,346	66,798
Transfer from Statement of Financial Performance		-	-
Own revenue included in appropriation	3	186,733	73,578
Paid during the year		(148,927)	(126,030)
Closing balance		52,152	14,346
14 Bank Overdraft			
Consolidated Paymaster General Account		1,045,831	1,033,980
Total		1,045,831	1,033,980
Excess on the department's paymaster general account (PMG)			
The department's cumulative facility of R1,129,214 billion has not changed in the current financial year.			
15 Payables - current			
Clearing accounts	15.1	19,218	7,633
Total		19,218	7,633

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

	Note	2022/23 R'000	2021/22 R'000
15.1 Clearing accounts	15		
Salary finance and other institutions		18,680	7,266
Pension recoverable		538	367
Total		19,218	7,633
16 Net cash flow available from operating activities			
Net surplus/(deficit) as per Statement of Financial Performance		62,274	142,831
Add back non cash/cash movements not deemed operating activities		1,211,562	1,071,748
(Increase)/decrease in receivables – current		(18,437)	(25,807)
(Increase)/decrease in prepayments and advances		-	-
(Increase)/decrease in other current assets		-	-
Increase/(decrease) in payables – current		11,585	(21,735)
Proceeds from sale of capital assets		(4,190)	-
Proceeds from sale of investments		-	-
(Increase)/decrease in other financial assets		-	-
Expenditure on capital assets		1,301,668	1,171,742
Surrenders to Revenue Fund		(265,797)	(126,030)
Surrenders to RDP Fund/Donor		-	-
Voted funds not requested/not received		-	-
Own revenue included in appropriation		186,733	73,578
Other non-cash items		-	-
Net cash flow generated by operating activities		1,273,836	1,214,579
17 Reconciliation of cash and cash equivalents for cash flow purposes			
Consolidated Paymaster General account		(1,045,831)	(1,033,879)
Cash receipts		164	53
Total		(1,045,667)	(1,033,826)

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

			2022/23	2021/22
		Note	R'000	R'000
18	Contingent liabilities and contingent assets			
18.1	Contingent liabilities			
	Liable to	Nature		
	Housing loan guarantees	Employees	<i>Annex 3A</i> 1,335	2,595
	Claims against the department		<i>Annex 3B</i> 26,345,655	25,076,798
	Other interdepartmental payables		<i>Annex 5</i> 281	2,164
	Other		<i>Annex 3B</i> -	-
	Total		26,347,271	25,081,557

Prior year adjustment

The prior year balance for the claims against the state has been adjusted downwards by R5,703 125 billion due to a change in the accounting policy and valuation adjustments. The change in accounting policy was implemented so that the department is more aligned with the current modified cash standards of accounting. Further details are under note 30.3.

Claims against the department

Claims against the department mainly consist of Medico legal claims. These claims are at various stages within the legal process. The possible final value of the claims is dependent on many uncertain variables that are not under the control of the department. These variables could result in large fluctuations in the values. Further details are included under Annexure 3B.

The department has identified and disclosed possible duplicate claims in the above amount that have been made on behalf of the same plaintiff but either by different attorneys or by registering different cases. The department only derecognizes these claims when they are withdrawn by either the plaintiff or the courts.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

Financial sustainability & Going concern

The department has continued to operate within a fragile space bedded within intractable service pressures on a daily basis with severe resource limitations. This fragility is fuelled by the escalating burden of disease, including the multi - morbidity from chronic diseases, mental illness and others. While the pace and scale of progress has been constrained primarily through reduced budgets and the magnitude of historical medico legal claims brought against the department, the need to ensure uninterrupted service provision continues.

The resulting budget pressures vesting in payables and accruals at the vote level of R4.6 billion at the beginning of the current financial year were treated as a first charge of the 2022/23 budget allocation, with the knock on effect being that the 31 March 2023 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

In considering the accruals and payables from 2021/2022, the available budget for the department for the 2022/23 financial year essentially became R23,652 billion - of which R18,714 billion or 66% is for Cost of Employment. In reality this has left the department with approximately R4,938 billion to render public health care services to the overwhelming number of people of the Eastern Cape for the entire financial year. On this trajectory, the department is in dire straits to the detriment of the entire province.

As a result, by November 2022 the ECDOH's equitable share funding for goods and services (not for cost of employment or conditional grants) was essentially depleted. The department then attempted to proactively approach its larger service providers and to negotiate with them to continue service delivery uninterrupted, seeking arrangements also to make payments in the new 2023/24 financial year. As a result, some of the larger suppliers agreed not to terminate their services.

As reported in previous financial years, the department had been spending an ever-increasing proportion of its allocated annual budget on the settlement of medico legal claims brought against it. These payments, described as upfront settlements to largely meet the future medical needs of cerebral palsy claimants, incurred at the cost to the department

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

of resources that would otherwise be available for upfront or current health services for all people in the Eastern Cape making use of public health care services.

For the future financial sustainability of the Department, which is what underpins the Department's ability to deliver health care services, the Department should not be required to continue to pay claims on the basis of full, up-front payment of estimated future medical and other expenses. This cost alone would in time overwhelm the Department's capacity to meet its health service delivery obligations.

It is therefore necessary that consideration be given to alternative appropriate avenues for meeting medico-legal claims against the department. It is accordingly essential that a solution is found that aligns with the actual service delivery capability of the department and its capacity to manage risks as well as one which is able to adapt to the changing health care needs and hence service delivery requirements of claimants.

Staggered Payments

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

On 5 November 2021 the legal team was heard in respect of an application to amend the relief sought to have 46 writs issued against the Department's PMG bank account declared unlawful. The writs application court case proceeded in the Grahamstown High Court from 11-14 April 2022. The court application was dismissed.

Since the court application was dismissed in the current financial year, these 46 cases of writs required settlement in lump. Accordingly, in the 2022/23 Adjusted Estimates of Provincial Revenue and Expenditure, the Department was funded from the residual funded portion of the writs application budget allocation of R377,002 million [Reprioritisation allocation for Medico Legal Claims - R164,802 million; Provincial Allocations: Payment of Medico Legal Claims – R151,680 million (front loaded 2023/24 - R58,405 million, front

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

loaded 2024/25 - R55,761million, New Funds – PRF - R37,514 million) and R60,520 million internal reprioritisation).

These 46 cases of writs totalled R379.971 million. Originally, the writ cases consisted of 46 cases of which 2 cases were payable in installments. A total of 12 cases are plaintiffs who were represented by Messrs Enzo Meyers and Nonxuba Inc respectively, which have required the establishment of the relevant beneficiary trusts with Messrs Standard Trust.

The Department has spent R268,923 million (excluding interest) from the budget allocated and has further made application to Provincial Treasury for the equitable share rollover from the 2023 to the 2024 financial year of the balance, which is inclusive of awaiting notification of the establishment of the relevant trusts as discussed above.

Developing common law to include two new “constitutional remedies” in dealing with medico-legal claims against the Department

On 7 February 2023, the Eastern Cape High Court, Bhisho, delivered judgment in *TN obo BN v Member of the Executive Council for Health, Eastern Cape* [2023] ZAECBHC 3 (“TN”).

Herein, the ECDoH had treated the case as a test case and put up substantial evidence of the negative impact of the award of lumpsum money damages on its budgeting, administration, healthcare delivery and financial reporting, including the creation of a substantial contingent liability. The ECDoH was successful and secured judgment in its favour developing the common law to include two new “constitutional remedies” in dealing with medico-legal claims against the ECDoH.

Prior to the judgment, compensation for medico-legal claims could only be made in monetary terms and in a single lumpsum. As a result of the TN judgment, the ECDoH is able to ask the Court in pending and future claims against it to order that future medical expenses are not paid in a single monetary amount. Instead, the ECDoH can seek orders requiring that it provide the required future medical services and supplies in kind directly to the claimant (the public healthcare remedy), or that it be ordered to pay for the medical service or supply in the private healthcare sector only as and when it is needed (the undertaking to pay remedy).

The judgment does not eliminate lumpsum monetary damages but allows for these two alternative remedies in addition. In TN, the application of the constitutional remedies resulted in a reduction of the claim from R35 million to approximately R4 million in lumpsum damages with the remainder provided in kind or by way of the undertaking to pay.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

The ECDoH anticipates that this change in the law will over time substantially reduce the outflow of funds from its budget in settling medico-legal claims and court orders, improve its ability to plan and manage its budget, improve healthcare delivery and further that, unless overturned on appeal, justifies a reassessment of the contingent liability in respect of medico-legal claims.

An importation cautionary note is that the judgment has been appealed to the Supreme Court of Appeal. In the interim, the judgment remains binding in the Eastern Cape and the ECDoH is continuing to implement the court order. In addition, the ECDoH is confident of success on appeal, given that the judgment was substantially based on two judgments of the Constitutional Court that have provisionally recognised the constitutional remedies.

Unauthorised Expenditure: Initiating the Processing of a Finance Bill for 372 Medico-Legal Claims R3,451 billion paid to 31 March 2021

The Provincial Treasury is currently reviewing submissions from the Department in preparation for a report for the Standing Committee on Public Accounts (SCOPA) to consider a Finance Bill in respect of medico legal claims paid and for which there were no funding arrangements.

The preferred process by Provincial Treasury is to apply the robustness and consequence management of the provisions of Section 34 (1) (a) of the PFMA wherein unauthorised expenditure does not become a charge against the Revenue Fund except when the Provincial Legislature approves as a direct charge against the Provincial Revenue Fund an additional amount of the overspending.

The value of medico-legal claims settled or paid out pursuant to court orders by the department grew from R75 608 451 in 2014/15 to R921 437 799 in 2020/21. This is illustrated by the following table:

2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
75,608,451	261,797,863	215,685,848	428,303,487	797,120,477	762,809,727	921,437,799

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

Contingent Asset

HROPT

Relating to HROPT, during the current year, affected employees have had R100 per month deducted from their salaries and this amounted to R0,263 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 (R170,054 million). If all affected staff pay their R100 until they retire, the department will recover R8,2 million. If affected staff die, none of the outstanding balances receivable by the department. Due to the uncertainty relating to the combination of the above scenarios, the value of the contingent asset relating to HROPT payments is between nil and R170,054 million. The present value of the R8,2 million has been included in Staff debt per note 14 above.

	Note	2022/23 R'000	2021/22 R'000
19 Capital commitments		2,101,467	1,352,994
Buildings and other fixed structures		1,465,453	1,254,749
Machinery and equipment		636,014	98,245
Total Commitments		2,101,467	1,352,994

Commitments at 31 March 2023 that exceed one year amount to R 762,896 million (31 March 2022: R 284,987 million).

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

			2022/23 R'000	2021/22 R'000
20	Accruals and payables not recognised			
20.1	Accruals			
	Listed by economic classification	30 days	30+ days	Total
			Total	Total
	Goods and services	901,972	-	901,972
	Transfers and subsidies	123,705	-	123,705
	Capital assets	66,124	-	66,124
	Total	1,091,801	-	1,091,801
	Listed by programme level		R'000	R'000
	Pr1 Health Administration		302,469	528,455
	Pr2 District Health Services		203,559	166,787
	Pr3 Emergency Medical Services		109,748	68,056
	Pr4 Provincial Hospital Services		217,437	185,507
	Pr5 Central Hospital Services		74,954	19,339
	Pr6 Health Science and Training		100,420	34,508
	Pr7 Health Care and Support Services		22,241	628
	Pr8 Health Facilities Development and Maintenance		60,973	103,518
	Total		1,091,801	1,106,798

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

			2022/23 R'000	2021/22 R'000
20.2 Payables not recognised				
Listed by economic classification	30 days	30+ days	Total	Total
Goods and services	442,343	2,816,322	3,258,665	2,999,910
Transfers and subsidies	25,089	285,345	310,434	528,929
Capital assets	67,712	36,161	103,873	24,345
Total	535,144	3,137,828	3,672,972	3,553,184
Listed by programme level			R'000	R'000
Pr1 Health Administration			981,832	685,265
Pr2 District Health Services			860,388	1,077,228
Pr3 Emergency Medical Services			101,583	222,758
Pr4 Provincial Hospital Services			360,675	301,063
Pr5 Central Hospital Services			246,823	294,154
Pr6 Health Science and Training			14,534	5,507
Pr7 Health Care and Support Services			1,021,526	911,762
Pr8 Health Facilities Development and Maintenance			85,611	55,447
Total			3,672,972	3,553,184
Included in the above totals are the following:				
Confirmed balances with departments		Annex 5	1,187,977	1,172,785
Total			1,187,977	1,172,785
21 Employee benefits				
Leave entitlement			818,813	788,148
Service bonus (Thirteenth cheque)			441,862	425,433
Performance awards			-	-
Capped leave commitments			272,282	321,314
Other			237,088	338,914
Total			1,770,045	1,873,809

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 2023 which will be recovered from future monthly leave credits earned. The value of this leave is R11,1 million (2022: R12,0 million).

Included under Other are HR accruals & payables. Only claims validated as at 31 March 2022 have been included in this balance.

At this stage the department is not able to reliably measure the long-term portion of the long service awards.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

	<i>Note</i>	2022/23 R'000	2021/22 R'000
22 Provisions			
22.1 Claims against the state		162,818	250,884
		<u>162,818</u>	<u>250,884</u>
22.2 Reconciliation of movement in provisions - 2022/23			
	Claims against the state R'000		
Opening balance	250,884		
Change in provision due to change in estimation of inputs	(88,066)		
Closing balance	<u>162,818</u>		
22.3 Reconciliation of movement in provisions - 2021/22			
	Claims against the state R'000		
Opening balance	107,405		
Change in provision due to change in estimation of inputs	143,479		
Closing balance	<u>250,884</u>		

A change in the accounting policy for claims against the state resulted in closing provisions for 2021/22 being adjusted by R 156,800 million. Further details in note 30.4.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

23 Lease commitments

**23.1 Operating leases expenditure
2022/23**

	Buildings and other fixed structures	Machinery, equipment, and motor vehicles	Total
	R'000	R'000	R'000
Not later than 1 year	259	-	259
Later than 1 year and not later than 5 years	822	-	822
Later than five years	-	-	-
Total lease commitments	1,081	-	1,081

2021/22

	Buildings and other fixed structures	Machinery, equipment, and motor vehicles	Total
	R'000	R'000	R'000
Not later than 1 year	42	-	42
Later than 1 year and not later than 5 years	62	-	62
Later than five years	-	-	-
Total lease commitments	104	-	104

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

Lease commitments

23.2	Finance leases expenditure 2022/23	Motor Vehicles	Machinery and equipment	Total
		R'000	R'000	R'000
	Not later than 1 year	156,409	37,882	194,291
	Later than 1 year and not later than 5 years	174,863	15,265	190,128
	Later than five years	-	-	-
	Total lease commitments	331,272	53,147	384,419

	2021/22	Motor Vehicles	Machinery and equipment	Total
		R'000	R'000	R'000
	Not later than 1 year	136,440	41,221	177,661
	Later than 1 year and not later than 5 years	134,395	32,496	166,891
	Later than five years	-	-	-
	Total lease commitments	270,835	73,717	344,552

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.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

	<i>Note</i>	2022/23 R'000	2021/22 R'000
24 Accrued departmental revenue			
Sales of goods and services other than capital assets		245,102	196,840
Total		245,102	196,840
24.1 Analysis of accrued departmental revenue			
Opening balance		196,840	115,006
Less: Amounts received		(119,759)	(33,759)
Less: Services received in lieu of cash		-	-
Add: Amounts recognised		170,499	131,964
Less: Amounts written-off/reversed as irrecoverable		(2,478)	(16,371)
Other (Specify)		-	-
Closing balance		245,102	196,840
24.2 Accrued departmental revenue written off			
Nature of losses			
Patient debt		2,478	16,371
Total		2,478	16,371
24.3 Impairment of accrued departmental revenue			
Estimate of impairment of accrued departmental revenue		172,916	125,195
Total		172,916	125,195

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

	<i>Note</i>	2022/23 R'000	2021/22 R'000
25 Unauthorised, Irregular and Fruitless and wasteful expenditure			
Unauthorised expenditure		193,865	277,144
Irregular expenditure		6,579	83,957
Fruitless and wasteful expenditure		42,496	4,383
Total		242,940	365,484

Unauthorised expenditure

The department has spent 99.80% - R28,189 billion against a final adjusted appropriation of R28,252 billion for the financial year ending 31 March 2023, resulting in an under expenditure of R62,274 million or 0,20%. The expenditure is inclusive of the payment of several funded and unfunded Medico-Legal Claims, writs and otherwise; and is a 56% reduction on the under-expenditure reported of R142 million at the end of 2021/22.

Overall, conditional grants have spent 99.46% of the adjusted appropriation – R5,897 billion against a final adjusted appropriation of R5,929 billion for the financial year ending 31 March 2023, resulting in an under expenditure of R32,121 million or 0.54%. However, applications for conditional grant rollovers of R31.99 million from the 2022-23 to the 2023-24 financial year have been made. The rollovers amount to R25,80 million for the National Tertiary Services Conditional Grant and R6,19 million for the District Health Programme Conditional Grant (Comprehensive HIV Component).

For the year under review, the Department has not incurred unauthorized expenditure at the Vote level and has incurred overspending of R193,865 million at the Programmes level. This amount is made up of R87,833 million (Programme 2 - District Health Services) and R106,032) million (Programme 4 - Provincial Hospital Services) [adjusted for underspending of the conditional grants within those programmes].

The unauthorised expenditure has, in the current financial year been mitigated by the reprioritisation of the Department's budget through the shifting (R383,209 million) and virement (R369,978 million) of funds in terms of Treasury Regulations 6.3 and Sections 43 and 76(3) of the PFMA.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

The unauthorised expenditure of R87,833 million (Prog 2) has primarily arisen within the above-named clinical programme having been caused by goods and services pressures vesting to continue the delivery of public health care services uninterrupted as well as the payment of unbudgeted and unfunded medico and legal settlements not funded as part of the writs application budget allocation of R377,002 million received in the 1st 2022/23 Adjustment Estimates of Provincial Revenue and Expenditure (AEPRE).

Further, the budget pressures experienced by the department arose from the payment of payables and accruals at the vote level of (R4.6 billion) at the beginning of the current financial year, treated as a first charge of the 2022/23 budget allocation, with the knock on effect being that the 31 March 2023 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

The unauthorised expenditure of R106,030 million (Prog 4) has arisen within this clinical programme primarily vesting in compensation of employees as a result of incorrect persal link codes by and between several programmes as well as the payment of unbudgeted and unfunded medico and legal settlements not funded as part of the writs application budget allocation of R377,002 million received in the 1st 2022/23 Adjustment Estimates of Provincial Revenue and Expenditure (AEPRE).

26 Related parties

26.1 Related parties of the Department of Health Eastern Cape:

Departments: Office of the Premier, Provincial Legislature, Department of Social Development and Special Programmes, Department of Roads and Public Works, Department of Education, Department of Local Government and Traditional Affairs, Department of Rural Development and Agrarian Reform, Department of Economic Development, Environmental Affairs and Tourism, Department of Transport, Department of Human Settlements, Provincial Planning and Treasury, Department of Sport, Recreation, Arts and Culture and the Department of Safety and Liaison.

Provincial Public Entities: Eastern Cape Arts Council, Eastern Cape Gambling and Betting Board, Eastern Cape Liquor Board, Eastern Cape Parks and Tourism Agency, Eastern Cape Rural Development Agency and the Eastern Cape Socio-Economic Consultative Council.

Provincial Government Business Enterprises: East London Industrial Development Zone Corporation, Eastern Cape Development Corporation, and Mayibuye Transport Corporation.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

	2022/23 R'000	2021/22 R'000
27 Key management personnel		
Political office bearer	2,096	1,820
Officials:		
Level 15 to 16	7,346	6,377
Level 14	25,027	23,706
Total	34,469	31,903
28 Public Private Partnerships		
Contract fee paid	6,725	7,497
Fixed component	3,794	4,522
Indexed component	2,931	2,975

Humansdorp Hospital Co-Location PPP

Contract Fee Paid:

	2022/23 R'000	2021/22 R'000
Fixed Component:		
Waste Management	230	281
Estate Maintenance and Engineering	1,008	1,173
Cleaning	1,357	1,607
Gardens	328	400
Laundry	434	530
Security	504	616
Personnel services (Reception Services)	450	562
Personnel services (She coordinator)	152	186
Less: Offset Services	(669)	(833)
Subtotal	3,794	4 522
Indexed Component		
Current Expenditure		
Goods and Services	2,931	2 975

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

	2022/23 R'000	2021/22 R'000
Catering Services	1,648	1,900
Interest	457	99
Other Costs	826	976
Control Total	6,725	7 497

The Eastern Cape Department of Health recognised the potential for the establishment of a private facility in partnership with the existing Humansdorp district hospital, as well as the need to optimally use the available resources at the hospital and allow the development and expansion of the hospital by the private sector.

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

Terms of the agreement / Obligations to acquire or build items of property, plant and equipment / other rights and obligations (e.g. major overhauls) / Nature and extent of rights to use specified assets

The Project embarked on by the Concessionaire through the conclusion of the agreement, involved the granting of Concession Rights by the Provincial Government to the Concessionaire against the payment of variable concession fees and the construction of a thirty bed private facility, 3 bed high care bed unit, the enlarging of the current Humansdorp hospital entrance and administration area for use by both Parties as well as enlarging of the casualty and outpatient ward including two consulting rooms and a dentist room, the building and/or upgrading of two new operating theatres, a new CSSD, a new radiology unit, a new laboratory and the refurbishment and upgrade of the existing Humansdorp hospital

The Concessionaire further provides maintenance and facility management services to the Humansdorp hospital in return for the payment of service payments to the Concessionaire by the Provincial Government.

Obligations to provide or rights to expect provision of services

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

The Provincial Government has granted to the Concessionaire, the exclusive right during the Concession Period to use and operate the project facilities, carry out operations to combine the different strengths of both government and private sector for the more efficient utilization of government resources, add on existing resources through private sector investment, improve maintenance of existing resources through the creation of income generating activities for the benefit of both the Concessionaire and the Department and further as provided for in terms of the Agreement:

Included is the construction and installation of additional project facilities (including the installation of furniture, equipment, fixtures and fittings, as the case may be) strictly in accordance with the design documents and construction requirements.

Obligation to deliver or rights to receive specified assets at the end of the concession period

The Concessionaire has, and will have, no title, ownership, limited ownership, lien, or leasehold rights or any other rights of title with regard to the existing project facilities which vest and shall remain to vest in the Provincial Government, for the duration of the agreement, as well as after expiry or earlier termination thereof.

The Department will become owner of all movable additional project facilities with effect from expiry or earlier termination of this agreement and the Department shall become owner of all immovable additional project facilities and additional project facilities which are in any way affixed to the concession area or improvements thereon (such as fixtures, fittings and equipment) as soon as the same are affixed, but excluding such equipment and furniture which are listed and excluded from additional project facilities as defined.

Renewal and termination options

The agreement will automatically be terminated on expiry of the twenty – one year concession period, unless terminated earlier in accordance with the provisions of the agreement.

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

Contract Fee Paid:

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

No unitary fees have been paid in the current nor previous financial year as there is a legal process in progress which deals with the termination of the public-private partnership ("PPP") agreement with Nalithemba Hospitals (Pty) Ltd.

Description of the arrangement

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

It incorporates the financing, design, upgrade and refurbishment of the facilities and provision of operational and associated services including hard and soft facilities management and life-cycle maintenance, refreshment and replacement of selected equipment (including medical equipment, medical instrumentation and durables), IM&T and furniture at the above-named hospitals together with the co-location of private hospital facilities to be operated by the Private Party, all in terms of a Public Private Partnership, as regulated by the Treasury Regulations to the Public Finance Management Act, No 1 of 1999, as amended.

Terms of the agreement / Obligations to acquire or build items of property, plant and equipment / other rights and obligations (e.g. major overhauls) / Nature and extent of rights to use specified assets

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

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

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.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

29 Agent-principal arrangements

Coega Development Corporation is an implementing agent for the department of health for infrastructure related projects. Coega, as having the required technical skills, is required to provide implementing agent services as agreed to in the Service Delivery Agreement between the two parties. These include the procurement of services, management of projects and reporting back on the progress. The department's responsibility is to provide the funding required for the implementation of the infrastructure projects and remains politically accountable for the programme. During the current and previous financial year all fees could be capitalised to infrastructure projects resulting in no separate agent fees charged as per above.

		2021/22		
30 Prior period errors		Amount bef error correction R'000	Prior period error R'000	Restated amount R'000
	Note			
30.1 Correction of prior period error				
Remuneration of members of a commission or committee of inquiry				
Remuneration of Audit and Risk committees	6.9	717	(717)	-
Net effect		717	(717)	-

The remuneration of the Audit and Risk committee does not satisfy the recognition criteria by the Treasury Regulations for this disclosure note.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

		2021/22		
	Note	Amount bef error correction R'000	Prior period error R'000	Restated amount R'000
30.2 Correction of prior period error				
Capital commitments				
Buildings and other fixed structures	19	884,096	370,653	1,254,749
Net effect		884,096	370,653	1,254,749

The disclosure of the Oncology project at Nelson Mandela Academic Hospital and the waste water treatment works at All Saints hospital, the OR Tambo region and the Joe Gqabi region had been misclassified in the previous year. It is now corrected to the correct classification.

		2021/22		
	Note	Amount bef error correction R'000	Prior period error R'000	Restated amount R'000
30.3 Correction of prior period error				
Contingent liabilities				
The opening balance as at 01 April 2022 has been restated due to changes in values of claims and change in accounting policy	18.1	30,779,923	(5,703,125)	25,076,798
Net effect		30,779,923	(5,703,125)	25,076,798

The prior year balance for the claims against the state has been adjusted downwards by R5,703 125 billion due to a change in the accounting policy and valuation adjustments.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

			2021/22	
	Note	Amount bef error correction R'000	Prior period error R'000	Restated amount R'000
30.4 Correction of prior period error				
Provisions	22			
The opening balance as at 01 April 2022 has been restated due to changes in values of claims and change in accounting policy		94,084	156,800	250,884
Net effect		94,084	156,800	250,884

The prior year balance for the claims against the state has been adjusted upwards by R156,800 million due to a change in the accounting policy and valuation adjustments.

			2021/22	
	Note	Amount bef error correction R'000	Prior period error R'000	Restated amount R'000
30.5 Correction of prior period error				
Compensation of Employees				
Basic salary	5	11,123,957	4,686	11,128,643
Other non-pensionable allowances	5	3,155,570	(4,686)	3,150,884
Net effect		14,279,527	-	14,279,527

Misallocations occurred between basic salaries and other non-pensionable allowances in the prior year. These misallocations have been corrected.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

			2021/22	
	Note	Amount bef error correction R'000	Prior period error R'000	Restated amount R'000
30.6 Correction of prior period error				
Covid-19 response expenditure	39			
Compensation of Employees		1,078,237	(133,099)	945,138
Net effect		1,078,237	(133,099)	945,138

The Covid-19 compensation of employees expenditure included certain misallocations which have been corrected.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

31.1 Movable Tangible Capital Assets
MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED
31 MARCH 2023

	Opening balance	Value adjustments	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	3,374,445	-	524,990	7,120	3,892,315
Transport assets	109,789	-	1,653	46	111,396
Computer equipment	221,636	-	94,396	932	315,100
Furniture and office equipment	119,380	-	14,137	135	133,382
Other machinery and equipment	2,923,640	-	414,804	6,007	3,332,437
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	3,374,445	-	524,990	7,120	3,892,315

Movable Tangible Capital Assets under investigation

Included in the above total of the movable tangible capital assets per the asset register are assets that are under investigation:
Machinery and equipment

Number	Value R'000
5,883	196,318

Reasons for assets under investigation are due to the fact that, during the verification exercise the assets listed above were not found. In the coming year an investigation will be performed for all assets not verified.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

31.2 MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED
31 MARCH 2022

	Opening balance	Prior period error	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	3,096,146	-	279,396	1,097	3,374,445
Transport assets	108,959	-	830	-	109,789
Computer equipment	203,870	-	17,937	171	221,636
Furniture and office equipment	116,886	-	2,509	15	119,380
Other machinery and equipment	2,666,431	-	258,120	911	2,923,640
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	3,096,146	-	279,396	1,097	3,374,445

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

32.1 MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2023

Opening balance
Additions
Disposals

TOTAL MINOR ASSETS

Machinery and equipment	Total
R'000	R'000
584,944	584,944
5,655	5,655
1,222	1,222
589,377	589,377

Number of R1 minor assets
Number of minor assets at cost

TOTAL NUMBER OF MINOR ASSETS

Machinery and equipment	Total
14,498	14,498
473,880	473,880
488,378	488,378

Minor Capital Assets under investigation

Included in the above total of the minor capital assets per the asset register are assets that are under investigation:
Machinery and equipment

Number	Value R'000
239	621

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

Reasons for assets under investigation are due to the fact that, during the verification exercise the assets listed above were not found. In the coming year an investigation will be performed for all assets not verified.

32.2 Minor assets

MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2022

Opening balance		
Prior period error		
Additions		
Disposals		
TOTAL MINOR ASSETS		
	Machinery and equipment	Total
	R'000	R'000
	576,285	576,285
	-	-
	8,962	8,962
	303	303
	584,944	584,944

Number of R1 minor assets
Number of minor assets at cost
TOTAL NUMBER OF MINOR ASSETS

	Machinery and equipment	Total
	14,498	14,498
	471,629	471,629
	486,127	486,127

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 March 2023

33 MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2023

Other machinery and equipment

	Opening balance R'000	Additions R'000	Disposals R'000	Closing balance R'000
Computer Software	1,549	-	-	1,549
TOTAL INTANGIBLE CAPITAL ASSETS	1,549	-	-	1,549

33.1 MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2022

	Opening balance R'000	Additions R'000	Disposals R'000	Closing balance R'000
Computer Software	1,549	-	-	1,549
TOTAL INTANGIBLE CAPITAL ASSETS	1,549	-	-	1,549

34.1 Immovable Tangible Capital Assets
MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED
31 MARCH 2023

BUILDINGS AND OTHER FIXED STRUCTURES

Dwellings
Non-residential buildings
Other fixed structures

	Opening balance R'000	Additions R'000	Disposals R'000	Closing balance R'000
	5,661,149	1,708,074	-	7,369,223
	-	-	-	-
	5,661,149	1,708,074	-	7,369,223
	-	-	-	-
	5,661,149	1,708,074	-	7,369,223
	-	-	-	-
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	5,661,149	1,708,074	-	7,369,223

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

34.2 Movement for 2021/22
MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED
31 MARCH 2022

	Opening balance	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	5,107,526	553,623	-	5,661,149
Dwellings	-	-	-	-
Non-residential buildings	5,107,526	553,623	-	5,661,149
Other fixed structures	-	-	-	-
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	5,107,526	553,623	-	5,661,149

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

35.1 Immovable tangible capital assets: Capital Work-in-progress
CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2023

	Note	Opening Balance 1 April 2022	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing Balance 31 March 2023
	Annexure 7	R'000	R'000	R'000	R'000
Buildings and other fixed structures		3,499,907	461,112	(1,708,074)	2,252,945
Machinery and equipment		-	-	-	-
Intangible assets		-	-	-	-
TOTAL		3,499,907	461,112	(1,708,074)	2,252,945

35.2 Accruals and payables not recognised relating to Capital WIP

Amounts relating to progress certificates received but not paid at year end and therefore not included in capital work-in-progress	2022/23 R'000	2021/22 R'000
	52,304	66,354

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

Total

52,304	66,354
--------	--------

ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
PAGE NO. 3

35.3 CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2022

	Note	Opening Balance 1 April 2021	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing Balance 31 March 2022
		R'000	R'000	R'000	R'000
Buildings and other fixed structures	Annexure 7	3,478,282	575,250	(553,625)	3,499,907
Machinery and equipment		-	-	-	-
Intangible assets		-	-	-	-
TOTAL		3,478,282	575,250	(553,625)	3,499,907

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 other than those adjusted in these financial statements already.

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.

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FIN/
VOTE NO. 3**

37 STATEMENT OF CONDITIONAL GRANTS RECEIVED

NAME OF DEPARTMENT	2022/23					2021/22			
	GRANT ALLOCATION			SPENT		% of available funds spent by dept	Division of Revenue Act	Amount spent by dept	R'000
	Division of Revenue Act / Prov Grants	Roll Overs	Other Adj	Total Available	Amount received by dept	Amount spent by dept	Under / (overspending)		
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
National Tertiary Services grant	1,148,953	53,868	-	1,202,821	1,202,821	1,177,597	25,224	1,101,960	1,045,792
Statutory Human Resources, Training and Development Grant (Health)	578,756	-	-	578,756	578,756	578,743	13	459,188	459,081
HIV/ AIDS grant	3,221,279	-	-	3,221,279	3,221,279	3,214,612	6,667	3,116,477	3,056,338
Health Facility Revitalisation grant	730,829	-	-	730,829	730,829	730,601	228	685,588	685,510
Expanded Public Works Programme Integrated	1,906	-	-	1,906	1,906	1,905	1	1,960	1,621
Expanded Public Works Programme Social Sector	12,268	-	-	12,268	12,268	12,268	-	14,033	13,995
National Health Insurance Grant	128,484	60,000	(7,475)	181,009	181,009	181,021	(12)	41,272	41,574
	5,822,475	113,868	(7,475)	5,928,868	5,928,868	5,896,747	32,121	5,420,478	5,303,911

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

38 BROAD BASED BLACK ECONOMIC EMPOWERMENT PERFORMANCE

Information on compliance with the B-BBEE Act is included in the annual report under the section titled B-BBEE Compliance Performance Information.

	2022/23	2021/22
	R'000	R'000
39 COVID 19 Response Expenditure		
Compensation of employees	607,016	945,138
Goods and services	400,750	238,141
Transfers and subsidies	79	354
Expenditure for capital assets	72,249	237,278
Other	-	-
Total	1,080,094	1,420,911

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

The Covid-19 compensation of employees expenditure included certain misallocations which have been corrected. Refer to note 30 for more details.

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

ANNEXURE 1B
STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

DEPARTMENT/ AGENCY/ ACCOUNT	TRANSFER ALLOCATION				TRANSFER		2021/22	
	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds not transferred	Final Budget	Actual Transfer
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Health & Welfare SETA	16,867	-	-	16,867	16,866	100%	13,149	13,058
	16,867	-	-	16,867	16,866		13,149	13,058

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO**

**ANNEXURE 1F
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS**

DEPARTMENT/AGENCY/ACCOUNT	2022/23					2021/22	
	TRANSFER ALLOCATION			TRANSFER		Final Budget R'000	Actual Transfer R'000
	Adjusted appropriation R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	Available funds transferred %	
BERLIN ADVICE CENTRE	493			493	-	0%	-
BULUNGULA INCUBATOR	586			586	586	100%	-
CAMDEBOO HOSPICE	446			446	446	100%	-
CARE MINISTRY	632			632	632	100%	-
EKUPHUMLENI JOE SLOVO COMM	586			586	586	100%	-
EMPILISWENI	586			586	586	100%	-
FAITH & HOPE INTERGR AIDS PROGR	493			493	-	0%	-
GRAHAMSTOWN HOSPICE	586			586	586	100%	-
GWEBINDLALA HIV/AIDS ORGANISATIO	632			632	632	100%	-
HAREPHELENG HCBC	586			586	586	100%	-
HLUMANI HIV/AIDS	632			632	632	100%	-

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

ANNEXURE 1F
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS (CONTINUED)

	2022/23					2021/22	
	TRANSFER ALLOCATION			TRANSFER		Final Budget R'000	Actual Transfer R'000
	Adjusted appropriation R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	Available funds transferred %	
DEPARTMENT/AGENCY/ACCOUNT							
HOSPICE ASSOC OF TRANSKEI(HAT)	632			632	316	50%	-
HOUSE OF HOPE HOSPICE	-			-	-	0%	-
HUMANA PEOPLE TO PEOPLE IN SA	632			632	632	100%	-
IKAHENG COMMUNITY ASSOCIATION	586			586	586	100%	-
IKHWEZI LOMSO CHILD&FAMIL WELFS	-			-	-	0%	-
ILITHA COMMUNITY PSYCHOLOGY SERV	762			762	446	59%	-
ISIPHO CHARITY TRUST	-			-	-		-

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023**

ANNUAL REPORT
2022/2023
VOTE NO

ANNEXURE 1F

STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS (CONTINUED)

DEPARTMENT/AGENCY/ACCOUNT	2022/23					2021/22	
	TRANSFER ALLOCATION			TRANSFER		Final Budget R'000	Actual Transfer R'000
	Adjusted appropriation R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	Available funds transferred %	
ITHUBALETHU DEV AGENCY	632			632	316	50%	-
IXABISO LOMNTU AIDS AWARE HOME C	632			632	632	100%	-
JABEZ AIDS HEALTH CENTER	738			738	586	79%	-
KAMVELIHLE REHABILITATION CENTER	-			-	-	0%	-
KEISKAMMA TRUST	644			644	316	49%	-
KHANYISANI HIV/AIDS AWARENESS	-			-	-	0%	-
KUSILE WOMEN EMPOWERMENT	632			632	632	100%	-
KWA NOMZAMO HOME BASED COMM	576			576	-	0%	-
LADY GREY COMM EMPOW & UPLIFT	-			-	-	0%	-
LESEDI HOSPICE	493			493	493	100%	-

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023
VOTE NO**

**ANNEXURE 1F
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS (CONTINUED)**

DEPARTMENT/AGENCY/ACCOUNT	2022/23				2021/22	
	TRANSFER ALLOCATION			TRANSFER	Final Budget R'000	Actual Transfer R'000
	Adjusted appropriation R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Available funds transferred %	
LIGHT OF HOPE	586			586	100%	-
LISAKHANYA HEALTH CARE CENTER	502			502	98%	-
LISEBANZI FOUNDATION	586			586	50%	-
LITHEMBA SUPPORT GROUP	586			586	100%	-
LIVING IN PEACE MULTIPURPOSE CEN	586			586	100%	-
LIVING WATERS HOSPICE ASSOCIATIO	493			493	0%	-
MANGUZELA THANDANANI HOME BASED	-			-	0%	-
MASABELANE EDUCATION 4 LIFE GROW	632			632	100%	-
MASANGANE HIV/AIDS PROGRAMM	586			586	100%	-
MASIPHILISANE HOME BASED CARE	493			493	100%	-
MISSIONVALE CARE CENTRE	632			632	100%	-

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023
VOTE NO.**

**ANNEXURE 1F
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS (CONTINUED)**

DEPARTMENT/AGENCY/ACCOUNT	2022/23				2021/22	
	TRANSFER ALLOCATION			TRANSFER	Final Budget R'000	Actual Transfer R'000
	Adjusted appropriation R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Available funds transferred %	
MT FRERE PARALEGAL ADV CENTER	586			586	50%	-
MZAMOMHLE BCBC PROJECTS	586			586	100%	-
NAZARETH HAVEN HOSPICE	832			832	0%	-
NEVER GIVE UP SUPP GROUP-DIMBAZA	493			493	50%	-
NO PROJECTS	1			1	0%	-
NONCEDO COM HOME BASED CARE	632			632	50%	-
NYWARA HOME BASED CARE	586			586	100%	-
OFFICE CAPACITATION-GOODS&SERVIC	-			-	0%	-
RETIRED HLTH CARE PERSONAL ORG	493			493	50%	-
SAKHIMPILO HOME BASED CARE PROJ	632			632	100%	-

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023
VOTE NO.**

**ANNEXURE 1F
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS (CONTINUED)**

	2022/23					2021/22	
	TRANSFER ALLOCATION				TRANSFER	Final Budget R'000	Actual Transfer R'000
	Adjusted appropriation R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000			
DEPARTMENT/AGENCY/ACCOUNT					Actual Transfer R'000	Available funds transferred %	
SINAKO WELLNESS & DEVELOP ORG	632			632	632	100%	-
SINOTHANDO HOME OF SAFETY	-			-	-	0%	-
SIYAKHANYISA HIV/AIDS SUPPORT GR	586			586	586	100%	-
SIYAPHAMBILI ORPHAN VILLAGE	493			493	493	100%	-
SIZANENGUQU HOME COMM BASED CARE	586			586	586	100%	-
SOCIAL CHANGE	632			632	609	96%	-
SOCIAL HLTH AND EMPOWERMANT	586			586	586	100%	-
SOPHAKAMA COMM BASED DEVELOPMENT	632			632	316	50%	-
SOPHUMELELA CLINIC INCORPORATED	493			493	493	100%	-
ST BERNARDS HOSPICE	1,115			1,115	632	57%	-

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023**

**ANNUAL R
2022/ 2023
VOTE NO.**

**ANNEXURE 1F
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS (CONTINUED)**

DEPARTMENT/AGENCY/ACCOUNT	R'000					R'000	
	TRANSFER ALLOCATION			TRANSFER		Final Budget R'000	Actual Transfer R'000
	Adjusted appropriation R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	Available funds transferred %	
ST FRANCIS HOSPICE	632			632	632	100%	
STEVE VUKILE MULTIPURPOSE CENTRE	586			586	586	100%	
THE S.A RED CROSS SOCIETY	609			609	-	0%	
UBUHLEBETHU 1203 ORGAN NPO	1,078			1,078	855	79%	
UKHAMBABA PROJECTS	400			400	200	50%	
WE CARE	632			632	317	50%	
WE CARE PROJECT INITIATIVE	493			493	493	100%	
YIZANI HOME BASED CARE	493			493	493	100%	
	34,418	-	-	34,418	26,528	77%	-

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3**

**ANNEXURE 1G
STATEMENT OF TRANSFERS TO HOUSEHOLDS**

	2022/23					2021/22	
	TRANSFER ALLOCATION			EXPENDITURE		Appropriation Act	Actual Transfer
	Adjusted appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer		
HOUSEHOLDS	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Transfers							
Districts	280,787	-	-	280,787	270,121	190,112	113,039
Clinical H/Comp	196,418	-	-	196,418	157,978	114,702	48,975
Other	61,156	-	-	61,156	48,034	325,878	157,521
Total	538,361	-	-	538,361	476,133	630,692	319,535

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO 3

ANNEXURE 1H
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2022/23	2021/22
		R'000	R'000
Received in kind			
Vodacom	Medical & Allied Equipment	4,773	-
DG Murray Trust (DGMT)/KFW	Medical & Allied Equipment	16,919	-
DG Murray Trust	Computer Equipment	6,311	-
National Department Of Health	Computer Equipment	-	6,990
Right to Care	Furniture & Office Equipment	-	10
Siemens	Furniture & Office Equipment	-	273
Fouche Swart	Medical & Allied Equipment	-	10
Siemens	Medical & Allied Equipment	-	10,974
Solidarity Response fund	Medical & Allied Equipment	-	250
USAID	Medical & Allied Equipment	-	20
OK furniture	Other Machinery & Equipment	-	4
Siemens	Other Machinery & Equipment	-	127
		-	-
TOTAL		28,003	18,658

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

ANNEXURE 11
STATEMENT OF AID ASSISTANCE RECEIVED

NAME OF DONOR	PURPOSE	2022/23				
		OPENING BALANCE R'000	REVENUE R'000	EXPENDI- TURE R'000	PAID BACK ON/BY 31 MAR R'000	CLOSING BALANCE R'000
Received in cash						
European Union		2,114	-	-	-	2,114
Office of the Premier		39	-	-	-	39
IDZ		779	-	-	-	779
Tirelo Bosha		45	-	-	-	45
Methodist Church of South Africa		11	-	-	-	11
TOTAL		2,988	-	-	-	2,988

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

ANNEXURE 3A

STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2023 - LOCAL

Guaranteee in respect of Housing

GUARANTOR INSTITUTION	original guaranteed capital amount	Opening balance 1 April 2022	Guarantees draw downs during the year	Guaranteed repayments/ cancelled/ reduced/ released during the year	Revaluation due to foreign currency movements	Closing balance 31 March 2023	Revaluations due to inflation rate movements	Accrued guaranteed interest for year ended 31 March 2023
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
ABSA	-	145	-	23	-	122	-	-
Standard Bank	-	387	-	100	-	287	-	-
Nedbank	-	174	-	37	-	137	-	-
Nedbank LTD (NBS)	-	254	-	160	-	94	-	-
FNB (Firststrand)	-	863	-	473	-	390	-	-
FNB (Saambou Bank)	-	91	-	40	-	51	-	-
Peoples Bank (FBC FID)	-	89	-	54	-	35	-	-

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

ANNEXURE 3A (CONTINUED)
STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2023 - LOCAL (CONTINUED)
Guaranteee in respect of Housing

GUARANTOR INSTITUTION	original guaranteed capital amount	Opening balance 1 April 2022	Guarantees draw downs during the year	Guaranteed repayments/ cancelled/ reduced/ released during the year	Revaluation due to foreign currency movements	Closing balance 31 March 2023	Revaluations due to inflation rate movements	Accrued guaranteed interest for year ended 31 March 2023
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
GBS Mutual	-	422	-	277	-	145	-	-
Southnet Financial Services	-	57	-	57	-	-	-	-
Old Mutual (Nedbank)	-	100	-	39	-	61	-	-
Investec	-	13	-	-	-	13	-	-
Unique Finance	-	-	-	-	-	-	-	-
SA Home Loans P	-	-	-	-	-	-	-	-
	-	2,595	-	1,260	-	1,335	-	-

FINANCIAL YEAR

480

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023**

**ANNEXURE 4
CLAIMS RECOVERABLE**

Government entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2023	31/03/2022	31/03/2023	31/03/2022	31/03/2023	31/03/2022
	R'000	R'000	R'000	R'000	R'000	R'000
Department						
Department of Public Works EC	-	-	62	-	62	-
Department of Rural Development EC	-	-	72	-	72	-
Department of Education EC	-	-	-	65	-	65
Department of Social Development EC	-	-	-	-	-	-
COGTA EC	-	-	-	66	-	66
Department of Transport EC	-	-	13	13	13	13
Eastern Cape Legislature EC	-	-	-	369	-	369
National Department of Correctional Services	-	-	65	63	65	63
National Department of Health	-	-	-	34	-	34
National Department Education	-	-	37	37	37	37
National Department of Defence	-	-	32	32	32	32
Department of Health NW	-	-	422	-	422	-
Department of Health Limpopo	-	-	-	-	-	-

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3

ANNEXURE 4
CLAIMS RECOVERABLE (continued)

Government entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2023 R'000	31/03/2022 R'000	31/03/2023 R'000	31/03/2022 R'000	31/03/2023 R'000	31/03/2022 R'000
Department of Health KZN	-	-	597	50	597	50
Department of Health Gauteng	-	-	88	50	88	50
Department of Health WC	-	-	152	275	152	275
Department of Health FS	-	-	-	-	-	-
Department of Health NC	-	-	389	784	389	784
Total	-	-	1,929	1,838	1,929	1,838

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023**

**ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO 3**

**ANNEXURE 5
INTER-GOVERNMENT PAYABLES**

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2023	31/03/2022	31/03/2023	31/03/2022	31/03/2023	31/03/2022
	R'000	R'000	R'000	R'000	R'000	R'000
DEPARTMENTS						
Current						
EC: Office of the Premier	1,056	-	-	869	1,056	869
EC: COGTA	-	1	-	1	-	2
EC: Provincial Treasury	1,709	1,716	-	591	1,709	2,307
EC: Public Works	22,632	8,256	-	-	22,632	8,256
EC: Human Settlement	-	-	-	-	-	-
EC: Department of Transport	305,555	381,975	-	-	305,555	381,975
EC: Department of Labour	-	-	-	-	-	-

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO 3

ANNEXURE 5
INTER-GOVERNMENT PAYABLES (continued)

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2023	31/03/2022	31/03/2023	31/03/2022	31/03/2023	31/03/2022
	R'000	R'000	R'000	R'000	R'000	R'000
EC: Department of Water and Sanitation	-	-	-	-	-	-
EC: Correctional Services	-	-	-	24	-	24
EC: Department of Agriculture	-	-	-	1	-	1
EC: Department of Sport	-	31	-	-	-	31
EC: Department of Social development	-	-	43	79	43	79
National Department of Justice	855,459	780,806	-	-	855,459	780,806
National Department of Water and Sanitation	-	-	-	-	-	-
National Department of Labour	-	-	-	-	-	-
South African Police Services	-	-	133	180	133	180
National department of Health	1,566	-	-	-	1,566	-
Health Free State	-	-	-	-	-	-
Health WC	-	-	87	141	87	141
Health KZN	-	-	18	278	18	278
Total	1,187,977	1,172,785	281	2,164	1,188,258	1,174,949

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

ANNEXURE 6
INVENTORY

INVENTORIES FOR THE YEAR ENDED 31 MARCH 2023

Opening balance
Add/(Less): Adjustments to prior year balances
Add: Additions/Purchases - Cash
Add: Additions - Non-cash
(Less): Disposals
(Less): Issues
Add/(Less): Received current, not paid (Paid current year, received prior year)

Closing balance

	Medicines and medical supplies	TOTAL
Note	R'000	R'000
	767,451	767,451
	-	-
6.4	3,194,919	3,194,919
	3,730	3,730
	(2,258)	(2,258)
	(3,234,433)	(3,234,433)
	-	-
	729,409	729,409

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

ANNEXURE 6
INVENTORY

INVENTORIES FOR THE YEAR ENDED 31 MARCH 2022

Opening balance
Add/(Less): Adjustments to prior year balances
Add: Additions/Purchases - Cash
Add: Additions - Non-cash
(Less): Disposals
(Less): Issues
Add/(Less): Received current, not paid (Paid current year, received prior year)

Closing balance

	Medicines and medical supplies	TOTAL
Note	R'000	R'000
	722,112	722,112
6.4	-	-
	3,390,715	3,390,715
	1,522	1,522
	(4,513)	(4,513)
	(3,342,385)	(3,342,385)
	-	-
	767,451	767,451

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 March 2023

ANNEXURE 7A

Movement in Capital Work-in-Progress

MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2023

	Opening balance R'000	Current Year Capital WIP R'000	Completed Assets R'000	Closing balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	3,499,907	461,112	1,708,074	5,669,093
Dwellings				-
Non-residential buildings	3,499,907	461,112	1,708,074	5,669,093
Other fixed structures	-	-	-	-
TOTAL	3,499,907	461,112	1,708,074	5,669,093

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 March 2023

ANNEXURE 7A

Movement in Capital Work-in-Progress (continued)

MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2022

	Opening balance R'000	Current Year Capital WIP R'000	Completed Assets R'000	Closing balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	3,478,282	575,250	(553,625)	3,499,907
Dwellings	-	-	-	-
Non-residential buildings	3,478,282	575,250	(553,625)	3,499,907
Other fixed structures	-	-	-	-
TOTAL	3,478,282	575,250	(553,625)	3,499,907

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

ANNUAL REPORT
2022/ 2023 FINANCIAL YEAR
VOTE NO. 3

ANNEXURE 11
COVID 19 RESPONSE EXPENDITURE
Per quarter and in total

Expenditure per economic classification	Subtotal Q1	Subtotal Q2	Subtotal Q3	Subtotal Q4	2022/23 TOTAL	2021/22 TOTAL
	R'000	R'000	R'000	R'000	R'000	R'000
Compensation of employees	130,614	163,436	208,430	104,536	607,016	945,138
Goods services	87,412	190,994	93,565	28,779	400,750	238,141
Advertising	-	-	-	-	-	60
Minor Assets	-	-	-	-	-	1,261
Bursaries: Employees	-	-	-	43	43	24
Communication (G&S)	18,816	-	-	-	18,816	-

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

ANNEXURE 11
COVID 19 RESPONSE EXPENDITURE
Per quarter and in total

Expenditure per economic classification	Subtotal Q1 R'000	Subtotal Q2 R'000	Subtotal Q3 R'000	Subtotal Q4 R'000	2022/23 TOTAL R'000	2021/22 TOTAL R'000
Goods services (continued)						
Computer services	-	-	278	-	278	-
Laboratory services	3,960	131,944	15,615	8,076	159,595	145,396
Contractors	4,231	-	-	(4,231)	-	72
Agency and support / outsourced services	-	5,759	5,449	868	12,076	28
Fleet services (including government motor transport)	-	-	230	-	230	-
Inventory: Clothing material and accessories	-	-	-	-	-	18
Inventory: Food and food supplies	21	-	31	-	52	732
Inventory: Chemicals,fuel,oil,gas,wood and coal	-	2,341	1,737	409	4,487	3,136

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

ANNEXURE 11
COVID 19 RESPONSE EXPENDITURE
Per quarter and in total

Expenditure per economic classification	Subtotal Q1	Subtotal Q2	Subtotal Q3	Subtotal Q4	2022/23 TOTAL	2021/22 TOTAL
	R'000	R'000	R'000	R'000	R'000	R'000
Goods services (continued)						
Inventory: Materials and supplies	-	484	-	-	484	695
Inventory: Medical supplies	51,163	34,223	7,084	8,024	100,494	46,214
Inventory: Medicine	-	-	-	222	222	-
Inventory: Other supplies	42	-	-	-	42	2,126
Consumable supplies	3,188	365	530	974	5,057	15,865
Consumable: Stationery, printing and office supplies	-	88	349	32	469	31
Operating leases	408	194	-	-	602	850
Property payments	5,374	15,571	62,249	14,362	97,556	18,565
Travel and subsistence	9	19	13	-	41	2,941
Operating payments	200	6	-	-	206	127

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2023

ANNEXURE 11
COVID 19 RESPONSE EXPENDITURE
Per quarter and in total

Expenditure per economic classification	Subtotal Q1	Subtotal Q2	Subtotal Q3	Subtotal Q4	2022/23 TOTAL	2021/22 TOTAL
	R'000	R'000	R'000	R'000	R'000	R'000
Transfers and subsidies	-	-	60	19	79	354
Other transfers to households	-	-	60	19	79	354
Expenditure for capital assets	2,371	21,276	12,582	36,020	72,249	237,278
Buildings and other fixed structures	2,371	9,292	12,582	36,020	60,265	164,106
Other machinery and equipment	-	11,984	-	-	11,984	73,172
TOTAL COVID 19 RESPONSE EXPENDITURE	220,397	375,706	314,637	169,354	1,080,094	1,420,911



Province of the
EASTERN CAPE
HEALTH



PR134/2023

ISBN: 978-0-621-51209-0

Fraud prevention line: 0800 701 701

24 hour Call Centre: 0800 032 364

Website: www.echealth.gov.za