

NORTHERN CAPE DEPARTMENT OF HEALTH

ANNUAL PERFORMANCE REPORT
2019/2020

Vote 10



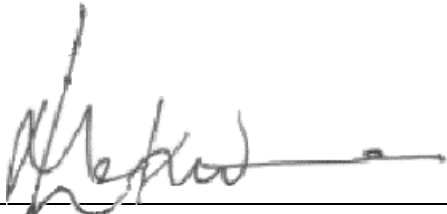
NORTHERN CAPE DEPARTMENT OF HEALTH

ANNUAL PERFORMANCE REPORT 2019/20

Honourable Mr M Lekwene

Executive Authority

I have the honour of hereby submitting the Annual Performance Report of the Northern Cape Department of Health for the period **01 April 2019 – 31 March 2020**.

A handwritten signature in black ink, appearing to read 'M Lekwene', is written over a horizontal line.

Mr M Lekwene
Member of Executive Council (MEC)

01 February 2021

Date

Table of Contents

1. Part A: General Information	8
1.1 Department's General Information	8
1.2 Abbreviations / Acronyms	9
1.3 Official sign-off of the Annual Performance Report 2019/2020	12
1.4 Foreword by the Member of Executive Council for Health	13
1.5 Report of the Accounting Officer	15
1.5.1 Overview of the Operations of the Department	15
1.5.2 Overview of the Financial Results of the Department	17
1.6 Statement of Responsibility and Confirmation of the accuracy of the Annual Report	21
1.7 Strategic Overview.....	22
1.8 Legislation and Other Mandates	23
1.8.1 Constitutional Mandates	23
1.8.2 Legal Mandates	23
1.8.3 Policy Mandates	23
1.8.4 Other Mandates	23
1.9 Organisational Structure	25
1.10 Entities Reporting to the MEC	26
2. Part B: Performance Information.....	27
2.1 Auditor General's Report: Predetermined Objectives	27
2.2 Overview of Departmental Performance	27
2.2.1 Service Delivery Environment	28
2.2.2 Organizational Environment.....	29
2.2.3 Key Policy Developments and Legislative Changes	30
2.3 Strategic Outcome Oriented Goals.....	31
2.3.1 Performance Information.....	32
2.4 Performance Information by Programme	33
2.4.1 PROGRAMME 1: Administration	33
2.4.1.1 Sub-Programme 1: Policy and Planning	33
2.4.1.2 Sub-Programme 2: Research and Epidemiology	36
2.4.1.3 Sub-Programme 3: Information, Communication & Technology (ICT)	39
2.4.1.4 Sub-Programme 4: Human Resource Management	42
2.4.1.5 Sub-Programme 5: Finance & Supply Chain Management-	50
2.4.1.6 Sub-Programme 6: Employment Equity and Gender	53
2.4.2 PROGRAMME 2: District Health Services	57
2.4.2.1 Sub-Programme 1: HIV/AIDS and STI	63
2.4.2.2 Sub-Programme 2: Tuberculosis (TB)	71
2.4.2.3 Sub-Programme 3: Mother to Child Woman's Health and Nutrition (MCWH&N)	76
2.4.2.4 Sub-Programme 4: Non-Communicable Disease (Disease Prevention and Control)	88

2.4.3 PROGRAMME 3: Emergency Medical Services (EMS)	92
2.4.4 PROGRAMME 4: Regional and Specialised Hospitals	96
2.4.4.1 Sub-Programme 1: Regional Hospital Services (Dr. Harry Surtie Hospital)	96
2.4.4.2 Sub-Programme 2: Specialised Hospital Services (West End Hospital).....	101
2.4.5 PROGRAMME 5: Tertiary Hospital Services (Robert Mangaliso Sobukwe Hospital)	106
2.4.6 PROGRAMME 6: Health Sciences and Training	111
2.4.7 PROGRAMME 7: Health Care Support Services.....	119
2.4.7.1 Sub-Programme 1: Forensic Medical Services	119
2.4.7.2 Sub-Programme 2: Pharmaceuticals	125
2.4.8 PROGRAMME 8: Health Facilities Management	129
2.5 Transfer Payments.....	137
2.5.1 Transfer payments to Public Entities.....	137
2.5.2 Transfer payments to all organisations other than Public Entities	137
2.5.3 Transfer payments which were budgeted for, but no payments were made	138
2.7 Donor Funds	146
2.8 Capital Investment.....	147
3. Part C: Governance.....	148
3.1. Introduction.....	148
3.2 Risk Management	149
3.3. Fraud and Corruption	151
3.4. Minimising Conflict of Interest	152
3.5. Code of Conduct	153
3.6. Health Safety and Environmental Issues	154
3.7. Portfolio Committees	155
3.8. SCOPA (Standing Committee on Public Accounts) Resolutions	160
3.9. Prior Modification to Audit Reports	184
3.10 Internal Control Unit.....	186
3.11 Internal Audit and Audit Committees	191
3.11.1 Key Activities and Objectives of the Internal Audit Unit	191
3.11.2 Summary of Audit Work done.....	191
3.11.3 Key Activities and Objectives of the Audit Committee	191
3.11.4 Audit Committee members and attendance of meetings.....	192
3.12 Audit Committee Report	193
3.12.1 Audit Committee Responsibility.....	193
3.12.2 Effectiveness of Internal Control.....	193
3.12.3 In-Year Monitoring and monthly/quarterly Report	194
3.12.4 Evaluation of the Annual Financial Statements	194
3.12.5 Internal Audit Function	194
3.12.6 External Audit Report.....	195

3.12.7 Risk Management Function.....	195
4. Part D: Human Resource Management.....	196
4.1 Introduction.....	196
4.2. Human Resource Oversight Statistics.....	198
4.2.1 Personnel Related Expenditure.....	198
4.2.2 Employment and Vacancies.....	201
4.2.3 Filling of SMS Posts.....	205
4.2.4 Job Evaluation.....	207
4.2.5 Employment Changes.....	209
4.2.6 Employment Equity.....	217
4.2.7 Signing of Performance Agreements by SMS Members.....	226
4.2.8 Performance Rewards.....	227
4.2.9 Foreign Workers.....	231
4.2.10 Leave Utilization.....	232
4.2.11 HIV/AIDS & Health Promotion Programmes.....	235
4.2.12 Labour Relations.....	237
4.2.14 Injury on Duty.....	241
4.2.15 Utilisation of Consultants.....	242
4.2.16 Severance Packages.....	243
5. Part E: Financial Information.....	244
5.1 Report of the Auditor-General.....	244
5.1.1 Report on the Annual Financial Statements.....	244
5.1.2 Report on the Audit of the Annual Performance Report.....	248
5.1.3 Report on the Audit of Compliance with Legislation.....	251
5.1.4 Internal Control Deficiencies.....	254
5.1.5 Other Reports.....	257
5.2 Annexure to the Report of the Auditor General.....	258
5.2.1 Auditor-General's responsibility for the Audit.....	258
5.2.2 Financial Statements.....	258
5.2.3 Communication with those charged with governance.....	258
5.3 Annual Financial Statements.....	259
5.3.1 Appropriation per programme.....	259
5.3.2 Appropriation per economic classification.....	261
5.3.3 Appropriation per Programme and Sub-Programme.....	269
5.3.3.1 Programme 1: Administration.....	269
5.3.3.2 Programme 2: District Health Services.....	275
5.3.3.3 Programme 3: Emergency Medical Services.....	286
5.3.3.4 Programme 4: Provincial Hospital Services.....	292
5.3.3.5 Programme 5: Central Hospital Services.....	299

5.3.3.6 Programme 6: Health Sciences and Training.....	305
5.3.3.7 Programme 7: Health Care Support Services	314
5.3.3.8 Programme 8: Health Facilities Management.....	323
5.3.4 Annual Appropriation	347
5.3.5 Compensation of employees.....	351
5.3.6 Goods and services.....	352
5.3.7 Interest and rent on land.....	356
5.3.8 Transfers and subsidies	356
5.3.9 Expenditure for capital assets	357
5.3.10 Unauthorised expenditure	359
5.3.11 Cash and cash equivalents	360
5.3.12 Net cash flow available from operating activities	365
5.3.13 Contingent liabilities and contingent assets.....	365
5.3.14 Accruals and payables not recognised	367
5.3.15 Lease commitments	370
5.3.16 Irregular expenditure	373
5.3.17 Fruitless and wasteful expenditure	374
5.3.18 Tangible Capital Assets.....	376
5.3.19 Minor Assets.....	378
5.3.20 Movable Assets Written Off	379
5.3.21 Intangible Capital Assets	380
5.3.22 Immovable Tangible Capital Assets.....	381
5.3.23 Capital Work-in-progress.....	383
5.3.24 S42 Immovable assets	385
5.3.25 Principal-agent arrangements.....	386
5.3.26 Prior period errors.....	387
5.3.27 Conditional Grants Received	389
5.3.28 Conditional Grants And Other Transfers Paid To Municipalities.....	390
5.3.29 Broad Based Black Economic Empowerment Performance.....	391
ANNEXURES	393
ANNEXURE 1A	393
ANNEXURE 1B.....	394
ANNEXURE 1C.....	395
ANNEXURE 1D	396
ANNEXURE 2A	397
ANNEXURE 2B.....	398
ANNEXURE 3.....	399
ANNEXURE 4.....	401
ANNEXURE 5.....	402

ANNEXURE 6.....	403
ACKNOWLEDGEMENTS.....	404
BIBLIOGRAPHY.....	406
LIST OF TABLES.....	Error! Bookmark not defined.
LIST OF FIGURES.....	Error! Bookmark not defined.

1. Part A: General Information

1.1 Department's General Information

Physical Address: Northern Cape Department of Health
144 Du Toit Span Road
Executive Offices
Kimberley
8301

Postal Address: Private Bag X5049
Kimberley
8300

Tel Number: 053 830 2100

Email Address: dtheys@ncpg.gov.za
PAHODHEALTH@ncpg.gov.za
rlj.ncdoh@gmail.com

1.2 Abbreviations / Acronyms

AC	Audit Committee
AFS	Annual Financial Statement
AGSA	Auditor-General South Africa
AIDS	Acquired Immune Deficiency Syndrome
ALOS	Average Length of Stay
ANC	Ante Natal Care
ART	Anti-Retroviral Treatment
ARV	Anti-Retro Viral
BANC	Basic Antenatal Care
BMSF	Bristol-Myers Squibb Foundation
BUR	Bed Utilisation Rate
CCDU	Central Chronic Dispensing Unit
CCMDD	Central Chronic Management Dispensing and Distribution
CDC	Communicable Disease Control
CDU	Chronic Dispensing Unit
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CHC	Community Health Centre
CHW	Community Health Workers
CPD	Continuous Professional Development
CSS	Client Satisfaction survey
DBSA	Development Bank of South Africa
DCST	District Clinical Specialist Teams
DHIS	District Health Information System
DHMIS	District Health Management Information System
DHSH	Dr. Harry Surtie Hospital
DMC	Departmental Moderating Committee
DORA	Division of Revenue Act
DPSA	Department of Public Service and Administration
DPTC	District Pharmaceutical Therapeutic Committee
EMC	Executive Management Committee
EMS	Emergency Medical Services
EPMDS	Employment Performance Management Development System
ESMOE	Essential Step in the Management of Obstetric Emergency
ETR	Electronic TB Register
FET	Further Education and Training
HAM	Health Area Manager
HBC	Home Based Care
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
HOD	Head of Department
HPTDG	Health Professional Training and Development Grant
HPV	Human Papilloma Virus
HRD	Human Resource Development

HSNC	Henrietta Stockdale Nursing College
IAU	Internal Audit Unit
ICT	Information, Communication and Technology
ICU	Intensive Care Unit
IMCI	Integrated Management of Childhood Illnesses
IRC	Intermediary Review Committee
ISHP	Integrated School Health Programme
JTG	John Taolo Gaetsewe District Municipality
MCWH&N	Mother, Child and Women's Health and Nutrition
MDG	Millennium Development Goal
MDR	Multi-Drug Resistant
MEC	Member of the Executive Council
MMC	Medical Male Circumcision
MMR	Maternal Mortality Ratio
MPAT	Management Performance Assessment Tool
MTEF	Medium Term Expenditure Framework
MTSF	Medium Term Strategic Framework
NCDOH	Northern Cape Department of Health
NCMHH	Northern Cape Mental Health Hospital
NDOH	National Department of Health
NGO	Non-Governmental Organisations
NHI	National Health Insurance
NPA	National Prosecuting Authority
NSDA	Negotiated Service Delivery Agreement
NTSG	National Tertiary Services Grant
OPD	Out Patients Department
PDE	Patient Day Equivalents
PEP	Post Exposure Prophylaxis
PFMA	Public Finance Management Act
PHC	Primary Health Care
PILIR	Policy on Incapacity Leave and Ill-Health Retirement
PKS	Pixley ka Seme District Municipality
PMDS	Performance Management Development System
PMTCT	Prevention of Mother to Child Transmission
RMSH	Robert Mangaliso Sobukwe Hospital
SANCB	South African National Council for the Blind
SAPC	South African Pharmacy Council
SAPS	South African Police Service
SAQA	South African Qualifications Authority
SDIP	Service Delivery Improvement Plan
SCOPA	Standing Committee on Public Accounts
SLA	Service Level Agreements
STG	Standard Treatment Guidelines
TB	Tuberculosis
TEE	Tenofovir Emtricitabine Efavirenz
TIER	Three Integrated Electronic Registers

TLD	Tenofovir Lamivudine Dolutegravir
TROA	Total Client Remaining on ART
UFS	University of the Free State
UPFS	Uniform Patient Fee Schedule
WBOT	Ward Based Outreach Teams
WBPHCOTs	Ward Based Primary Health Care Outreach Teams
WHO	World Health Organisation
XDR	Extreme Drug Resistant
ZFM	Zwelentlanga Fatman Mgcawu District Municipality

1.3 Official sign-off of the Annual Performance Report 2019/2020

It is hereby certified that this Annual Performance Report:

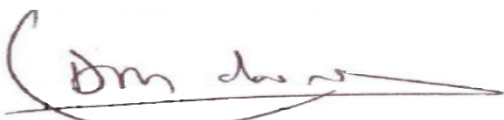
- Was developed by the Provincial Department of Health in the Northern Cape Province.
- Was prepared in line with the current Annual Performance Plan of the Northern Cape Department of the Health under the guidance of Honourable **Mr M Lekwene**, MEC for Health.
- Accurately reflects the performance of the Department of Health in the Northern Cape Province for the **2019/20** financial year.



Mr M Mlatha
Director: Policy & Planning

27 January 2021

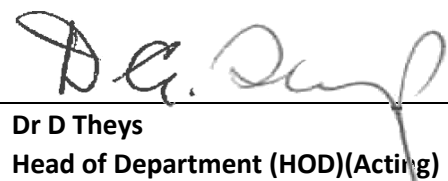
Date



Mr D Gaborone
Chief Financial Officer

27 January 2021

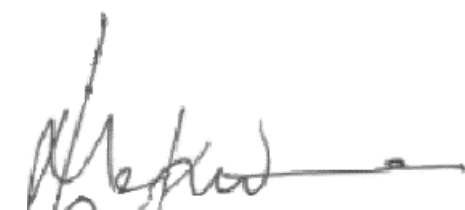
Date



Dr D Theys
Head of Department (HOD)(Acting)

27 January 2021

Date



Mr M Lekwene
Member of Executive Council (MEC)

01 February 2021

Date

1.4 Foreword by the Member of Executive Council for Health



The tabling of this report, at the beginning of a Medium Term Strategic Framework (MTSF) period, provides us with a dais to reflect on our journey, inclusive of significant achievements for the financial year. It is a journey that involved a vigorous pursuit and the tasks we have set for ourselves are enormous and demand that we inspire and galvanize all our communities and stakeholders to act in unison, and understanding in a very real sense, that all of us must rally behind a vision of building a modern, growing and successful Northern Cape province.

Firstly, we wish to express our gratitude to the Northern Cape communities for taking part in the National Health Insurance (NHI) consultations processes. Together with the experiences in other pilot Districts in the country, we have learnt how the healthcare system can be significantly improved, based on values of justice, fairness and social

solidarity, to leave no patient without the services they need. An important aspect of implementing National Health Insurance (NHI) is to identify all patients entering the Healthcare system and allow patient information to flow between facilities. The Health Patient Registration System (HPRS) is integral to this development. During the past year the Department has implemented HPRS in virtually all primary health care facilities. This year, the focus will be to fully implement HPRS in our tertiary hospital, Robert Mangaliso Sobukwe Hospital.

Secondly, with the introduction of COVID-19 in South Africa and our Province; we remain steadfast in pursuing the fight against this pandemic and its further spread, in line with the National COVID-19 Response plan.

The development of the Northern Cape Health Bill is well underway and consultations have already started. We have established the Provincial Health Council which will be responsible for providing policy concerning any matter that will protect, promote, improve and maintain the health of the population of the Province.

In response to the United Nations UN-AIDS 90-90-90 targets, all systems are being put in place to ensure that 90% of our people are tested for HIV, 90% of people living with HIV are started on ARVs, and 90% of those on ARVs have an undetectable viral load. The new TLD antiretroviral medication for HIV (Dolutegravir) is currently being rolled out to all health clinics.

We are bringing medication distribution closer to patients. The Central Chronic Medicine Dispensing and Distribution (also known as CCMDD) programme has been extended through the establishment of 67 external pick up points. Last year we targeted 28,000 patients to be registered on the programme. We have already exceeded this, with 61,000 Patients registered.

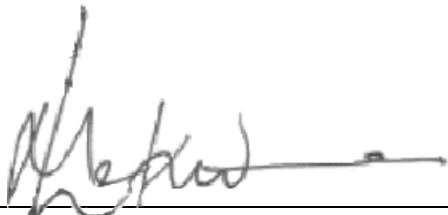
The Maternal death ratio in facility across the Province has slightly increased from 65.9 in 2017/18 to 71.3 per 100 000 live births in 2018/19, and 109.9 per 100 000 live birth in 2019/20. The Neonatal death in facility rate performance remained constant at 11.6% for the consecutive years; for 2017/18 and 2018/19 financial years. To address the burden of maternal deaths, systems put into place includes: updated generic protocols from Medical Research Council (MRC) are disseminated to the Districts, as recommended by the National Committee for Confidential Enquiry into Maternal Deaths (NCCEMD).

The opening of the new Northern Cape Mental Health Hospital in September 2019 was a long-awaited achievement. This has allowed for major improvement for patients on two fronts. Firstly, we have been able to transfer the mentally ill patients from the old dilapidated West End Hospital to the brand new facility. Secondly, it has allowed us to transfer the 72-hour mental health assessment patients from Robert Mangaliso Sobukwe Hospital to this new Mental Health Hospital.

In an effort to address the shortage of nurses, the Department had an intake of 120 student nurses during the year under review. The student nurses consist of 30 students undertaking the bridging course, 30 midwifery students, and 60 students during the four-year course.

I would like to once again convey a word of gratitude to Management and frontline staff in the Department and all health stakeholders for playing a meaningful role in the noble task of providing quality healthcare services and managing of the COVID-19 pandemic in our Province.

I thank you



Mr M Lekwene

Member of Executive Council (MEC)

01 February 201

Date

1.5 Report of the Accounting Officer

1.5.1 Overview of the Operations of the Department



The year in question was an electoral year which brought many changes accompanied by an expected degree of uncertainty. It can thus be characterized as a transitional epoch from the fifth to the sixth administration. A significant part of it was therefore directed at finalizing the interlocking plans that link the different phases of the National Development Plan. The preceding plans of the previous period and those of the anticipated future we are constructing. We thus said our strategic vision for the future is to develop, **“A Modern Health System Delivering Quality Care to a Growing Province”**.

The **2019/20** Financial Year was a particularly difficult year for the department, inaugurated by a number of factors that characterized the year under review.

Recent developments that hit our shores during the concluding period of the fourth quarter of the financial year, the emergence of COVID-19 as a global threat; has magnified the critical role of the clinical frontline staff. The gaps in the number and inequitable distribution of doctors, nurses and allied health professionals is at global, national, provincial, District and up to a facility level. This also relates to the expansion and implementation of Primary Health Care (PHC) services; our reports have previously drawn attention in respect of the difficulties that this inaugurates in respect of the School Health Programme and Ward Based initiatives amongst others.

Many of these challenges have been attended to with different degrees of success. The most urgent action undertaken was to upscale the implementation of the National Health Insurance. In the period under review internet connectivity was extended to a record number of facilities, the intention being to realize e-health solutions that are anticipated to expand access to health care services. The lessons learned from Mom-Connect and CCMD need to aid us to be inventive and introduce 21st century solutions in the interest of the public. Notably the annual target of “Medical Male Circumcision” was surpassed, with an actual of 7 631 performed MMC (annual target = 6 954) as a result of the new approach of CHAPS to contract private doctors including data mop-up where data from private doctors was integrated into WeBDHIS. These, amongst other successes notated in this report, are based on collaborative efforts based on the logic of the National Health Insurance, pooling societal resources for better outcomes.

The most pressing of the circumstances in **2019/20** were the continued budget pressures and the constrained fiscal environment within which the entire government operated. The impact of these was also informed by relative and internal weaknesses manifesting in continued instability at the higher echelons of the organization. The changes at both the level of the province and Districts have been rapid and several in the past months. The Office of the Auditor General characterizes these as inherent leadership and management challenges. The source of the latter, it can be surmised, emanates from the outdrawn process to finalize the organizational structure of the department. Conversely, the Human Resource Directorate and Corporate Services has been the subject of such changes.

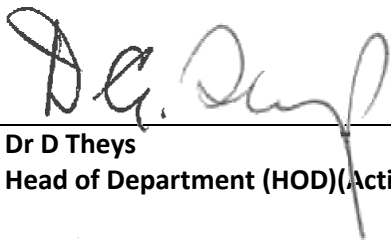
The result of the financial constraints was putting immeasurable pressure on the support services, loosening the anchor buttressing the core functions of the department. There are critical support service areas that the department will have to address to improve performance. In addition to Human Resource Management is Strategic Management, Legal Services, Infrastructure, Finance and Supply Chain Management. The pressures experienced in terms of compliance emanated from the challenges in these areas of work. The Acting Head of Department (HOD), upon assuming responsibility in the Fourth Quarter of **2019/20**, defined these as priority areas of focus.

As stated we have seen the above challenges begin to impact on the progress that the department has made towards achieving the Sustainable Development Goals (2030) and the objectives set out in the National Development Plan (2030). Particularly the overarching goal of a “Long and Healthy Life for All South Africans”. It is worth noting the magnificent

strides made since 2009 in terms of, amongst others, reducing Infant, Child and Maternal Mortality, expanding access to the Anti-Retroviral programme access to Primary Health Care services. In the **2019/2020** period data has indicated an increase in maternal deaths, especially in the Zwelentlanga Fatman Mgcawu (ZFM) and John Taolo Gaetsewe (JTG) Districts. Social determinants of health beyond what we do as a department may well have played a role. There has also been a great number of patients lost to follow-up in respect of the anti-retroviral programme. As attention shifts, both in terms of conduct and resource allocation to emerging diseases, it may give the possibility of HIV/Aids to rear its head in our communities. These possibilities are palpable given the number of trends evidenced by data at our disposal.

Without a sense of undue hubris, we do celebrate the successful completion of the New Mental Health Hospital, albeit belatedly. This was one of the commitments made by the new administration and we are pleased that this was realized. We must soak in the various lessons learned in respect of the construction of facilities and management thereof. The people of the Northern Cape now have access to this state of the art facility. Various facilities are also being repurposed to care for mental health patients downstream in a decentralized fashion. Mental health itself as a phenomenon is having a huge impact on our communities as a result of declining job opportunities, poverty and other social ills and together with other non-communicable disease such as diabetes, heart, hypertension, etc. these are posing huge challenges for societal wellbeing.

Yours in healthcare



Dr D Theys
Head of Department (HOD)(Acting)

27 January 2021

Date

1.5.2 Overview of the Financial Results of the Department

1.5.2.1 Departmental Receipts

The main source of the departments' receipts remains patient fees. The tariffs charged at the applicable health facilities are derived from the Uniform Patient Fee Schedule (UPFS) which is determined by the National Department of Health (NDOH). The annual increase in UPFS tariffs is also determined by the NDOH and ratified by the Northern Cape Provincial Treasury before implemented by the department at the beginning of each financial year.

Table 1 Breakdown of the sources of revenue and its performance

Departmental Receipts	2019/2020			2018/2019		
	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
Sales of goods and services other than capital assets	52 507	28 994	23 513	52 507	27 309	25 198
Interest, dividends and rent on land	-	14	(14)	-	1	(1)
Sales of capital assets	2 508	2 860	(352)	2 508	37	2 471
Financial transactions in assets and liabilities	-	2 292	(2 292)	-	2 495	(2 495)
Total	55 015	34 160	20 855	55 015	29 842	25 173

The Department collected only 62.1 percent or R34.160 million of its planned target of R55.015 million for the **2019/20** financial year. The below target collection is caused mainly by the poor implementation of the revenue collection strategy. This will be resolved by the improvement in the human resource capacity within the revenue units at facility level.

The contracting of the debt collection agent by Provincial Treasury will further enhance the collection rate by the Department.

Future plans for collecting revenue

A process of reviewing the compensation of employees' budget against the human resource plan in an effort to prioritise all administrative support posts within the Department is underway. The filling of critical supervisory revenue posts like case managers and revenue managers will further enhance the implementation of the revenue collection strategy.

Revenue tariff policy

The tariffs charged by the Department on patient fees are based on the national tariffs as approved by the Minister of Health. These tariffs are uniform throughout the country and are compiled by the national task team representative of all the provinces. Tariffs charged to the public patients are determined according to their scale of income.

Tariffs with regard to other sources of income such as parking fees are determined by using guidelines issued by relevant National Departments and Provincial Departments from time to time.

Free services

There are certain circumstances under which patients will receive services free of charge independently of their classification as full paying or subsidised patients. Such circumstances include infectious, formidable diseases, pregnant women and children. This also includes patients classified as H0 category. It was not possible to quantify the cost of the free services rendered.

1.5.2.2 Programme Expenditure

The Department was allocated an adjusted budget of R5.230 billion inclusive of Equitable Share (R3.717 billion) and Conditional Grants (R1.513 billion). An amount of R5.183 billion representing 99.1 percent of the total adjusted budget was spent at the end of the **2019/20** financial year. This resulted in an underspending of R46.739 million. Please refer to the notes to the appropriation statement for the detailed reasons on the deviations.

Table 2 Budget and expenditure by programme

Programme Name	2019/2020			2018/2019		
	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
Administration	221 283	220 060	1 223	223 101	224 047	- 946
District Health Services	2 493 239	2 437 876	55 363	2 182 187	2 182 245	(58)
Emergency Medical Services	365 482	337 015	28 467	332 999	333 021	(22)
Provincial Hospital Services	415 343	416 470	(1 127)	382 699	382 699	-
Central Hospital Services	1 088 431	1 058 154	30 277	1 069 620	1 059 796	9 824
Health Sciences and Training	132 701	154 530	(21 829)	120 111	121 364	(1 253)
Health Care Support Services	115 645	161 857	(46 212)	112 274	113 266	(992)
Health Facilities Management	398 067	397 490	577	431 320	421 041	10279
Total	5 230 191	5 183 452	46 739	4 854 311	4 837 479	16 832

1.5.2.3 Virements/Roll overs

The application of virements and shifting of funds is guided by section 43 of the Public Finance Management Act (PFMA) and Treasury Regulations. Virements were effected only between compensation of employees and goods and services while shifting of funds was on all economic classifications.

Virements and shifts were applied to ensure that no unauthorised expenditure occurred per main division in the **2019/20** financial year.

1.5.2.4 Unauthorised Expenditure

The Department did not incur unauthorised expenditure during the year under review.

1.5.2.5 Fruitless and wasteful Expenditure

An amount of R7.382 million was incurred on fruitless and wasteful expenditure in the current financial year compared to R5.376 million in the previous financial year. This is mainly due to interest charged on overdue accounts.

A process is underway to streamline spending within the Department to ensure that pressure on the cash flow is reduced.

1.5.2.6 Irregular Expenditure

The Department incurred irregular expenditure amounting to R299.120 million during the current financial year. This compared to the figure of R714.939 million incurred during the **2019/20** financial year.

An irregular expenditure loss control function was established to investigate all alleged irregular transactions. A monthly report of all alleged irregular transactions is developed and submitted to the HOD for referral to the loss control function.

1.5.2.7 Future plans of the Department

The Department through the budget committee is planning to perform monthly and quarterly reviews of the financial outcome of the Department compared to the service delivery outcomes. This in an effort to streamline spending and fund the key priorities of the Department.

1.5.2.8 Public Private Partnerships

No registered Public Private Partnerships arrangements are currently underway in the Department.

1.5.2.9 Discontinued activities / activities to be discontinued

There were no discontinued activities within the Department during the year under review.

1.5.2.10 New or proposed activities

The Department does not plan any major activities away from the normal operations of the Department.

1.5.2.11 Supply Chain Management

No unsolicited bids were concluded during the year under review. The Department is planning to address one major challenge of human resource capacity in Supply Chain Management. A decision to appoint middle management capacity in the unit has been taken and is now in the implementation stage.

This intervention is meant to address all internal control weaknesses within Supply Chain Management and eventually eliminate the occurrence of irregular expenditure.

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

The Department received donations in kind of assets from unrelated parties, the details are included on Annexure 1C: Statement of Gifts, Donations and Sponsorship.

1.5.2.13 Exemptions and deviations received from the National Treasury

There was no exemptions or deviations received from Provincial Treasury for the year under review and/or previous financial year.

1.5.2.14 Events after the reporting date

There were no significant events after the reporting date.

1.5.2.15 Other

There are no other matters to disclose.

1.5.2.16 Acknowledgements and/or Appreciation

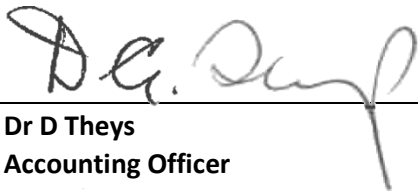
I hereby acknowledge the immense efforts of all stakeholders, both internal and external, who have contributed towards achieving the goals and plans of the Department. Through the active support of all inputs, whether human, financial or technological, the Department has made great strides towards rendering quality health care services to individuals and communities. I wish to thank everyone for their support and encourage them to continue with these endeavours. I wish to thank the previous MEC, Ms Mase Manopole, and the current MEC, Mr Maruping Lekwene, for their undying passion, vision and drive in leading the Department to greater heights.

1.5.2.17 Conclusion

We are mindful of challenges that health care users and health care employees may still experience at different service points, and that there is still much to do. The Department can only accelerate the partnerships with other government departments, external stakeholders, communities and individuals, to achieve the plans and goals that are set in the coming years to improve the quality of health care provision to all.

1.5.2.18 Approval and sign off

It is herein confirmed that the Annual Report is a true reflection of the performance of the Northern Cape Department of Health for the **2019/2020** Financial Year.



Dr D Theys
Accounting Officer

27 January 2021


Date

1.6 Statement of Responsibility and Confirmation of the accuracy of the Annual Report

This serves to confirm that to the best of my knowledge and belief:

- The details of the Annual Report are correct and concluding.
- The Annual Report includes all information as required by the National Treasury guidelines.
- The modified cash standards, in conjunction with relevant guidelines and frameworks, have been implemented in preparation of the Annual Financial Statements (Part E).
- The amounts disclosed and overall information is homogeneous throughout the Annual Report.
- The Accounting Officer has developed and implemented internal control systems to ensure accuracy and coherence of the Annual Financial Statements, Performance Information and Human Resource Information.
- The Accounting Officer has drawn in external auditors to analyse and provide an unbiased opinion on the Annual Financial Statements.
- The relevant legislation and guidelines are implemented to ensure compliance to the compilation of the Annual Report.
- This Annual Report is a true reflection of the financial information, human resources information and performance information of the Northern Cape Department of Health of the financial year that ended on **31st March 2020**.

Yours sincerely



Dr D Theys
Accounting Officer
Northern Cape Department of Health

Date: 27TH JANUARY 2021

1.7 Strategic Overview

Vision

Health Service Excellence for all.

Mission

Working together we are committed to provide quality health care services. We will promote a healthy society in which we care for one another and take responsibility for our health. Our caring, multi- skilled professionals will integrate comprehensive services using evidence-based care strategies and partnerships to maximise efficiencies for the benefit of all.

Values

- Respect (towards colleagues and clients, rule of law and cultural diversity)
- Integrity (Honesty, Discipline and Ethics)
- Excellence through effectiveness, efficiency and quality health care.
- Ubuntu (Caring Institution, Facility and Community)

1.8 Legislation and Other Mandates

1.8.1 Constitutional Mandates

Section 27 of the Constitution of the Republic of South Africa (Act 108 of 1996) provides for the right of access to health care services which includes reproductive health care.

The Department provides access to health care services, including reproductive health care, by ascertaining that hospitals and clinics are built closer to communities, that emergency vehicles are provided, primary health care is promoted, etc.

1.8.2 Legal Mandates

The legislative mandates are derived from the National Health Act, 61 of 2003.

Chapter 4

- Section 25 provides for Provincial health services and general functions of Provincial Departments
- Section 26 provides for Establishment and composition of Provincial Health Council
- Section 27 provides for Functions of Provincial Health Council
- Section 28 provides for Provincial consultative bodies

Chapter 5

- Section 29 provides for the Establishment of District Health System
- Section 30 provides for division of health Districts into sub- Districts
- Section 31 provides for establishment of District health councils
- Section 32 provides for health services to be provided by municipalities
- Section 33 provides for preparation of District health plans

1.8.3 Policy Mandates

- Reclassification of Health facilities
- White Paper on Transformation of Health Service
- National Development Plan (Chapter 10 of NDP)
- White Paper on National Health Insurance
- The National Health Promotion Policy and Strategy

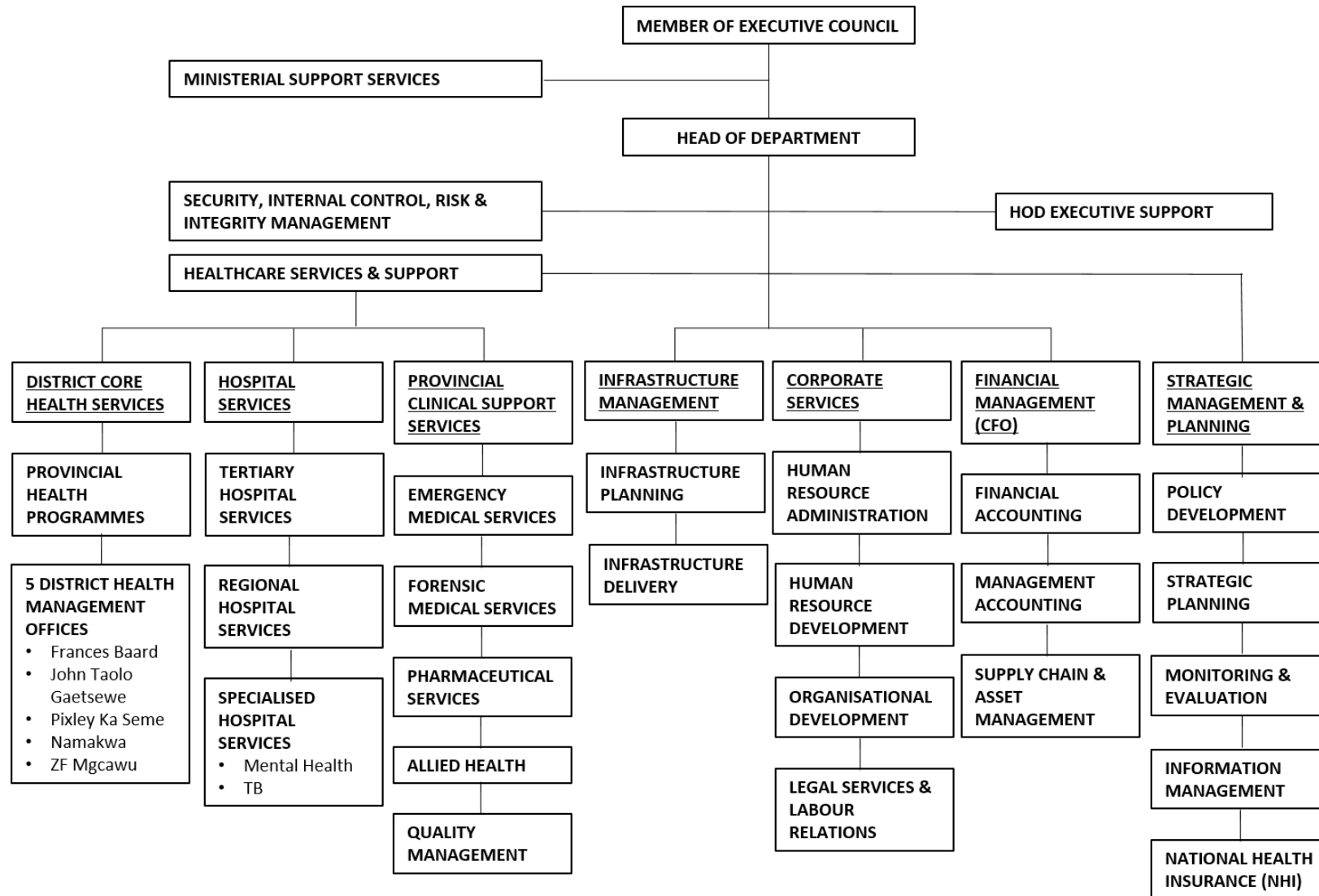
1.8.4 Other Mandates

- Basic Conditions of Employment (Act 75 Of 1975)
- Broad Based Black Economic Empowerment (Act 53 Of 2003)
- Child Care Amendment (Act 96 of 1996)
- Choice on Termination of Pregnancy (Act 92 of 1996)
- Constitution of the Republic of South Africa (Act 106 of 1996)
- Control of Access to Public Premise and Vehicles (Act 53 of 1985)
- Convention of the Rights of the Child, 1997 (Chapters 5 and 7)
- Division of Revenue (Act 7 of 2007)
- Electronic Communication and Transaction (Act 25 of 2002)
- Electronic Communications Security (Pty) Ltd (Act 68 of 2002)

- Employment Equity (Act 55 of 1998)
- Environment Conservation (Act 73 of 1989)
- Fire-arms Control (Act 60 of 2000)
- Foodstuffs, Cosmetics and Disinfectants (Act 54 of 1972)
- Hazardous Substances Control (Act 15 of 1973)
- Health Act, (Chapter 10)
- Health Professions (Act 56 of 1974)
- Higher Education (Act 101 of 1997)
- Income Tax Act, 1962
- Inquest (Act 58 of 1959)
- Intimidation (Act 72 of 1982)
- Labour Relations (Act 66 of 1995)
- Maternal Death (Act 63 of 1977)
- Medicine and Related Substance Control (Act 101 of 1965)
- Mental Health Care (Act 17 of 2002)
- National Building Regulations and Building Standards (Act 103 of 1997)
- National Environmental Management (Act 107 of 1998)
- National Health Insurance
- National Youth Commission Amendment (Act 19 of 2001)
- National Development Plan (Chapter 10 of MTSF)
- Nursing (Act 50 of 1978 and Related Regulations)
- Nursing (Act 33 of 2005)
- Occupational Health and Safety (Act 85 of 1993)
- Preferential Procurement Policy Framework (Act 5 of 2004)
- Prevention and Combating of Corrupt Activities (Act 12 of 2004)
- Prevention and Treatment of Drug Dependency (Act 20 of 1992)
- Promotion of Access to Information (Act 2 of 2000)
- Promotion of Administrative Justice (Act 3 of 2000)
- Promotion of Equality and Prevention of Unfair Discrimination (Act 4 of 2000)
- Protected Disclosures (Act 26 of 2000)
- Protection of Information (Act 84 of 1982)
- Pharmacy (Act 53 of 1974 as amended)
- Public Finance Management (Act 1 of 1999 and Treasury Regulations)
- Public Service (Act 103 of 1994 and Regulations)
- South African Qualifications Authority (Act 58 of 1995)
- Sexual Offences (Act 32 of 2007)
- Skills Development (Act 97 of 1998)
- South African Schools Act, 1996
- State Information Technology (Act 88 of 1998)
- Sterilization (Act 44 of 2005)
- The International Health Regulations (Act 28 of 1974)
- Tobacco Control Amendment (Act 23 of 2007)

1.9 Organisational Structure

Figure 1 Current Organisational Structure



1.10 Entities Reporting to the MEC

There are no entities reporting to the MEC.

2. Part B: Performance Information

2.1 Auditor General's Report: Predetermined Objectives

Refer to the Auditor General's (AGSA) Report (Reporting on other legal and Regulatory requirements) published as Part E (Annual Financial Statement's) of this Annual Performance Report.

2.2 Overview of Departmental Performance

A population estimate of 85% is dependent on public healthcare services for their health care needs. It is critical to identify the health care services needs of these clients as they have no other options. During the **2019/20** reporting period comprehensive and continuous health care services were provided to the community of the Northern Cape Province. The aim of this section is to try and establish which level of health care services was achieving according to their pre-determined objective targets.

A total of seventy-nine (79) customized and provincial predetermined objectives for **2019/20** and final expenditure per the eight (8) budgetary programmes were monitored to support the implementation of the Annual- and Operational Plans. An overall performance of fifty-six percent (56%) of the pre-determined objectives were achieved while forty-four percent (44%) were not achieved.

The performance indicators in the APP can be divided into favourable and adverse health indicators. Favourable health indicators measure desirable health events (achieving a maximum level) either in health intervention coverage or health outcomes (e.g. complete coverage of antenatal care or the highest possible life expectancy). Adverse health indicators on the other hand measure undesirable events that are to be reduced (achieving a minimum level) in health outcomes (e.g. a stunting prevalence or mortality rate of zero). This differentiation is important as the type of indicator has implications for the calculation of summative measures for annual performance.

According to the report the maternal mortality ratio (MMR) has increased in the current reporting period.

Table 3 Maternal Mortality Ratio (MMR) Per 100 000 live births

Indicators	2015/16	2016/17	2017/18	2018/19	2019/20
Maternal Mortality Ratio (per 100 000 live births)	112.5	95.3	65.9	71.6	109.9
Neonatal death (per 1 000 live births)	14.3	13.4	11.6	11.7	11.7

2.2.1 Service Delivery Environment

Leadership and Governance in Department

The **2019/20** financial year was the concluding year of the 2014/15 – 2019/21 Medium Term Strategic Framework (MTSF) period; which also coincided with the 2019 democratic elections for the fifth administration. This resulted in a change of the Executing Authority of the Department with the Premier, Dr Zamani Saul, appointing Ms Mase Manopole as the Executing Authority. There was also a change in the Office of the Head of Department which transpired in the fourth quarter with Dr Deon Theys being appointed as the Accounting Officer. As depicted in terms of the organogram diagram there are significant posts that are vacant and/or are filled on an acting basis. This has impacted on stability of governance and leadership within the organisation. This situation has been particularly rife within the Corporate Services and Human Resource Management directorates.

Various committees were established early in 2019 to ensure that management fast-track the identified critical challenges in respect of leadership and governance. The jury is still out on the efficacy of these, however, many of these were not functional. Vacancies in the support services, occasioned by an inability to fill critical vacant posts and financial pressures with accruals exceeding R500 million, contributed to this misalignments situation.

Planning for the new Medium Term Period in the Department

The Department has successfully undertaken a planning exercise in view of the mandate of the sixth administration. After more than ten years the Department has reviewed its vision. This happened during the fourth quarter of the financial year in the course of a strategic planning session. The following vision was adopted, **“A Modern Health System Delivering Quality Care to a Growing Province”**. This has placed an increased emphasis on the modernisation of the health system. The process of connectivity, which had been timid in the past, gained speed during **2019/20**. The provincial vision, of **“A Modern, Growing and Successful Province”**; has to a degree been inspirational to the Department.

Support Services in the Department

As iterated above, the financial constraints put immeasurable pressure on the support services, loosening the anchor buttressing the core functions of the Department. The support services in the Department can be seen as the spine of the organization. There are critical support service areas that the Department will have to address in addition to Human Resource Management, i.e. Strategic Management, Legal Services, Infrastructure, Finance and Supply Chain Management, etc. in order to improve performance. In the same vein there are also significant misalignments within support services, i.e. the role of the Legal Services Directorate versus a stand-alone Medico Legal Services Unit are a case in point. The positioning of information management and change management are also factors that need to be looked at through the same lens.

This may be contributing to resource misallocation within the Department. It is in lieu of the aforementioned that the MEC, Ms Mase Manopole, possibly averred that the overhaul of the management of the Department was seminal in the realization of its mandate. Needless to state, the above analysis cannot be proffered as reasoning for the outdrawn process of finalizing the organizational structure of the Department. These are all factors which have tended to impact on career paths of staff, including the morale of the Department al staff; which inadvertently has impacted on organizational culture.

Performance of core functions within the Department

A lot of work has been done to accelerate the rollout of several well conceptualized aspects of the National Health Insurance. This includes cooperation with various stakeholders with whom briefings were held across the length and breadth of the province. These engagements have served as a valuable platform for knowledge sharing and establishing partnerships. There are a number of lessons to be learned in this regard and these can aid in optimizing service delivery. Barring the limitations that arose in the fourth quarter, imposed by the emergence of COVID-19; several lessons were positive and could have contributed to the performance of the organizations pre-determined

objectives which are estimated to be 56% achieved. This is based on any adjustments that may be made centered around the outcome of the Audit by the Office of the Auditor General.

While there are reasonably impressive areas of improvement, such as in Medical Male Circumcision, the financial conditions, leadership and staff morale are beginning to impact on outcomes. This is evident in the performance of programmes as tabulated under Part B of this report. It is best to hasten and state that not all the performance outcomes can be credited to these factors. The concerning counter trend of maternal deaths in **2019/20** need an objective prognosis in order to establish cause and effect. For the entire duration of the **2019/20** financial year the Department has functioned based on a constrained financial environment and this has limited interventions intended to improve service delivery.

2.2.2 Organizational Environment

As indicated earlier, the Department found itself in a constrained fiscal environment. This meant that the available resources could not outstrip the demand for services. To obviate inventing facts, the report defers the description of the environment to the well thought assertion by the Accounting Officer, Dr Deon Theys, in his foregrounding statement in this compendium:

*“The most pressing of the circumstances in **2019/20** were the continued budget pressures and the constrained fiscal environment within which the entire government operated. The impact of these was also informed by relative and internal weaknesses manifesting in continued instability at the higher echelons of the organization. The changes at both the level of the province and Districts have been rapid and several in the past months. The Office of the Auditor General characterizes these as inherent leadership and management challenges. The source of the latter, it can be surmised, emanates from the outdrawn process to finalize the organizational structure of the Department. Conversely, the Human Resource Directorate and Corporate Services has been the subject of such changes.*

The result of the financial constraints was putting immeasurable pressure on the support services, loosening the anchor buttressing the core functions of the Department. There are critical support service areas that the Department will have to address to improve performance. In addition to Human Resource Management is Strategic Management, Legal Services, Infrastructure, Finance and Supply Chain Management. The pressures experienced in terms of compliance emanated from the challenges in these areas of work.”

The restrained resource allocation for performance towards organisational outcomes did not only serve as a fetter for the predetermined objectives of the Department but also had definitive implications for staff morale. The lack of drive of staff has contributed to intermittent work stoppages in some regions such as ZFM, Frances Baard and JTG Gaetsewe, including some facilities. It was through the commitment of certain managers at these levels that work continued and escalation was curtailed. Without contradiction, it is also as a result of the commitment of our frontline staff that the Department continued to provide much needed services to the community.

Partner Engagement

The medical male circumcision programme, which has seen a remarkable success in the year under review, is largely implemented through CHAPS and AURUM. The annual target of “Medical Male Circumcision” was surpassed, with an actual of 7 631 performed MMC (annual target = 6 954). This was as a result of the new approach of CHAPS to contract private doctors and including data mop-up where data from private doctors was integrated into WeBDHIS. This is exactly the kind of collaboration that underpins the logic of NHI.

In the light of the decreasing resources available for the Department, and the public sector in general, leveraging the skills and endowments of our social partners has been critical. The Department has established partnerships with the mining community which has been beneficial in the fight against TB, HIV and Aids. The sharing of data and services amid our facilities has assisted greatly and has laid the basis for future engagements in the management of diseases. The enduring relationships with community based organisations has also created a pool of experienced cadre corps of Community Health Workers that has remained critical for the functioning of the health system.

Staff training

In the **2019/20** Financial Year the Department undertook competency assessments for Senior Managers. Through collaboration between the DOH, the University of Pretoria and Fort Hare, a number of middle and senior managers completed their Postgraduate studies in Health Management. A Management Development Programme was also undertaken in collaboration with the University of the Free State. Furthermore, there are a number of training courses for staff, including opportunities for Continuous Professional Development (CPD), particularly for frontline clinical staff.

Governance structures

The Department has worked hard to establish functional clinic committees and hospital boards. However, the interest of the communities in these structures has continued to ebb and flow. The functionality of these structures has tended to be averagely between 40% - 50%. At the heart of the yo-yo kind of ebbing and flowing of the governance structures is the expectation of remuneration, and, to a degree, their politicisation. The area of remuneration is a grey area in terms of government policy, let alone the fact that such a cost will have had to happen as a trade-off.

The Ministry was able to convene the Provincial Health Council in 2019, but the outbreak of COVID-19 during the latter part of the financial year halted plans regarding the congregation of the Provincial Health Forum (PHF); which is designated in terms of the National Health Act.

Departmental performance

The Department has implemented a surge plan to reach the 90-90-90 targets that are enumerated as ideal to eliminate TB and HIV by the World Health Organisation (WHO). Performance reported in terms of TB and HIV is not ideal, however progress is discernible. In his statement the HOD does highlight some of the causes of the regress tabulated in this report and the implementation of the surge plan will surely further reverse the lag. From a prevalence point of view, tracking HIV and TB remain critical for the Northern Cape as these are recorded as primary causes of mortality in the population, evidentially shown by the StatsSA data. The focus on TB and HIV will probably remain for the foreseeable future as per their ranking in the provincial mortality and or disease profile. TB Screening has improved from 59.8% in 2018 to 67.6% in 2019. Even though this is below the 90% target this figure remained stable throughout the financial year. The proportion of confirmed TB cases initiated on TB treatment exceeded the target with 99% due to improved treatment counselling and strengthened reporting.

2.2.3 Key Policy Developments and Legislative Changes

The most notable legislative developments in the period under review has been the evolution of the NHI Bill from the NHI White Paper. The Department has engaged most of its stakeholders on the work that is happening in relation to the above. There has also been an extensive effort by the National Legislator to solicit inputs towards the NHI. Various policies and legislative instruments to align with the NHI implementation are at different levels of development. Notable policy developments by the DOH also pertains to the establishment of ideal hospitals which is intended to ensure that these meet the criteria for accreditation by the Office of Health Standards Compliance (OHSC).

2.3 Strategic Outcome Oriented Goals

Table 4 Strategic Outcome Oriented Goals

Strategic Goal	Goal Statement	Expected Outcomes (Objective Statement)
Universal health coverage achieved through implementation of National Health Insurance	<ul style="list-style-type: none"> Achieve the full implementation of NHI through the establishment of NHI fora and strengthen inputs from patients on their experience of health care services 	<ul style="list-style-type: none"> Expanded NHI implementation
Improved quality of health care	<ul style="list-style-type: none"> Ensure that all necessary resources are in place to render the mental health care services 	<ul style="list-style-type: none"> Full package of psychiatric hospital services by providing 143 hospital beds
	<ul style="list-style-type: none"> Introduce a patient centred approach in a regional hospital 	<ul style="list-style-type: none"> Quality health care services at regional hospital
	<ul style="list-style-type: none"> Ensure that all necessary resources are in place to render tertiary hospital services 	<ul style="list-style-type: none"> Quality health care services at tertiary hospital
	<ul style="list-style-type: none"> Ensure that there is an improvement on pathological and clinical services in all facilities 	<ul style="list-style-type: none"> Efficient forensic pathological services and expanded proportion of facilities offering PEP services
	<ul style="list-style-type: none"> Improve patient waiting times in all facilities 	<ul style="list-style-type: none"> Improved availability and rational use of medicine
	<ul style="list-style-type: none"> Improving availability and management of emergency care services in all facilities 	<ul style="list-style-type: none"> Quality ambulance services, special operations, air ambulance services, planned patient transport, obstetric ambulance services and disaster management
Implement the re-engineering of Primary Health Care	<ul style="list-style-type: none"> To expand coverage of ward based outreach teams, strengthen school health programmes and accelerate appointment of District Clinical Specialist teams within all Districts 	<ul style="list-style-type: none"> Quality primary health care services
	<ul style="list-style-type: none"> Improve compliance with the national core standards 	<ul style="list-style-type: none"> Increased patient satisfaction and functional governance structures
	<ul style="list-style-type: none"> Introduce a patient centred approach in all District Hospitals 	<ul style="list-style-type: none"> Quality health care services in District Hospitals
Reduced health care costs	<ul style="list-style-type: none"> To strengthen capacity on financial management and enhance accountability 	<ul style="list-style-type: none"> Achieve an unqualified audit opinion from the Auditor General
Improved human resources for health	<ul style="list-style-type: none"> To develop a responsive health workforce by ensuring adequate training and accountability measures 	<ul style="list-style-type: none"> Approved human resource for health plan that will address shortage and retention of health professionals
Improved health management and leadership	<ul style="list-style-type: none"> Strengthening leadership and governance in the Department and ensuring that there is collaborative planning at all levels 	<ul style="list-style-type: none"> Have an efficient and effective planning, good governance, stable health management and leadership across the province

Strategic Goal	Goal Statement	Expected Outcomes (Objective Statement)
Improved health facility planning and infrastructure delivery	<ul style="list-style-type: none"> ▪ Construction of new facilities, major and minor refurbishment and strengthening relationships with public works to accelerate infrastructure delivery 	<ul style="list-style-type: none"> ▪ Health facilities that are in accordance with national norms and standards ▪ Adequate health technology according to different levels of care
HIV & AIDS and Tuberculosis prevented and successfully managed	<ul style="list-style-type: none"> ▪ Increase access to a preventative package of sexual and reproductive health including medical circumcision and implement essential interventions to reduce HIV, TB and NCD mortality 	<ul style="list-style-type: none"> ▪ Strengthened integration of health programmes e.g. HIV, TB, PMTCT, MCWH&N and Non-Communicable Diseases. ▪ Reduced burden of diseases.
Maternal, infant and child mortality reduced	<ul style="list-style-type: none"> ▪ To improve the health of mothers, babies, women and youth by reducing morbidity and mortality and promoting the quality of life. 	<ul style="list-style-type: none"> ▪ Reduced maternal, child and youth mortality and morbidity.
Efficient health management information system developed and implemented for improved decision making	<ul style="list-style-type: none"> ▪ To develop a complete Departmental integrated patient based information system 	<ul style="list-style-type: none"> ▪ A web based information system for the Department.

2.3.1 Performance Information

The Department submits performance reports on a quarterly basis to the National Department of Health, Provincial Legislature and the Office of the Premier through the Quarterly Reporting System (QRS). The system utilizes national customized and non-customized performance indicators that have been identified from the different budget programmes. These indicators are published by National Treasury on its website on a quarterly basis. The Department further uses an internal monitoring tool, the Quarterly Performance Report (QPR), to monitor performance. At the end of each financial year an annual report is consolidated to account on how the budget was utilised and to indicate the effectiveness of the Department's financial management systems.

On a quarterly basis the Department conducts Performance Information Monitoring sessions with all budget programmes to review performance in order to monitor achievement in implementation of the Strategic Plan and Annual Performance Plan. These sessions assist the Department in identifying early warning signs on poor performance. Programmes develop action plans on indicators that have not been achieved. Programmes are also accountable to provide evidence for performance achieved.

2.4 Performance Information by Programme

2.4.1 PROGRAMME 1: Administration

2.4.1.1 Sub-Programme 1: Policy and Planning

Priorities

- Monitor the implementation of the Departmental performance plans
- To assist in the development and implementation of policies

Sub-Outcome 6: Improved Health Management and Leadership.

Situation Analysis

During the period under review the unit managed to facilitate the Departmental Strategic Planning session with all 8 budget programmes and other relevant stakeholders (e.g. unions and relevant Departments). Subsequently, the Department was able to draft and finalize the 5-year Strategic plan 2024/2025. Furthermore, aligned to the Strategic Plan the Annual Performance Plan 2020/2021 was developed. Both the Strategic Plan and Annual Performance Plan was submitted to the Office of the Premier (OTP) as well as the National Department of Health. Additionally, the unit was responsible for responding to the SOPA and the Budget Speech indicators.

To ensure that the Department achieves its set objectives, quarterly performance reviews were conducted to monitor programme performance and to adopt strategic intervention on improving service delivery to the communities.

The Policy Register for the Northern Cape Department of Health serves as an important guiding tool in monitoring the formulation of policies and the reviewing thereof. The objective of having a policy register in place is to ensure that the Department has good policies in place for improved governance. All these policies are related to the plans set by different programmes towards achieving the set goals.

The Annual Performance Plan for the Department committed the development and approval of 16 policies, but due to some challenges only a total of 11 policies were approved. The Annual Policy Approval Plan was implemented, but due to delays could not be fully implemented, hence the underachievement. All these are as a result of stumbling blocks experienced, i.e. delay during consultation with organised labour and the unavailability of both policy champions and policy committee members. However, the unit continuously provided support to the different programmes.

Implementation of policies remains one of the biggest challenges. Road shows are scheduled to ensure that employees are capacitated, but due to cost containment measures these could not be realised.

Achievements

- Draft 5 Year Strategic Plan 2024/2025 developed and submitted to OTP and NDoH.
- Draft Annual Performance Plan 2020/2021 developed and submitted to OTP and NDoH.
- SOPA and Budget Speech inputs submitted.

The following policies were approved under the year of performance:

- Policy on Organizational Performance Management
- Policy on Transport and Fleet Management
- Policy on Infection, Prevention and Control in Health Facilities

- Policy on the Management of Complaints, Complements and Suggestions
- Policy on Health Care Waste Management
- Policy on Risk Management
- Policy on Recruitment and Selection of Employees
- Policy on Resettlement of Employees
- Policy on Acting in Higher Position
- Policy on Bursary Management

Challenges and measures planned to overcome them

Table 5 Challenges and proposed corrective actions (Policy & Planning)

CHALLENGES	PROPOSED CORRECTIVE ACTION
<ul style="list-style-type: none"> ▪ Late submissions of inputs from budget programmes due to COVID-19 	<ul style="list-style-type: none"> ▪ Request the intervention of the HOD
<ul style="list-style-type: none"> ▪ Delay of submission of customized indicators from NDoH 	<ul style="list-style-type: none"> ▪ Engage with NDoH for early release of customized indicators
<ul style="list-style-type: none"> ▪ Incomplete indicator description from NDoH 	<ul style="list-style-type: none"> ▪ Engage with NDoH to finalize indicator description on time
<ul style="list-style-type: none"> ▪ Policy consultation delays 	<ul style="list-style-type: none"> ▪ Provide labour with drafts in advance
<ul style="list-style-type: none"> ▪ Lack of commitment from executive managers in responding to correspondence relating to policies due to be reviewed 	<ul style="list-style-type: none"> ▪ Implementation of consequence management by Head of Department

Table 6 Strategic Objectives, Indicators, Planned Targets and Actual achievements (Policy and Planning)

Strategic Objective	Performance Indicator	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviations	Comments on Deviations
Strengthening leadership and governance in the Department and ensuring that there is collaborative planning at all levels	Reviewed 5-Year Strategic Plan	Reviewed 5-Year Strategic Plan	Reviewed 5-Year Strategic Plan	Draft Strategic Plan 2024/2025 developed	The 5 year Strategic Plan was not tabled in the 2019/2020 financial year	<ul style="list-style-type: none"> Due to the COVID-19 pandemic the finalization the Strategic plan was delayed
	Number of approved policies	17	16 Approved Policies	11	-5	<ul style="list-style-type: none"> Delay in consultative processes. Non-adherence by policy custodians to correspondence relating to review policy reviews and/or policy formulation

2.4.1.2 Sub-Programme 2: Research and Epidemiology

Priorities

- Strengthening health system by conducting research on ways that potentially improve efficiencies, evidence-based planning and generating credible evidence for rational decision-making.
- Evaluation of programme performance against the budget.
 - This is important for the development of evidence-based resource allocation; assisting with priority setting and financial planning; as well as quantifying resource implications of programme plans.

Sub-Outcome 6: Improved Health Management and Leadership.

Situation Analysis

The Research and Development Unit is one of the most inadequately resourced (both human and financial) units in the Department. Throughout the years, the unit has had only two officials, i.e. a Director and an Assistant Director. In February the Director was transferred to the Gauteng Department of Health and this has had a negative impact on the overall performance and direction of the unit.

The Research and Development unit had three (3) performance indicators for the **2019/20** financial year, which were:

1. Conduct a diagnostic evaluation on root causes medico-legal cases for improving the practice of healthcare for the patient

During this reporting period, more work on this project begun in quarter two (2) of the financial year, with steering committee meetings and piloting of the evaluation project, which led to quarter three (3) in which field work for data collection in all public hospital our province was done, and lastly quarter four (4) where data capturing and cleaning was done. The only part of the project's work left is to do data analysis and report writing. The departure of the unit director had a huge impact on the conclusion of this project.

2. Disseminate research outputs through publishing three (3) research/evaluation articles for the publication on peer review journals

Two articles were published:

- An article entitled "Transforming Health Service Delivery in the last 25 years (1994 – 2019) on Democracy: Performance and Challenges in the Northern Cape Province" is now published by the International Journal of Public Health and Health Systems, the article can be accessed by clicking on the link below:
- A chapter in a book on Social Science Research Ethics in Africa

3. Ethical review of fifty (50) health research projects/protocols to be conducted in the Northern Cape Province

A total of thirty-six (36) research protocols were reviewed and approved during the **2019/20** financial year. It must be noted that the restriction that came with fight against COVID-19 pandemic during quarter four had a huge impact on this indicator as the approval of research projects were suspended.

Achievements

None

Challenges and measures planned to overcome them

Table 7 Challenges and proposed corrective actions (Research & Epidemiology)

CHALLENGES	PROPOSED CORRECTIVE ACTION
<ul style="list-style-type: none">▪ Inadequate resources, particularly financial and human resources constrains, have been negatively impacting on the unit's performance	<ul style="list-style-type: none">▪ Allocate a dedicated budget and human resources to the Unit to perform all its planned activities and address support requests from programmes
<ul style="list-style-type: none">▪ Inadequate budget	<ul style="list-style-type: none">▪ Research and Development Unit must be a cost-centre on its own
<ul style="list-style-type: none">▪ Limited monitoring and overseeing of approved research proposals in compliance with National Department of Health 2015 Ethics in Health Research: Principles, Structure and Processes guidelines	<ul style="list-style-type: none">▪ The unit must be capacitated in order to conduct monitoring activities

Table 8 Strategic Objectives, Indicators, Planned Targets and Actual Achievements (Research and Epidemiology)

Strategic Objective	Performance Indicator	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviations	Comments on Deviations
Strengthening leadership and governance in the Department and ensuring that there is collaborative planning at all levels	Number of Programme performance evaluations conducted	2	1	0	-1	<ul style="list-style-type: none"> The departure of the director negatively impacted the conclusion of this project
	Number of Publications on research outputs in peer reviewed journals	3	3	2	-1	-
	Number of ethically approved research protocols to be conducted in the Northern Cape Province	48	50	36	-14	<ul style="list-style-type: none"> With efforts to combat Covid-19 pandemic, and with restrictions in place in all our facilities the approval of research protocols was suspended.

2.4.1.3 Sub-Programme 3: Information, Communication & Technology (ICT)

Priorities

- Provide connectivity and upgrade physical network infrastructure in all facilities

Sub-Outcome 10: Efficient Health Management Information System Developed and Implemented for Improved Decision Making.

Situation Analysis

Currently, the Provincial ICT Directorate is functioning under severe constraints due to staff shortages. The directorate has two (2) vacant Deputy Director posts, i.e. for Hardware Support and Networks, and a Principal Network Controller for Networks. Requests have been made to fill the vacancies and approval was granted, but due to the moratorium on the filling of posts, unfortunately these posts were not advertised or filled. This has had a severe impact on service delivery and the moral of staff.

Due to the above support at District and Facility level throughout the province still remains a challenge. Provincial ICT is currently providing support services to all Districts and the current ratio of support staff to hardware (computers, laptops, printers) is estimated at 1:800, whereas the current norm is 1:100/150 in the ICT sector. Furthermore, the only facilities with appointed ICT support personnel is Robert Mangaliso Sobukwe Hospital and Dr Harry Surtie Hospital. ICT at these facilities are functioning optimally.

Most of our facilities in the province, especially clinics and CHC's, do not have connectivity and this negatively affects administrative operations with regard to correspondences and reporting. The National Department of Health has provided a temporary solution to PHC facilities for connectivity of Health Patient Registration System (HPRS) and the process has been completed in all the Districts. Other initiatives include the Broadband Project currently being run by National Department of Communication to implement connectivity in the PKS District. Approval granted to implement 3G Connectivity was granted at thirty (30) facilities, but could not be completed due to the overspending on the Infrastructure Grant budget.

The identified sites are:

- | | | |
|----------------------|------------------------|--------------------------|
| ○ Galeshewe Clinic | ○ Ma Doyle Clinic | ○ Jan Kempdorp Clininc |
| ○ Hartwater Clinic | ○ Delportshoop Clininc | ○ Windsorton Clinic |
| ○ Pampierstad Clinic | ○ Phutanang Clinic | ○ Warrenton Clinic |
| ○ Ritchie Clinic | ○ Barkley West Clinic | ○ Galeshewe Day Hospital |
| ○ Garies CHC | ○ Prieska Hospital | |

Currently, the Department has upgraded seven (7) datalines with the required speed (5Mbps), i.e. Robert Mangaliso Sobukwe Hospital, New De Aar Hospital, Dr Harry Surtie, Dr Athur Letele Medical Depot, New Mental Health Hospital, West End Hospital and Kuruman Hospital. Griekwastad Hospital and Prieska Hospital is in the process of being upgraded as well. Costing for the upgrade of the hospitals for the 2017/2018 financial year has been done and approved and the projection is that the project will continue until 2020, due to the availability of metro Ethernet Fibre in the Districts. Regular engagement is being done with SITA and Telkom on the progress of this project. Telkom has committed themselves to fast-track the process where possible.

The submissions for the upgrading of Network Infrastructure has been approved for the facilities listed below. The rest of the sites could not be done due to the overspending on the Infrastructure Grant and the process was halted. The procurement of LAN Infrastructure for Clinics was also stopped due to the overspending on the Infrastructure budget. Engagements are being with the CFO are underway in order to complete the rest of the sites in the new financial year.

Network Infrastructure at facilities

- Galeshewe Day Hospital
- Griekwastad CHC *
- Springbok Hospital *
- Colesburg Hospital
- Tshwaragano Hospital
- Hartswater CHC
- Kakamas Hospital *
- Garies CHC
- Calvinia Hospital
- Pampierstad CHC
- Keimoes Hospital *
- Dr Athur Letele Medical Depot
- Kuruman Hospital

Note: * In the process of being completed

Achievements

- Installation of PAAB (Patient Administration and Billing) completed at all Hospitals in the Province.
- Data line upgrades completed at the following sites:
 - New De Aar Hospital
 - RMSH
 - Prieska Hospital (In progress)
 - New Mental Health Hospital
 - Dr Harry Surtie Hospital
 - Griekwastad Hospital (In progress)
 - West End Hospital
 - Kuruman Hospital
- **Installation of computers procured from the HPTDG completed at the following sites:**
 - Colesburg Hospital (8)
 - Calvinia (6)
 - Kuruman Hospital (5)
 - Keimoes (4)
 - Springbok Hospital (15)
 - Kuruman Hospital (5)
 - Tswaragano Hospital (5)
 - West End Hospital (5)
 - Kakamas Hospital (4)
 - Hartswater Hospital (2)
 - Prieska Hospital (2)
- **Physical (local area) network infrastructure completed at the following facilities:**
 - Griekwastad CHC
 - Hartswater Clininc
 - Phutanong Clininc
 - Beaconsfield Clinic
 - Ma Doyle Clinic
 - Jan Kempdorp Clinic
 - Warrenton Clininc
 - Windsorton Clinic
 - Barkley west Clinic
 - Delpportshoop Clinic
 - Ritchie Clinic
 - Galeshewe CHC

Challenges and measures planned to overcome them

Table 9 Challenges and proposed corrective actions (ICT)

CHALLENGES	PROPOSED CORRECTIVE ACTION
<ul style="list-style-type: none"> ▪ Lack of ICT support personnel within District Offices, Hospitals and Primary Health Care Facilities 	<ul style="list-style-type: none"> ▪ Approval of proposed Decentralized ICT Structure ▪ Approval of ICT Business case for implementation and funding over the METF period
<ul style="list-style-type: none"> ▪ Availability of Funds for Connectivity 	<ul style="list-style-type: none"> ▪ Reprioritization of funds for permanent connection solutions at Primary Health Care Facilities
<ul style="list-style-type: none"> ▪ Filling of vacant positions within the ICT Unit <ul style="list-style-type: none"> ○ 2 x Deputy Director Positions ○ 1 x Principal Network Controller 	<ul style="list-style-type: none"> ▪ Necessary approval to be granted for the filling of vacant and funded posts
<ul style="list-style-type: none"> ▪ Minimized allocation of Budget to the ICT Directorate for: <ul style="list-style-type: none"> ○ Support Services / Incident Management in Districts ○ Procurement of Parts for the repair of Equipment (Provincial Office and Districts including Hospitals) ○ Information Management Functions within Districts. 	<ul style="list-style-type: none"> ▪ Allocation of Budget to the ICT Directorate to attend to Incidents within Districts and Hospitals

Table 10 Strategic Objectives, Indicators, Planned Targets and Actual Achievements (ICT)

Strategic Objectives	Performance Indicator	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviations	Comments on Deviations
Develop a complete system design for a national integrated patient based information system	Percentage of PHC facilities with network access	18% (129/159)	19% (30/159)	65% (104/159)	+46%	<ul style="list-style-type: none"> ▪ Fast-track the Delivery of LTE Router for Implementation within the Facilities. ▪ The ICT Unit managed to exceed the target set for the 2019/2020 FY with the available devices procured.
	Percentage of hospitals with broadband access	64% (9/14)	86% (12/14)	92% (13/14)	+6%	<ul style="list-style-type: none"> ▪ SITA Managed to connect more sites this financial year due to the intervention with Telkom.
	Percentage of fixed PHC facilities with broadband access	18% (129/159)	19% (30/159)	65% (104/159)	+46%	<ul style="list-style-type: none"> ▪ Fastrack the Delivery of LTE Router for Implementation within the Facilities. ▪ The ICT Unit managed to exceed the target set for the 2019/2020 FY with the available devices procured.

2.4.1.4 Sub-Programme 4: Human Resource Management

Priorities

- Review and align the Provincial Human Resources Plan with the service delivery platform
- Develop an efficient and effective system to improve Performance Management

Sub-Outcome 5: Improved human resources for health.

Situational Analysis

The importance of strengthening the human resource capacity still remains a challenge within the Department. Also, the slow implementation of the Human Resource Plan has contributed negatively towards filling of vacancies and this has had a rapid effect on the performance of programmes due to staff shortage as a result of budgetary constraints and the moratorium in the filling of administrative and support posts and Human Resource capacity in the Districts. It is very important that a budget baseline assessment be conducted as the current compensation budget is not enough. The delays in approval of panel members also had a negative impact on the filling of replacement posts as only some panel member nominations have been approved and this has had a negative impact on service delivery. It also contributed towards the illegal strike action which took place at various health facilities in the Districts.

All bursary holders were appointed after completing their Community Service.

Continuation with the PERSAL cleanup. The Establishment Unit is awaiting the workforce inventory to correct the placement of staff on the PERSAL establishment.

The Provincial Conditions of Service and Recruitment and Selection Unit conducted a Human Resource Intervention at the Dr Harry Surtie Hospital.

The Pension Case Management system (PCM) is fully decentralised to ensure that the turnaround time for pay-outs is within the 30 days after exit period. All Districts are now directly submitting pension documents to the Government Employees Pension Fund.

The completion of exit interviews is still a challenge, however, the matter of non-completion of the exit interviews questionnaires was addressed with the Operational Managers in sessions held by PHC Transformation Services.

The Employee Health and Wellness Unit has been stabilised due to the appointment of a contract worker and an Intern. The administrative backlog created with the resignation of the Production Clerk has been addressed for this time period.

Employee Health and Wellness

The following Health and Wellness & SHERQ activities were conducted for the period under review:

- Evacuation drills at facilities
- The SHERQ Manager visited facilities to conduct training on the establishment of Health and Safety Committees

Table 11 Absorption of Bursary Holders

CATEGORY	NUMBER
Medical Officers	5
Professional Nurses	34
Pharmacists	5
Dieticians	1
Physiotherapists	1
Diagnostic Radiographers	2
Dentists	0
TOTAL	48

Table 12 PILIR Cases not received after the Provincial Audit

DISTRICT / OFFICE	NUMBER OF EMPLOYEES	PILIR DOCS RECEIVED	PROGRESS TO DATE
Provincial Office (Depot, College, Forensics, HSNC and EMS)	0	0	N/A
ZFM	0	Yes	N/A
Namakwa	1	Yes	Application submitted
JTG	0	Yes	N/A
PKS	1	Yes	Application submitted
Frances Baard	2	1 – No application 1 – Application incomplete	Applications submitted
TOTAL	4	-	-

Table 13 Appointments vs Terminations for the year under review

Terminations Category	Number	Appointments Category	Number
Administration Clerk	9	Administrative Officer	0
Administrative Officer	3	Data Capturer	61
Administrative Officer Snr	4	Artisan Chief Grade A	0
Architect Candidate	1	Audiologist (Community Se	4
Artisan Chief Grade	1	Chief Security Officer	0
Artisan Foreman Grad	0	Cleaner	1
Assistant Director A	1	Clinical Associates	2
Audiologist (Community)	5	Clinical Manager (Medical Gr 1	3
Auxiliary Service Of	6	Clinical Manager (Medical Gr 2	1
Board Of Member	1	Community Health Care Work	24
Boiler Operator	0	Dentist (Community Servic	15
Chief Dental Therapist	0	Diagnostic Radiographer (14
Chief Executive Office	0	Dietician (Community Serv	0
Cleaner	16	Dietician Grade 1	4
Cleaner I(36591)	0	Director	1
Cleaner II(36592)	2	Director: Administration	3
Chief Psychologist	1	Deputy Director Finance	3
Chief Security Officer	1	Construction Project Management	1
Clinical Associates	2	Emergency Care Officer Gr	0
Clinical Manager (Me	6	Ems Lecturer (Paramedic)	1
Community Health Care Worker	4	Assistant Director	1
Construction Project	2	Ems Station Manager Sub Distr	1
Data Capturer	15	Environmental Health Prac	13
Dental Assistant Gr1	3	Food Services Aid li	0
Dentist Gr 2	1	Groundsman	0
Dentist (Community S	16	Head Clinical Unit (Medic	1
Diagnostic Radiographer Community Serve	15	Mec	1
Dietician (Community	15	Medical Officer (Community)	76
Dietician Grade 1	4	Medical Officer (Intern)	54
Director	1	Medical Officer Grade 1	75
Director: Administration	3	Medical Officer Grade 2	8
Driver	4	Medical Officer Grade 3	21
Driver li	1	Medical Specialist Grade 1	4
Emergency Care Officer Gr 4-5	14	Medical Specialist Gr 3	4
Ems Sub-District Man	0	Na1 Nursing Assistant Gr1	10
Environmental Health	15	Na1 Nursing Assistant Gr 2	2
Finance Clerk	1	Na2 Nursing Assistant Gra	5

Terminations Category	Number	Appointments Category	Number
Food Service Aid	0	Na3 Nursing Assistant Gra	1
Food Service Manager	1	Occupational Therapist (C	23
Food Services Aid I	1	Occupational Therapist Gr	5
Food Services Aid II	4	Paramedic Grade 3	1
Forensic Pathology O	1	Pharmacist (Community Ser	37
General Assistant	2	Pharmacist (Intern)	3
Groundsman	1	Pharmacist Assistant (Bas	1
Groundsman li	1	Pharmacist Grade 1	8
Head Clinical Unit	3	Physiotherapist (Communit	24
Housekeeper	1	Physiotherapist Grade 1	0
Housekeeping Supervisor	1	Pna1 Professional Nurse (104
Human Resource Clerk	4	Pna2 Professional Nurse G	67
Information Clerk Support	1	Pna3 Professional Nurse G	10
Laundry Aid	1	Pna4 Professional Nurse G	6
Laundry Supervisor	1	Pna5 Operational Manager	3
Lecturer Nursing	6	Pna 5 Clinical Manager	3
Linen Store Assistant	1	Pna7 Nursing Mng (Head)	1
Mec	1	Network Controller	1
Medical Officer (Com)	81	Nutritionist Assistant	1
Medical Officer (Int)	50	Pnb1 Clinical Nurse Pract	11
Medical Officer Gr 1-3	86	Pnb1 Professional Nurse G	9
Medical Orthotist	0	Pnb2 Professional Nurse G	0
Medical Specialist Gr 1-3	9	Pnb3 Operational Manager	1
Na1 Nursing Assistant	27	Pnd1 Lecturer Nursing Gra	4
Na2 Nursing Assistant	4	Pnd2 Lecturer Nursing Gra	3
Na3 Nursing Assistant	16	Pnd5 Principal Nursing Co	0
Nutritionist Assistant	1	Production Level Clerk	35
Occupational Therapist Gr 1	6	Psychologist (Community S	0
Occupational Therapist Community Service	25	Psychologist Grade 1	1
Operator	1	Radiographer Grade 1	7
Orthopaedic Footwear	0	Snr Admin Officer	1
Pharmacist (Community)	45	Revenue Clerk	4
Optometrist Gr 2	1	Student Admin Clerk	17
Pharmacist (Intern)	8	Student Nurse	1
Pharmacist Assistant	2	Security Guard Gr li	1
Pharmacist Grade 1 -2	3	Security Guard Gr liii	0
Physiotherapist (Com	23	Sn1 Staff Nurse Grade 1	25
Chief Physiotherapist	5	Sn2 Staff Nurse Grade 2	1
Pna1 Professional Nu	80	Speech Therapist (Communi	6
Pna2 Professional Nu	79	Speech Therapist And Audi	0
Pna3 Professional Nu	23	Speech Therapist Grade 1	0
Pna4 Professional Nu	29	State Accountant	0
Pna5 Clinical Programmes	0	Sw A4 Social Worker Grade	2
Pna5 Operational Man	2	Sw A5 Social Worker Grade	0
Pna6 Operational Man	2		
Pna7 Assistant Manager	3		
Pnb1 Clinical Nurse	8		
Pnb1 Professional Nu	33		
Pnb2 Clinical Nurse	3		
Pnb2 Professional Nu	5		
Pnb3 Operational Man	3		

Terminations Category	Number	Appointments Category	Number
Pnb4 Assistant Manager	1		
Pnd1 Lecturer Nursing	1		
Pnd2 Lecturer Nursing	0		
Porter	2		
Porter Senior.	0		
Production Level Cle	68		
Psychologist (Community)	31		
Psychologist Grade 1	2		
Radiographer Grade 1-2	8		
Revenue Clerk	9		
Sn1 Staff Nurse Grad	9		
Sn2 Staff Nurse Grad	3		
Sn3 Staff Nurse Grad	3		
Speech Therapist (Co	11		
Speech Therapist And	1		
Speech Therapist Gra	0		
State Accountant	20		
Supply Chain Clerk	1		
SW A4 Social Worker	1		
SW A5 Social Worker	0		
Tradesman Aid li	0		
Total Terminations	1038	Total Appointments	842

Table 14 Summary of Appointments vs Terminations

Narration	1 April 2019 to 31 March 2020
Appointments	842
Terminations	1038
NET Effect	196

Table 15 Vacancy Rate

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	170,00	146,00	14,10	3,00
All Artisans In The Building Metal Machinery Etc., Permanent	10,00	10,00	0,00	0,00
Ambulance And Related Workers, Permanent	817,00	740,00	9,40	0,00
Architects Town And Traffic Planners, Permanent	1,00	1,00	0,00	1,00
Archivists Curators And Related Professionals, Permanent	1,00	1,00	0,00	0,00
Artisan Project And Related Superintendents, Permanent	6,00	1,00	83,30	0,00
Auxiliary And Related Workers, Permanent	52,00	41,00	21,20	0,00
Building And Other Property Caretakers, Permanent	1,00	0,00	100,00	0,00
Bus And Heavy Vehicle Drivers, Permanent	31,00	20,00	35,50	0,00
Cleaners In Offices Workshops Hospitals Etc., Permanent	753,00	661,00	12,20	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
Client Inform Clerks (Switchboard Recept Inform Clerks), Permanent	25,00	23,00	8,00	0,00
Community Development Workers, Permanent	1,00	1,00	0,00	0,00
Computer Programmers., Permanent	1,00	1,00	0,00	0,00
Dental Practitioners, Permanent	48,00	38,00	20,80	14,00
Dental Specialists, Permanent	2,00	1,00	50,00	0,00
Dental Technicians, Permanent	1,00	1,00	0,00	0,00
Dental Therapy, Permanent	26,00	24,00	7,70	0,00
Dieticians And Nutritionists, Permanent	73,00	62,00	15,10	15,00
Dieticians And Nutritionists, Temporary	1,00	1,00	0,00	0,00
Emergency Services Related, Permanent	4,00	4,00	0,00	0,00
Engineering Sciences Related, Permanent	2,00	1,00	50,00	1,00
Engineers And Related Professionals, Permanent	5,00	3,00	40,00	0,00
Environmental Health, Permanent	34,00	25,00	26,50	13,00
Financial And Related Professionals, Permanent	14,00	12,00	14,30	0,00
Financial Clerks And Credit Controllers, Permanent	103,00	98,00	4,90	0,00
Food Services Aids And Waiters, Permanent	66,00	56,00	15,20	0,00
Food Services Workers, Permanent	2,00	2,00	0,00	0,00
Health Sciences Related, Permanent	9,00	5,00	44,40	0,00
Household And Laundry Workers, Permanent	132,00	109,00	17,40	0,00
Housekeepers Laundry And Related Workers, Permanent	10,00	10,00	0,00	0,00
Human Resources & Organisational Development & Related Prof, Permanent	1,00	1,00	0,00	0,00
Human Resources Clerks, Permanent	14,00	13,00	7,10	0,00
Human Resources Related, Permanent	2,00	2,00	0,00	0,00
Information Technology Related, Permanent	1,00	1,00	0,00	0,00
Leather Workers, Permanent	2,00	2,00	0,00	0,00
Legal Related, Permanent	3,00	3,00	0,00	0,00
Library Mail And Related Clerks, Permanent	4,00	4,00	0,00	0,00
Light Vehicle Drivers, Permanent	34,00	22,00	35,30	0,00
Material-Recording And Transport Clerks, Permanent	1,00	1,00	0,00	0,00
Medical Practitioners, Permanent	490,00	400,00	18,40	136,00
Medical Practitioners, Temporary	13,00	13,00	0,00	0,00
Medical Research And Related Professionals, Permanent	1,00	1,00	0,00	0,00
Medical Specialists, Permanent	61,00	39,00	36,10	1,00
Medical Specialists, Temporary	6,00	6,00	0,00	0,00
Medical Technicians/Technologists, Permanent	9,00	6,00	33,30	0,00
Messengers Porters And Deliverers, Permanent	89,00	77,00	13,50	0,00
Motor Vehicle Drivers, Permanent	6,00	3,00	50,00	0,00
Nursing Assistants, Permanent	936,00	822,00	12,20	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
Occupational Therapy, Permanent	68,00	53,00	22,10	21,00
Optometrists And Opticians, Permanent	2,00	2,00	0,00	0,00
Oral Hygiene, Permanent	2,00	2,00	0,00	0,00
Other Administrative & Related Clerks And Organisers, Permanent	948,00	859,00	9,40	48,00
Other Administrative Policy And Related Officers, Permanent	20,00	19,00	5,00	0,00
Other Information Technology Personnel., Permanent	9,00	6,00	33,30	0,00
Other Occupations, Permanent	6,00	4,00	33,30	0,00
Pharmaceutical Assistants, Permanent	71,00	65,00	8,50	0,00
Pharmacists, Permanent	185,00	143,00	22,70	42,00
Pharmacologists Pathologists & Related Professionals, Permanent	44,00	41,00	6,80	0,00
Physiotherapy, Permanent	73,00	55,00	24,70	24,00
Printing And Related Machine Operators, Permanent	2,00	2,00	0,00	0,00
Professional Nurse, Permanent	893,00	1 589,00	16,10	98,00
Professional Nurse, Temporary	2,00	2,00	0,00	0,00
Psychologists And Vocational Counsellors, Permanent	25,00	16,00	36,00	2,00
Radiography, Permanent	106,00	88,00	17,00	13,00
Secretaries & Other Keyboard Operating Clerks, Permanent	2,00	2,00	0,00	0,00
Security Guards, Permanent	71,00	71,00	0,00	0,00
Security Officers, Permanent	1,00	1,00	0,00	0,00
Senior Managers, Permanent	29,00	17,00	41,40	1,00
Shoemakers, Permanent	1,00	0,00	100,00	0,00
Social Work And Related Professionals, Permanent	34,00	33,00	2,90	0,00
Speech Therapy And Audiology, Permanent	37,00	26,00	29,70	11,00
Staff Nurses And Pupil Nurses, Permanent	289,00	239,00	17,30	3,00
Supplementary Diagnostic Radiographers, Permanent	1,00	1,00	0,00	0,00
Trade Labourers, Permanent	17,00	16,00	5,90	0,00
Trade/Industry Advisers & Other Related Profession, Permanent	1,00	0,00	100,00	0,00
Total	8 013,00	6 866,00	14,30	447,00

Achievements

- Compliance rate of SMS documents captured on PERSAL system standards at 89%; from a total number of 28 officials only 25 were complied.
- The unit attended two (2) hearings pertaining two (2) SMS officials and one (1) pending for finalization.
- Presentation of PMDS Policy to the Health Area Managers of the ZFM District was conducted through facilitation of DHS whilst the Pixely Ka Seme District could not be attended to.
- Payments of omitted employees of Pixely Ka Seme District concluded.

Challenges and measures planned to overcome them

Table 16 Challenges and proposed corrective actions (HRM)

CHALLENGES	PROPOSED CORRECTIVE ACTION
<ul style="list-style-type: none"> ▪ Non implementation of declined PILLIR applications 	<ul style="list-style-type: none"> ▪ All designated managers must enforce the decision of the Health Risk manager
<ul style="list-style-type: none"> ▪ Inadequate buy-in from District and Facility Managers with regard to the Employee Health and Wellness Programme (EHWP) 	<ul style="list-style-type: none"> ▪ Releasing of appropriately trained staff to the EHW Programme who are able to manage and operationalise the program
<ul style="list-style-type: none"> ▪ Exit interviews not completed (non-compliance of approved circular) 	<ul style="list-style-type: none"> ▪ Managers to be held accountable for non-compliance
<ul style="list-style-type: none"> ▪ Non implementation of recommendations from the SHERQ office 	<ul style="list-style-type: none"> ▪ Managers to be held accountable for non-compliance
<ul style="list-style-type: none"> ▪ Training needs are not central and continuous throughout the year and does not cater for all employees of the Department, irrespective of levels 	<ul style="list-style-type: none"> ▪ Managers and supervisors need to be trained quarterly (Refresher Course) ▪ Training methods needs to be focus-based on the directorates / units for relevance ▪ Questionnaire's to be developed so that we are able to have an understanding in terms of the 4th Industrial Revolution, unemployment, financial and personal growth
<ul style="list-style-type: none"> ▪ Interpretation and implementation of new templates remain a challenge despite being in existence for two years 	<ul style="list-style-type: none"> ▪ Introduction of Operational Plans during the submission of these documents at the beginning of the financial year ▪ Invitation of managers and supervisors to the Intermediary Review Committee (IRC) so that we get a better understanding of what the challenges are in terms of the population of these documents
<ul style="list-style-type: none"> ▪ Monthly submission of the recorded Provisional Assessment Rating Report to the Provincial Office by facilities and Districts for units and directorates at their respective institutions 	<ul style="list-style-type: none"> ▪ Check the alignment on the Operational Plans versus the unit/directorate performance agreements and assessments ▪ Provide guidance to all deviations experienced
<ul style="list-style-type: none"> ▪ Reviewing of the outcomes of the provisional rating scores 	<ul style="list-style-type: none"> ▪ The designated EPMDS official must provide the IRC with a report on all the provisional assessment ratings of the facility/ District and, if possible, the challenges and successes made through the financial year on particular units/directorates ▪ Ratings of the provided scores to be reviewed/compared and validated ▪ Any agreements brought forward must be handled by the Departmental Moderating Committee (DMC) with comments from the IRC
<ul style="list-style-type: none"> ▪ Monthly Reports from all facilities and Districts pertaining to the provisional assessment ratings, which should include challenges, failures and successes 	<ul style="list-style-type: none"> ▪ Recommendations to be made to the DMC based on Monthly reports received from all institutions ▪ Follow up on the implementation of the recommendation from the DMC ▪ Ensure that employee growth becomes central and it is in line with the Departmental strategic goal ▪ Provide the monthly reports to the various stakeholders ▪ Ensure that the implementation of incentives are done on time and within the allocated budget

Table 17 Strategic Objectives, Indicators, Planned Targets and Actual Achievements (HRM)

Strategic Objectives	Performance Indicator	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviations	Comments on Deviations
Produce, cost and implement human resources for health plans	Develop Human Resources plan	Approved HR Plan on the 30 June 2018	Reviewed Human Resources Plan	0	-1	<ul style="list-style-type: none"> ▪ Executive Management Committee took a decision to continue with the current Human Resource Plan.
To improve quality of health care by ensuring accountability	Percentage of Performance Agreements signed by SMS officials	88%	100%	26%	-74%	<ul style="list-style-type: none"> ▪ Strict adherence to EPMDS policy. ▪ Consequence management.

2.4.1.5 Sub-Programme 5: Finance & Supply Chain Management-

Priorities

- Attain an unqualified audit report through developing financial control systems

Sub-Outcome 6: Improved Health Management and Leadership.

Situational Analysis

- The Office of the Chief Financial Officer focused on the development of internal controls by updating the Audit Action Plan.
- These controls are informed by the Audit Outcome issued by the Office of the Auditor-General. The Audit outcome was issued on 31 August 2019 and resulted in a slight improvement compared to the previous financial year.
- The Department received a qualified Audit Opinion with the emphasis on the following main challenges: Asset management, irregular expenditure, revenue management and the management and monitoring of accruals.
- Financial reforms remained a priority and key policies are being finalised, and some are in circulation, with the aim of circulating the policies before the financial year end.
- Provincial Treasury is maintaining its support to the Department with the deployment of additional resources in some competencies, such as Asset Management and Revenue Management.
- The developmental process of the Departmental Asset Register is currently in progress with verification being at an advanced stage across the province.
- An under-collection of revenue has been realised during the current financial year due to structural issues, especially at different facilities. The situation is endeavoured to improve given the additional resources received.
- Procurement of the revenue collection system was concluded and the system is working well.
- The regularization of contracts, especially those that are on a month to month basis, are in progress.

Achievements

- The Department has finalised the individual project implementation plans to address the negative Audit Outcome.
- Project Implementation Plans addressing management of Accruals and Irregular Expenditure have been developed and are being implemented.
- The Department has received additional human resources for the asset verification and the revenue collection at the facilities.

Challenges and measures planned to overcome them

Table 18 Challenges and proposed corrective actions (Finance & SCM)

CHALLENGES	PROPOSED CORRECTIVE ACTION
<ul style="list-style-type: none"> ▪ Lack of a framework to address internal control deficiencies 	<ul style="list-style-type: none"> ▪ The Department has finalised the individual project implementation plans to address the negative audit outcome
<ul style="list-style-type: none"> ▪ The absence of a revenue management system at facilities has contributed toward negative audit outcomes 	<ul style="list-style-type: none"> ▪ The procurement of a revenue collection system concluded and is being implemented
<ul style="list-style-type: none"> ▪ Historical irregular expenditure awaiting investigation, condonation or write-off has contributed towards the inability to achieve a positive audit outcome 	<ul style="list-style-type: none"> ▪ Project Implementation Plans addressing management of Accruals and Irregular Expenditure have been developed and are being implemented ▪ Provincial Treasury has appointed a team of consultants to assist with this process.
<ul style="list-style-type: none"> ▪ The lack of an asset register will continue to negatively affect the audit outcome 	<ul style="list-style-type: none"> ▪ The process to develop the Asset register is underway ▪ The Department has received additional human resources from Provincial Treasury for the asset verification

Table 19 Strategic Objectives, Indicators, Planned Targets and Actual Achievements (Finance and SCM)

Strategic Objectives	Indicator	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviations	Comments for deviation
To ensure effective financial management in line with the Public Financial Management Act	Audit opinion from Auditor General	Unqualified Audit Report	Unqualified Audit Report	Qualified Audit Report	-	<ul style="list-style-type: none"> ▪ Lack of a framework to address internal control deficiencies. ▪ The absence of a revenue management system at Departmental facilities has also contributed toward negative audit outcomes. ▪ Historical irregular expenditure awaiting investigation, condonation or write-off has also contributed towards the inability to achieve a positive audit outcome. ▪ The management and monitoring of the Departments Accruals has further contributed to negative outcome. ▪ The lack of an asset register will continue to negatively affect the audit outcome.

2.4.1.6 Sub-Programme 6: Employment Equity and Gender

Priority

- Ensure gender equality, women empowerment at all levels and the promotion of diversity

Sub- Outcome 6: Improved health management and leadership.

Situational Analysis

The unit has faced a number of challenges to transform the Department from a clinical perspective of health care to a relationship centred health care system.

Insufficient support from Senior Management to truly address the issues of change, transformation and diversity has been a challenge.

The Change Management Directorate had a serious shortage of staff and only managed to get an Admin Clerk. The posts of Assistant Director, Senior Admin Officer and Admin Clerk are still vacant.

Achievements

- Finalisation of Equality Terms document
- Compiled Job Access Report on Disability

Challenges and measures planned to overcome them

Table 20 Challenges and proposed corrective actions (EE&G)

CHALLENGES	PROPOSED CORRECTIVE ACTION
<ul style="list-style-type: none">▪ Employment Equity Targets not achieved	<ul style="list-style-type: none">▪ The Employment Equity guidelines have not been signed by the unions and the HOD. We are planning to have a consultation session on the 24th Jul 2019 to finalise the process▪ The Employment Equity Guideline is expected to be finalised
<ul style="list-style-type: none">▪ Staff shortage: PA to the Director, 1 Senior, Admin Officer and 1 Assistant Manager	<ul style="list-style-type: none">▪ Human Resources is in the process of advertising all vacant posts

Table 21 Strategic Objectives, Indicators, Planned Targets and Actual Achievements

Strategic Objective	Performance Indicator	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviations	Comments on Deviations
Empowerment of women	Percentage of women in Senior Management positions in the Department	10%	11% (3/27)	8%	-3%	<ul style="list-style-type: none"> ▪ Employment Equity Plan was not implemented.
Promote Diversity and Equity awareness in the Department	Number of diversity and equity awareness programmes conducted	3	16	16	-	-

LINKING PERFORMANCE WITH BUDGET

Table 22 Linking Performance with Budget for Programme 1: Administration

Sub-Programme	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
Office of the MEC	15 282	18 134	(2 852)	19 677	19 204	473
Management	206 001	201 926	4 075	203 424	204 849	(1 425)
TOTAL	221 283	220 060	1 223	223 101	224 053	(952)

Narrative

- The programme underspend its budget by 1 percent or R1.223 million of the allocated budget, this is due to the delay in procurement of capital items.

2.4.2 PROGRAMME 2: District Health Services

Priorities

District Management

- Ensure accessibility to health care services by Improving the administration of Primary Health Care and District Hospital Services
- Ideal Health Facility Realization and Maintenance
- Primary Health Care re-engineering

Quality Assurance

- Improve patient complaints resolution rate within the province
- Improve percentage safety incidents rate within the province
- Improve the percentage of facilities that have conducted self-assessments

Situation Analysis

Performance of District Health Services has improved by 25%, as compared to the previous financial year, with the indicators achieved for **2019/20** is 5 out of 8 (63%), whereas in 2018/19 3 out of 8 indicators were achieved (38%).

District Health Services is recognised as a critical component in the provincial health service delivery system and District Management Teams are integral to the management of a whole health system, i.e. being proactive and responding to health outcomes.

Re-engineered Primary Health Care (PHC) services have a major focus on improving the delivery of health care services within the District Health System (DHS). Building a high quality and effective PHC service delivery platform as the foundation for the health system is critical for four reasons:

- To put emphasis on prevention and promotion through PHC to reduce burden of diseases and the need for curative health services, which is very expensive.
- Community based PHC is most accessible to the population, compared to other levels of health services (such as hospital care) and is, therefore, critical for achieving the universal coverage goal of ensuring access needed to health services such as preventive, promotion, curative and rehabilitative services; and also for achieving improved health outcomes.
- To make services more affordable and sustainable.
- To strengthen health promotion, preventative care and early presentation at the PHC level will reduce the probability of complications.

Ideal Facility Realisation and Maintenance (IFRM)

Self-assessments are conducted by all facilities in the 1st quarter of the year. The Peer Review updates for the Ideal Clinic Realisation and Maintenance were done from the 11th-22nd November 2019 in four Districts, excluding PKS District. The Peer Review Updates (PRU) were scheduled in the 4th quarter 2019/20 but could not be done as planned in mid-March due to the COVID-19 disruptions.

The province achieved the following for Ideal Clinic Realisation Maintenance

- Platinum - 4 Facilities
- Gold – 16 Facilities
- Silver - 37 Facilities
- Not Achieved: 106 Facilities

The Districts need to continuously monitor their quality improvements on the non-achieved components to ensure that facilities qualify and maintain the Ideal Clinic status. Non-achievement is attributed to: Non-calibrated or maintained essential equipment, non-compliance on infection control, patient experience and complaints not captured on the web based system, non-certification of health facilities, Human Resources (WISN), etc.

Service Delivery Improvement Plan (SDIP)

The Service Delivery Improvement Plan for 2018/19-2020/2021 focuses on the Primary Health Care re-engineering, with the specific focus on:

- Provision of Primary Health Care Services - To be responsive to the health demands of our communities especially in hard to reach areas, services are rendered at the various health posts. A costed plan was done to explore procurement of additional mobile units for easy accessible healthcare services.
- Provision of quality health care at PHC facility - To monitor quality, the PHC facilities conduct a bi-annual survey on the patient experience of care, and the percentage of positive experience based on the survey is currently 68%. The Ideal Clinic Realisation and Maintenance is another tool that the province is using to monitor quality of services at the Primary Health Care and fifty-seven (57) of our facilities have attained the Ideal Clinic status.
- Appointment of critical posts - The province experienced protests in the districts due to shortage of staff in our health facilities, this had a negative impact on service delivery. To address the grievances of the protests, the District Health Services unit in collaboration with the district managers costed and prioritised posts for all districts, submissions were compiled for the appointment of critical dire need posts. The province appointed sessional nurses in all districts to alleviate pressure from high volume facilities. Other critical posts were also filled during this financial year.
- Waiting Time - The waiting time is monitored in facilities throughout the province. Waiting time has improved from 4 hours to less than 2 hours. Facilities are monitoring the waiting time to improve on the patient experience of care.

Central Chronic Management Dispensing and Distribution (CCMDD)

We are depicting an increase in the number of patients registered on the CCMDD programme from 65 511 in Quarter 3 to 67 324 in Quarter 4 of the **2019/20** financial year. The main aim of the CCMDD is to decant stable patients at facility level and decrease the waiting time.

National Health Insurance (NHI)

NHI is a health financing system that is designed to pool funds for the provisioning of access to quality, affordable and personal health care services for all South Africans based on their health needs and irrespective of their socio-economic status. NHI is intended to ensure that the use of health services does not result in financial hardships for individuals and their families.

NHI Roadshows were conducted in all districts to create awareness and market this strategy to all relevant stakeholders. These sessions were well attended throughout the province.

District Health Management Office Structure (DHMO)

The National Department of Health revised the DHMO and the districts ensured alignment of the DHMO with the costed Human Resource Plan to ensure proper equity.

DELEGATIONS

District Director - Finance & SCM

- Requisitions, Orders and Payments: Quotes obtained up to R500 000, RT tenders up to R1 000 000
- Human Resource appointments: No delegations
- Maintenance and repairs
 - Limited to only small repairs - broken windows, small plumbing, etc.
 - Air-conditioning, cooling systems, medical equipment, security systems, etc. are not covered

CEO's - Finance & SCM

- Requisitions, Orders and Payments: Quotes obtained up to R100 000, RT tenders up to R500 000
- Human Resource appointments: No delegations
- Maintenance and repairs
 - Limited to only small repairs - broken windows, small plumbing, etc.
 - Air conditioners, cooling systems, medical equipment, security systems, etc. are not covered

Complaints Management and Patient Safety Incidence

There has been poor reporting on Patient Safety Incidence throughout the province. The challenges of user access on both systems are currently managed by the National Department of Health Quality Assurance Unit. User access was addressed and this will improve compliance throughout the province.

Achievements

- Anaesthetic machine procured at Tshwaragano Hospital in the JTG District and the theatre is now operational. This has enhanced service delivery.
- Drilled bore holes at Cassels CHC, Bendel Clinic, GW Maroro Clinic and Mosalashuping Clinic has improved infectious control standards and service delivery.
- Effective and successful rollout of the Antibiotic Stewardship Programme was implemented at Keimoes CHC and training on the Antibiotic Stewardship Programme was conducted at Postmasburg Hospital.

Challenges and measures planned to overcome them

Table 23 Challenges and proposed corrective actions (DHS)

CHALLENGES	PROPOSED CORRECTIVE ACTION
HUMAN RESOURCES	
<ul style="list-style-type: none"> ▪ Shortage of staff/critical posts not filled will hamper on effective good quality service delivery. ▪ Increased litigations will affect the health outcomes. 	<ul style="list-style-type: none"> ▪ An extensive exercise was done in collaboration with District Managers prioritising costed plans for the MTEF period, all costed plans are submitted to the Human Resource Management unit. ▪ A comprehensive report on dire need posts was submitted to the ministry. MEC to source funding for critical posts.
ICT and INFORMATION MANAGEMENT	
<ul style="list-style-type: none"> ▪ Lack of ICT in some facilities will compromise: ▪ Effective communication ▪ Data quality ▪ Decision making and late reporting 	<ul style="list-style-type: none"> ▪ All facilities connected in Frances Baard, ICT is in a process of rolling out the connectivity in all districts, and all facilities will be using the LTE routers. ▪ ICT unit is engaging with Supply Chain Management to increase the data bundle packages to ensure facilities have sufficient data to capture information at facility level.
INFRASTRUCTURE	
<ul style="list-style-type: none"> ▪ Lack of maintenance budget 	<ul style="list-style-type: none"> ▪ Maintenance budget to make available for all districts by the Infrastructure unit.
FINANCE	
<ul style="list-style-type: none"> ▪ Limited Cash flow received from province impacting on accruals and commitments. ▪ Cash flow not available on time will affect efficient service delivery. 	<ul style="list-style-type: none"> ▪ Province Finance to release precise amount requested from district office to pay suppliers timeously.

Table 24 Strategic Objectives, Indicators, Planned Targets and Actual Achievements (District Health Services)

Strategic Objective	Performance Indicator	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviations	Comments on Deviations
Ensure quality primary health care services with optimally functional clinics by developing all clinics into ideal clinics	Ideal Clinic status rate	64% (101/159)	75% (122/163)	57/163 35%	-65%	<ul style="list-style-type: none"> Peer Reviews Updates was not done due to the preparation of health facilities for the COVID-19 pandemic
Improve efficiencies and quality of care at PHC facilities	PHC Utilisation rate – Total	2.2 Visits	2 Visits	2.2 Visits	+2 Visits	The department implemented the Integrated Clinical Services Management (ICSM) strategies to decant patients throughout the province, we have noted an increase in the headcounts in the second quarter.
	Complaints resolution within 25 working days' rate (PHC)	92.3%	90%	93%	+3%	Complaints are managed within the stipulated timeframe.

Table 25 Strategic Objectives, Indicators, Planned Targets and Actual Achievements (District Hospitals)

Strategic Objective	Performance Indicator	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviations	Comments on Deviations
Improve efficiencies and quality of care at district Hospitals	Average length of stay (District Hospitals)	3.3 days	3.2 days	3.5 days	+0.3 days	Community Healthcare Centres in the Province operate as hospitals and admit patients for more than 24-hour. This has a negative effect on the efficiency indicators on the overall District Hospitals.
	Inpatient Bed Utilisation Rate (District Hospitals)	54.2%	55%	53.6 (54%)	-1%	<ul style="list-style-type: none"> Some Community Health Centres in the province operate as hospitals and admit patient's for more than 24 hours
	Expenditure per PDE (District Hospitals)	R2 733.1	R2 950	R3 365.8	-R415.8	<ul style="list-style-type: none"> Accruals and miss-alignment of the budget
	Complaint Resolution within 25 working days' rate (District Hospitals)	96.2%	90%	91%	+1%	Complaints are managed within the stipulated timeframe.

2.4.2.1 Sub-Programme 1: HIV/AIDS and STI

Priorities

- Accelerate prevention in order to reduce new HIV and TB infections and other STI's through combination preventative methods.
- Reduce illness and deaths by providing treatment, care and adherence support for all infected people in line with the 90 90 90 strategy:
 - 90% of all people living with HIV will know their HIV status.
 - 90% of all people with an HIV diagnosis will receive sustained antiretroviral therapy;
 - 90% of all people receiving antiretroviral therapy will achieve viral suppression.
 - 90% of all people who need TB treatment are diagnosed and receive appropriate therapy as required.
 - 90% of people in key and vulnerable populations are diagnosed and receive appropriate therapy;
 - Treatment success is achieved for least 90% of all people diagnosed with TB.
- Reach all vulnerable and key populations with comprehensive, customised and targeted interventions.
- Address social and structural drivers of HIV and TB infection and STIs (multi-sectoral approach).

Situation Analysis

2019/20 Budget Expenditure

The approved budget allocation for the HIV & AIDS Conditional Grant was adjusted from R478 242 000 in **2018/19** to R524, 636 (R'000), and this further increased to R596 275 (R'000) in **2019/20**. This represents an adjustment of 13.7%, which is substantially higher than the annual adjustment of 9.7% between the **2018/19** and **2019/20** budgets. There were no approved rollovers from the previous financial year.

The programme spent 100% of the grant allocation, however, certain activities could not be executed due to delays in procurement by the Supply Chain Management. Funding allocation for these activities were reprioritised to cover other areas within the Programme. Below are activities that were initially planned in the **2019/20** Conditional Grant Business Plan but were not processed:

- Filling of post - District Prevention Coordinators (Namakwa, JTG & ZFM)
- Filling of post - District Monitoring & Evaluation Officers (Frances Baard, ZFM)
- Filling of post - Clinical Mentor
- Filling of post - MCWH&N Coordinators (JTG, Namakwa and PKS)
- Procurement for the hiring of dedicated transport for condom distribution in all five districts
- Procurement of Community Health Worker's uniform and tools of trade not processed due to slow SCM processes

Performance Analysis

The HIV & AIDS, and STI unit only managed to achieve one indicator out of the four (4) for the **2019/20** financial year. The indicator which has exceeded was Medical Male Circumcision, where 7 631 males were circumcised against the target of 6 954. However, on the other three indicators, the programme achieved less than eighty percent (80%) on the set annual targets, namely:

- Number of male condoms distributed achieved eighty-six percent (96%)
- Total remaining on ART achieved ninety-six (96%)
- Number of people tested for HIV achieved ninety-six (96%)

Community Awareness Campaigns/Events

World AIDS Day 2019

The Directorate participated in the commemoration of the Provincial World AIDS Day which took place in the PKS District, between the 30th November and the 1st December 2019 where coordination was being led by the Provincial AIDS Council (PCA) through the Office of the Premier.

The World AIDS Day and World TB Day (WTBD) are commemorated as outreach events and a number of activities were conducted during event. At least ten (10) needy families identified by the Department of Social Development are allocated to each MEC for support over a period of twelve months. The following are some of the services rendered to those families:

- Distribution of food parcels: The identified families receive monthly food parcels from the MEC. The aim of this exercise is two-fold, namely to improve nutrition to make individuals ambulant enough to seek employment and to improve HIV and TB outcomes caused by poor nutrition. Ultimately, the distribution of food parcels leads to improved health outcomes.
- Identification of change agents: Another activity of the commemorative events is the identification of an individual from within a needy family for support. The aim is for the identified individual to be supported until they are self-sufficient.
- Referral of needy family for intervention: The Department is required to liaise with relevant Departments to address issues identified, e.g. Department of Home Affairs to address issues of identification cards. It is the view of the PCA that the broader vision of the National Development Plan (NDP) will be better served using a multi sectoral approach involving government, private sector, organised labour and civil society.

Provincial Sexual and Reproductive Health Awareness Month

The HAST Directorate hosted the Provincial event on Sexual and Reproductive Health Awareness campaign in Dithakong, JTG District, on 12 February 2020; this event was part of the provincial February awareness activities. This was a joint program with other health programmes such as Maternal, Child, Youth & Women Health (MCYWH) and Health Promotion, where the following activities were undertaken:

- Health screening
- Distribution of IEC materials
- Condom promotion and distribution
- Information sharing of sexual health and teenage pregnancies
- Medical male circumcision, etc.

A multi-disciplinary health team conducted a series of build-up activities that included condom distribution, community dialogues on pertinent health topics and conducting of health screenings among school learners in all five (5) districts. The main objectives of these awareness campaigns were to contribute to the reduction of unwanted teenage pregnancies, prevention of new STI and HIV infections and to encourage healthy lifestyle practices among the targeted population.

HIV Testing Services (HTS)

The HIV & AIDS Directorate embarked on a strategy to identify fifteen (15) high volume facilities for HTS and ART support. One of the selection criteria was the number of facilities which covers a larger population. In response, the high volume facilities were earmarked for support visits in the five districts throughout the financial year by the HAST sub-directorate. Some of the activities which took place during the support visits include:

- On-site training and mentoring on monitoring and Evaluation (M&E) related issues such as data verification, recording and reporting of community testing
- Ensuring quality assurance procedures are followed during HIV testing
- Monitoring of weekly performance against set weekly targets
- Clarity on reporting and capturing of out of facility HTS data. This has previously been identified as a challenge faced by facilities resulting in under-estimation of HIV tests provided in the catchment areas.

Compared to the previous financial year, performance was exceeded by 2.4%. In **2019/20** the programme managed to test 285 915 clients.

The following HTS related trainings took place during the **2019/2020** financial year:

- Through support from the World Health Organization (WHO), the HTS sub-programme conducted a two-day HIV Index Testing training with close to a hundred participants being in Kimberley. The participants comprised of provincial health programmes, district HIV Clinical Programme Coordinators and Non-Governmental Organizations (NGOs). HIV Index testing is an intervention to identify adults, adolescents and children at high risk of HIV infection through home visits for HIV testing of their biological children and sexual partners with unknown HIV status.
- HIV Rapid Testing Quality Improvement Initiative (RTQII) training was provided for thirty-five (35) HTS Lay Counsellors from the Frances Baard and PKS Districts. This training is aimed at improving the quality of the HIV Rapid testing in public facilities, as provided by Lay Counsellors, in order to ensure accuracy of HIV testing results.
- The HTS programme with support from Life-line conducted two trainings, the first of which was a Refresher Course for thirty (30) HTS Counsellors. The second training was a ten (10) day basic HIV Counselling and Testing Course for untrained counsellors and CHW's.

Attainment of the 90-90-90 TB/HIV Targets

The 90-90-90 HIV/TB Strategy was introduced by the United Nation's programme on HIV & AIDS in 2013 and adopted by South Africa in 2015 with a set of specific goals to be reached by 2020. In 2015 South Africa adopted the UNAIDS 90-90-90 targets for both HIV and TB programmes, with the timeline of achieving these targets by December 2020. All nine provinces in the country were required to develop the Accelerated Surge Plans for Achieving 90-90-90 targets, a plan aimed at overcoming existing bottlenecks and fast tracking progress toward the 90-90-90 HIV and TB targets.

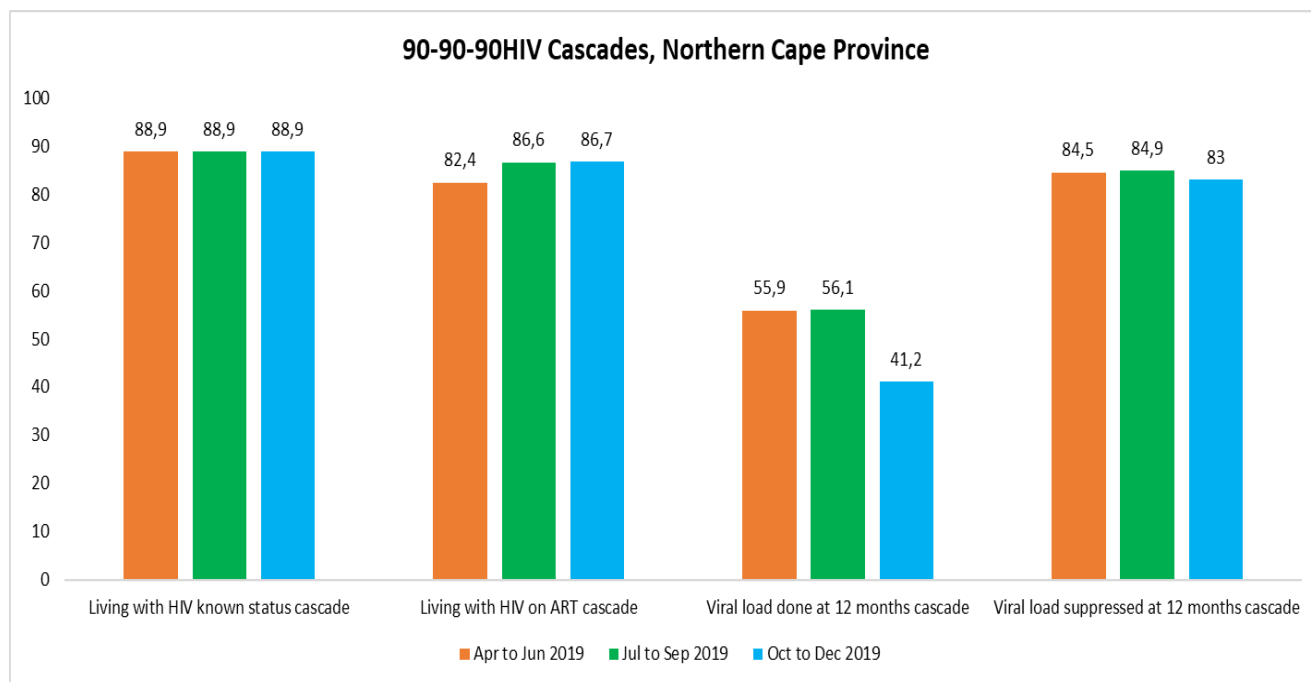
HIV Cascades

- Pillar 1 (Living with HIV known status) – the target is almost achieved with 88.9% of people living with HIV knowing their status in three successive quarters.
- Pillar 2 (Living HIV on ART) – there's been a significant improvement from 82.4% (Quarter 1: Apr – Jun 2019) to 86.7% by Quarter 3 (Oct – Dec 2019).
- Pillar 3 (Viral load done at 12 months) – there was a substantial drop in Quarter at 41.2% compared to previous quarters where a viral completion rate of 56% was achieved. This could be attributed to poor recording and/or under-reporting.
- Pillar 4 (Viral load suppression at 12 months) – the performance remained stable around 84% for this cascade. However, given the viral completion rate is below 80%, this is considered to be insufficient to discern any conclusion regarding accuracy of viral load suppression rate.
- There is notable variation on Viral Load Suppression between adult females and males, the female Viral Load Suppression is much higher (92%) compared to males (77%). This is largely due to adherence patterns between these groups, where males are more likely to start treatment late and not adhere to treatment.
- All districts have achieved the 1st Pillar of the 90-90-90 targets i.e. living with HIV known status (all achieving 90%).
- Viral load done is very concerning with the Provincial rate standing at 41.2%. At district level, Namakwa has the highest Viral load completion rate at 64%, followed by JTG (55%), PKS (53%), ZFM (46%) and Frances Baard (43%).
- Low viral load completion rate affects accuracy of reporting Viral Load Suppression as viral completion rate less than 80% is normally considered insufficient to derive the correctness of suppression levels.

TB 90-90-90 Targets

- TB Screening has improved from 59.8% in 2018/19 to 67.6% in **2019/20** even though this is below the 90% target remained stable throughout the financial year.
- The proportion of TB confirmed cases initiated on TB treatment exceeded the target at 99% due to improved treatment counselling and strengthened reporting.
- The treatment success rate for susceptible TB remained below the set 80% target at 72%.

Figure 2 Provincial HIV Cascades, Total Population NC, 2019/20



Source: Tier.net, NCDOH, May 2020

Condom Distribution

The Northern Cape Department of Health managed to successfully register the donated condom distribution truck from the Society of Family Health (SFH) and subsequently received a valid fuel card from the Government Garage. The truck has been allocated to all districts through their District Condom Logistics Officers. Furthermore, a truck allocation schedule was signed for six (6) months and the Standard Operating Procedure was approved by the HAST Manager for managing usage between districts.

Most of the District Condom Logistics Officers undertook their annual leave days during April and May 2019 and this negatively affected the condom distribution rate in various districts. This was clearly evident by the non-achievement of the quarter one target, where the Province only managed to distribute 1.1 million against a quarterly target of 4 million.

A condom scale-up campaign in all districts, conducted by the Provincial Condom Programme, in the third quarter saw the province surpass its quarterly target of 3 030 876 condoms distributed by 1 597 524. The campaign involved all districts developing and implementing a Condom Scale Up Programme. Additionally, several interventions were made to ensure that the supply of condoms remain uninterrupted at all costs, these include:

- Engagements with the National Department of Health to ensure that the supply of condoms by National suppliers remains uninterrupted.

- Constant liaisons with support units, such as Supply Chain Management and Finance, to ensure that suppliers are paid on time.

HIV Treatment

The Province implemented the Revised 2019 Abridged Clinical Guidelines on 3 February 2020. Training was conducted in all health facilities and guidelines were distributed to all facilities for implementation. This process included the transition of stable ART patients from Tenofovir Emtricitabine Efavirenz (TEE) to Tenofovir Lamivudine Dolutegravir (TLD), as TLD is the preferred first-line treatment recommended by the World Health Organization (WHO).

The Province intend to have 59%, which is 46 020, of total clients on ART to be on TLD by end of March 2021. TLD was only launched in February 2020 in the Province, compared to the rest of the country where the roll-out started in December 2019. This means that technically the Province is behind by two months. The implementation followed a phased-in approach, where 1 841 ART patients were targeted to have been enrolled into TLD by end of March 2020. A weekly monitoring system was implemented where facilities needed to report their TLD initiations, however, this was abruptly interrupted by the COVID-19 pandemic; resulting in facilities ceasing to submit weekly reports as planned. As a result, the roll-out of TLD has been very slow in the first month of implementation. Only 19% of the monthly target was achieved with the Namakwa District being the only district to significantly exceed its target by 188% (i.e. 64 of 35). By the end of February 2020, a total of 504 patients had already been enrolled.

Community Outreach Services (COS) Programme

The Community Outreach Services (COS) Programme is comprised of the following components:

- Ward Based Primary Health Care Outreach Teams (WBPHCOT)
- Establishment of functional Adherence Clubs
- Defaulter tracking program
- HIV Testing Services and provision of basic TB screening for HTS clients

Despite having only being formally adopted at the end of the last financial year (2018/2019), the COS Programme has performed admirably over its short existence. The COS Programme managed to achieve success in all but two of its indicators. During the **2019/2020** financial year the COS programme attained 101% success rate for the number of under-five (5) headcounts covered and a 111% for the total number of headcounts. With regards to tracing defaulters, the programme managed to trace HIV and TB defaulters. Additionally, all appointed CHW's are now receiving stipends without any delay since being processed through Persal. The only challenge facing the programme is the training of Community Health Workers and Outreach Team Leaders (OTL's) for the Ward Based Primary Health Care Outreach Teams (WBPHCOT), where not a single individual from the two groups were trained. The programme needs to appoint appropriate OTL's who will further cascade training to and monitoring of CHW's.

Voluntary Medical Male Circumcision

The programme of Medical Male Circumcision (MMC) in the province is largely implemented by CHAPS, a subsidiary of AURUM which is contracted to the Department of Health through the National RT Tender. Access to MMC has always been affected by shortages of medical officers and professional nurses in the public hospitals hence the outsourcing of this service to AURUM.

The Voluntary Male Medical Circumcision Programme (VMMC) performance has always rested on three districts, namely JTG, Frances Baard and ZFM over the past financial year and it is evident that the status quo remains. This is largely due to the fact that AURUM is contracting private doctors in the above three districts, an intervention that has had a positive impact on improving access to MMC services.

The Provincial VMMC Programme conducted a number of trainings on CircumQ for professional nurses and medical doctors. The said trainings yielded a total of twenty-seven (27) clinicians from all five districts trained and certified

competent to conduct VMMC services. Mines were invited to send participants to take part in the trainings but failed to do so.

Additionally, the VMMC Programme provided support to initiation schools offering traditional male circumcision in areas around the Frances Baard District. This effort remains a key strategy for curbing any adverse effects or complications, including loss of life that may occur at traditional male circumcision events. Support visits by the VMMC Programme were done in all MMC sites and areas where CHAPS is operating to conduct monitoring, including verification of reports, before processing payments.

Achievements

- The Annual Target of Medical Male Circumcision was surpassed with an actual of 7 631 performed MMC (annual target = 6 954) as a result of the new approach of CHAPS to contract private doctors and including data mop-up where data from private doctors was integrated into WEBDHIS.
- Bi-Annual Provincial STI Sentinel surveillance meetings were held with all STI sentinel sites. This intervention has impacted positively on improving STI surveillance with an increase in the number of new STI episodes treated, including improved reporting.
- After prolonged delays in the recruitment process forty-eight (48) data capturer posts have been filled and trained from November on data management, WEBDHIS and Tier.Net.

The Province and all districts achieved target of the 1st Pillar of the 90-90-90 targets, i.e. living with HIV known status.

Challenges and measures planned to overcome them

Table 26 Challenges and proposed corrective actions (HIV, AIDS & STI)

CHALLENGES	PROPOSED CORRECTIVE ACTION
Human Resource	
<ul style="list-style-type: none"> ▪ The following posts have been vacant for more than a year and this has resulted in negative audit outcome, since DPSA requires any post to be filled within 6 months of it becoming vacant: <ul style="list-style-type: none"> ○ District Prevention Coordinators (Namakwa, ZFM, JTG) ○ Clinical Mentors ○ District M&E Officers (Frances Baard, ZFM) ▪ This is despite funding in the conditional grant 	<ul style="list-style-type: none"> ▪ Funding for filling of these posts to be allocated in the 2020/21 HIV Conditional Grant ▪ Submission to be made for approval by HOD and processing by Human Resource.
Programmatic	
HIV Testing Services	
<ul style="list-style-type: none"> ▪ Inadequate supervision of HTS Lay Counsellors at facility level resulting in targets not being met 	<ul style="list-style-type: none"> ▪ Regular monitoring by facility managers with supportive supervision by coordinators and Health Area Managers (HAMs) to ensure that Lay Counsellors adhere to their job contracts. ▪ Monthly Target Barometers have been distributed in all health facilities to ensure targets are monitored and met.
HIV Treatment	
<ul style="list-style-type: none"> ▪ UTT not adequately implemented in all facilities, due to unavailability of doctors or trained nurses. ▪ Attrition of NIMART trained nurses. 	<ul style="list-style-type: none"> - ▪ APC/NIMART Training for Nurses Facilities where there is backlog of initiation encouraged to prioritise initiation of clients. ▪ Fast track the APC/NIMART Training for Nurses.

CHALLENGES	PROPOSED CORRECTIVE ACTION
	<ul style="list-style-type: none"> ▪ Strengthen mentoring and the submission of Portfolio of Evidence by NIMART trained nurses.
<p>Condom Distribution</p> <ul style="list-style-type: none"> ▪ Unavailability of condoms in certain Primary Distribution Sites because most of the service providers could not agree to deliver condoms to the Province without any purchase order from NCDOH. ▪ Inadequate condom storage areas in the districts 	<ul style="list-style-type: none"> ▪ Condom procurement submission to be approved urgently in order to allow the process of generating the Condom Purchase Orders to unfold ▪ Long term: Avail more funding to renovate sites in Namakwa, ZFM, JTG and PKS ▪ Short term: Fast track the use of the approved submissions for renovation of the site in Frances Baard
Monitoring & Evaluation	
<p>Recording & reporting tools</p> <ul style="list-style-type: none"> ▪ Lack of PHC Registers in all facilities ▪ Inadequate ART Clinical Stationeries ▪ Slow pace of operationalisation of Tier.Net in Frances Baard 	<ul style="list-style-type: none"> ▪ Allocation to be made in the 2020/21 HIV Conditional Grant for procurement of stationeries ▪ Filling of the district M&E officer's post will go a long way in addressing M&E challenges in the district

Table 27 Strategic Objectives, Indicators, Planned Targets and Actual Achievements (HIV & AIDS, STI)

Strategic Objective	Performance Indicator	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviations	Comments on deviations
Increase HIV testing coverage, treatment and retain clients on ART	ART client remain on ART end of month – total	59 347	69 050	66 328	-2 722	<ul style="list-style-type: none"> Poor implementation of UTT. From 2 056 HIV tested positive clients, only 1 613 were initiated on ART (78% initiation rate). Poor programme coordination and monitoring at provincial and district level in Frances Baard as there's no full time Provincial Programme Manager and no ART Coordinator in the Frances Baard District despite having the bulk of ART clients resulting in poor implementation of Universal Test and Treat (UTT). Poor treatment adherence counselling & slow establishment of adherence clubs' due delays in training on the Adherence Strategy.
	HIV test done - total	285 915	306 904	292 938	-13 966	<ul style="list-style-type: none"> Three districts (i.e. ZFM, JTG, Namakwa) without Prevention Clinical Programme Coordinators which negatively affects coordination and supervision of HIV Testing Services. Some facilities not providing adequate health talks relating to HTS awareness and lay counsellors given other tasks.
Increase access to a preventative package of sexual and reproductive health (SRH) services including medical male circumcision	Male condom distributed	13 934 960	15 154 361	12 959 400	-2 194 981	<ul style="list-style-type: none"> Single condom truck still not adequate to completely address the shortage of condom transportation as this truck is rotated among the districts. Shortage of condoms due to supplier delays to deliver condoms on time, condoms only arrived by end of August and this affected performance of most of the districts in Quarter 1 & 2 respectively.
	Medical male circumcision- total	10 969	6 954	7 631	+677	<ul style="list-style-type: none"> Aurum (CHAPS) has contracted private doctors in the above ZFM, Frances Baard and JTG, an intervention that has had a positive impact on improving access to MMC services.

2.4.2.2 Sub-Programme 2: Tuberculosis (TB)

Priorities

- Accelerate prevention in order to reduce new HIV and TB infections and other STIs through combination preventative methods.
- Reduce illness and deaths by providing treatment, care and adherence support for all infected people in line with the 9-090-90 strategy:
 - 90% of all people living with HIV will know their HIV status
 - 90% of all people with an HIV diagnosis will receive sustained antiretroviral therapy
 - 90% of all people receiving antiretroviral therapy will achieve viral suppression
 - 90% of all people who need TB treatment are diagnosed and receive appropriate therapy as required
 - 90% of people in key and vulnerable populations are diagnosed and receive appropriate therapy
 - Treatment success is achieved for least 90% of all people diagnosed with TB
- Reach all vulnerable and key populations with comprehensive, customised and targeted interventions.
- Address social and structural drivers of HIV and TB infection and STIs (multi-sectoral approach).

Situation Analysis

TB Screening & DS-TB Case Finding

In implementing the Operation Phuthuma objectives, the programme identified 25 priority facilities, due to the high TB case load, which were monitored monthly. The Programme has been implementing the “Finding Missing Cases” strategy as it has shown that at least 4000 TB cases were missing and unaccounted for on the system. There is a low recording rate of screenings at facilities, which resulted in the planned target not being achieved. The TB screening rate at facility level obtained 68%, which is below the target of 80%. This is a concern, since the Province needed to achieve the target by December 2020, in line with the 90-90-90 set target. The total number of screenings (5 years and older) at PHC and Facility level was 2 278 656 and 1 539 926 respectively.

TB screening has improved from 59.8% in 2018 to 67.6% in **2019**. This data reflects improvement in data recording and quality across the districts. Frances Baard and JTG reported a screening rate of less than 50% during 2018 and this has improved to 57.2% and 59.7% respectively in **2019**. Interventions that were put in place to improve TB screening across the districts included training on recording & reporting stationery and data entry on Tier.net, procurement of screening books across districts and continuous onsite supervisory/engagement visits by coordinators. Treatment initiation coverage for districts is above 90% due to an initial lost to follow up and CHW's conducting tracing continuously to find and fast-track TB treatment.

The data on treatment outcomes of the facilities that are not on Phase 6 of Tier.Net of the TB Module is thus not reflected on this system. Facilities without Tier.Net are able to report manually on HIV data and their data is captured at district level. For TB it is required that any TB data should be digitized at facility level. By the end of the financial year the Province had 166 out of 256 facilities and it is hoped that by end of the new financial year all public facilities will be able to have digitized TB data recording and reporting.

Due to the fact that not all facilities are on Phase 6 of Tier.Net for TB Module, those facilities without the system their data on treatment outcomes is not reflected. Unlike the HIV side where facilities without Tier.Net are able to report manually and their data captured at district level, on the TB side it's a different story where it required that any TB data should be digitized at facility level. By the end of the financial year, the Province had 166 facilities out of 256 facilities and it is hoped that by end of the new financial year all public facilities will be able to have digitized TB data recording and reporting.

The TB investigation rate stood at 94%, with 10% of investigated confirmed with TB, but ZFM had the lowest confirmation rate of 6.5% and the highest being Frances Baard at 17%. All five districts performed well in terms of treatment initiation with all performing above 90% with provincial average at 99%.

Finding TB cases Actively Separate and Treat effectively (FAST) Strategy

The FAST strategy seeks to improve TB case detection efforts particularly with focus on the TB inpatient care. The total number of TB cases registration during Q3 and Q4 quarterly performance is reported at 1 300 and 1 410 respectively, representing an increase of 8.5% in Q4 (i.e. 110 more patients). In order to further strengthen the implementation of the FAST Strategy in the Province, in-service training sessions have been scheduled to take place in May 2020 in all hospitals. The training will be facilitated by national Department of Health (TB control) and ABBOTT (appointed training service provider).

Tuberculosis in the Mining Sector (TIMS)

The TIMS programme emerged from a recognized need for a regionally coordinated response to Tuberculosis and related illnesses among mineworkers, ex-mineworkers and their families and communities. Interventions include accelerate TB case finding, TB treatment and ART enrolment of TB patients and compensation claims for occupational lung diseases (SADC Code of Conduct on TB in the Mining Sector, 2015). Progress to date, interviews conducted for the post of a provincial Project Coordinator and the Team Leader for Frances Baard. The posts for the other two districts (ZFM and JTG District) will be re-advertised since there were no applications received.

The children under 5 years' data depicts inconsistent numbers i.e. "TB asymptomatic" plus "TB symptomatic" differs from the "screen for TB", the "TB asymptomatic also differs from the "IPT start", "TB symptomatic" differs from "TB start on treatment" hence TB control programme is implementing interventions to address TB management in children e.g. Trainings, engagements, visits etc.

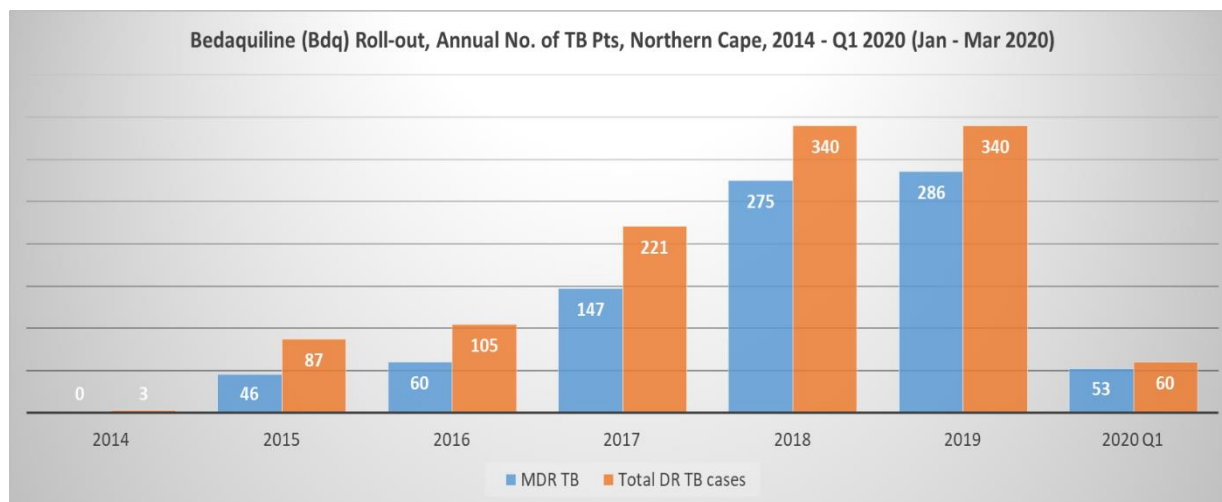
Table 28 DR-TB treatment Initiation

District	Started on Treatment			
	RR	MDR	Pre-XDR	XDR
Frances Baard	41	34	8	1
JTG	23	19	4	0
Namaqua	11	30	4	2
PKS	42	30	6	2
ZFM	41	35	13	17
Province	158	148	35	22

Source: EDR-Web extracted on the May 2020.

The breakdown of the DR-TB cases constitutes about 91.6% (55/60) Rifampicin Resistant/Multi Drug Resistant (RR/MDR) and PreXDR/XDR-TB constitutes about 8.3% (5/60). Furthermore, the Nurse Initiated MDR-TB (NIMDR) efforts regressed slightly with Rifampicin Resistant/Multi Drug Resistant (RR/MDR) patients initiated by professional nurses reflecting a performance of 33.3% (24/72) in Q3 and 30.9%(17/55) in Q4 2019/20.

Figure 3 Illustration of Annual Bedaquiline Roll-out, Northern Cape, 2014-2020, NC



Source: Northern Cape TB Control & Management Programme, April 2020

During the current financial year 2019/2020, the proportion of DR TB patients initiated on Bed is reported 88.3% (58/60) for RR/MDR TB and 100% (5/5) for PreXDR/XDR TB. The DR-TB programme treatment outcomes for i.e. MDR-TB treatment success is based on the 2018 cohort. A noticeable improvement in MDR-TB treatment success rate in both Long and Short Regimen as a result of reviewed treatment modalities yielding improved treatment success outcomes i.e. MDR TB treatment success for Long Regimen (LR) is reported at 59.1%(13/22) and Short Regimen (SR) treatment success is reported at 64.8% (46/71).

Additionally, the programme needs to engage the district and Primary Health Care level TB/HIV collaboration for treatment adherence optimisation, in order to reverse TB death and lost to follow-up (LTFU) for both regimens i.e. MDR-TB outcomes on LR death rate is at 18.2% (4/22) & LTFU at 18.2 % (13/22) in comparison to SR death rate at 14.1% (10/71) and LTFU at 18.3% (13/71).

The Northern Cape’s TB Control & Management Programme had planned to strengthening access to DR-TB services through decentralization model, with a target of 26 PHC facilities. By the end of the **2019/20** financial year, the Programme had achieved 100% coverage among five (5) districts. NIMDR coverage is at 100% attributed to availability of NIMDR TB professional nurses within all sub-districts. However, staff turnover impacts negatively on the NIMDR TB coverage, interim measures put in place includes redirecting services to nearby NIMDR treatment sites within the sub district and provision of NIMDR TB training to augment the capacity gap.

Medical Officers at both Dr. H. Surtie Hospital and West End Hospital as well as Namakwa continue to conduct scheduled OPD at districts (Namaqua, PKS, ZFM and JTG) including supporting the NIMDR TB focal nurses at facilities.

Achievements

- Appointments of three TB districts Coordinators (Frances Baard, PKS and Namakwa district).
- Interviews were conducted for five TB Focal Nurses in hospitals (Kuruman, Connie Voster, Springbok, Robert Mangaliso Sobukwe, and Postmansburg), and awaiting appointments.
- MDR-TB Success Treatment rate achieved and exceeded the first time in many years due to national intervention of implementing new treatment modalities.
- Fewer deaths reported among TB patients.

Challenges and measures planned to overcome them

Table 29 Challenges and proposed corrective actions (TB)

CHALLENGES	PROPOSED CORRECTIVE ACTION
<ul style="list-style-type: none"> ▪ The lack of TB Awareness, shortage of staff and uncoordinated Community Outreach Services contributes to the high death rates. 	<ul style="list-style-type: none"> ▪ Engagements held with NGOs inn ZFM, FB and JTG to address LTFU and high death rates. CHCW were provided with lists of patients to be traced. Districts in process to recruit some professional nurses to address issue of staff shortage and use of CHCW to manage TB Programme. ▪ Political support and partnerships is needed to address social determinants which contribute to high LTFU and death rates.
<ul style="list-style-type: none"> ▪ Poor implementation and reporting of Finding Missing TB Cases 	<ul style="list-style-type: none"> ▪ Provision is made in the new financial year for funding for TB Missing Cases Campaign. ▪ In-serve training on the TB U LAM for all hospitals, facilitated by National and ABBOTT(Serve Provider)
<ul style="list-style-type: none"> ▪ Poor coordination of TB in hospitals resulting in poor data management and linkage to care 	<ul style="list-style-type: none"> ▪ To improve TB Management at hospitals, Focal persons and data capturers needs to be appointed. ▪ Interviews were conducted for TB Focal persons for five hospitals(Springbok, Postmasburg, Kuruman, RSMH, Connie Voster)
<ul style="list-style-type: none"> ▪ Compromised data quality due to non-connectivity on facility level, slow procurement of computers, and lack of data lines and data capturers. ▪ Slow implementation of Integrated Tier/ETR.net module in Namakwa, JTG, ZFM and FB ▪ Poor clinical management (incomplete stationary, transfer notes, follow up on patients) due to lack of resources. 	<ul style="list-style-type: none"> ▪ District managers were engaged on the slow implementation of the Integrated ETR and Tier module at PHC facilities.

Table 30 Strategic Objectives, Indicators, Planned Targets and Actual Achievements (TB)

Strategic Objective	Performance Indicator	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviations	Comments on deviations
Reduce TB and MDR-TB mortality through increased access to screening, initiation and ensuring adherence to treatment	TB/HIV co-infected client on ART rate	91.4%	90%	89%	-1%	<ul style="list-style-type: none"> Poor implementation of UTT attributed to poor recording and reporting
	TB client 5 years and older start on treatment rate	-	90%	99%	+9%	<ul style="list-style-type: none"> This can be attributed to sustainable laboratory services for prompt diagnosis, consistent TB drug supply as no drug shortages were experienced during the reporting period. The 4 districts are above the 90%,
	TB client treatment success rate	77.5%	80%	74%	-6%	<ul style="list-style-type: none"> Poor treatment success due to high lost to follow-up. Poor socio-economic conditions also affects programme negatively that results in poor treatment adherence.
	TB client lost to follow up rate	9.9%	7.5%	9.9%	-2.4%	<ul style="list-style-type: none"> Poor socio-economic conditions also affects programme negatively that results in poor treatment adherence
	TB Client Death Rate	8.7%	7.5%	6.9%	+0.6%	<ul style="list-style-type: none"> The four districts are above the target of 7, 5%. The department is still seeing patients presenting late at the Health facilities. A death audit will be conducted in the new financial year to investigate this achievement. The adherence is a challenge because most patients are not adhering to TB treatment. Working together with Care and Support to establish support groups for TB patients.
	TB MDR treatment success rate	41.8%	45%	67.7%	+22.7%	<ul style="list-style-type: none"> A noticeable improvement in MDR-TB treatment success rate in both Long and Short Regimen as a result of reviewed treatment modalities yielding improved treatment success outcomes i.e. MDR TB treatment success for Long Regimen (LR) is reported at 59.1%(13/22) and Short Regimen (SR) treatment success is reported at 64.8% (46/71).

2.4.2.3 Sub-Programme 3: Mother to Child Woman's Health and Nutrition (MCWH&N)

Priorities

- Strengthen access to comprehensive sexual and reproductive health services
 - Provision of quality sexual and reproductive health services by health care providers on wide range of contraceptive methods
 - Integration of sexual reproductive health to other health services
- Promote Kangaroo Mother Care (KMC) for low birth weight babies
 - Facilitate establishment of Kangaroo Mother Care units in all delivering facilities
 - Monitoring implementation of KMC guidelines and protocols at all delivering facilities
- Implement Integrated School Health Programme in Quintile 1 - 4 schools and Special Schools
- Decrease child and maternal mortality
 - Monitor implementation of protocols and guidelines on management of conditions leading to maternal deaths quarterly.
 - Monitor implementation of basic and comprehensive emergency obstetric signal functions in all delivering sites quarterly
 - Improve community awareness on maternal health issues and MomConnect registration of all pregnant women
 - Improve Integrated Management of Childhood Illnesses coverage through distance training
 - Implementation of 10 steps to treat Severe Acute malnutrition (SAM) in PHC clinics and hospitals

Sub-Outcome 3: Implement the Re-engineering of Primary Health Care.

Sub-Outcome 9: Maternal, Infant & Child Mortality Reduced.

Situation Analysis

The Maternal death ratio in facility excluding coincidental deaths, motor vehicle accidents and death on arrival has steadily increased from 65.9 in 2017/18, 71.3 in 2018/19 to 109.9 2019/2020 (97.2 without coincidental cases) per 100 000 live births against the target of 115/100 000 (illustrated in Figure 1) 100 000. Most of the avoidable factors contributing to the maternal deaths were from patients managed at district hospitals (2017/18, 77.8%, 2018/19, 83.3% and 2019/2020, 86%). The four main patient related avoidable factors are delay in seeking medical care, no antenatal care and infrequent antenatal care. The three (3) main conditions that are causing maternal deaths are obstetric haemorrhage (OH), hypertensive disorders in pregnancy (HDP) and non-pregnancy infection account to 65.3% of avoidable maternal deaths in the province.

In attempt to reduce maternal deaths, the National Department of Health donated 20 Non pneumatic Anti-Shock Garments (NASG) and were distributed to maternity wards of Tertiary, Regional, 9 district hospitals and EMS respectively except the two in Namakwa district. Training was conducted on the use of NASG to doctors, midwives, EMS and non-clinical staff. The garment will be applied immediately on diagnosis of Post -Partum Haemorrhage (PPH) while the woman is being managed and during the transfer to the next level of care. It assists to stabilize pulse and blood pressure to prevent the woman from going into shock from PPH. Therefore, it might be of particular value when there are long ambulance delays or long distances for the ambulance to cover. Districts were supported on skills development, support visits, Perinatal Morbidity and Mortality Meetings (districts and facilities) and protocols on obstetric emergencies.

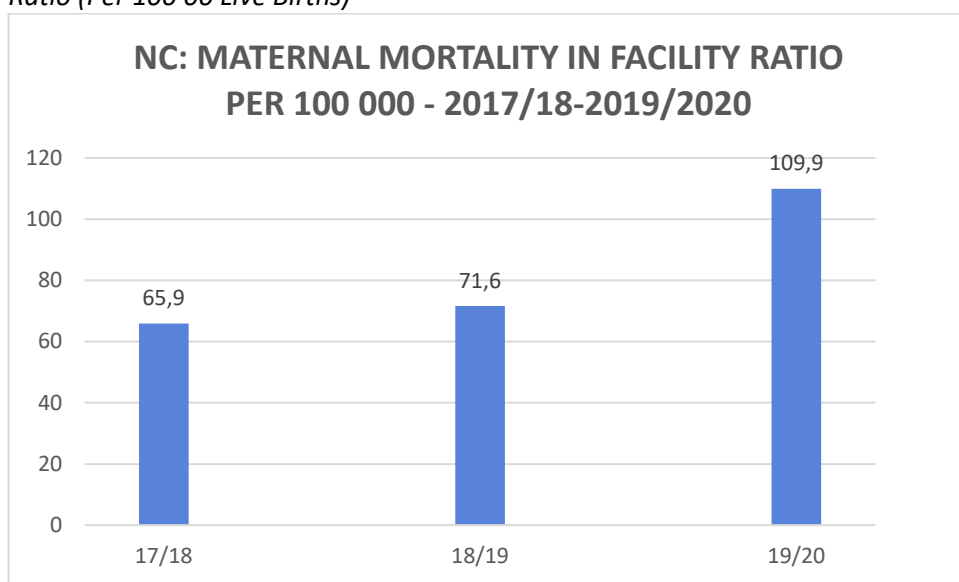
There is noted increase (685 in 2017/18 to 775 in 2018/19) in the Born Before Arrivals (BBA's) in John Taolo Gaetsewe District, Oliphantshoek area (Gamagara sub district) which prompted the maternal health sub directorate to conduct training and dialogue for traditional birth attendants and traditional healers. The purpose was to empower them with skills and knowledge on maternal health services in order to prevent morbidities and mortalities of both mothers and

babies and refer complications promptly. The challenge that might be leading to the outside facility deliveries highlighted was shortage of ambulances.

Facilities are encouraged to screen all women of reproductive potential 15 - 49 for pregnancy, including casualties at hospitals. Emphasis is also on home pregnancy screening to all women of reproductive potential by Primary Health Care Ward Based Outreach Teams, and also intensify awareness on early booking.

Figure 4 Maternal mortality per financial year

Ratio (Per 100 00 Live Births)



Source: WebDHIS, Northern Cape Department of Health, June 2020

Neonatal Care

Neonatal death in facility rate increased from 11.6% in 2017/18 and 2018/19 to 11.7/1000 in 2019/2020 against the target of 14.5/1000. The three main causes of deaths among neonates remains: Immaturity, Infection and Hypoxia. Lack of neonatal units in district hospitals, skilled health care workers in the Management of Sick and Small Newborns (MSSN), staff shortage, attrition and infrastructure also have contributed to the deaths throughout the province.

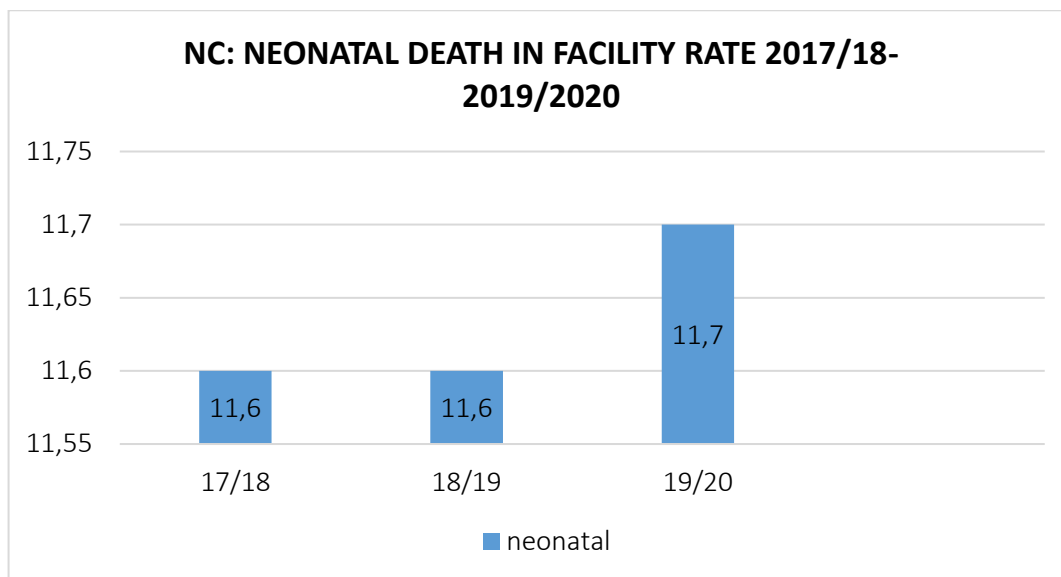
Health system strengthening strategy such as Provincial Neonatal and Children under 5 years' committee has been established to ensure implementation of the 3 ministerial committee recommendations and also to identify avoidable factors for better health outcomes.

Prevention of Mother to Child transmission (PMTCT)

The PMTCT programme has implemented new changes in 2019/20 from Tenofovir, Emtricitabine and Efavirenz (TEE) to Tenofovir, Lamivudine and Dolutogravir (TLD) fixed dose combination. The changes are due superior efficacy and viral suppression which will benefit reduction in mother to child transmission of HIV. There is minimal potential risk identified of using the above drug is neural tube defects in neonates.

Prevention of Mother to Child transmission remain constant at 1.3% positivity rate around 10 weeks against the target of 1.5%, however the initiation of pregnant women is not achieved due to the quality of data and clients who absconds from the facility before being initiated.

Figure 5 Neonatal Death in Facility Rate



Source: WebDHIS, Northern Cape Department of Health, June 2020

Sexual and Health Reproductive Health

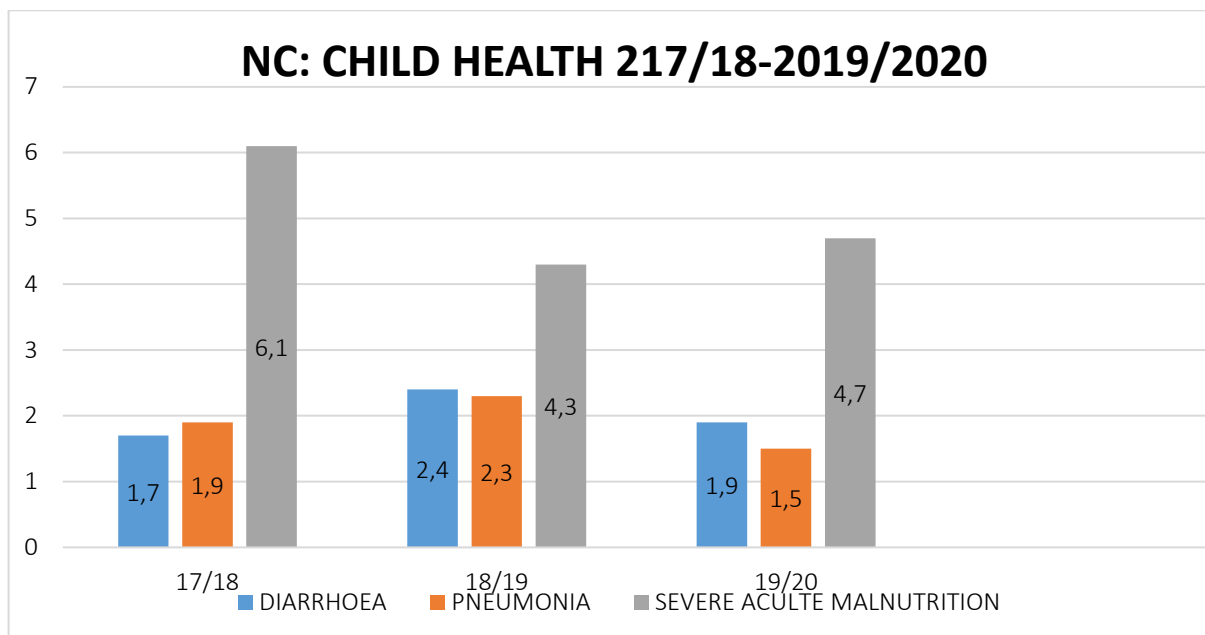
Couple Year Protection Rate sustained performance throughout the year due to the implementation of the long acting Intra Uterine Contraceptive Device (IUCD) method. General improvement was noted on utilisation of cervical cancer tracker tool, despite screening equipment still not procured on time in order to ensure continued screening on client demand. Status quo with CTOP (Choice on Termination of Pregnancy) services remains, due to none implementation at districts as a service package, and lack of training for Midwives due to funding challenges. Choice on Termination Of Pregnancy services are not easily accessible as it is offered in 4 facilities, ZFM (Postmansburg and Dr Harry Surtie Hospitals) Frances Baard (Galeshewe Day Hospital) and JTG (Tshwaragano) which might also have contributed to unwanted pregnancies, high teenage pregnancy and maternal deaths.

Child Health, EPI, School health, Youth and Nutrition

The targets on “under-five year case fatality rate” (Diarrhoea, Pneumonia and Severe Acute Malnutrition) have been achieved against the target 3%, 2,5% and 6% respectively due to improved management of children in hospital and auditing of deaths to identify modifiable factors which are corrected to improve inpatient care. In addition, the Integrated Management of Acute Malnutrition plans were implemented (April 2019) and the objectives was to prioritise and monitor activities that link to the management of acute malnutrition. The process is continuing and reports are submitted in July and January of each year until end of 2020/2021.

The new Road to Health Booklet was launched in the Province on 1st April 2019 at all maternity facilities (public and private). The booklet is for both boys and girls with the different growth charts for the two genders combined. It is enhanced by Side by Side campaign health promotion which is looking at 5 pillars such as Nutrition, Love, Protection, Health care and Extra Care. The campaign is there to improve awareness on all child health issues with specific emphasis on children younger than 5 years old. There are 48 radio dramas that are being aired every Thursday on local radio stations across the country, of which XKFM radio station has been selected for the Northern Cape. Three dieticians were appointed in Pixley Ka Seme District (Hester Malan and Manne Dipico Hospital) and Frances Baard (Robert Mangaliso Sobukwe Hospital) in June 2019.

Figure 6 Under-five year mortality indicators, Northern Cape



Source: WebDHIS, Northern Cape Department of Health, June 2020

Immunisation coverage under 1 year

The immunisation coverage under 1 year is achieved which contribute to the improvement of the herd immunity of the province. There is a challenge with Measles 2nd dose which is not achieved. The programme is currently improving its Public Private Partnership (PPP) to assist with Expanded Programme on Immunisation (EPI) services. The PPP allows children to have vast opportunity to have alternative in seeking care which improves health seeking behaviour of the community. The Non-Polio AFP rate was achieved against the target of 13 cases per year.

Table 31 Non-Polio surveillance performance per District

District	Target	Case detected
Frances Baard	4	6
JTG	3	2
PKS	2	2
Namakwa	1	1
ZFM	3	2
Total	13	13

Northern Cape has improved tremendously in Expanded Programme of Immunisation (EPI) surveillance on case findings and reporting. As a province, we have also contributed to the country’s achievement on being certified Polio-Free. The African Regional Certification Commission (ARCC) has accepted the South Africa national documentation of polio-free status. This was announced during the recent meeting in Lusaka on the 19th September 2019.

- The Sanofi Pasteur EPI Immunization Indaba was successfully executed from 10th - 11th September 2019 at the Kimberley Garden Court.
- EPI Coverage Survey underway in all District.

Integrated School Health Programme (ISHP)

The MCYWH&N Directorate managed to sign a memorandum of understanding (MOU) with Scatec Solar in the ZFM and INNOVO in JTG and PKS Districts to support the School Health programme which commenced from April to October 2019. The main objective was to increase the coverage of screening amongst Grade 1 and 8 learners which led to achievement of target for Grade 8 learners. The limited resources such as transport and shortage of staff remain a challenge in the implementation of ISHP effectively.

Table 32 Screened: Grade 1 and 8

District	School Grade 1 - learners screened	School Grade 8 - learners screened
Frances Baard District Municipality	2098	2026
JTG District Municipality	822	290
Namakwa District Municipality	0	0
PKS District Municipality	540	951
ZFM District Municipality	838	544
Provincial Total	4298	3811

Human Papilloma Virus (HPV) and Tetanus Diphtheria (Td) Campaign

The HPV campaign during February and March 2020, being referred to as the transition period was implemented in four Districts, excluding JTG due to challenges of resources e.g. transport. This is where the immunisation of learners was changed from Grade 4 to Grade 5. This therefore, resulted in opportunity to catch up learners who were not previously immunised due to no consent form or being missed or absent was provided with the HPV vaccination. The performance of 2019/2020 could not be reported due to unavailability of capturing system (Computer Software) which is the responsibility of National Department Health.

Table 33 Indicators and Targets (HPV 2nd Learner Coverage 2019)

District	No of Schools	Learner total	Learners immunized	Learner coverage	School coverage	No of vials wasted	No of vials received	No of vials left
Province	422 (EMIS)	-	-	-	-	-	-	-
PKS	64	1917	1551	80.9%	98.4%	47	2000	332
Namakwa	54 (58)	979	872	89%	100%	0	1087	187
Frances Baard	87	3593	3495	97.2%	100%	2	4433	438
ZFM	77	2425	1867	76.9%	100%	0	2125	258
JTG	119	3105	2984	86.1%	100%	16	3100	100
TOTAL	401	12073	10769	89.1%	99.7%	65	12745	1315

Data obtained by manual calculations from the Districts

Table 34 HPV and Td vaccination for Feb/March 2020

Provinces	Total number of Schools	Number of schools visited	School Coverage	Schools not visited	Total learners immunized for Td	Total number Grade 5 Girl immunised
NC	402	282	70.1%	120	9970	-

Adolescent and Youth Friendly Services

The teenage pregnancy in 10 to 19 years remain a challenge as presented by adolescents accessing facilities in high numbers. The AYFS programme appointed three coordinators (FB, JTG and ZFM) to support the AYFS programme, two Districts are outstanding due to Human Resource processes. The performance for 2017/2018 is 17, 6%, increased to 18.4% in 2018/19 and 2019/2020. The NDoH has renewed and signed the memorandum of understanding with Love Life in FB (Sol Plaatje, Dikgatlong), ZFM (Dawid Kruiper) and JTG (Gasegonyana) and Soul City in (Gasegonyana) to assist in addressing the teenage pregnancy challenges.

Table 35 Summary of Delivery in 10 to 19 years in facility rate

District	Delivery 10-14 years in facility	Delivery 15-19 years in facility	Total	Delivery in 10 to 19 years in facility rate
FB	68	1263	1331	15.9%
JTG	35	1016	1051	21.2%
NMK	6	273	279	19.1%
PKS	13	588	601	21.8%
ZFM	12	730	742	17.4%
Total	134	3870	4004	18.4%

Activities:

Perinatal Morbidity and Mortality Meeting

Quarterly

The John Taolo Gaetsewe and Pixley Ka Seme Districts

Facility

Connie Vorster and Galeshewe Day Hospitals

Support visits

- MCYWH&N team supported the quality assessment unit during assessment of private facilities for annual licencing. There is some improvement noted with regard to the implementation of guidelines; however, more effort is needed to strengthen the public private partnership. AYFS policy and Manual review in Gauteng facilitated by NDoH On site – support visit conducted in two facilities in PKS, where Liquid Base Cytology (LBC) is low and poor uptake on IUCD method.
- Tshwaragano reproductive health unit visited to monitor CTOP versus fertility control among youth and general population, as well as Dibeng, Siyathemba, Kathu and Gateway were among PHC facilities visited in JTG to monitor fertility control uptake, compliance on cancer reporting On site – support visit conducted in two facilities in PKS, where Liquid Base Cytology (LBC) is low and poor uptake on IUCD method.
- Tshwaragano reproductive health unit visited to monitor CTOP versus fertility control among youth and general population, as well as Dibeng, Siyathemba, Kathu and Gateway were among PHC facilities visited in JTG to monitor fertility control uptake, compliance on cancer reporting.
- Quality assurance visits for the Mother Baby Friendly Initiative, to determine compliance on the 10 Steps to Successful Breastfeeding, were conducted in Bill Pickard, Tshwaragano and Connie Vorster Hospitals.

Trainings

- BANC plus and ESMOE update training was conducted (October 2019) for Henrietta Stockdale Nursing College lecturers to keep them abreast with the new developments.
- Onsite training was conducted (October 2019) on the Emergency, Triage, Assessment and Treatment (ETAT) for casualty and paediatric staff at Kuruman Hospital to improve inpatient care for under 5's.
- Introduction of new cancer policy highlighting transition to Liquid Base Cytology (LBC) in conjunction with IUD, as a long acting contraceptive method, training was conducted for doctors and professional nurses in two Districts, namely PKS and ZFM Districts respectively.
- WBOT training conducted in PKS on women health service package.
- Training was conducted for Allied workers (dieticians, speech and occupational therapists) in October on the feeding of a child with cerebral palsy, how to evaluate their nutritional status and how to support caregivers in the feeding of these children.
- Training on Fertility control methods and Liquid Base Cytology in PKS, with emphasis on reporting tools promoted during TB / TLD training in De Aar (March 2020).
- Youth Zones activation training conducted by Soul City in JTG (March 2020), and all District MCWH coordinators participated in this training to improve the Adolescent and Youth training in the Districts throughout the province.
- Effective Vaccine Management Training conducted by NDoH (EVM) Training done (February 2020). 22 Pharmacists trained. Implementation plan by District Pharmacists to be submitted to NDoH (June 2020).
- EPI and EPI Surveillance Training conducted to 2nd Year Student nurses at the Henrietta Stockdale Nursing College in (March 2020). A Total of 56 Student nurses attended with a simulation session after the training. Training of 26 field for the 2019 immunisation coverage survey for the 2019 immunisation coverage concluded. Awaiting allocation of fieldworkers and dates for commencement of survey from NICD.
- SRH – IUCD training conducted in Frances Baard (June 2019), 32 midwives/medical officer were trained, PKS 35 midwives trained. A request made to Clinton Health Access Initiative (CHAI) to print 1000 SRH training flipcharts for Community Health Care Workers as well as 300 IUCD training files for clinicians as there is no printing budget for training tools.
- CHAI seconded to the province by NDoH) coordinated debriefing for CTOP Providers in ZFM District for 13 Midwives, a Psychologist and two counsellors.
- 24 Private practioners including Clicks, Dischem, SANDF AND Alpha Pharmacy were trained and sensitized on the new Road to Health Booklet (RTHB).
- Private practioners at Dischem pharmacy were trained on identification and management of SAM.
- Non-Pneumatic Anti-Shock Garment (NASG) training conducted to O&G Managers and staff at Robert Mangaliso Sobukwe Hospital to empower them on the management of Post-Partum Haemorrhage (March 2020).
- Training for Namakwa was conducted, 7 professional nurses were trained on Integrated Management of Childhood Illness (February 2020).
- 15 Henrietta Stockdale Nursing College students and one lecturer trained on IMCI.

- Support visit and training has been conducted for 56 health care workers (March 2020) in the PKS District on the revised PMTCT guideline for implementation of Tenofovir, Lamivudine and Dolutegravir (TLD) regimen.
- JTG: Tshwaragano reproductive health unit visited to monitor CTOP versus fertility control among youth and general population, as well as Dibeng, Siyathemba, Kathu and Gateway PHC.
- Visited Districts / facilities were provided with SRH information and reporting tools to ensure standardised reporting. Where Liquid Base Cytology (LBC) is low and poor uptake on IUCD method was noted, on-site training was conducted, also monitor fertility control uptake.

Calendar Events

- Health promotion activities were conducted as part of the Reproductive Health Month, which was celebrated at the JTG District in February 2020. In coordination of reproductive Health week in JTG and reached 250 Learners and 450 community members
- National World Breastfeeding week (August 2019) was celebrated in all 5 Districts including the Provincial office. The theme this year was “Empower parents, enable breastfeeding”. The 5 Districts had different activities planned. At the provincial office dialogues were conducted to find out if communities still see breastfeeding as important, why are mothers not doing exclusive breastfeeding, why is formula feeding still an option and what support should be provided to families to ensure continuous breastfeeding. A combined report of all Districts and facilities was submitted to National Department of Health.
- National Nutrition and Obesity week (October 2019) was celebrated throughout the province. Activities included radio talks, newspaper articles, health walks, health talks at facilities and food preparation demonstrations. The theme for this year was “Make eating whole food a way of life”. Every year this event is celebrated by different stakeholders such as Department of Health, industry and the Association for Dietetics in South Africa. In this period of time, World Food Day was also celebrated on the 16 October. In some areas the nutrition team supported other Departments such as Department of Basic Education on their planned events they had organized for that day.
- World Diabetes Day was celebrated (November 2019) throughout the province with different activities such as radio talks, health talks and health walks. Talks were also given at other Departments on the importance of screening, diet and management of the condition.

Achievements

The following nine out of the eighteen (9/18) indicators were achieved (50%):

- Mother postnatal visit within 6 days’ rate.
- Infant 1st PCR test positive around 10 weeks’ rate.
- Immunisation under 1-year coverage.
- Diarrhoea case fatality under 5 years’ rate.
- Pneumonia case fatality under 5 years’ rate.
- Severe acute malnutrition case fatality under 5 years’ rate.
- Couple year protection rate (annualised).
- Vitamin A 12 – 59 months’ coverage (annualised).
- Infant exclusively breastfed at DTap-IPV-Hib-HBV 3rd dose rate.

Challenges and measures planned to overcome them

Table 36 Challenges and proposed corrective actions (MCYWH&N)

CHALLENGES	PROPOSED CORRECTIVE ACTION
<ul style="list-style-type: none"> ▪ No appointments of: <ul style="list-style-type: none"> ○ 2x Dieticians at Tshwaragano District Hospital ○ 1x Dietician at ZFM District ○ 1x Dietician at Postmasburg Hospital ○ 1x Dietician at Calvinia ○ 1x Nutrition Advisor at Postmasburg ○ 1x Chief Dietitian at PKS 	<ul style="list-style-type: none"> ▪ Prioritization of these posts for appointment
<ul style="list-style-type: none"> ▪ Slow payment of nutritional supplement invoices which cause a delay in deliveries 	<ul style="list-style-type: none"> ▪ Payment of essential items to be prioritized
<ul style="list-style-type: none"> ▪ Challenges regarding Data capturing for the HPV campaign still exist. This makes accurate reporting of data for the campaign impossible. 	<ul style="list-style-type: none"> ▪ The data capturers appointed at the Districts have back captured data. NDOH will provide the province with a strategy in order to capture the outstanding data.
<ul style="list-style-type: none"> ▪ The HPV campaign could not be conducted in the JTG District due to transport challenges 	<ul style="list-style-type: none"> ▪ Prioritize HPV in JTG during next HPV campaign
<ul style="list-style-type: none"> ▪ Insufficient transport in Districts for ISHP teams to conduct screening 	<ul style="list-style-type: none"> ▪ Transport to be prioritised
<ul style="list-style-type: none"> ▪ HPV campaign was conducted and the immunizations of Td to all grade 5 girls and boys 	<ul style="list-style-type: none"> ▪ Child Health coordinators to closely monitor the screening of learners in the Districts.

Table 37 Strategic Objectives, Indicators, Planned Targets and Actual Achievements (MCYWH&N)

Strategic Objective	Performance Indicator	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation	Comments on Deviation
Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional status of children	Antenatal 1 st visit before 20 weeks' rate	63.1%	64%	65.1%	+1.1%	<ul style="list-style-type: none"> Continuous awareness campaign on importance of early booking. Facilities encouraged to screen all women of reproductive potential 15 -49 for pregnancy on daily basis. Emphasise on home pregnancy screening to all women of reproductive potential by WBOTs.
	Mother postnatal visit within 6 days' rate	65.3%	62%	68.6%	+8.6%	<ul style="list-style-type: none"> Linkages between delivery sites and PHC's. Improved capturing of this indicator at hospital level.
	Antenatal client starts on ART rate	96,3%	98%	93.3%	-4.7 %	<ul style="list-style-type: none"> Four Districts did not achieve their 100% initiation target: Frances Baard: 91.7%, JTG: 93.1, % Namakwa 98.4%. PKS: 95.9% and ZFM: 93.6. Follow-up has been done with the Districts and reported that there are pregnant women who absconded after receiving their positive results before being initiated on treatment.
	Infant 1st PCR test positive around 10 weeks' rate	1.4%	≤1,5%%	1.3%	+0.2%	<ul style="list-style-type: none"> Training of health care workers and adherence counselling have contributed to reduction of mother to child transmission of HIV.
	Immunisation under 1-year coverage	88.4	85%	89.9%	+4.9%	<ul style="list-style-type: none"> Data from Private Practitioners has improved performance.
	Measles 2nd dose coverage (annualised)	86.4%	90%	89.6%	-0.4%	<ul style="list-style-type: none"> Data from Private Practitioners has improved performance.
	Diarrhoea case fatality under 5 years' rate	2.2%	≤3%	1.5%	+1.5%	<ul style="list-style-type: none"> Sustain continuous monitoring of implementation of guidelines at all levels.
	Pneumonia case fatality under 5 years' rate	2.5%	≤3%	1.7%	+0.8%	<ul style="list-style-type: none"> Sustain continuous monitoring of implementation of guidelines at all levels.

Strategic Objective	Performance Indicator	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation	Comments on Deviation
	Severe acute malnutrition case fatality under 5 years' rate	4.5%	≤6%	4.7%	+1.3%	<ul style="list-style-type: none"> Implementation of the Integrated Management of Acute Malnutrition plan. Progress reporting on the plan lead to constant evaluation of activities linked to severe acute malnutrition.
Expansion and strengthening of integrated school health services	School Grade 1 - learners screened	5640	4700	4298	-202	<ul style="list-style-type: none"> Insufficient transport in Districts for ISHP teams to conduct screening.
	School Grade 8 - learners screened	1808	3600	3811	+411	<ul style="list-style-type: none"> Insufficient transport in Districts for ISHP teams to conduct screening. Assistance from partners improved the screening of Grade 8's.
Reduce teenage pregnancy	Delivery in 10 to 19 years in facility rate	18.4%	≤15%	18.4%	-6.4%	<ul style="list-style-type: none"> No focal person for the programme and lack of implementing Adolescent Youth Friendly Services in the Districts.
Increase access to sexual and reproductive health by expanding the availability of contraceptive and access to cervical and Human Papilloma Virus screening services	Couple year protection rate (annualised)	60.7%	50%	56.4%	+16.4%	<ul style="list-style-type: none"> Noted uptake of long acting IUCD in Namakwa District. Facilities previously not offering IUCD also commenced with insertions, though at slow pace, due to delayed training. Post training conducted and on site facility support visits in two Districts, PKS and JTG Districts.
	Cervical Cancer Screening coverage 30 years and older	46.3%	45%	42.8%	- 2.2%	<ul style="list-style-type: none"> Screening equipment / tools (Speculums) not sustained at District / facility level. This resulting clients not screened continually on request.
	Human Papilloma Virus Vaccine 1st dose	9 017	9 862(80% coverage)	0	-9 862(80% coverage)	-
	Human Papilloma Virus Vaccine 2nd dose	6 439	9 862(80% coverage)	0	-9 862(80% coverage)	-
Reduce maternal and child morbidity and mortality, through BAC,	Vitamin A 12 – 59 months' coverage (annualised)	48.2%	50%	48.4%	-1.6%	<ul style="list-style-type: none"> ECD outreaches were conducted and data entered. The rest of the ECD and community outreaches had to be cancelled due to COVID-19.

Strategic Objective	Performance Indicator	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation	Comments on Deviation
PMTCT and improving nutritional status of children	Maternal Mortality in facility ratio	70.5/100 000	115/100 000	109.9/100 000	+6	<ul style="list-style-type: none"> Management of obstetric emergencies at District hospital accounts for 86% of maternal deaths due to shortage of staff, transport, lack of skills and unavailability of essential equipment and poor implementation of guidelines.
	Neonatal death in facility rate	11.6/1000 live births	14/1000 live births	11.7/1000	+2.3	<ul style="list-style-type: none"> Robert Mangaliso Sobukwe Hospital is the leading facility with infection due to overcrowding and staff shortage. Lack of neonatal units in District Hospitals, skilled health care workers in the management of sick and small Newborns, staff shortage and attrition might also have contributed to the deaths throughout the province.

2.4.2.4 Sub-Programme 4: Non-Communicable Disease (Disease Prevention and Control)

Priorities

- Service delivery platform that prevents, promotes healthy lifestyles and reduces the burden of diseases.
- Develop an integrated and inter-sectoral plan for coordinated response to prevent NCD's and manage CDC.
- Improve the Public and Private Health Sector's awareness and understanding of emerging and re-emerging infectious diseases (CDC).
- Strengthen partnerships and collaborate across sectors with government and non-government agencies to influence public health outcomes.

Sub-Outcome 3: Implement the Re-engineering of Primary Health Care

Situation Analysis

Malaria

There were thirty (30) malaria cases reported for the past financial year 2019/20 all with travel history and no deaths leaving case fatality rate at zero (0%). This has been a trend for the past three years that the province reported 0% of malaria deaths.

Diabetes

Clients screened 40 years and older for diabetes were two hundred and twenty-five thousand three hundred and eighteen (225 318)

99.2% achieved as against the annual target of 227 525, deviation of 2 207, continuous strengthening of screening activities for early detection and put clients on treatment and strengthen human resources at facilities and ensure the availability of equipment.

Hypertension

Clients screened 40 years and older for hypertension were two hundred and twenty-two thousand and five hundred and four (222 504) (82.4% achieved) as against the annual target of 269 749. A deviation of 47 245 and continue screening for early detection and put clients on treatment strengthen human resources at facilities and ensure the availability of equipment.

Achievements

- Optical laboratory equipment has been delivered to Robert Mangaliso Sobukwe Hospital wholly funded by Christ Church International.
- 54 patients were seen by SANCB at Tshwaragano Hospital on a cataract surgery project funded by JTG Developmental Trust.
- 34 cataract patients were operated for cataract surgery.
- Dr Harry Surtie Hospital has been assessment to affirm its readiness for ophthalmologist appointment. It rates well to can render a secondary level ophthalmology service.
- Clinic is equipped, operating theatre is usable and ready with ophthalmic operating microscope with basic two cataract sets plus suturing sets and phacoemulsification operating machine with two sets

Challenges and measures planned to overcome them

Table 38 Challenges and proposed corrective actions (Disease Prevention & Control)

CHALLENGES	PROPOSED CORRECTIVE ACTION
▪ No ophthalmology services in Namakwa	▪ The submission was done, still in circulation
▪ No Ophthalmologist for the Districts	▪ The submission for Ophthalmologist for Dr Harry Surtie was approved now in the process of appointing through the route of head-hunting

Table 39 Strategic Objectives, Indicators, Planned Targets and Actual Achievements (Disease Prevention & Control)

Strategic Objective	Performance Indicator	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation	Comments on Deviation
Prevent blindness through increased cataract surgery	Cataract surgery rate	939/ 1000 000	800/ 1000 000	633.8/ 1000 000	-166.2/ 1000 000	<ul style="list-style-type: none"> ▪ The reasons for deviation are, two Districts do not have ophthalmology services and cataract surgery is doctor-driven, operations are done only at RMSH.
Strengthen disease surveillance system	Malaria case fatality rate	0%	0%	0%	-	-

LINKING PERFORMANCE WITH BUDGET

Table 40 Linking Performance with Budget for Programme 2: District Health Services

Sub-Programme	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
District Management	240 917	287 870	(46 953)	160 272	200 029	(39 757)
Community Health Clinics	495 850	519 361	(23 511)	443 807	475 622	(31 815)
Community Health Centres	326 716	369 414	(42 698)	308 853	329 860	(21 007)
Other Community Services	115 617	42 344	73 273	108 730	38 531	70 199
HIV/Aids	638 370	605 124	33 246	567 952	539 140	28 812
Nutrition	5 284	3 202	2 082	5 004	3 518	1 486
District Hospitals	670 485	665 500	4 985	585 439	593 984	(8 545)
TOTAL	2 493 239	2 492 815	424	2 180 057	2 180 684	(627)

Narrative

- District Health Services programme spend 100 percent of the allocated budget.

2.4.3 PROGRAMME 3: Emergency Medical Services (EMS)

Priorities

- Improve on response times.
- Gradually increase employment of staff to realise the two persons' crew.
- Increase the number of operational ambulance to ensure full coverage of EMS services.

Sub-outcome 3: Implement the Re-engineering of Primary Health Care.

Situation Analysis

The previous annual assessment outcome has shown the need to review the program targets as the results have shown no achievement of some of these targets. The program has reviewed these targets as shown in the table below. Since the new targets there has been a gradual improvement of performance despite the hidden inefficiencies. The program is still understaffed as a number of employees have left the service and some passed on. Since the beginning of the assessment period the operational staff have been in the order of 697 slightly lower than the previous figure that was just under 800 in the 2018/2019 financial year.

Unfortunately, the same cannot be said about the service demands as the call rate have not declined. The Inter - facility transfers have increased by more than 100% as compared to the previous financial year as a result of increased number of referrals from one facility to the other. The difficulties to achieve or decline to the performance of the program has been as a results of the shortage of personnel and ambulances as well as patient transport vehicles. The program has been operating with an average of 85 - 90 ambulances in the province against a target of 184.

The challenge is to meet the required level which has been supply chain processes that took long to finalise, such as conversion process that took about a year to be finalised. The second challenge that affected our situation was and still is the licensing of vehicles. In spite of all these challenges the program has improved from the previous performance of 41% on P1 calls under 15min urban in (2018/2019) against a target of 60% to 52% in 2019/2020 performance year. This has been as a results of quality call prioritisation and dispatching in this particular indicator as well as good target setting. The above average operational resources have a target of 1.2m population to serve who are scattered all over the province. Over 70% of the households in the province depend on state ambulances to access health services. This magnitude of population has a number of service demands that outweighs the available resources as the program requires 1800 staff members operating with 184 vehicles at any given time across the province. EMS personnel is still featuring at less than 50% of this target.

Achievements

- Appointment of Two Advance Life Support ECP's for Frances Baard District and One for ZFM District.
- Appointed a Registrar for EMS College Emergency Care Officers.
- Distributed 48 ambulances and 15 patient transporters.
- 99.9% pass rate from EMS College.
- Memorandum of Understanding (MOU) with University of Johannesburg.

Challenges and measures planned to overcome them

Table 41 Challenges and proposed corrective actions (EMS)

CHALLENGES	PROPOSED CORRECTIVE ACTION
<ul style="list-style-type: none"> ▪ Shortage of operational staff due to limited staff establishment and delays on replacement of vacant funded posts continues to contribute to one-person crew situation in the program as well as personnel shortage in the Admin section. The requests for transfers to other provinces are also creating a serious problem. 	<ul style="list-style-type: none"> ▪ Vacant funded posts need to be replaced within 6 weeks. ▪ Approval to appoint more staff including vacant funded posts
<ul style="list-style-type: none"> ▪ No posts for Data Captures 	<ul style="list-style-type: none"> ▪ Source funding for appointment of more data captureurs with computers.
<ul style="list-style-type: none"> ▪ Shortage of Ambulances due to breakdowns. 	<ul style="list-style-type: none"> ▪ Replace and procure additional Ambulances. Improve turnaround time of authorization for repairs by Transit Solutions Fleet Management.
<ul style="list-style-type: none"> ▪ Licensing and registration of current and new fleet 	<ul style="list-style-type: none"> ▪ SLA with Government Garage and Roads and safety to ensure vehicles are registered correctly and timeously.
<ul style="list-style-type: none"> ▪ Paper based call centres 	<ul style="list-style-type: none"> ▪ Automate all call centers in the province.

Table 42 Strategic Objectives, Indicators, Planned Targets and Actual Achievements (EMS)

Strategic Objective	Performance Indicator	Actual 2018/19	Target 2019/20	Actual 2019/2020	Deviations	Comments on Deviations
Render an effective and efficient Emergency Medical Services	EMS P1 urban response under 15 minutes' rate	39%	40%	52%	+12%	<ul style="list-style-type: none"> Good assessment of previous performance in relation to targets versus the available resources as well as reasonable and achievable targets.
	EMS P1 rural response under 40 minutes' rate	55.8%	50%	57%	+7%	-
	EMS inter-facility transfer rate	24%	20%	23%	+3%	<ul style="list-style-type: none"> Increase in the number of referrals from the facilities.

LINKING PERFORMANCE WITH BUDGET

Table 43 Linking Performance with Budget for Programme 3: Emergency Medical Services

Sub-Programme	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
Emergency Transport	362 375	335 798	26 577	332 999	333 706	(707)
Planned Patient Transport	3 107	3 095	12	-	-	-
TOTAL	365 482	338 893	26 589	332 999	333 706	(707)

Narrative

- The programme reported underspending of R26.589 million or 7 percent of the adjusted budget of R365.4 million. The procurement of emergency vehicles only in the fourth quarter of the financial year contributed to this. However, the department submitted request for rollover on the saving.

2.4.4 PROGRAMME 4: Regional and Specialised Hospitals

2.4.4.1 Sub-Programme 1: Regional Hospital Services (Dr. Harry Surtie Hospital)

Priorities

- To improve accountability to regional hospital services by addressing resources challenges.
- To improve clinical governance in the hospital to safeguard high standards of care.

Sub-outcome 2: Improved Quality of Health Care.

Situational Analysis

Dr Harry Surtie Hospital is committed to rendering an acceptable standard of health care services within the realities of resource constraints and to strengthen clinical governance within the hospital.

The bed capacity was planned to be 265 in-patient beds with 62 beds in the Drug resistant TB unit. The latter includes a nine-bedded Susceptible TB unit which are not commissioned to date. The estimated number of beds for L1 cases was 122 and L1 beds = 110 as per Business case (July 2008) of the hospital. The total of beds in the hospital is 327. To date only 227 beds are commissioned and divided as follows;

- Paediatric ward accommodates General Medical cases; Orthopaedics, Surgery and Susceptible TB.
- Medical Ward – accommodates Internal Medicine, Oncology and Susceptible TB cases.
- Gynaecology beds are situated within the Surgical Ward.

The fact that the hospital is not fully commissioned at present is mainly due to staff shortages across the board. Vital services such as Susceptible TB Unit; separation of Postnatal from Antenatal services, 20 bedded Gynaecology beds, Remainder of MDR – PTB and XDR-PTB beds (15) and Step down facility and Day surgery beds (30). The hospital did not cater for a Kangaroo Mother Care unit which was a dire need hence the conversion of the designated Paediatric High Care/ICU unit to a KMC unit.

Clinical Services

Nursing Services

The nursing units are still faced with increasing staff shortages due to continued staff exodus through relocations and retirements. The allocation of nursing students from Henrietta Stockdale Nursing College augments the service for a major portion of the year. Despite the reality of high nurse: patient ratios, there is still a need to expand on usable beds to meet current demand as well as addressing health dilemmas such lack of proper isolation of infectious cases, infringement on patient privacy in Maternity unit and delayed theatre response time after hours. The latter can be addressed through the commissioning of at least 50% of current bed capacity of the following sections; Susceptible TB unit (9 bed capacity), Post Natal Ward (bed capacity) and 24 Theatre services (currently on call out system).

The bed capacity within the 72-hour Mental Health observation unit has been under severe strain with the compulsory admission of criminal offenders referred by the Courts for 72-hour psychiatric evaluation. This resulted into a constant influx of Psychiatric patients to the unit. Serious security challenges surfaced and efforts made to address those.

Chronic diseases such as Epilepsy, Malignant Hypertension leading to Cerebral Vascular Accidents, Uncontrolled diabetes and Cancer related diseases remain amongst the common reasons for patient admissions to Medical unit. Non-compliance to medication and treatment regimen is a common phenomenon contributing to the high patient admissions. The absence

of a step down facility within the entire District coupled with a weakened Home based care system, contributes greatly towards patients having to be kept in the acute set-up of the wards instead of being referred back for rehabilitation or palliative care. The aforementioned increases the demand for beds which sometimes leads to patients being nursed on trolleys and premature discharges resulting into an increase in readmissions.

The Casualty unit still reports a majority influx of yellow coded patients / PHC Patients (as per SATS) both during normal and after hours. They constitute more than 50% of the patient headcount of the unit. This leads to extended waiting period resulting into an increase in complaints as well as added strain on available human and financial resources.

Medical Services

Reported shortages of medical doctors are the leading cause of majority of service challenges within the facility.

The Surgical department is in CRISIS due to the absence of experienced medical personnel and only one qualified surgeon on staff. The unit has an average monthly admission total of 120-125 patients with only 25-28 major operations being performed on patients. This shortage of experienced staff has an impact on quality patient management resulting from absence of outpatient follow ups, delayed surgical interventions with potentially catastrophic patient outcomes. The Orthopaedic department is functioning with one appointed experienced medical professional which is a Cuban Orthopaedic specialist.

Allied Health services

The hospital has a full Allied health component responsible for patient rehabilitation and psychotherapy. The critical shortage of additional social workers impacts negatively on the prompt investigation and management of reported social issues of patients. The unit has only a few staff members with an enormous workload. The repercussions of this are felt within the DRTB and Paediatric units particularly where social services are either non-existent (DRTB unit) or slowing down patient discharge process (Paediatric ward.) Pharmaceutical levels are optimal with insignificant stock outs being reported. In the radiological department, the crisis of reporting of radiological tests such as Computer Tomography, General X-rays, Angiograms and Fluoroscopies are impeding proper patient management. This resulted from the termination of the contract of previous supplier, Dr Ntseke. Negotiations are held with RMSH and a possible private supplier to address this challenge.

Support Services

Maintenance is still a big concern in the facility. Despite the fact that two dedicated service provider were adjudicated with contracts for HVAC and BMS as well as general maintenance, repairs is still being done at a snail pace.

Staff shortages and absence of supervisors in critical areas such as Laundry, Foodservice unit, Facility Management, Cleaning and Household services, Infection Prevention Control, Quality Management, Employee Wellness undermines all quality improvement processes and automatically leads to non-compliance on quality service standards such as the National Core Standards, Ideal Hospital Realization and Food service unit's Certificate of acceptability in terms of Environmental Health Norms and Standards. Management attempted addressing these through delegation of vital job functions to several health workers to supervise and coordinate these vital health imperatives. The various sub-committees previously established to coordinate Clinical Governance issues are showing slow progress towards improvement.

Achievements

- Infection Prevention and Control (IPC): No incident of nosocomial infections
- Patient Safety Incident (PSI) – 100%: All reported Patient incidents resolved
- Bed Utilization Rate (BUR): BUR reduced to 65.1 %
- Training: Employees who were on fulltime study leave successfully complete training, awaiting SANC registration and translation. Bridging Course R683 – 7. Post Basic Course: Critical care – 1 Advance Midwifery – 1 Theatre Technique - 1 Advance Paediatric Nursing

Challenges and measures planned to overcome them

Table 44 Challenges and proposed corrective actions (Regional Hospital: Dr. Harry Surtie)

Challenges and Concerns	Proposed Corrective Action
<ul style="list-style-type: none"> ▪ Absence of hospital Maintenance plan, Human Resource plans and Operational plan 	<ul style="list-style-type: none"> ▪ Maintaining proper selection or appointment criteria for senior managers. ▪ Provision of executive/strategic support to new appointees in those positions. ▪ Availing development opportunities of such officials.
<ul style="list-style-type: none"> ▪ Finance - Staff shortages: There are no filling clerks appointed, no Assistant Director's in Revenue, SCM and Finance and no Revenue Supervisor appointed. 	<ul style="list-style-type: none"> ▪ Filling of posts.
<ul style="list-style-type: none"> ▪ Finance <ul style="list-style-type: none"> ○ Inadequate budget allocation ○ Maintenance budget inadequate. ○ Poor filing Infrastructure 	<ul style="list-style-type: none"> ▪ Provision of Additional funding. ▪ Introducing a digital filing system.
<ul style="list-style-type: none"> ▪ Clinical Services <ul style="list-style-type: none"> ○ Staff shortages across the board leading to unrealistic nurse: patient ratios exceeding 1:8 ○ Lack of funding for short clinical trainings ○ Security threat to staff and hospital property ○ Absence of Rural Allowance ○ Longer patient waiting times ○ Mental Health unit not compliant to standards of Mental Health Board ○ Mixing of patients ea. TB/Oncology and overcrowding in units 	<ul style="list-style-type: none"> ▪ Cameras installed in Kitchen and stores. <ul style="list-style-type: none"> ○ Repairs to Biometrix still to be repaired by Bigen. Assessment of needs done by company late in October. ○ Reclassification of DSHS as rural ○ Establishing 24-hour PHC with Mobile Obstetric Unit as future development ○ Urgent recruitment of doctors and creation of additional posts for nurses and doctors. ○ Management endeavoured on addressing immediate infrastructural needs such as repairs and procurement of burglar bars. ○ Chemical and mechanical restraints used. ○ Designated Medical officer assigned to their care assisted by West End team. ○ Active sourcing of funds to create, fund and advertise urgent posts
<ul style="list-style-type: none"> ▪ Clinical Services-Need for expansion and commissioning more of services: ▪ Post-natal and Gynaecology unit services to accommodate the demand; 	<ul style="list-style-type: none"> ▪ Appointment of additional staff from various categories including doctors, nurses, social workers, psychologist, cleaners, housekeepers, porters to commission these units. ▪ Funding of refurbishment of dedicated section within the Mental Health care unit.

Challenges and Concerns	Proposed Corrective Action
<ul style="list-style-type: none"> ▪ Susceptible TB – to allow for proper isolation and reducing risks of transmission to other patients and staff in the ward. ▪ Mental Health ward – additional 4 beds needed to accommodate for both genders and meet the need expressed by Department of Justice for placement of offenders requiring mental health observation. 	<ul style="list-style-type: none"> ▪ Decentralisation of signing powers for posts at level 2-4 ▪ Prioritising the creation, funding and advertising of the posts.
<ul style="list-style-type: none"> ▪ Human Resource Management ▪ Centralizing of Human Resource functions ▪ Lack of Human Resource plan ▪ Absence of Labour Relations Services at facility level ▪ Exodus of health professionals and staff coupled with delayed filling of posts. 	<ul style="list-style-type: none"> ▪ Compiling Recruitment and retention plan. Addressing issues such as centralised Human Resource functions, rural allowance, affordable housing, and English medium schools. ▪ Outsourcing of cleaning services by the hospital

Table 45 Strategic Objectives, Indicators, Planned Targets and Actual Achievements (Regional Hospital: Dr. Harry Surtie)

Strategic Objective	Performance Indicator	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviations	Comments on Deviations
Improve efficiencies and quality of care at regional hospital	Average length of stay (Regional Hospital)	4.5 days	4.8 days	4.6 days	-0.2	<ul style="list-style-type: none"> Absence in clinical specialist skills in the facility.
	Inpatient Bed Utilisation Rate (Regional Hospital)	71%	72%	68.3%	-4%	<ul style="list-style-type: none"> Staff shortages with a variation of doctors to do surgical procedures and anaesthetics impacting on bed utilisation. The proportion of doctors with skills in anaesthetics and surgery is not optimal to impact positively on the bed utilisation. Out of the thirty-eight (38) doctors only thirteen (13) doctors have the requisite skills.
	Expenditure per PDE (Regional Hospital)	R3 119.30	R3 400.00	R 2651.80	-R749.20	<ul style="list-style-type: none"> Fewer patients were treated in the hospital
	Complaints resolution within 25 working days rate (Regional Hospital)	110%	80%	85%	+5%	<ul style="list-style-type: none"> Complex complaints elevated to the next level.

2.4.4.2 Sub-Programme 2: Specialised Hospital Services (West End Hospital)

Priorities

- Improve specialised hospital services by gradually increasing employment of staff
- Improve accessibility to mental health services in the specialised hospital

Sub-Outcome 2: Improved Quality of Health Care.

Situation Analysis

Lack of an operationalization budget for the Northern Cape Mental Health Hospital (NCMHH) pose serious challenges and threats on a day to day basis on financial administration. The situation as expatiated below paints the nature of the concerns as experienced at the institution as at present. Some of the topics touched on below demonstrate the grim picture as experienced.

In addition, centralized budgetary processes hamper the ability of the hospital to make services extensively accessible and undermines the quality of healthcare provision as described below:

- Forensic Observations long list with limited Psychiatrist Panels.
- Inability to operationalise the ten (10) Forensics Observations Beds.
- Seven certified State Patients still remains at Kimberley Prison due to limited nursing and clinical support staff at the hospital to enable transfer.
- District Outreach Services still in abeyance due to lack of vehicles for clinicians.
- Inability to admit child and adolescents due to non-allocation of funding to operationalise ten (10) Child and Adolescent Mental Health Services (CAMHS) beds as envisaged.
- Absence of Mental Health Clinical Coordinators in the Districts negatively affecting liaison with the Multi-Disciplinary Team at District level and an increase in the defaulting rate.
- Non-functional Hospital Board, who will assist in improving corporate governance.
- DR TB share services such as Psychology, Physiotherapy, Driver, Stores, Management, Switchboard Operations, Human Resources and Finance with the Mental Health following the migration, therefore it remains a challenge and poses serious risks.
- Absence of DRTB Medical Officers or Clinical Associates at the PKS, Francis Baard and JTG Gaetsewe Districts, impacting negatively on District Outreach Support Services and clinical outcomes.
- Three (3) DRTB wards non-functional due to bathrooms out of order for two months reducing the bed capacity from forty (40) to thirty-seven (37).

The contract of the seventy (70) Hygiene Learner ships ended on 10 Feb 2020; posing serious Infection Prevention and Control challenges to the facility with only twenty-eight (28) permanent cleaners.

Table 46 Staffing Pressures

Appointments	Number	Resignations	Number
Doctor – one year contract	1	Professional Nurse	3
Security – one year contract	1	Assistant Nurse	2
Operational Manager	4	Assistant Director Finance	1
Professional Nurses	3	Chief Psychologist	1
Enrolled Nurse	2	-	-
Assistant Nurse	1	-	-
Psychologist	1	-	-
TOTAL	13	TOTAL	7

Improve accessibility to mental health service in the specialised hospital

The Mental Health and DR TB Hospital are accessible for all people residing in the Northern Cape. The management of the hospital is striving to improve accessibility through engagements with the Provincial Health Executive Management to solicit funds. This funding will ensure an increase in the operationalization of the increased bed capacity of the hospital. Post were advertised for two (2) Psychiatrists in the National Newspapers on the 22 March 2020 and strides were made to fill vacant funded post. The completion of this recruitment drive will thus contribute in enhancing the staff complement of the institution and thereby further improve on accessibility

Accessibility of Mental Health Services in the medium and long terms is highly dependent on the decentralization of budgets as this will provide the institution with more autonomy on prioritisation of key delivery imperatives.

Improved quality of health care

As a result of the continued attempt to render all services at the facility and ensure improvement in quality service rendition some of the activities described below were successfully carried out.

On 13 September 2019, 74 Mental Health Users were moved from West End Specialized Hospital to the new Northern Cape Mental Health Hospital, however 39 State Patients remained. On 3 February 2020, only 33 State Patients were moved to the Northern Cape Mental Health Hospital. An additional five State Patients were transferred from the Prison to the New Mental Health Hospital on 23 March 2020. These State Patients are admitted in Leave of Absence (LOA) beds.

These State Patients are admitted in Leave of Absence (LOA) beds.

There has been an improvement in all admitted who were successfully stabilized with no adverse events reported.

Given the historically high incidence on complaints in the recent past, there has been an improvement in that seven complaints were received and these were resolved within 25 days.

Achievements

- The hospital was able to fill most of its replacement posts over a period of time
- Five (5) State Patients were also successfully transferred from the Correctional Services centre and are currently treated and managed at the facility which enhances the ability to provide quality care, treatment and rehabilitation
- All admitted patients within the different classifications have been treated and stabilized within required and sometimes record times
- A significant reduction in the management of received complaints and the number thereof was also achieved during this assessment period

The hospital was able to allow employees to further their studies as follows:

- Prof Nurses x1 – Advance Psychiatry (full time)
- Prof Nurses x2 – PHC (part time)
- Prof Nurses x2 – Management and Education (part time)
- Enrolled Nurses x5 - Bridging Course (full time)
- Assistant Nurse X1 – Diploma in Nursing and Midwifery (full time)

Challenges and measures planned to overcome them

Table 47 Challenges and proposed corrective actions (Specialised Hospital: West End)

CHALLENGES	PROPOSED CORRECTIVE ACTION
<ul style="list-style-type: none"> ▪ Forensic Observations long list: Limited Psychiatrist; Panel inability to operationalise ten (10) Forensics Observations Beds 	<ul style="list-style-type: none"> ▪ Appointment of Psychiatrist, nurses and Clinical Support Staff.
<ul style="list-style-type: none"> ▪ Seven certified State Patients still remains at Kimberley Prison due to limited nursing and clinical support staff at the hospital to enable transfer. 	<ul style="list-style-type: none"> ▪ Appointment of Psychiatrist, nurses and Clinical Support Staff.
<ul style="list-style-type: none"> ▪ District Outreach Services still in abeyance due to lack of vehicles for clinicians. 	<ul style="list-style-type: none"> ▪ Allocate white fleet for the hospital
<ul style="list-style-type: none"> ▪ Inability to admit child and adolescents due to non-allocation of funding to operationalise ten (10) Child and Adolescent Mental Health Services (CAMHS) beds as envisaged. 	<ul style="list-style-type: none"> ▪ Allocate funds to operationalise CAMHS
<ul style="list-style-type: none"> ▪ Absence of Mental Health Clinical Coordinators in the Districts negatively affecting liaison with Multi-disciplinary Team at District level and an increase in the defaulting rate 	<ul style="list-style-type: none"> ▪ Appointment of Mental Health Clinical Coordinators in the Districts

Table 48 Strategic Objectives, Indicators, Planned Targets and Actual Achievements for (Specialised Hospital: West End)

Strategic Objectives	Performance Indicator	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviations	Comments on Deviations
Improve efficiencies and quality of care at Specialised Hospital	Complaints resolution within 25 working days' rate (Specialised Hospital)	1%	80%	0	-80%	<ul style="list-style-type: none"> ▪ Quality Assurance needs to monitor the indicator to resolve complaints within 25 working days.

LINKING PERFORMANCE WITH BUDGET

Table 49 Linking Performance with Budget for Programme 4: Regional and Specialised Hospitals

Sub-Programme	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
General (Regional) Hospitals	315 258	292 782	22 476	282 426	282 358	68
Tuberculosis Hospitals	18 288	14 116	4 172	15 136	15 136	0
Psychiatric/Mental Hospitals	81 797	108 445	(26 648)	85 137	85 205	(68)
TOTAL	415 343	415 343	-	382 699	382 699	-

Narrative

- Provincial Hospital Services programme spend 100 percent of the allocated budget

2.4.5 PROGRAMME 5: Tertiary Hospital Services (Robert Mangaliso Sobukwe Hospital)

Priorities

- Ensure compliance with the national core standards for effective health service delivery
- Improve efficiencies and quality of care at Tertiary Hospital
- Implement effective referral systems by ensuring a close relationship between all levels of the health system (e.g. Regional and Specialised Hospitals; District Hospitals and PHC facilities)

Sub-Outcome 2: Improved Quality of Health Care.

Sub-Outcome 7: Improved Health Facility Planning and Infrastructure Delivery.

Situation Analysis

The hospital continues to provide tertiary services for the Province and strives for health excellence in service delivery for all communities across the province despite challenges encountered. The filling of vacant funded posts across all categories of staff remain a challenge which affects service delivery in a negative way putting tremendous strain on the functionality of the hospital towards achieving its objective. It also leads to staff burnout which further decreases capacity and staff satisfaction. The major impact felt in Obstetrics & Gynaecology, Intensive Care and Internal Medicine. These disciplines are currently without Specialists; the units are headed by Clinical Managers. The Obstetrics and Gynaecology department is under extreme pressure due to the shortage of senior doctors. The lack of proper supervision, support and guidance has a negative impact on the quality of care, thus threatening the outcomes on maternal and peri-natal morbidity and mortality. Additional to all these challenges is the increased workload that is often as a result of inequitable distribution of human resources across all functional areas in the hospital. Human resources is one of the building blocks recommend by WHO to run an efficient and effective health care system, the neglect of this area adds to long waiting times and possible medico legal claims that often is not funded from our allocation.

The COVID-19 Pandemic has also brought about its own demands and challenges in the institution. The hospital has managed to identify and prepare COVID-19 areas which include the isolation, quarantine low risk admissions at Harmony Home and admission areas for the critical ill COVID-19 Patients. The hospital is expected to cover the identified COVID-19 units with the same amount of staff. This situation has created a big challenge for the hospital to adhere and comply with all the guidelines and standard operating procedures. There is a dire need for appointment of staff across all categories.

Table 50 Resignations, retirements and deaths

Category	Number
Head of unit (Paediatric Specialist)	1
Medical Specialists	2
Clinical Manager	2
Medical Officer	26
Operational Manager (Nursing)	1
Allied Health Professionals	7
Network Controller – Ass Director	1
Professional nurse	19
Staff nurse / Nursing assistant	11
Administrative Line Function & Support	3
Auxiliary Service Officer	4
Boiler operator	1
Porter / Porter	10
Laundry aid	2
Cleaner	4
TOTAL	94

Table 51 Categories of staff which are direct replacements and were appointed during the current financial year:

Category	Number
Medical Specialists	1
Medical Officer	52
Allied Health Professionals	4
Operational Manager nursing	1
Professional nurse	17
Staff nurse / Assistant nurse	9
Administrative Line Function & Support	3
Cleaner	1
TOTAL	88

These appointments will stabilise service delivery in some of the units.

Continuous maintenance of infrastructure and clinical equipment is often neglected due to cash flow constraints faced by the hospital; this might lead into adverse events in the near future. It is against this background that provincial intervention is needed to develop a plan to avert any disruption of services.

The neurodevelopment therapy course for the management of children with Cerebral Palsy (CP) took place from 9 – 13 December 2019. It was attended by therapists from RMSH and from the Province. The skills gained will enhance to equip the therapists to manage complicated CP cases and will aid in the mitigation of medico legal expenditure.

Achievements

Refurbishing and upgrading of the Burns unit started in June 2019, sponsored by Smile and Avela foundations. The first phase of the project finished in October 2019, with the refurbishing of the 2 children’s wards and the female ward. There are still 2 (two) phases to be completed depending on funding. The launch was held on 5th December 2019.

The Bristol-Myers Squibb Foundation (BMSF) entered into a three-year project with the Department of Health to improve the treatment of lung cancers in Kimberley and Kuruman Hospitals. The lung cancer project is worth R25m in the form of a grant from BMSF. Refurbishment of Oncology successfully continuing with the follow areas completed:

- Academic research centre completed
- Chemotherapy unit enlarged and completed
- Oncology in-patient areas revamped and included the refurbishment of ablution facilities

Tertiary Hospital (RMSH) is now an official pilot site for the Artificial intelligence project to assist doctors with reporting

The standard of care and quality of working lives has been improved through the procurement of Clinical and support equipment. The procurement of all this clinical equipment goes a long way to ensuring compliance with the Health Technology life cycle; it also addresses some of the issues raised by the Auditor General; it assists with compliance to the National Core standards; and addresses the National Minister of Health’s priorities.

The following clinical areas received the following equipment which was divided amongst all wards:

- New Millenys server procured and delivered to assist with reporting for Dr Harry Surtie Hospital and to prevent unnecessary referrals because our doctors can view the images before patient is referred to us.
- ECG machine
- MRI compatible anaesthetic machine
- Defibrillator
- Suction unit

- 12 new cot beds
- 10 bassinets
- 14 wheel chairs
- Office furniture

The following Infrastructural upgrades were completed:

- Lift repairs, upgrades & replacements
- Refurbishment of Gynaecology wards and the Dietetics unit
- Refurbishment of the specialised clinic kitchen

Challenges and measures planned to overcome them

Table 52 Challenges and proposed corrective actions (Tertiary Hospital Services)

CHALLENGES	PROPOSED CORRECTIVE ACTION
<ul style="list-style-type: none"> ▪ Increase in the risk of patient adverse incidents due to inadequate staffing numbers leading to potential medico legal litigations, staff burnout which further decreases capacity and staff satisfaction. 	<ul style="list-style-type: none"> ▪ Appoint the appropriate number of staff with appropriate skill sets, especially senior critical clinical posts i.e. Obstetrics and Gynaecology, ICU and Internal Medicine as well as critical non-clinical posts. Conduct staff satisfaction survey and implement appropriate measures to improve staff moral which can decrease patient and staff complaints.
<ul style="list-style-type: none"> ▪ The rapid abolishment of posts has placed certain units under dire circumstances to render services 	<ul style="list-style-type: none"> ▪ Communication has been sent to the relevant people including HOD, CFO and Human Resource not to abolish posts as it affects service delivery.
<ul style="list-style-type: none"> ▪ Ageing infrastructure and plant (Sewerage pipes, leaking roofs, lights, security, fire detection and Heating, Ventilation, Air-Conditioning (HVAC) 	<ul style="list-style-type: none"> ▪ Liaise with provincial infrastructure directorate to assist / intervene with regard to infrastructural challenges
<ul style="list-style-type: none"> ▪ Safety of staff, patients and property remains compromised due to inadequate safety measures in place. This has an influence on the outcome of the Core Standard Evaluation. 	<ul style="list-style-type: none"> ▪ Motivate for a review of the security systems and improve contract management. ▪ Security checks at entrance to control visitors for sound access control.

Table 53 Strategic Objectives, Indicators, Planned Targets and Actual Achievements (Tertiary Hospital Services)

Strategic Objective	Performance Indicator	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation	Comments on Deviation
Improve compliance with the National Core Standards	Average length of stay (Tertiary Hospital)	7.4days	7.6 days	7.5 days	+0.1 days	-
	Inpatient Bed utilisation rate (Tertiary Hospital)	71%	70% (484/691)	74%	+3%	<ul style="list-style-type: none"> ▪ This is a good deviation as it shows our beds are utilised more efficiently. ▪ Continue to ensure beds are maximally occupied/utilised
	Expenditure per PDE (Tertiary Hospital)	R4 740.00	R5 101.00	R4 611.60	R489.40	-
	Complaints resolution within 25 working days rate (Tertiary Hospital)	77%	80%	89%	+9%	<ul style="list-style-type: none"> ▪ Complaints are actively managed through the Quality Assurance unit. ▪ Continue with active management of each complaint to ensure resolution within 25 working days

LINKING PERFORMANCE WITH BUDGET

Table 54 Linking Performance with Budget for Programme 5: Tertiary Hospital Services

Sub-Programme	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
Provincial Tertiary Hospital Services	1 088 431	1 071 171	17 260	1 071 750	1 062 227	9 523
TOTAL	1 088 431	1 071 171	17 260	1 071 750	1 062 227	9 523

Narrative

- Central Hospital Services programme underspent its adjusted allocation by R17.260 million or 2 percent. The delay in the procurement of capital equipment contributed to the underspending.

2.4.6 PROGRAMME 6: Health Sciences and Training

Priorities

- Training of undergraduate nurses.
- To identify and address scarce and critical skills in the public Health Sector through the Bursary Programme.
- Increase EMS employment staff through training of EMS Personnel.

Sub-outcome 5: Improve Human Resources for Health.

Sub-outcome 6: Improved Health Management and Leadership.

Situation Analysis

Nursing College

Education and training

- Curriculum development for the new nursing qualifications R169 (Higher certificate in Nursing) and R 171 (Diploma in Nursing) still in progress. The curricula are still with the South African Nursing Council (SANC). After SANC approval then an online application will be sent to Council on Higher Education (CHE) for approval as well. After which the qualifications will be registered with the South African Qualification Authority (SAQA), only then can the programmes be implemented.
- The situational analyses for application of accreditation of clinical placement facilities is completed and sent to SANC for ZFM, JTG and Francis Baard Districts. Namakwa and PKS Districts still outstanding.
- The application for accreditation of Tshwaragano as an additional campus has also been submitted to SANC. New qualifications are expected to commence at two campuses. Additional posts are expected to be created for staffing the new campus if approved.
- The final date for intakes of all legacy qualifications was 31 December 2019. The phasing out of these programmes is envisaged to be completed by December 2024 as indicated by the teach-out plan for the various programmes. The last intakes of the three legacy programmes took place in November and December 2019.
- The college has been closed subsequent to the letter from the Minister of Higher Education, Science and Innovation dated 17 March 2020, that all Post School Education and Training Institutions (PSETs) close with effect from 18 March 2020.
- Although all examinations have been postponed, the college is trying its best to save the academic year for students and make it possible for the final year students to exit and become part of the workforce.

Infrastructure

- The contract for the new nurses' residence in Kimberley has been terminated. A new contractor was expected to commence by November 2019. The completion of the building stand on 50%.
- The contractor at Tshwaragano campus has completed the renovations.

HRD

The defining moment of the 2019/20 financial year was the advent of the Novel Corona Virus (COVID-19) and its steady rise across the globe affecting every facet of life be it in education, health, economy, religion and geo-political dynamics. Its impact had a tremendous negative effect on all aspects of educational activities where skills development and training, as well as academic programmes among others, were immensely disrupted. Northern Cape Department of Health (NCDoH) skills development and bursary sub-programmes were not spared of the impact

of this pandemic. Some of the sixth (6th) year medical students had to be transported home (NC) from various local universities, shortly before the implementation of national Lockdown Level 5.

There has been a considerable reduction on the number of health science students, both in Cuban and South African Universities owing mainly to the following reasons:

- Most students completed their studies; and
- Few students dropped out of the programme (due to various reasons).

The Northern Cape Department of Health (NCDoH) had a total number of thirteen (13) health science students as local South African Universities (SAUs), of which nine (9) of them completed studies at the end of the 2019 academic year. The remainder of four (4) local bursary holders are continuing studies in this current academic year (2020).

The department did not have any new intake into the Nelson Mandela Fidel Castro (NMFC) Scholarship Programme for the year 2019/ 20. In July 2019, twenty-six (26) 5th – year medical students returned from Cuba to South Africa for their final year studies and integration programme at various SAUs. This resulted in reduced number of medical students remaining in Cuba, from ninety-five (95) to sixty-two (62).

The total number of students funded by NCDoH is 99 and consist of:

- 62 - South African Cuban trained medical students in Cuba.
- 33 - South African Cuban trained medical students on 18 months' integration.
- 4 - South African trained health science students.

Monitoring and evaluation of bursary programmes

The department witnessed the graduation of 11 RSA-Cuban trained medical students in July 2019 whereas 17 completed their medical degrees in December 2019 and are awaiting graduation. These cohorts of graduates imply that the number of RSA-Cuban trained doctors is 66.

Added to this, 5 of the locally trained medical students obtained their medical degrees and 2 nursing students had also successfully completed their studies.

Strategic Planning Forums

The unit participated and provided pertinent inputs in a series of internal strategic planning forums hosted by the NCDoH Corporate Services directorate. These forums culminated into the Departmental Strategic Plan where the units' inputs were further elevated for consideration.

Moreover, the unit attended a combined programme 6 session with policy and planning directorate. All Programme 6 sub-directorates collaborated to develop a Programme-6 2020/21 Annual Performance Plan and 5-year strategic plan taking effect from 2020/21 to 2025/26.

Concept Papers

The unit had also contributed immensely to the development of concept papers for corporate services and the Ministry of Health in the NCDoH. These papers were focussed on appraising the current setting with respect to the state of corporate image of the NCDoH and human resource development response towards the training of employees in the lower occupational categories. The discussions were framed around these topics listed below:

- Restoration of Corporate Governance through Cultural Transformation and Professionalization of the Northern Cape Department of Health.

- Expansion of Skills Development Training Interventions In The Lower Strata Of Organising Framework For Occupations To Promote Career Pathing In The Northern Cape Department Of Health

The former paper has been submitted to Public Service Commission while the latter is in possession of the office of the technical specialist for further scrutiny.

Rendering support to students

The unit responded to the National Department of Health emergency call to facilitate the transportation of students from universities to their homes due to academic suspensions as a mitigating risk factor to COVID-19 pandemic. Some students from the universities of Cape Town, Witwatersrand, Kwa-Zulu Natal, Stellenbosch and Pretoria were successfully evacuated from their residence and transported home. The majority of the students opted to remain behind at their respective universities as per mutual agreement with their universities. With the resumption of Lockdown Alert Level 4, the department had once again successfully facilitated the return of these students to their respective universities to undertake their clinical training. To minimise costs, the department collaborated with the Free State Department of Health to transport the students to their respective universities.

Internship and Community Service

The NCDoh was represented by Ms Z Kowarjee at the Provincial Coordinators workshop hosted by NDoH from the 10th to 13th March 2020. The purpose of this workshop was to appraise and find better approaches to improve the online Internship and Community Service Programme with regard to the applications and appointments of both the medical officer interns and health care community service applicants. Prior to the above workshop, The NCDoh had also hosted a similar programme where Departmental officials working on ICSP Online system had one on one with the NDoH.

While the National workshop delved into thorough swot analysis of the ICSP online system, the provincial workshop was more oriented towards assessing progress on the appointment around the **2019/20** annual cycle. The NCDoh has as well gazetted 45 and subsequently all 45 posts were captured and approved online.

Skills Development Activities

Numerous engagements were held with the provincial pharmaceutical unit and finalisation of the Implementation Plan for Pharmacist Assistant Learnership Programme was completed. Districts were also engaged, and were all found to be ready to execute this programme. The unit continued to establish relations with various counterparts both in private and public sector as a measure to foster training and development initiatives in the Department. The efforts initiated by the Unit were prolific and the department was funded on various programmes by HWSETA for few training programmes, e.g. EMS, Nursing and Support related training programmes.

The development of youth remained one of the key imperatives of the unit:

- A programme was initiated and 75 learners participated on the Hygiene and Cleaning Learnership.
- Additional cadre of 42 learners joined the department in the last quarter of **2019/20** and are on the Work Integrated Learning (WIL) Programme.

Achievements

- Bursary Policy was approved
- A total of 108 employees completed Compulsory Induction Programmes.
- 264 employees were trained in various management and clinical fields.
- 28 RSA-Cuban Trained Medical students completed their medical degrees (11 graduated whereas 17 are yet to graduate). This has increased the total number of RSA-Cuban trained doctors to 66.

- Of the 13 locally trained South African bursars; Seven (7) MBCHB and two (2) Nursing students completed their studies and qualified as health professionals, whereas the remaining four (4) medical students passed and progressed to the next level of their studies.

EMS College

- The EMS landscape in the country has drastically changed with the implementation of the NECET policy, closure of the short course registers, EMS regulations (2017), and the OHSC requirements for EMS. The changes brought about by the above regulations and policies serve to professionalize the pre-hospital emergency care environment whilst improving quality in patient care.
- The changes in the EMS landscape prescribes and steers the education of all EMS practitioners towards the Emergency Medical Care Qualification framework. The colleges aid the transition of the workforce from short courses to higher education qualifications.
- Despite many internal and external challenges, the college performance and its achievements remained promising.
- The performance for **2019/20** is covered under the four (4) sub-headings below:

Preparation and implementation of the Higher Certificate in Emergency Medical Care Qualification (NQF 5) - Emergency Care Assistant (ECA):

- The University of Johannesburg was identified as a suitable higher education institute with the Higher Certificate in EMC on its product qualification mix (PQM). A bilateral discussion was convened with the resident university (Sol Plaatje University), the University of Johannesburg (UJ), and the department where it was resolved that a medium-term agreement be created with the University of Johannesburg.
- The Memorandum of Agreement was created and endorsed to address the Higher Certificate and Diploma in EMC roll out in the Northern Cape in 2021 and 2024 respectively. During this reporting period, the college and the EMS management worked tirelessly through the Council of Higher Education (CHE) and HPCSA accreditation criteria. The identified concerns and challenges were jointly addressed by the various role-players of health.
- The college has inspected in December 2019 by the HPCSA and provisional site accreditation was granted to roll out the Higher Certificate in 2021. As a result of the successful accreditation, the college is acknowledged as a UJ satellite campus. The college was expected to address four (4) findings which included Staffing, IT connectivity, program sustainability, and infrastructure.
- The college will use the upcoming year as a sabbatical period to address the above findings and other known challenges e.g. inadequate Budget allocation.

Identification and implementation of the staff Preparatory program (EMPP)

- A staff post-schooling audit was undertaken within the EMS workforce to determine if:
 - staff met the Higher Certificate and Diploma entrance criteria,
 - The program was sustainable in the Northern Cape.
- The audit participation and completion of the tool by the EMS staff were inconsistent and incomplete. The outcome of the skills audit, based on the returned document, reflected that majority of the staff did not meet the University entrance criteria prompting the need for a preparatory program.
- To address the university admission and program sustainability, a Memorandum of Agreement (MoA) with the Central University of Technology was created to implement a preparatory for EMS staff to access the Higher Education training platform, and funding was sourced from the HWSETA. The recruitment of EMS staff to attend the training in Bloemfontein achieved within this reporting period.

- The college anticipates that the identified staff will attend the preparatory program called which is "EMPP" in 2020 and thereafter successful staff will become the first higher certificate students at the college in 2021. The EMPP is one of many avenues that is explored by the college to ensure the continuous development of existing EMS staff and prospective employees in the province.

Planning and implementation of the Continuous Professional Development (CPD) program

- Continuous Professional Development is a compliance requirement for every healthcare practitioner registered with the HPCSA. Practitioners are expected to keep their knowledge and practice abreast through evidence-based practice.
- The college Continuous Professional Development (CPD) program was accredited by the Durban University of Technology (DUT) for the reporting period. The total number of CPD activities conducted in the province were fifty-seven (57), servicing a total of five hundred and twenty-five (525) EMS staff. Many scheduled CPD activities were cancelled in 2019 due to poor staff attendance.

Teach out of the short course program- Ambulance Emergency Assistant (AEA)

- The college was accredited by the HPCSA in 2013 to train AEA students. Since 2013, the college trained numerous employees allowing them to achieve their aspiration to become AEA practitioner.
- During 2019, the college trained fifty-four (54) individuals to conclude the teach-out of the qualification. The AEA together with the other short course qualifications were replaced with qualifications recognized by SAQA and National Emergency Care Education and Training policy.

Achievements

- Appointment of the registrar in quarter 2.
- Three proposals were generated by the college for funding to the HWSETA. All three proposals were approved and are listed below:
 - Funding for Lecturer development
 - Funding for 30 students to attend the Higher certificate in Emergency Medical Care program
 - Funding for 70 students from the EMS workforce to attend the Emergency Medical Preparatory Program (EMPP)
- The HWSETA also approved the extension application for twenty (20) Diploma in EMC students
- The MOA with the University of Johannesburg was approved by the department
- The College agreement with the Free State College of Emergency Care produced the first Diploma qualified practitioner, Mr. B Farmer, for the Namakwa region.
- Four prospective lecturers were interviewed for the Higher Certificate and CPD programs.
- The College site was successfully accredited in December 2019 by the HPCSA and is now accepted as a University of Johannesburg satellite.

Challenges and measures planned to overcome them

Table 55 Challenges and proposed corrective actions (Health Sciences & Training)

CHALLENGES	PROPOSED CORRECTIVE ACTION
<ul style="list-style-type: none"> ▪ Budget allocation <ul style="list-style-type: none"> ○ The college budget allocation was R5.3m which is inadequate to recruit staff, and to maintain the operational function of the college. 	<ul style="list-style-type: none"> ▪ A benchmark was conducted with other provincial colleges in the country to determine the baseline budget allocation. Activity-based costing and budget projections were also undertaken. The outcome of the above exercises indicates that the college is underfunded by approximately R35.5M. ▪ The college budget allocation must be increased to accommodate new and existing training activities and resources.
<ul style="list-style-type: none"> ▪ Staffing <ul style="list-style-type: none"> ○ The present staffing numbers do not meet the accreditation requirements. ○ Staff are seconded from operations to perform administrative duties. 	<ul style="list-style-type: none"> ▪ Employment of lecturing staff and support staff: <ul style="list-style-type: none"> ○ Clinical staff (2 coordinators and 4 lecturers) ○ Registrar appointment ○ Administrative clerk ○ Cleaner
<ul style="list-style-type: none"> ▪ Equipment <ul style="list-style-type: none"> ○ The HPCSA stipulates student/ equipment ratio. Some of the training equipment are old or broken, requiring replacement or calibration. The accreditation ratio is not met. 	<ul style="list-style-type: none"> ▪ Procurement of equipment for the NECET program accreditation. It is recommended that the training efforts within the department be consolidated. The financial saving will address the procurement of specialized clinical training equipment.
<ul style="list-style-type: none"> ▪ Infrastructural <ul style="list-style-type: none"> ○ The college is housed within a temporary pre-fabricated structure. There are no laboratories at the college for the science modules that are embedded in the new programmes. ○ There are plumbing, lighting, IT, septic, roofing, and drainage problems. ○ There are no proactive maintenance schedules for the college. 	<ul style="list-style-type: none"> ▪ Development of accommodation, labs and gym.
<ul style="list-style-type: none"> ▪ IT connectivity and Communication <ul style="list-style-type: none"> ○ The college IT connectivity and inadequate data allocation was a finding during the recent HPCSA visit. ○ The present IT and telephone system is unreliable and requiring a daily reboot. ○ The network restricts access to learning sites like Youtube. 	<ul style="list-style-type: none"> ▪ The department must consider an uncapped IT connection for the college whilst the hospital is finalized. ▪ Sites like Youtube must be made available to the students for research.
<ul style="list-style-type: none"> ▪ Student accommodation <ul style="list-style-type: none"> ○ The cost of booking accommodation for students at guesthouses negatively impacts the budget ○ Availability and access to student accommodation is required for the new programmes ○ Current student accommodations bookings do not promote effective student learning and do not have WiFi access. 	<ul style="list-style-type: none"> ▪ The department should fast track the completion of the student accommodation. ▪ Accommodation must have WiFi, security, and in-house catering.

Table 56 Strategic Objectives, Indicators, Planned Targets and Actual Achievements (Health Sciences & Training)

Strategic Objective	Indicator	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation	Comments of Deviations
Increase production of human resources of health	Basic nurse students graduating	50	60	59	1 student	<ul style="list-style-type: none"> Student did not pass
	Number of bursaries awarded for health science students	41	139	99	40	<ul style="list-style-type: none"> Some students completed their studies while others dropped out. No new bursary intake has taken place over the past four years.
Train learners to qualify as professional nurses	Proportion of bursary holders permanently appointed	90.2%	100% (133/133)	27% (36/133)	- 73%	<ul style="list-style-type: none"> The cohort of nursing students that were on community service programme were 39, and only 36 completed. This is the only number that could be absorbed and appointed permanent. The target was not realistic for the year under review, and this has been corrected in the current year. This indicator has been revised and replaced with a SMART indicator in the 2020/21 period.
Ensure optimum clinical competency levels of EMS staff	Number of employees enrolled for training on Intermediate Life Support	42	54	54	0	-
Strengthening the Human Resource capacity	Number of bursaries awarded to administrative staff	18	20	0	-20	<ul style="list-style-type: none"> Budgetary constraints
Increase production of human resources of health	Number of bursaries awarded for first year medicine students	0	0	0	0	<ul style="list-style-type: none"> Budgetary constraints
	Number of bursaries awarded for first year nursing students	60	120	116	-4	<ul style="list-style-type: none"> Midwifery group had 28 instead of 30 students Two students from the R425 programme left

LINKING PERFORMANCE WITH BUDGET

Table 57 Linking Performance with Budget for Programme 6: Health Sciences and Training

Sub-Programme	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
Nursing Training College	74 826	75 456	(630)	62 335	61 494	841
EMS Training College	1 752	1 092	660	3 230	3 744	(514)
Bursaries	43 170	43 170	-	33 959	41 735	(7 776)
Primary Health Care Training	33	33	-	1 671	187	1 484
Training Other	12 920	12 767	153	18 916	13 521	5 395
TOTAL	132 701	132 518	183	120 111	120 681	(570)

Narrative

- Health Sciences and Training programme spend 100 percent of the allocated budget.

2.4.7 PROGRAMME 7: Health Care Support Services

2.4.7.1 Sub-Programme 1: Forensic Medical Services

Priorities

- Reduced turnaround on completion of autopsies.
- Improve turnaround time of submission of autopsy reports to stakeholders (SAPS).

Sub-Outcome 2: Improved Quality of Health Care.

Situation Analysis

The service has lost three doctors during this financial year. This is a challenge for the unit as the service is highly dependent on the availability of doctors. The fewer the number of doctors in the service, the longer the turnaround time to perform post-mortems and to produce reports to stakeholders, therefore negatively impacting on the overall performance of the unit.

Forensic unit is managed by an Assistant Director (Regional Coordinator: Frances Baard), also acting as the Deputy Director responsible for the overall management of the service. The directorate comprises of two sub-directorates, i.e. Forensic Pathology Services (11 mortuaries) Clinical Forensic Services (5 Clinical forensic facilities/ Thuthuzela Care Centres), with staff complement of 75 employees including Medical Practitioners. About 96% of the staff are foot soldiers, at the cold face of service delivery, performing sexual assault and post-mortem investigations. Due to vacant funded and abolished posts, the unit is severely understaffed, particularly administration and management posts at Provincial office, including Mortuary Managers for Kimberley and Upington. This has a negative impact on the overall performance and progress of the unit, always chasing crisis and deadlines with no time to properly plan, prepare and to quality assure performance.

These circumstances are further aggravated by delays in filling the vacant funded posts of Assistant Director and Admin Officer at provincial office, as well as three Forensic Pathology Officers at mortuaries. The Deputy Director post has been vacant since 2012/13 financial year.

Construction of Springbok mortuary has been completed. The mortuary is currently fully operational, offering a full service package to the entire upper Namakwa region (administration, identification of bodies, storage of bodies, performance of post-mortems and release of bodies).

Refurbishments were undertaken at Kimberley Forensic Mortuary following a risk assessment conducted by the departmental Health and Safety Practitioner. The report produced required immediate intervention to attend to compliance issues and to avoid closure of the mortuary by Department of Labour. The mortuary is now user-friendly and easily accessible. Security in the form of CCTV cameras and burglar proof have been installed to avoid further burglaries.

Kuruman Forensic Pathology renders services that cover JTG District including Postmasburg, Danielskuil, Kathu and surrounding villages up to and including Griekwastad. The facility is small and not appropriate to conduct post-mortems with fridge capacity of only 8 shared with the hospital. There are no changing rooms; no identification and viewing room, the very same area used for dissection is used for identification by families of the deceased. There is also no body offloading zone and wash bay for mortuary vans. The dissection area is not adequate to address the numbers of cases with proper mounted tables or extraction equipment to handle the smell during post-mortems. The drainage and plumbing system is old and clogs occasionally by blood clots from post-mortems procedures. The area is surrounded by mining activities but the facility is not disaster ready. Forensic staff (4x Forensic Officers and 1x Doctor) are all accommodated in one small office at the hospital, also used for admin work to assist families with no privacy.

Contravention notices from Department of Labour were issued following constant visits from The Media, Department of Environment and Nature Conservation, Afri-Forum and the Public Protector. This led to an executive decision to close the facility and seize operations in 2012.

Services are currently dispatched from a Private Funeral Undertaker for performance of post-mortems and storage. However, this is still in contravention with the National Code of Guidelines for Forensic Pathology Services as there are no apt security features for chain and preservation of bodies and evidence.

The project to complete Kuruman Forensic Mortuary construction has been revived and preliminary work done consisting on site assessment, design and approval of plans and scope of work accompanied by the budget report. Budget of R12m has been set aside for the current financial year to complete construction.

Procurement of uniform for forensic staff is still pending since 2017/18 financial year. A new approved submission was submitted in June 2018 for procurement from the earmarked budget of 2018/19 financial year. Regardless of several efforts to fast track the process, staff is still operating without uniform. This has resulted in numerous staff complaints and enquiries from Organised Labour and the Media. The department is in contravention with Resolution 4 of 2017, which clearly states that the employer should provide employees with uniform. After the order was issued, the supplier could not deliver in March 2020 as committed.

The Toyota bakkies procured in 2017/18 have finally been converted into mortuary vans and have been suitably branded. In the interim bull bars were installed pending resuming of services at Government Garage for licensing. However, the six new vehicles are still not sufficient to effectively run the service, as it requires 30 vehicles as opposed to the current fifteen in operation. Some are due for replacement as mileage is very high exceeding 300 000km. Lifespan is relatively short due to vast distances with added unfunded responsibility of transporting non-forensic cases compounding the problem. Lack of capital budget (R1.2m for the **2019/20** Financial Year) to replace and increase fleet. Unit is therefore currently facing a crisis as most vehicles are at merchants for repairs across the province.

Clinical Forensic Services

The Clinical Forensic Unit is functional with the support of the HIV Conditional Grant. Forensically trained nurses at the Thuthuzela Care Centres are paid through Forensic Medical Services budget. The programme is in need of dedicated forensically trained professionals in order to ensure that high quality evidence is collected from victims of rape. The lack of specialised personnel at facilities have a negative influence on the number of successful convictions of the crime. The conviction rate of the Kimberley Thuthuzela has exceeded the target of 70%, while the other centres did not have significant increase in performance due to lack of personnel. Police reported turn-around times of up to 6 hours at big hospitals such as Robert Sobukwe Hospital in Kimberley, causing a delay in care as well as excessive overtime claims by the officers.

The Victim Empowerment Forum conducted the 365 Days On No Violence Against Women and Children. The Department of Health participated in the training conducted by the National Prosecuting Authority in Kuruman, De Aar and Kimberley. The Department of Health supply infrastructure, specialised equipment, forensically trained professionals, comfort packs, replacement clothing as well as transport for nurses to go to court. Victims/survivors are transported to and from health facilities by the South African Police. The province experienced a challenge with trained health professionals migrating from the unit due to non-payment of OSD to professional nurses. The province currently has two dedicated professional nurses with the one-year Forensic Diploma at the Galeshewe Thuthuzela. The province also has a functional Victim Empowerment Forum (established by Social Development) as well as a Gender Justice Forum (established by the NPA).

There are no dedicated vehicles for the Clinical Services PEP coordinators. Performing support-visits in the Districts is crucial and should form part of the service package. Currently this is not done as there are no vehicles allocated for such and no funding for procurement.

Table 58 Indicator 1: Comparison between 2018/19 FY and 2019/20 FY - Percentage of autopsies completed in 4 days

2018/19 FY				2019/20 FY			
Quarter	% of Autopsies over 4 Days (90%)	Deviation	Number of Cases in Quarter	Quarter	% of Autopsies over 4 Days (90%)	Deviation	Number of Cases in Quarter
Q1	90%	0	(399/441)	Q1	91%	+1%	(368 / 404)
Q2	94%	+4%	(375/401)	Q2	89%	-1%	(391 / 437)
Q3	88%	-2%	(405/462)	Q3	91%	+1%	(441 / 483)
Q4	88%	-2%	(389/441)	Q4	87%	-3%	(377 / 433)

Table 59 Indicator 2: Comparison between 2018/19 FY and 2019/20 FY - Percentage of autopsy reports submitted in 10 days to stakeholders

2018/19 FY				2019/20 FY			
Quarter	% of Autopsy reports within 10 Days	Deviation	Number of Cases in Quarter	Quarter	% of Autopsy reports within 10 Days	Deviation	Number of Cases in Quarter
Q1	75%	-5%	(329/441)	Q1	92%	+12%	(370 / 404)
Q2	90%	+10%	(360/401)	Q2	82.3%	+2.37	(360 / 437)
Q3	77%	-3%	(355/462)	Q3	84%	+4%	(405 / 483)
Q4	84%	4%	(370/441)	Q4	79%	-1%	(342 / 433)

Achievements

- Submissions to fill the vacant posts of x2 Forensic Officers, x1 Assistant Director and 1x Admin Officer have been approved, awaiting advertisement.
- The new Springbok Forensic mortuary is fully operational. A full service package is offered to the public for the upper Namakwa region.
- The newly refurbished Kimberley Forensic Mortuary created a new user-friendly and easily accessible administration service on the ground floor for the public, in relation to the previous arrangement where families of the deceased used stairs to gain access to admin offices on the first floor.
- Security measures were enhanced at Kimberley Forensic Mortuary to reduce break-ins and theft incidents as reported in the past. CCTV cameras and burglar proof have been installed.
- Fifteen new Vodacom lines and handsets have been allocated for forensic mortuaries and Medical Practitioners. However, five is still outstanding pending delivery of new applications from Vodacom.
- Branding and conversion of the newly procured Toyota bakkies into mortuary vans have been completed. Mortuary vans are used to collect and transport dead bodies from scenes of death to mortuaries for storage and evidence preservation.
- The bulk order for electric head saws and body trolleys for 11 forensic mortuaries has been finalised and delivered.
- Though instability due to shortage of doctors, both performance indicators were achieved with a positive deviation of 4% for the second indicator.
- District Clinical Forensic personnel participated in all relevant gender based violence activities in quarter one.

Trainings

- Provincial office participated in the NPA forensic training in Kuruman and De Aar in quarter two.
- Kimberley Thuthuzela conducted one training. The clinical forensic unit participated in the training.
- Clinical Forensic participated in the Victim Empowerment Forum events in Kakamas, Keimoes and Roodepan. Activities mainly focused on human trafficking related to gender based violence.
- One integrated Clinical Forensic training conducted in Kuruman, JTG District, of which 10 were nurses. No doctors were trained. Support visits conducted at Kimberley Thuthuzela & Kuruman Thuthuzela centres. All Districts are performing

continuous integrated marketing activities at schools, colleges, universities & government departments.

Table 60 Statistics: April 2019 –March 2020

Types of PM's	Kimberley	Upington	De Aar	Calvinia	Springbok	Kuruman	TOTAL
Murder	143	81	55	10	16	71	376
Accident	87	47	19	4	12	19	190
MVA	154	72	66	12	35	120	459
Suicide	84	63	29	10	30	49	266
Undetermined	1	7	4	4	0	28	45
Natural	102	127	80	13	44	14	402
Fetus	6	2	1	6	0	3	18
Decomposed	3	3	0	0	1	1	8
Anaesthetic	4	2	0	0	0	0	6
Bones	2	2	0	0	0	2	6
Other	3	3	0	0	0	1	8
TOTAL	589	409	254	59	138	308	1757

Table 61 Performance Per Data Element

DATA ELEMENTS	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4	TOTAL
Number of designated facilities	27	27	27	27	27
No of Sexual assault (new)	170	184	264	272	890
No of clients tested for HIV	124	150	122	197	593
No of clients on PEP	42	112	53	160	367
No of HIV + clients	8	11	21	17	57
No of perpetrators tested for HIV	0	0	0	0	0
No of HIV + perpetrators	0	0	0	0	0
No of DNA testing on perpetrators	5	0	5	0	10
No of comfort packs supplied	250	250	350	300	1150
No of domestic violence	17	0	13	9	39
No of common assault	31	0	70	79	180
No of Drunken driving	28	0	53	10	91
No of human trafficked persons	2	0	0	0	2
No of referrals	189	184	277	281	931
No of doctors / nurses trained & other professionals per quarter	0	0	0	20	20
No of Public awareness campaigns conducted	2	0	4	4	10
TOTAL	895	918	1259	1376	4367

Challenges and measures planned to overcome them

Table 62 Challenges and proposed corrective actions (FMS)

CHALLENGES	PROPOSED CORRECTIVE ACTION
<ul style="list-style-type: none"> ▪ Non-compliant mortuary in Kuruman resulting in services being dispatched from a Funeral Undertaker for post-mortem and storage. No access control measures in place, thereby compromising chain of evidence and evidence preservation. 	<ul style="list-style-type: none"> ▪ Office of the HOD and SCM to expedite and finalise tender process for construction to commence.
<ul style="list-style-type: none"> ▪ Shortage of staff due to vacant funded posts resulting in current employees overburdened. 	<ul style="list-style-type: none"> ▪ Vacant funded posts to be prioritised and approved: Deputy Director, Assistant Director, Admin Officer and 2x Forensic Officers. Abolished Director Post for the unit to be revived and filled.
<ul style="list-style-type: none"> ▪ Doctors leaving the forensic service for greener pastures resulting in shortage of doctors. 	<ul style="list-style-type: none"> ▪ Robust head-hunting and negotiations with other provinces and universities.
<ul style="list-style-type: none"> ▪ Stakeholders unable to access mortuaries due to unavailability of standby cellphones for mortuaries and blocked MTN simcards. 	<ul style="list-style-type: none"> ▪ MTN numbers to be replaced with Vodacom and new handsets provided for all mortuaries.
<ul style="list-style-type: none"> ▪ Lack of practising trained clinical forensic personnel in all Districts. ▪ No clinical forensic data capturers hence no performance monitoring and reporting 	<ul style="list-style-type: none"> ▪ Posts for professionals must be created and filled in order to address the challenge. ▪ Forensically trained personnel need to be correctly placed in accordance with their training skills.
<ul style="list-style-type: none"> ▪ Victim empowerment facilities on health premises are in serious need of maintenance. 	<ul style="list-style-type: none"> ▪ VEP facilities on Health Department premises need to be included in the Departmental Maintenance Plan.
<ul style="list-style-type: none"> ▪ Shortage of staff at Provincial Office level. 	<ul style="list-style-type: none"> ▪ The process to fill the Deputy Director post to be fast tracked and the Director post to be revived for advertising and filling. ▪ Resubmit the submission to fill 2 Mortuary Manager posts for Kimberley and Upington to honour the resolution made in the third quarterly review meeting of 2017/18.
<ul style="list-style-type: none"> ▪ No after-hour services rendered at the Kimberley Thuthuzela Care Centre. 	<ul style="list-style-type: none"> ▪ Kimberley Thuthuzela Care Centre to start a 24 hour service.
<ul style="list-style-type: none"> ▪ Lack of dedicated clinical Forensic Resources. 	<ul style="list-style-type: none"> ▪ All sectors must assign a dedicated ring-fenced budget, specifically for gender based violence. The budget will ensure sufficient resources for human resources, equipment, infrastructure, transport, comfort packs and other needs for the service to operate maximally.

Table 63 Strategic Objectives, Indicators, Planned Targets and Actual Achievements (FMS)

Strategic Objective	Performance Indicator	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation	Comments on Deviations
Render health care support service through specialised forensic medical and medico-legal services	Percentage of autopsies completed within 4 working days	90%	90%	90%	0	<ul style="list-style-type: none"> Indicator has been achieved with no deviation. Post-mortems are performed within the turnaround time of 4 days.
	Percentage of autopsy reports submitted in 10 days to stakeholders (SAPS)	81%	80%	84%	+4%	<ul style="list-style-type: none"> Indicator has been achieved with positive deviation of 4%. Post-mortem reports are produced within the turnaround time of 10 days.

2.4.7.2 Sub-Programme 2: Pharmaceuticals

Priorities

- Improve availability and accessibility of medicine.
- Improve quality of service including clinical governance and patient safety.

Sub-Outcome 2: Improved Quality of Health Care

Situation Analysis

The current reporting period under review, the availability of medicines at facilities showed a gradual improvement within the province. Despite the various challenges that were encountered, the pharmacy staff incorporated various interventions to improve access and availability of medicines at provincial; District and facility levels. Strengthening the use of the stock management systems (through training and understanding) contributed to this positive outcome.

The revision of the Provincial medicines formulary with the removal or non-approval of certain non EML medicines, assisted in the quest of the Directorate to reduce the usage of non EML medicines across the province. This positive shift indicates the compliance of prescribers to the Standard Treatment Guidelines (STGs) and Essential Medicines List (EML).

During the last month of quarter 4 for this reporting period, the pharmacy personnel were faced with the COVID-19 pandemic, hence Pharmacists and Pharmacist Assistants were relocated to facilities to assist with the decanting of patients and the supply 2 months' treatment to chronic patients.

Achievements

- Notwithstanding the shortage of pharmacy personnel at the PMD and health facilities, the redistribution of stocks assisted patients in that medication was provided to a greater extend of patients at facilities.
- Annual stock takes were successfully completed at all facilities.
- The Provincial Medicines formulary was revised with the clear separation of NTSG (National tertiary and quaternary grant) medicines.
- Thirty-seven (37) Community Service Pharmacist (CSP) posts were filled in the province, with successful orientation trainings conducted in all the Districts.

Activities

- Pharmacy Month was celebrated in the province in September 2019, with key activities such as radio talk shows; newspaper adverts and interaction with patients at facilities about mental health.
- Pharmacy personnel assisted with the provision of pharmaceuticals to new a health facility (Sakhile PHC); to new EPI private service providers (Frances Baard District); to existing partnerships with mines (JTG District) and to the farming groups (Namakwa; ZFMcgawu Districts).
- Three (3) quarterly Provincial Pharmaceutical Management Forum (PMF) and PPTC meetings were conducted for this financial year.

Challenges and measures planned to overcome them

Table 64 Challenges and proposed corrective actions (Pharmaceuticals)

CHALLENGES	PROPOSED CORRECTIVE ACTION
<ul style="list-style-type: none"> ▪ Warehouse Management System (WMS): <ul style="list-style-type: none"> ○ Non-functionality of Warehouse Management System (WMS) 	<ul style="list-style-type: none"> ▪ Continual engagement with all stakeholders to improve the Warehouse Management system(WMS) ▪ Procure an alternative WMS
<ul style="list-style-type: none"> ▪ Medicine availability: <ul style="list-style-type: none"> ○ Medicine stock-outs at facilities and lack of alternatives. ○ Shortage of pharmacy staff at facilities ○ Late deliveries from depot due to the limited vehicles and drivers 	<ul style="list-style-type: none"> ▪ Action SVS reports and redistribute stocks amongst facilities ▪ Maintain a buffer stock at facilities ▪ Continuous liaison with the provincial depot on stock-outs ▪ Implement therapeutic alternatives as recommended on circulars by NDOH ▪ Appoint pharmacy staff at facilities ▪ Commencement of the Pharmacist Assistant Basic and Post-basic Learnership programme in the province ▪ Procure a new fleet; maintain the existing fleet or outsource the distribution function.
<ul style="list-style-type: none"> ▪ Clinical governance: <ul style="list-style-type: none"> ○ Poor implementation of the Antimicrobial Stewardship (AMS) programme due to shortage of clinical personnel ○ Non-compliance by prescribers to treatment guidelines and protocols ○ Poor or no submission of Adverse drug reactions(ADRs) and section 21 reports 	<ul style="list-style-type: none"> ▪ Establish the Provincial Clinical governance committee and include the AMS programme within this structure. As well as part of all PTCs ▪ Strengthen implementation and monitoring of the AMS programme at provincial, District and hospital levels ▪ Continuous monitoring and liaison with prescribers to improve compliance in prescribing and reporting of ADRs and Section 21 reports.
<ul style="list-style-type: none"> ▪ Central Chronic Medicine Delivery and Distribution (CCMDD) programme: <ul style="list-style-type: none"> ○ Poor ownership of the CCMDD programme by Health Programmes ○ No District CCMDD structures in place ○ High number of dormant patients on CCMDD 	<ul style="list-style-type: none"> ▪ Improve involvement of all stakeholders in the implementation of the programme across all levels ▪ Establish and support District CCMDD structures ▪ Trace dormant patients using the WBOTS to deregister these patients from the CCMDD programme
<ul style="list-style-type: none"> ▪ IT <ul style="list-style-type: none"> ○ Poor internet connectivity in Districts delays the ordering of medicines to the PMD and submission of required reports. 	<ul style="list-style-type: none"> ▪ Liaise with Provincial IT ▪ Procure individual modems and data for the respective pharmacists.
<ul style="list-style-type: none"> ▪ Infrastructure <ul style="list-style-type: none"> ○ Maintenance of the pharmacies / dispensaries / medicine rooms to address ○ Shortcomings at facilities, to meet SAPC requirements. 	<ul style="list-style-type: none"> ▪ Liaise with the relevant role-players at District / provincial level.

Table 65 Strategic Objectives, Indicators, Planned Targets and Actual Achievements (Pharmaceuticals)

Strategic Objective	Performance Indicator	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviation	Comment on Deviation
Improve availability and access of medicine	Percentage availability of medication (EML and STG) in the health facilities and institutions	83.3%	90%	84.6%	-5.4%	<ul style="list-style-type: none"> ▪ Limited cashflow resulted in delayed payments with suppliers not delivering stocks within the expected time frames. ▪ Inadequate vehicles and drivers to deliver medication timeously to facilities. ▪ Inconsistent compliance with reporting on SVS and Rx Solution. ▪ Inadequate/no pharmacy staff at facilities. ▪ Challenges with the Warehouse system resulted in certain products not being picked
	Percentage non EML medication procured by the health facilities and institutions	19.9%	<10%	12.8%	+2.8%	<ul style="list-style-type: none"> ▪ Non-EML items approved by the PPTC for specialised services or for individual patients requiring non-EML medicines where there is no EML alternative.

LINKING PERFORMANCE WITH BUDGET

Table 66 Linking Performance with Budget for Programme 7: Health Care Support Services

Sub-Programme	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
Laundry Services	7 901	15 366	(7 465)	8 026	10 346	(2 320)
Engineering	17 090	27 061	(9 971)	19 278	18 326	952
Forensic Services	43 725	38 966	4 759	43 735	43 828	(93)
Orthotic and Prosthetic Services	11 039	8 762	2 277	7 256	6 842	414
Medicine Trading Account	35 890	25 007	10 883	33 979	33 921	58
TOTAL	115 645	115 162	483	112 274	113 263	(989)

Narrative

- Health Care Support Services programme spend 100 percent of the allocated budget.

2.4.8 PROGRAMME 8: Health Facilities Management

Priorities

- Improve the quality of health service by implementing the Hospital Revitalization Programme.
- Implementation of Infrastructure Grants for Provinces.
- Implementation of Capital Maintenance Programme.
- Implementation of Clinical Engineering (Health Technology) Maintenance Programme.
- Facilitate the implementation of 8 facility upgrade and 21 water tanks projects through National Health in-Kind Grant projects.

Sub-Outcome 7: Improved Health Planning and Infrastructure Delivery.

Situation Analysis

The Infrastructure Delivery achieved 97% expenditure by the end of the fourth quarter. The expenditure is inclusive of the accruals of almost R86 million from the previous financial year. Payment of service providers in this financial year remains a challenge due to the insufficient cash flow allocated. Submitted invoices from the implementing agents, i.e. the Independent Development Trust and Department of Roads and Public Works are however processed by the Health Facilities Management unit and referred to the office of the Chief Financial Officer for processing.

The delays on the payments have impacted negatively on the performance of contractors at project sites, with some contractors suspending construction activities such as the Port Nolloth CHC. Delayed payments increases the risk of fruitless and wasteful expenditure due to the claims on default interests against the department. The Port Nolloth CHC contractor suspended construction works until all the submitted payment certificates have been processed which was from October 2019 up to the week of the March 2020. Arrangements to resume work will be in April 2020. A proposed arbitration process from the Port Nolloth CHC contractor submitted by the Independent Development Trust to resolve disputes over the 2018 extension of time with costs is still awaiting a decision from the Department of Health. The delays in the processing of payment certificates happens in both the Independent Development Trust and the Department of Health. The department faces a risk of termination of contract by the contractors as a results perpetual delays on payments.

Construction of Boegoeberg clinic is behind schedule due to the late start of construction work, slow delivery by the contractor and delayed payments to the contractor by the Department of Health. The construction programme was revised in 2018 to 15th February 2019. There was an approved Extension of Time until 30 September 2019 but work could not reach completion. Currently the contractor is on penalties. Completion date cannot be projected as the last payment certificate of the contractor submitted in December 2019 was only processed in February 2020. No new request for extension of time has been submitted to the Department of Health for consideration.

The construction of Heuningvlei clinic continues to experience delays due to slow processing of payments by both the Independent Development Trust and Department of Health. The contractor has drastically reduced performance on site as a results of lack of funds to pay labourers and buy materials for the project. Due to long delayed payments the contractor moved out of site from October to December 2019. Construction work resumed in January 2020.

The contractor for Glenred Clinic project experiences challenges from delayed payments and scope creep. The contractor was appointed in March 2018 but started construction project scope changed after an appointment of the contractor was made which led to delays from the initial has led to the contractor suspending works in 2018. Both IDT and the Department of Health caused the delays in processing contractor's payment which has led to a proposed arbitration of the dispute a claim on extension of time with costs. Both the Department of Health and IDT face a risk of a continuous stay off site by the contractor until the matter is resolved.

A tender for the Nursing College accommodation has been advertised to complete the outstanding work. The contract for first contractor was terminated due to slow delivery by the contractor and poor workmanship. The Department of Roads & Public Works is awaiting budget approval from the Department of Health to proceed with the appointment of a new contractor.

Construction of Bankhara Bodulong clinic is behind schedule due to the slow delivery by the contractor and delayed payments to the contractor by the Department of Health. The construction programme was revised in 2018 to 15th February 2019 but work could not reach completion. Contractor has been served with a notice on slow delivery by the Department of Roads and Public Works.

Achievements

Progress has been made at the construction sites for Heuningvlei, Boegoberg, Bankhara Bodulong and Glenred Clinics. The maintenance projects, i.e. De Aar Hospital, Dr H Surtie and Mental Health Hospital have achieved the planned activities outlined in their maintenance plans. Despite the delays on construction activities as a result of slow processing of payment the projects at delivery stage have progressed.

Challenges and measures planned to overcome them

Table 67 Challenges and proposed corrective actions (HFM)

CHALLENGES	PROPOSED CORRECTIVE ACTION
<ul style="list-style-type: none"> ▪ Slow progress of the Port Nolloth CHC 	<ul style="list-style-type: none"> ▪ Meeting with the main contractor to resolve the issue of extension of time request as a result of non-payment during previous financial year
<ul style="list-style-type: none"> ▪ Slow construction activities at the Springbok Hospital Pharmacy 	<ul style="list-style-type: none"> ▪ Regular meeting with the Implementing agents to resolve issues and speed up performance
<ul style="list-style-type: none"> ▪ Slow Progress on site at Nursing College Student Accommodation due to non-performance of contractor 	<ul style="list-style-type: none"> ▪ The contract for the student accommodation has been terminated and a new tender advertised. ▪ Budget approval should be obtained
<ul style="list-style-type: none"> ▪ Non-payment of contractors due to cash flow challenges 	<ul style="list-style-type: none"> ▪ Extension of time for contractors delayed by slow payment processes in the Department of Health need to be attended to by the office of the CFO

Strategies to overcome under performance

- Prioritising of activities, proper planning, setting targets, budgeting and effective monitoring of implementation as well as reporting.
- Additional bid for increasing departmental budget and address each indicator resource in the business
- Capacity development.
- Provide the tools of trade and address employees concerns.
- Effective measure for accountability using Performance Management Development System strategies, managing staff effectively by recognising and reward good performance.
- Strengthen the management of accruals and commitments in the Department.
- Continue to implement strategies to manage the financial constraints.
- Department to embark on vigorous recruitment drive to attract skilled professionals in order to improve the quality of Health Care Service in the Province.

Table 68 Strategic Objectives, Indicators, Planned Targets and Actual Achievements (HFM)

Strategic Objectives	Performance Indicator	Actual 2018/19	Target 2019/20	Actual 2019/20	Deviations	Comments on Deviations
Improve the quality of health infrastructure in South Africa by ensuring that all health facilities are compliant with the facility norms and standards	Number of facilities that comply with gazetted infrastructure norms and standards	2	1	1 Centralized patient registry at West End Hospital in planning	0	-
Construction of new clinics, community health centres and hospitals	Number of additional clinics, community health centres and office facilities constructed	5	8	8 1. Port Nolloth CHC 86% 2. New Springbok Hospital Pharmacy 58.1% 3. Boegoeberg Clinic 74% 4. Bankhara Bodulong Clinic 76% 5. New Nursing and EMS College	0	<ul style="list-style-type: none"> ▪ The projects at delivery stage (Boegoeberg, Bankhara Bodulong and Port Nolloth CHC) were slowed down by the contractor's following the delayed payments by the NCDoh over insufficient cashflow. ▪ Slow delivery by the contractor at the Springbok Hospital Pharmacy delayed completion of the project. Approved extension of time ended in November 2019 ▪ Nursing & EMS College contract with the contractor was terminated in May 2019 ▪ Change of construction activities led to demolition of the rest of the Glenred clinic facility after award of the tender. ▪ No approval of change to scope has been obtained by the IDT from the NCDoh

				59% (Contract terminated) 6. Heuningvlei Clinic 67% 7. Springbok Hospital Mortuary 98% 8. Glenred Clinic 30%		
Implementation of Health facilities revitalisation programme	Number of additional hospitals and mortuaries constructed or revitalised	4 Construction of Kuruman Hospital Forensic Mortuary Connie Vorster Hospital= Design Designing of Prieska Hospital Forensic Mortuary Construction of New mental Hospital	1	1 Kuruman Hospital Regional Hospital in JTG for casualties under review by user department	0	-
Major and minor refurbishment of health facilities	Number of health facilities that have undergone major and minor refurbishment in NHI pilot District	5	3	1 Kuruman Forensic mortuary at	-2	<ul style="list-style-type: none"> ▪ Strategic resourcing identifies delivery strategy in respect of the project.

				planning prioritised for upgrade and procurement of medical equipment planned		
	Number of health facilities that have undergone major and minor refurbishment outside NHI pilot District (excluding facilities in NHI pilot District)	13 1. Kharkams Clinic= IDMS Stage 5 (Design Development) 2. Logobate Clinic= IDMS Stage 5 Design Development 3. Glenred Clinic=IDMS Stage 5 (Design Development) 4. Jan Kempdorp Clinic= Stage 5 (Design Development) 5. Mataleng Clinic= IDMS	19	0	-19	<ul style="list-style-type: none"> ▪ Reprioritisation of health facilities

		<p>Stage (Design Development)</p> <p>6. Ma Doyle Clinic=IDMS Stage 4 concept and viability</p> <p>7. Florianville Clinic=IDMS Stage 4 concept and viability</p> <p>8. Warrenton CHC=IDMS Stage 5 Design Development)</p> <p>9. Dr Winston Torres Clinic= IDMS Stage 4 concept and viability</p> <p>10. Jan Witbooi Clinic= IDMS Stage 5 Design Development</p>				
--	--	--	--	--	--	--

		11. Seoding Clinic= IDMS Stage 5 Design Development				
		12. Kagisho CHC=IDMS Stage 5 Design Development)				
		13. Metswetsanen g Clinic=IDMS Stage 5 Design Development				

LINKING PERFORMANCE WITH BUDGET

Table 69 Linking Performance with Budget for Programme 8: Health Facilities Management

Sub-Programme	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
District Hospital Services	175 010	155 406	19 604	175 947	171 720	4 227
Provincial Hospital Services	223 057	242 084	(19 027)	255 373	248 447	6 926
TOTAL	398 067	397 490	577	431 320	420 167	11 153

Narrative

- Health Facilities Management programme spent 100 percent of its allocated budget

2.5 Transfer Payments

2.5.1 Transfer payments to Public Entities

The Department does not have any public entities.

2.5.2 Transfer payments to all organisations other than Public Entities

Table 70 Transfer payments made for the period 1 April 2019 to 31 March 2020

Name of transferee	Type of organisation	Purpose for which the funds were used	Did the department comply with s38 (1) (j) of the PFMA	Amount transferred (R'000)	Amount spent by the entity (R'000)	Reasons for the funds unspent by the entity
Various	Universities	Bursaries for non-employees	Yes	38 958	38 958	N/A
Various	Employees	Leave gratuity and arbitration awards	Yes	9 211	9 211	N/A
Various	Private entities	Claims against the state	Yes	40 735	40 735	N/A
Various	Private individuals	Donations	Yes	207	206	N/A
Hantam	Municipality	Municipal services and license fees	Yes	19	19	N/A
Nama Khoi	Municipality	Municipal services and motor vehicle license fees	Yes	357	357	N/A
Karoo Hoogland	Municipality	Municipal services and motor vehicle license fees	Yes	100	100	N/A
Rightersveld	Municipality	Municipal services and motor vehicle license fees	Yes	3	3	N/A
South African Post Office		Motor vehicle license fees	Yes	202	202	N/A
Ga-Segonyana	Municipality	Municipal services and motor vehicle license fees	Yes	28	28	N/A
Standard Bank	Bank	Motor vehicle license fees	Yes	2	2	N/A
Northern Cape Fleet Services	Entity	Motor vehicle license fees	Yes	208	208	N/A
Other	Various entities	Motor vehicle license fees	Yes	13	13	N/A
TOTAL				1139	1138	

2.5.3 Transfer payments which were budgeted for, but no payments were made

Table 71 Transfer payments which were budgeted for in the period 1 April 2019 to 31 March 2020, but no transfer payments were made

Name of transferee	Type of organisation	Purpose for which the funds were to be used	Amount budgeted (R'000)	Amount transferred (R'000)	Reasons for the funds unspent by the entity
Sol Plaatje	Municipality	Primary health care services	5 358	0	Administrative delays
TOTAL			5 358	0	

The department did not transfer funds to Sol Plaatje Municipality due to delays in concluding the consultations pertaining to the provincialisation of primary health care services from the municipality.

2.6 Conditional Grants- Comprehensive HIV/AIDS Grant

2.6.2.1 Comprehensive HIV/AIDS Grant

Table 72 Comprehensive HIV/Aids Grant

Department who transferred the grant	National department of health
Purpose of grant	<ul style="list-style-type: none"> ▪ To enable the health sector to develop and implement an effective response to HIV and AIDS and TB
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 MMC performed ▪ Number of patients on ART initiated on Isoniazid Preventative Therapy (IPT) ▪ Number of clients newly initiated on Bedaquiline ▪ Number of adherence clubs ▪ TB new smear positive client success rate
Actual outputs achieved	-
Amount per amended DORA (R'000)	R478,242
Amount received (R'000)	R478,242
Reasons if amount as per DORA was not received	100% received
Amount spent by the Department (R'000)	R468, 761 (98.0%)
Reasons for the funds unspent by the entity	The department has spent to date R468.761 million or 98.0% of the adjusted budget. Administrative delays were experienced on procurement processes, due to capacity constraints. However, funds were already committed towards the procurement of medical equipment, female condoms and nutritional supplements at year end. A roll over has been requested on funds that are already committed.
Reasons for deviations on performance	-
Measures taken to improve performance	-
Monitoring mechanism by the receiving department	Monthly and quarterly review

2.6.2.2 Health Professions Training & Development Grant

Table 73 Health Professionals Training & Development

Department who transferred the grant	National department of health
Purpose of grant	<ul style="list-style-type: none"> ▪ 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"> ▪ The following categories of health professionals, associated with clinical training and supervision, are 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 supervisors/trainers per category in nursing, EMS and allied health and pharmacy ▪ Number of grant administration staff
Actual outputs achieved	-
Amount per amended DORA (R'000)	R90,610
Amount received (R'000)	R90,610
Reasons if amount as per DORA was not received	100% received
Amount spent by the Department (R'000)	R65,824
Reasons for the funds unspent by the entity	The department has spent to date R65.824 million or 72.6 % of the adjusted budget. The underspending results from delays on the procurement of medical equipment, however approximately R26.324 million is already committed in the current year. A roll over has been requested on medical equipment and other expenditure items.
Reasons for deviations on performance	-
Measures taken to improve performance	-
Monitoring mechanism by the receiving department	Monthly and quarterly review.

2.6.2.3 National Tertiary Services Grant

Table 74 National Tertiary Services Grant

Department who transferred the grant	National department of health
Purpose of grant	<ul style="list-style-type: none"> ▪ Ensure provision of tertiary health services for all South African citizens (including documented foreign nationals) ▪ To compensate tertiary facilities for the additional costs associated with provision of these services
Expected outputs of the grant	<ul style="list-style-type: none"> ▪ Number of inpatient separations ▪ Number of day patient separations ▪ Number of outpatient first attendances ▪ Number of outpatient follow up attendances ▪ Number of inpatient days ▪ Average length of stay by facilities
Actual outputs achieved	Yes
Amount per amended DORA (R'000)	R362,053
Amount received (R'000)	R362,053
Reasons if amount as per DORA was not received	100% received
Amount spent by the Department (R'000)	R335,852
Reasons for the funds unspent by the entity	The department has spent to date R335.852 million or 92.8 % of adjusted budget. The department had committed R26.201 million towards medical equipment used to provide tertiary services. A budget roll over has been requested towards the procurement of medical equipment.
Reasons for deviations on performance	-
Measures taken to improve performance	-
Monitoring mechanism by the receiving department	Monthly and quarterly review.

2.6.2.4 Health Facility Revitalisation Grant

Table 75 Health Facility Revitalisation Grant

Department who transferred the grant	National department of health
Purpose of 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	-
Amount per amended DORA (R'000)	R560,260
Amount received (R'000)	R560,260
Reasons if amount as per DORA was not received	100% received
Amount spent by the Department (R'000)	R560,260
Reasons for the funds unspent by the entity	The department has spent all the allocated funds in line with the approved business plan.
Reasons for deviations on performance	-
Measures taken to improve performance	-
Monitoring mechanism by the receiving department	Monthly and quarterly review.

2.6.2.5 Extended Public Works Programme Incentive Grant for Provinces

Table 76 EPWP Incentive Grant for Provinces

Department who transferred the grant	National department of public works
Purpose of grant	<ul style="list-style-type: none"> ▪ 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 EPWP 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
Expected outputs of the grant	-
Actual outputs achieved	-
Amount per amended DORA (R'000)	R2,000
Amount received (R'000)	R2,000
Reasons if amount as per DORA was not received	100% received
Amount spent by the Department (R'000)	R nil
Reasons for the funds unspent by the entity	The grant has not been spent to date, due to delays on the awarding of tenders for the construction of internal road at Jan Kempdorp CHC and Noupoot CHC. A budget roll over has been requested.
Reasons for deviations on performance	-
Measures taken to improve performance	-
Monitoring mechanism by the receiving department	Monthly and quarterly review.

2.6.2.6 Social Extended Public Works Programme Incentive Grant for Provinces

Table 77 SEPWP Incentive Grant for Provinces

Department who transferred the grant	National department of health
Purpose of grant	<ul style="list-style-type: none"> ▪ To incentivise provincial social sector departments, identified in the 2016 social sector EPWP log-frame to increase job creation by focusing on the strengthening and expansion of social sector programmes that have employment potential
Expected outputs of the grant	-
Actual outputs achieved	-
Amount per amended DORA (R'000)	R30,229
Amount received (R'000)	R30,229
Reasons if amount as per DORA was not received	100% received
Amount spent by the Department (R'000)	R30,229
Reasons for the funds unspent by the entity	The department has spent all the allocated funds in line with the approved business plan.
Reasons for deviations on performance	-
Measures taken to improve performance	-
Monitoring mechanism by the receiving department	Monthly and quarterly review.
Reasons for deviations on performance	-
Measures taken to improve performance	-
Monitoring mechanism by the receiving department	Monthly and quarterly review.

2.6.2.7 National Health Insurance

Table 78 NHI Grant

Department who transferred the grant	National department of health
Purpose of grant	<ul style="list-style-type: none"> ▪ To address capacity constraints in the provinces and to create an alternate track to speed up infrastructure delivery ▪ To improve spending, performance, monitoring and evaluation on NHI pilots and infrastructure projects ▪ To fund the introduction of the HPV vaccination programme in schools
Expected outputs of the grant	As specified in the five component frameworks
Actual outputs achieved	-
Amount per amended DORA (R'000)	R1,616
Amount received (R'000)	R1,616
Reasons if amount as per DORA was not received	100% received
Amount spent by the Department (R'000)	R1,616
Reasons for the funds unspent by the entity	The department has spent all the allocated funds in line with the approved business plan.
Reasons for deviations on performance	-
Measures taken to improve performance	-
Monitoring mechanism by the receiving department	Monthly and quarterly review.
Reasons for deviations on performance	-
Measures taken to improve performance	-
Monitoring mechanism by the receiving department	Monthly and quarterly review.

2.7 Donor Funds

Table 79 Donor Funds Received

Name of donor	National Skills Fund Growth and Development Strategy
Full amount of the funding (R'000)	R5 471
Period of the commitment	12 months
Purpose of the funding	Skills programme for employees
Expected outputs	Successful training of 1 500 employees
Actual output achieved	Programme successfully implemented
Amount received	R5 471
Amount spent by the department	R1 675
Reasons for the funds unspent	Incorrect allocation of expenditure
Monitoring mechanisms by the donor	Submission of quarterly reports to HWSETA

2.8 Capital Investment

The department implemented capital investment, maintenance and asset management plan during the financial year.

Table 80 Capital Investment: Financial Implications

Infrastructure Projects	2019/20			2018/19		
	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure	Final Appropriation	Actual Expenditure	(Over) / Under Expenditure
	(R'000)	(R'000)	(R'000)	(R'000)	(R'000)	(R'000)
New Infrastructure Assets: Capital	225 406	114 987	110 419	123 602	205 052	(81 450)
Existing Infrastructure Assets	161 300	311 659	(150 359)	262 411	52 274	210 137
Maintenance and repair	146 700	273 016	(126 316)	112 270	6 538	105 732
Upgrading and additions	10 500	33 513	(23 013)	71 000	34 602	36 398
Rehabilitation and refurbishment	4 100	5 130	(1 030)	79 141	11 134	68 007
Infrastructure transfers	-	-	-	-	-	-
Capital infrastructure	240 006	153 630	86 376	273 743	250 788	22 955
Current infrastructure	146 700	273 016	(126 316)	112 270	6 538	105 732
TOTAL	386 706	426 646	196 795	386 013	257 326	128 687

3. Part C: Governance

3.1. Introduction

Governance and Accountability focus on a select number of management practices that underpin good governance and promote accountability in public administration. Effective governance and accountability are necessary to ensure the adequate checks and balances are in place to minimise mismanagement and corruption and also improve efficiencies in delivery of services. This area promotes the value add of oversight structures as well as encouraging that the leadership in departments actively respond to their recommendations and findings.

The Northern Cape Department of Health (NCDOH), like any organisation, faces a variety of internal and external risks, for example, operational risks, financial risks, and reputational risks. Hence it is essential for NCDOH to proactively identify, assess, manage and report on risks to enhance its organisational performance. Risk management is also central to good governance in the department.

3.2 Risk Management

3.2.1. Introduction

Risk Management remains one of the areas that the Department of Health continues to prioritize in its quest to ensure the improvement of corporate governance, service delivery and audit outcomes, and this will further ensure that the Risk Management Strategy is fully implemented by the Department. The Risk and Ethics Management Committee which has been established and meets on a quarterly basis.

3.2.2. Background

In terms of the PFMA section 38 a (i), the Accounting Officer must ensure that an effective, efficient and transparent system of financial and risk management and internal control are in place.

The Department developed a risk management strategy, a risk management policy and a risk register that is linked to the Department's objectives. The risk register contains both strategic and operational risks identified, mitigating controls, the risk owners and target dates for completion.

3.2.3. Risk Management Structures & Resources

A newly appointed Deputy Director has been appointed in December 2019 as Chief Risk Officer (CRO). The Risk unit has been reallocated under the Security Management Unit and reports to the Director Security, Ms. Christine Lamprecht. The REMCO Chairperson, Mr. Richard Rhoda, resigned in August 2019, which has seen the last sitting of the Committee. Provincial Treasury are assisting the department to appoint a new chairperson as well as District Risk Champions.

3.2.4. Risk Management Governing Documents

The status of the relevant Governance Documents is that the Risk Management Charter and Risk Implementation Plan 2019/20 has been reviewed and are in the process of being approved by the Accounting Officer.

The following Policy Documents are planned to be reviewed and approved:

- Risk Management Policy - April 2022
- Risk Management Strategy - October 2022
- Risk Management Implementation Plan – July 2022
- Risk and Ethics Management Committee Charter – March 2022

3.2.5. Overall Performance

The Risk Management unit consulted several internal stakeholders, and this process of consultation encompassed cleaning and refining their previous risk registers. This process involved various directorates within the Department, in order to consolidate a Master Risk Register for the financial year 2019/20 (Operational Risk Register).

As part of the Risk Management in the Department, a Strategic Risk Assessment was conducted for the NC Department of Health in September 2017. This register is due for review and will be done in July 2020

Furthermore, the Risk Management unit has completed risk assessments at the following institutions:

- West End Specialized Hospital
- Prof ZK Matthews Hospital

- Robert Mangaliso Sobukwe Hospital
- Namaqua District Office (Calvinia)

The District offices and District Hospitals previous risk registers are due for review. The unit will embark on this process during the financial year **2019/20**.

Monitoring and evaluation are an important component of the Risk Management Processes and thus is not being effectively achieved, the unit has developed and implemented a risk monitoring tool in order to address the matter. The tool requires managers to report on a quarterly basis to the risk management unit.

3.2.6. Continued Challenges

The Risk Management Unit continued to experience challenges regarding the personnel limitations within, considering the size of the Department and the personnel within the Unit. We have however made proposals for the expansion of the Unit in light of the over-all budget constraints. The Unit also struggles very often to secure meetings with different Directorates due to non-response to requests for meetings and at times their schedules.

Although the risk monitoring tool was implemented to track the progress of risks, it is not being effectively achieved as yet, as managers are currently still managing their risks on paper and the lack of implementing their mitigation plans are not yielding results for the department. Management should take responsibility to effectively implement their mitigation plans and to report on the progress thereof.

These challenges have however not stopped the Unit from trying to achieve its objectives and in creating a positive Risk Management culture within the Department.

3.2.7. Way Forward

The Risk Management Unit has appointed an interim Acting Chairperson for the Risks and Ethics Committee, whilst we are awaiting the process of Provincial Treasury.

It is the Risk Management unit's desire to continue with the improvement of Risk Management in the Department, and we believe this will now gain momentum because the Unit has implemented a risk monitoring tool which will assist in monitoring the progress of risks. Furthermore, the unit will operate with the assistance of its combined assurance providers, Provincial Internal Auditors and the Risk and Ethics Management Committee, which will enhance the risk management of the department.

3.3. Fraud and Corruption

Fraud and corruption represents significant potential risks to the Department's assets and can negatively impact on service delivery and reputation.

The Anti-Corruption Strategy and Anti-Fraud & Corruption Policy have been implemented. This confirms the Province's zero-tolerance towards fraud, theft and corruption. The Policy provides for the identification and prosecution by all legal means available, any parties who engage in such practices or attempts to do so.

The Department also implemented an Ethics Management Strategy, Financial Disclosure and Gift Policy and Fraud Prevention, Ethics Management Strategy and Whistle-blowing Implementation Plan which also outlines clear direction for prevention.

Various channels of reporting allegations of fraud, theft and corruption exist, which are described in details in the Anti-Fraud & Corruption Policy. No new cases were reported to Public Service Commissioner's National Anti-Corruption hotline (0800 701 101) during the year and the department has no pending cases currently outstanding. All cases reported are registered in a Case Management System which is used as management tool for reporting progress.

Employees who blows the Whistle on suspicious activities are protected in the Whistle-Blowing Policy, if the disclosure meets the requirement of disclosed in good faith. The opportunity to remain anonymous is afforded to any person and their identities will be kept confidential. Once cases are finalised, relevant employees who participated in these acts are subjected to a disciplinary hearing. Where *prima facie* evidence of criminal conduct is detected, the criminal matter is report to the South African Police Service.

The Department also embarked on extensive Ethics Awareness Roadshows during 2019/2020 in all five Districts to restore Corporate Governance Culture of Professional Behaviour of public servants. The aim was to focus on regulatory compliance through annual disclosures used during Ethical reporting periods, e.g. other remunerative work applications outside public service (earning extra income), financial disclosures and public servants regulated not to conduct any business with the state.

3.4. Minimising Conflict of Interest

- In all procurement thresholds as detailed in the National Treasury Practice Note 2 of 2005 reviewed in 2008 /2009, are areas of transactions that potential conflict of interest can occur. In this context, the Department has therefore instructed the following measures:
- As requested in terms of National Treasury Practice notes, all transactions between R10 000.00 until R30 000.00 the service providers bidding through quotation are expected to submit declaration, herein referred to as "SBD forms" to confirm whether owners of the companies are government employees.
- In light of the Department's approved policy on Supply Chain Management, in terms of clause 20 of the same policy all SCM officials sign a code of conduct received from National Treasury requiring declaration of interest as well as disclosing any gifts received.
- With respect to bids / tenders, both committees at Evaluation and Adjudication level, all members sign a declaration of interest to attest to the best knowledge of their conscience as individuals in that they do not have conflict of interest with respect to the bids serving before them.
- As a further measure to address conflict of interest, transaction that were conducted in light of threshold values below R500 000.00, the following measure has been instituted:
 - Transaction assessment and profiling to assess full compliance in terms of the undermentioned National Treasury Practice notes.

COMPLIANCE REQUIREMENTS RELATIVE TO THIS TRANSACTION THRESHOLD VALUE-

* Compliance requirements to be adhered to:

1. National Treasury Practice Note 8 of 2007/2008 – Applicable sections in terms of this authority:

1a) Section: 2.1, 3.3.1, 3.3.2 as well as 3.3.3 (*about quotations*).

2a) Section: 6.1 (*about Tax Clearance requirements*).

2. National Treasury Practice Note 3 of 2006 – Applicable section in terms of this authority:

1b) Section: 1 (*about Tax Clearance requirements*).

3. National Treasury Practice Note 4 of 2006 – Applicable section in terms of this authority:

1c) Section: 3 (*about submission of SBD 8 form*)

4. National Treasury Practice Note 7 of 2009/2010 – Applicable section in terms of this authority:

1d) Section: 2.3 (*about submission of SBD 4 form*).

5. National Treasury Practice Note of 21 July 2010 – Applicable sections in terms of this authority:

1e) Section: 3.1.2 (*about submission of SBD 9 form*).

Through the above indicated Practice Notes from National Treasury, the specific sections indicated per each Practice Note are a requirement that SCM operationally and practically considers to address potential conflict of interests as well as necessary compliance to be adhered to in each transaction requisitioned by varying end users in the department to further and give effect to their operational requirements accordingly.

3.5. Code of Conduct

The Department does not have a specific Code of Conduct however, the Department adheres to the Department Public Service Administration (DPSA) Code of Conduct and Chapter 2 of the Public Service Regulations.

Information sessions, training and presentations are conducted to familiarize officials with the DPSA Code of Conduct. Trainings has also been extended to District Managers during the District Managers Meetings.

3.6. Health Safety and Environmental Issues

The Department of Health and Safety Management system is not fully functional and effective as desired in the Northern Cape Department of Health. There is only one appointed Occupational Health and Safety Manager for the entire Province. There is no designated or appointed Occupational Health and Safety coordinator in the Districts.

Based on the shortcoming of a structure, Health and Safety Committees are not established as required by legislation, and Health and Safety issues are not addressed effectively as expected. Employees were trained in Health and Safety Representatives Functions, First Aid and Fire Fighting.

The Employee Health and Wellness is continuously experiencing the buy-in from Management into the Occupational Health and Safety program and fails to understand the beneficial impact of such structure and system.

In conclusion, since the COVID-19 pandemic started in March 2020 there has been a focus on occupational health and safety issues nationally and optimistically there it seemed there is improvement onwards.

3.7. Portfolio Committees

Introduction

The Portfolio Committee Report of the Department of Health is based on the Annual Report of 2018/19 which was tabled in the House on Thursday, 19 March 2020. The House recommended that The Department must:

- Implement the recommendations of the Auditor General in order to improve its Audit Outcomes.
- Drastically improve its operations and its provision of health care services to health care facilities.
- Implement the necessary interventions to eradicate historic accruals and avoid recurrence of accruals, over a period of time.
- Implement an electronic patient file management system to have easy access to patient files.
- Institute measures to adequately address poor performance, non-compliance and transgressions.

Table 81 Dates of Portfolio Committee Meetings

DATE	PURPOSE OF MEETING
11 March 2020	Portfolio Committee and SOPA
01 August 2019	Portfolio Committee
14 November 2019	Portfolio Committee and SOPA

Progress report from the Department

1. Implement the recommendations of the Auditor General in order to improve its Audit Outcomes

Material Irregularities

The Office of the Auditor General (AG) identified two areas of material irregularity, namely:

- Evaluation criteria applied in medical waste tender award, and
- Overpayment for radiology services

Evaluation criteria applied in medical waste tender award

The AG findings indicated that this tender was awarded on a criteria different to the one advertised by the Department. The Accounting Officer's response disputed the finding through submission of supporting documentation. The matter was eventually referred to National Treasury by the AG. The department is still awaiting the response from the AG.

Overpayment for radiology services

The AG identified a calculation error on the contract resulting in overpayment to the service provider. The Accounting Officer set up a team lead by the Security Director to investigate the findings. The findings were presented to the Accounting Officer Progress will be reported to the AG during the 2019/20 audit.

Performance of regular reconciliations

The Department performed manual reconciliations because of the poor utilisation of the LOGIS system. This was due to inadequate staffing in supply chain management. The Department is training supply chain practitioners on LOGIS and performing monthly reconciliations as part of monthly reporting.

Preparation of interim financial statements

Financial statements are prepared on a quarterly basis as required by Treasury. The CFO introduced a monthly reporting system to improve quality on submission of reports. These submissions are reviewed by the relevant manager and approved by the CFO.

Capacity in supply chain management

Supply chain management unit across the department is inadequately staffed due to the financial difficulties faced by the Department. The Department is working through its human resource plan to prioritised post in supply chain management for urgent filling.

Overspending of over 4 400% on fleet services

The Department did not anticipate the need for this service in Provincial Hospital Services. A system of budget adjustment is put in place to deal with shifting and virements of funds. This will address the needs that emerge during the financial year.

Underspending on equipment

The procurement plan will be strictly monitored to ensure efficient implementation and progress reported on a quarterly basis. The equipment needs on the procurement plan will be forwarded to the health technology committee to advise on the specifications and quality standards before procurement.

2. Drastically improve its operations and its provision of health care services to health care facilities.

Universal Health Coverage (NHI Initiatives)

The department is committed to implementing the plan of government in improving the provisioning of health care in Primary Health Care facilities through Operation Phakisa in the health sector, namely the ideal clinic initiative. This came with interventions such as Health Patient Registration System which enables the department of health to register the particulars of a patient electronically and have such records available at each health service point across the system. To date, all facilities are implementing the Health Patient Registration System and 37 182 patients have registered on the system and on the other hand, the intervention of Central Chronic Medication Distribution and Dispensing has seen 3 365 Patients receiving their medicine at a Private Pick up points.

This has led to improved availability of chronic medicine to stable patients, decongestion of facilities and improved patient satisfaction. The department has introduced the Central Chronic Medication Distribution and Dispensing (CCMDD), and its significance is to decant and reduce queues at health facilities. Patients receiving chronic medication are able to receive their medication at alternative delivery sites through a partnership with the private sector.

Ward-based primary health care outreach teams

The WBPCHOT strategy is a National model that was implemented since 2011 with the aim of rendering Health care services at the door step of our communities and zooming into household registering and profiling information to determine a type of service needed. This programme has employed Community Health Workers across the Districts in a bid to fight the new HIV infections, retaining in care those already on treatment and conduct structured screenings in communities. This cadre of community based Health workers are strategically placed at all Health Care facilities and other small settlements with satellite/mobile points to support all clients on medication.

Towards the surge of 90-90-90 targets this programme is mostly looking at the followings:

- 90% of people on treatment with suppressed viral loads (RIC adherent) and this would be reached through establishment of Adherence clubs, CCMDD run by a trained lay persons with the support of clinicians
- 90% of vulnerable groups screened (this would be done through community based screenings by CHW's)
- 90% treatment success (through direct dotting of TB patients by CHW's and implementing I –ACT programme which is designed to support newly diagnosed clients in facilities and ensure that they become stable on their treatment.

Establishment of Governance Structures

With the decentralisation of Mental Health services, it has become necessary to establish District based mental health boards. These structures will provide the leverage to participate in the governance of the mental health sector and promote the observance of the human rights of the most vulnerable in our society. It also gives effect to the statutory intent of the National Health Act to create a partnership for the health of our people between the state and society.

Training and appointment of Health Professionals

In July 2018, Twenty-one (21) Northern Cape RSA-Cuban trained final year medical students returned to South Africa to undertake the last phase of their medical training. Plans are underway to receive and integrate these students in Robert Mangaliso Sobukwe Hospital through the departmental collaboration with the University of Free State and Stellenbosch University.

With this cohort of medical personnel, plans are afoot to strengthen the decentralisation of medical services were from 2019 onwards, the District Hospitals will be utilised as training platforms for the medical students and some allied programmes such as physiotherapy and occupational therapy. This is in line with the National Development Plan that emphasises the provision of primary health care and provides that health care should be focussed on a more decentralised, area-based, people-centred approach of the primary health care system.

Improving Emergency Medical Services:

This period has been marked by so many challenges especially those that are related to Human Resources and fleet, the department lost quite a few Emergency Care Personnel to accidents and others leaving the service. Procurement challenges have contributed to our program being unable to boost our operational status with regards to ambulances. Despite these challenges the program is achieving two thirds of its targets as stipulated in the Annual performance plan. We have seen a gradual improvement in the response time on priority call in the Urban areas across the province, however this is still not good enough as we would love to see 100% achievement on all our targets.

Our EMS college has since been producing impressive results. Since the inception of the college over 100 employees have been trained to the Intermediate Life Support Qualified Emergency Care Practitioners. We have also seen 36 students being upskilled from Basic Ambulance Assistance to intermediate Life Support qualification. This is a direction towards improving quality of service to the people of the Northern Cape.

3. Implement the necessary interventions to eradicate historic accruals and avoid recurrence of accruals, over a period of time.

The Department has and continuously engaged the Treasury Sector to explore modalities to adequately fund the health services. However, within the Department better planning, improved accountability with explicit consequence management to prevent and/ or reduce these accruals have to be adopted. The Consolidated Accruals Management Plan was being developed for implementation by all provinces.

These strategies include amongst others:

Human Resources

- Tight management of Approved Post Lists in relation to available and reprioritised budgets as well as workloads.
- Strict management of Commuted Overtime, Sessional Doctors and RWOPS.
- Creation of Lean Management Structures mainly at Head and District Offices with the aim of eliminating bloated and inappropriate structures.

Medico-Legal

- Investments in staffing, essential life-saving equipment and modern equipment to strengthen early detection of high risk pregnancies.
- Adoption of mediation and staggered payments for settlement of claims.
- Strengthen interventions to prevent Cerebral Palsy.
- Implementation of electronic patient records management system.
- Strengthening capacity for medico legal defence.
- Rationalization of contingent liability records.

Clinical Services

- Clinical efficiency saving projects in pharmaceuticals, laboratory and blood services
- Ring-fencing of pharmaceutical budgets.
- Implementation of electronic gate-keeping of laboratory tests to control costs.
- Review of Blood supply usage and rates.
- Improving referral systems at Facilities
- Strengthen health promotion, prevention and wellness.
- Effective bed management in Hospitals

4. Implement an electronic patient file management system to have easy access to patient files.

The Auditor-General found among other gaps that information was not adequately stored to ensure that it was easily retrievable. One of the reasons cited by the Auditor-General was that: “Staff shortages among administrative staff members had a negative effect on the management of medical records at facilities. Some facilities had insufficient staff members to maintain the 24-hour service and during after-hour periods, professional nurses and/or general workers were utilised to assist with records management duties”.

In response to this finding the Department in cooperation with the Office of the Premier has decided to invest in e-Health technology to reduce challenges experienced with the paper-based information, thereby improving continuity of care for the patient. In February 2020 the Premier established an e-Health Project to leverage on technology for improved service delivery. This will enable health facilities to reduce long queues and eliminate the loss of patient records. During this transition, the Department will establish a standard provincial filing system for hospitals and clinics to ensure that the filing system is uniform and user-friendly. It is planned to complete internet connectivity to all health facilities by end June 2021

5. Institute measures to adequately address poor performance, non-compliance and transgressions.

Investigations in Tender Irregularities – Ongoing from 2015/16

In September 2015 a task team was established by the MEC to investigate allegations of fraud and corruption. These investigations concluded in early 2016. All evidence collected by the task team was also handed over by the Head of Department to the Directorate for Priority Crime Investigation. As a result of the investigations, a number of disciplinary cases were opened by the Labour Relations Directorate.

The Task Team utilised a range of investigative techniques, including:

- Interviews with staff and company representatives
- Written submissions from potential witnesses
- Review of SCM documentation
- Review of CIPRO to identify companies
- Site inspections
- All documentation handed over to Hawks
- Summary report submitted to MECs

Disciplinary investigations and hearings conducted by Labour Relations. At times the investigation team was supplemented by experts from National Department of Health (e.g. forensic investigators and labour relations practitioners). Over a six-month period, the investigation team spent 2,500hrs on 178 interviews and analysed 95,000 pages of evidence. At a briefing with the Hawks & National Treasury in Oct 2016 the values were estimated to be in excess of R500m, and included:

- Falsification of documents
- Price fixing
- Conflicts of Interest
- Quotation forgery, VAT and income tax fraud
- Circumvention of Open Bid and Tender Processes
- Overriding Internal Controls
- Exploitation of the Sundry Payments system
- Extreme deviation from SCM Processes
- Fruitless and wasteful expenditure
- Unauthorised and Irregular Expenditure

By November 2017 the following disciplinary verdicts and sanctions had been implemented by the Head of Department based on the disciplinary processes:

Position Verdict Sanction Finalised

- Chief Director (Corporate Services) Guilty Dismissed Nov 2016
- Director (District Manager) Guilty Dismissed Feb 2017
- Deputy Director (District finance) Guilty Dismissed Dec 2016
- Deputy Director (Infrastructure) Guilty 3 mth suspension Feb 2017
- Assistant Director (SCM) Guilty 3 mth suspension converted to final warning Dec 2016
- Sn Admin Officer (SCM) Guilty Demotion converted to final warning Sep 2016
- Director (District Manager) Not Guilty None Jun 2016
- Sn Admin Officer (SCM) Not Guilty None Nov 2016
- Admin Officer (SCM) Not Guilty None Nov 2016
- Chief Director (RMSH CEO) Resigned during process Mar 2017
- Chief Director (Infrastructure) Contract terminated Oct 2016

As a result of these investigations the National Prosecution Authority currently has two court cases underway relating to the flouting of tender procedures.

3.8. SCOPA (Standing Committee on Public Accounts) Resolutions

Introduction

The Standing Committee on Public Accounts received and considered the Annual Report including the Auditor General’s report of the Department of Health for the year ending 31 March 2020. A hearing was conducted on Wednesday, 11 March 2020 during which the Committee heard evidence from the Department on issues raised in the Annual Report by the Auditor-General for the year under review. The Auditor-General issued a qualified audit opinion with findings on the financial statements of the Department.

The Committee recommends that:

- The department must strengthen its internal processes and systems to prevent material non-compliance of irregular, fruitless, wasteful and unauthorized expenditure.
- To ensure effective consequence management is implemented an investigation must be conducted and officials responsible must be charged and recover any financial losses.
- The department must finalize and implement its audit action plan to turnaround the current negative impact on audit outcomes.

Progress Report from the Department

1. Strengthen internal processes and systems to prevent material non-compliance of irregular, fruitless, wasteful and unauthorized expenditure

Progress Report on Unauthorised Expenditure – First Quarterly Report

- Below is the progress report on unauthorised expenditure. This report is based on the interventions submitted at SCOPA at the meeting held on 11 March 2020.
- Monthly milestones are monitored by the Chief Financial Officer through engagements with programme managers before the In-Year Monitoring report is presented to the Accounting Officer. The Report will be submitted to Provincial Treasury after the approval of the Accounting Officer.
- Quarterly milestones are monitored through presentations by the programme managers to the full sitting of the Budget Committee chaired by the Accounting Officer.

Table 82 Progress Report on Unauthorised Expenditure

OUTCOMES / OUTPUTS	PERFORMANCE INDICATORS	PROGRESS
OUTCOME 1: Resuscitate the Budget Committee		
<ul style="list-style-type: none"> ▪ Fully functional Budget Committee chaired by the Accounting Officer 	<ul style="list-style-type: none"> ▪ CFO present monthly financial report to the Budget Committee for their action. ▪ Programme managers with significant deviations to present reasons and corrective plan to address such deviations. ▪ Monthly report to be submitted to the MEC 	<ul style="list-style-type: none"> ▪ Budget Committee established and members appointed ▪ First sitting of the Quarterly Budget Committee meeting chaired by the Accounting Officer scheduled for July 2020. ▪ Monthly meetings before submission of the IYM chaired by the CFO

OUTCOMES / OUTPUTS	PERFORMANCE INDICATORS	PROGRESS
OUTCOME 2: Strengthen accountability on existing controls		
<ul style="list-style-type: none"> Budget programme managers to assume budget and expenditure responsibility. 	<ul style="list-style-type: none"> Appointment of programme managers to manage, control and report on the programme. Programme managers to present quarterly reports to the Budget Committee 	<ul style="list-style-type: none"> Programme managers for all eight main divisions within the vote appointed. First quarterly presentations by the programme managers scheduled for the end of the second quarter.
<ul style="list-style-type: none"> Costed cost containment strategy in place. 	<ul style="list-style-type: none"> Develop a comprehensive cost containment strategy including recommendations of both National and Provincial Treasury. CFO to report progress on a quarterly basis to Budget Committee Quarterly report submitted to both MEC and Provincial Treasury 	<ul style="list-style-type: none"> Draft strategy to be presented at the quarterly meeting of the Budget Committee.
<ul style="list-style-type: none"> Management of commitments and accruals 	<ul style="list-style-type: none"> Monthly reporting of commitments and accruals signed off by the CFO Monthly update of the contract register 	<ul style="list-style-type: none"> First commitment and accrual report to be presented at the quarterly meeting of the Budget Committee. First report of the contract register to be presented at the quarterly meeting of the Budget Committee.
OUTCOME 3: Management of Unauthorised Expenditure		
<ul style="list-style-type: none"> Establish an Unauthorised Loss control function 	<ul style="list-style-type: none"> CFO to present monthly within 15 days after closure of the financial month alleged unauthorised expenditure to the Accounting Officer 	<ul style="list-style-type: none"> First report on alleged the unauthorised expenditure to be presented at the quarterly meeting of the Budget Committee.
<ul style="list-style-type: none"> Register of confirmed unauthorised expenditure 	<ul style="list-style-type: none"> Risk Management Unit to develop a register confirmed unauthorised expenditure. 	<ul style="list-style-type: none"> Progress to be reported on after the results of the first Loss Control Meeting.

2. Ensure effective consequence management is implemented, an investigation must be conducted and officials responsible must be charged and recover any financial losses

Investigations into Tender Irregularities – Ongoing since 2015/16

In September 2015 a task team was established by the MEC to investigate allegations of fraud and corruption. These investigations concluded in early 2016. All evidence collected by the task team was also handed over by the Head of Department to the Directorate for Priority Crime Investigation. As a result of the investigations, a number of disciplinary cases were opened by the Labour Relations Directorate.

The Task Team utilised a range of investigative techniques, including:

- Interviews with staff and company representatives
- Written submissions from potential witnesses
- Review of SCM documentation
- Review of CIPRO to identify companies
- Site inspections
- All documentation handed over to Hawks
- Summary report submitted to MECs
- Disciplinary investigations and hearings conducted by Labour Relations

At times the investigation team was supplemented by experts from National Department of Health (e.g. forensic investigators and labour relations practitioners). Over a six-month period, the investigation team spent 2,500hrs on 178 interviews and analysed 95,000 pages of evidence.

At a briefing with the Hawks & National Treasury in Oct 2016 the values were estimated to be in excess of R500m, and included:

- Falsification of documents
- Price fixing
- Conflicts of Interest
- Quotation forgery, VAT and income tax fraud
- Circumvention of Open Bid and Tender Processes
- Overriding Internal Controls
- Exploitation of the Sundry Payments system
- Extreme deviation from SCM Processes
- Fruitless and wasteful expenditure
- Unauthorised and Irregular Expenditure

By November 2017 the following disciplinary verdicts and sanctions had been implemented by the Head of Department based on the disciplinary processes:

Table 83 Disciplinary Verdicts and Sanctions Implemented

POSITION	VERDICT	SANCTION	FINALISED
Chief Director (Corporate Services)	Guilty	Dismissed	Nov 2016
Director (District Manager)	Guilty	Dismissed	Feb 2017
Deputy Director (District finance)	Guilty	Dismissed	Dec 2016
Deputy Director (Infrastructure)	Guilty	3 mnth suspension	Feb 2017
Assistant Director (SCM)	Guilty	3 mnth suspension converted to final warning	Dec 2016
Sn Admin Officer (SCM)	Guilty	Demotion converted to final warning	Sep 2016
Director (District Manager)	Not Guilty	None	Jun 2016
Sn Admin Officer (SCM)	Not Guilty	None	Nov 2016
Admin Officer (SCM)	Not Guilty	None	Nov 2016
Chief Director (RMSH CEO)	Resigned during process		Mar 2017
Chief Director (Infrastructure)	Contract terminated		Oct 2016

As a result of these investigations the National Prosecution Authority currently has two court cases underway relating to the flouting of tender procedures.

Table 84 Consequence Management Action

Name/Title	Status	Nature of Misconduct	Disciplinary action	Sanction
Chief Director	Finalised on 08 November 2018.	Failure to comply with instructions of the HOD/ Non-compliance. Dereliction of duty.	Final written warning for other matters issued. Disciplinary hearing concluded.	Final Written Warning
Chief Director	Hearing was held on the 20 December 2018. Finalised	Failure to comply with instructions of the HOD/ Non-compliance	Hearing concluded.	Final Written Warning

3. Finalize and implement the audit action plan to turnaround the current negative impact on audit outcomes

Table 85 Combined Audit Rectification Plan (Accounting)

ACCOUNTING			
Audit Findings	Action Plan Description <i>Describe activities in point form to address issue (use lower case):</i>	Narration for progress <i>Select progress of activity</i>	Challenges <i>Enter any pertinent comments:</i>
Unauthorised, irregular, fruitless and wasteful expenditure not investigated	<ul style="list-style-type: none"> ▪ A process has been established for detection of irregular expenditure through the financial accounting unit. ▪ Weekly report of alleged irregular expenditure captured on Appendix A of the irregular expenditure template is submitted to the loss control committee. 	The correspondence with regard to determination and investigation of Irregular and fruitless & Wasteful expenditure was sent to the	Process monitored by the Chief financial officer by approving Appendix A to the Loss control committee on a regular.
	<ul style="list-style-type: none"> ▪ Loss control committee meet on a bi-weekly basis to work through the matters on Appendix A for confirmation of irregular expenditure and recommendation to the Accounting Officer. ▪ Fraudulent transactions identified by the Loss control committee are reported to the integrity unit for further investigation and report to both the Accounting officer and SAPS 	Accounting Officer in order to be referred to Loss control committee	-
Payment not made in 30 days	<ul style="list-style-type: none"> ▪ A tracking system established to manage the transaction flow from the receipt of a requisition at SCM to the payment stage. Turn-around time developed for completion of different stages of the process. An amount of R5 million set aside for the payment of SMME's for invoices below R50K per month. 	An amount of R5 million set aside for the payment of SMME's for invoices below R50K per month.	The department is experiencing major cash flow constraints resulting in the delays of processing of payments. Tracking system reviewed on a weekly basis by the Director SCM.
Expenditure: Double payment to a service provider	<ul style="list-style-type: none"> ▪ An instruction note issued enforcing the stamping of all paid invoices. ▪ Payments to be made only on original invoices. ▪ Control implemented where end-user confirm that services are provided or goods received in good order. 	Payments are made only on original invoices.	Control monitored at financial accounting level before capturing of the payment.
Procurement expenditure: Payments	<ul style="list-style-type: none"> ▪ A tracking system established to manage the transaction flow from the receipt of a requisition at SCM to the payment stage. Turn-around time developed for 	An amount of R5 million set aside for the payment of SMME's for invoices below R50K per month.	The department is experiencing major cash flow constraints resulting in the

ACCOUNTING			
Audit Findings	Action Plan Description <i>Describe activities in point form to address issue (use lower case):</i>	Narration for progress <i>Select progress of activity</i>	Challenges <i>Enter any pertinent comments:</i>
not made within 30 days	completion of different stages of the process. An amount of R5 million set aside for the payment of SMME's for invoices below R50K per month.		delays of processing of payments. Tracking system reviewed on a weekly basis by the Director SCM.
Procurement Expenditure: Classification	<ul style="list-style-type: none"> Payments will be checked and verified before processed and authorised on the system, Identification of expenditure mis-allocation is performed through the post audit as part of irregular expenditure detection process. Journals will be processed immediately to correct misallocations. 	Payments are checked and verified before being processed. All misallocated payments were identified and the journals were processed.	Process monitored by the Deputy Director: Financial Accounting
Late payment of creditors resulting in interest expenditure	<ul style="list-style-type: none"> A tracking system established to manage the transaction flow from the receipt of a requisition at SCM to the payment stage. Turn-around time developed for completion of different stages of the process. An amount of R5 million set aside for the payment of SMME's for invoices below R50K per month. 	An amount of R5 million set aside for the payment of SMME's for invoices below R50K per month.	The department is experiencing major cash flow constraints resulting in the delays of processing of payments. Tracking system reviewed on a weekly basis by the Director SCM.
Non-Procurement expenditure Payments not paid within 30 days	<ul style="list-style-type: none"> A tracking system established to manage the transaction flow from the receipt of a requisition at SCM to the payment stage. Turn-around time developed for completion of different stages of the process. An amount of R5 million set aside for the payment of SMME's for invoices below R50K per month. 	An amount of R5 million set aside for the payment of SMME's for invoices below R50K per month.	The department is experiencing major cash flow constraints resulting in the delays of processing of payments. Tracking system reviewed on a weekly basis by the Director SCM.
Irregular expenditure: Reasons provided for irregular expenditure register are not specific	<ul style="list-style-type: none"> A process has been established for detection of irregular expenditure through the financial accounting unit. Weekly report of alleged irregular expenditure captured on Appendix A of the irregular expenditure template is submitted to the loss control committee. 	The correspondence with regard to determination and investigation of Irregular and Fruitless & Wasteful expenditure was sent to the Accounting Officer in order to be referred to Loss control committee	Process monitored by the Chief financial officer by approving Appendix A to the Loss control committee on a weekly basis.

ACCOUNTING			
Audit Findings	Action Plan Description <i>Describe activities in point form to address issue (use lower case):</i>	Narration for progress <i>Select progress of activity</i>	Challenges <i>Enter any pertinent comments:</i>
	<ul style="list-style-type: none"> Loss control committee meet on a bi-weekly basis to work through the matters on Appendix A for confirmation of irregular expenditure and recommendation to the Accounting Officer. Fraudulent transactions identified by the Loss control committee are reported to the integrity unit for further investigation and report to both the Accounting officer and SAPS. 		
Non-compliance with Subsistence and travel policy	<ul style="list-style-type: none"> Quarterly review of policy implementation by the Compliance and Reporting Unit by way of post audit of policy governed expenditure. 	S&T claims are submitted within 3 months and it was made clear that consequence management will be implemented for noncompliance.	Chief Financial Officer to identify and develop a schedule of post audits of policy related expenditure like S&T and cell phones.
Non-compliance with Subsistence and travel policy	<ul style="list-style-type: none"> Payments will be checked and verified before processed and authorised on the system, Identification of noncompliance is performed through the post audit as part of irregular expenditure detection process. 	Payments are checked and verified before processed and authorised on the system to ensure compliance with the policy.	Process monitored by the Deputy Director: Financial Accounting
Expenditure testing: Specific selection - Non Compliance	<ul style="list-style-type: none"> Payments will be checked and verified before processed and authorised on the system Identification of noncompliance is performed through the post audit as part of irregular expenditure detection process. 	Payments are checked and verified before processed and authorised on the system	Process monitored by the Deputy Director: Financial Accounting
Irregular and fruitless and wasteful expenditure not prevented	<ul style="list-style-type: none"> A process has been established for detection of irregular expenditure through the financial accounting unit. Weekly report of alleged irregular expenditure captured on Appendix A of the irregular expenditure template is submitted to the loss control committee. Loss control committee meet on a bi-weekly basis to work through the matters on Appendix A for confirmation of irregular expenditure and recommendation to the Accounting Officer. Fraudulent transactions identified by the Loss control committee are reported to the integrity unit for further 	The process of the detection of the irregular expenditure has been established through financial accounting unit.	Process monitored by the Chief financial officer by approving Appendix A to the Loss control committee on a weekly basis.

ACCOUNTING			
Audit Findings	Action Plan Description <i>Describe activities in point form to address issue (use lower case):</i>	Narration for progress <i>Select progress of activity</i>	Challenges <i>Enter any pertinent comments:</i>
	investigation and report to both the Accounting officer and SAPS.		
Expenditure Journal not authorised by delegated official	<ul style="list-style-type: none"> Journals will be checked and verified before processed and authorised on the system, Identification of noncompliance is performed through the post audit as part of irregular expenditure detection process. 	Journals are checked and verified before processed and authorised on the system, Identification of non-compliance is performed through the post audit as part of irregular expenditure detection process.	Process monitored by the Deputy Director: Financial Accounting
Overstatement of fruitless and wasteful expenditure	<ul style="list-style-type: none"> Identification of fruitless and wasteful expenditure performed through financial accounting unit. List of fruitless and wasteful expenditure reviewed and approved on a weekly basis for submission to the Loss Control Unit for confirmation and recommendation to the Accounting Officer 	The identification of fruitless and wasteful expenditure is performed through financial accounting unit.	Process monitored by the Chief financial officer by approving Appendix A to the Loss control committee on a weekly basis.
Consequence management - Non-compliance	<ul style="list-style-type: none"> Accounting Officer identified Compliance and Reporting Unit to follow up and report compliance with the outcome of investigation on a monthly basis. 	Compliance and Reporting Unit is following up on the outcome of the investigation on a monthly basis.	Process monitored by the Deputy Director Compliance and reporting.
Noncompliance with MCS	<ul style="list-style-type: none"> Monthly trial balance meeting chaired by the Chief Financial Officer scheduled to discuss and follow on compliance with MCS. Follow-up on compliance with MCS on preparation of secondary information particularly those identified in the management report. 	First level review of the Financial Statements will be done by the Director: Financial Accounting, and second level review will be done by the Chief Financial Officer as from the Third quarter to ensure compliance with MCS	Process monitored by the Chief financial officer by ensuring that these meeting are scheduled monthly.

Table 86 Combined Audit Rectification Plan (SCM)

SUPPLY CHAIN MANAGEMENT			
Audit Findings	Action Plan Description <i>Describe activities in point form to address issue (use lower case):</i>	Narration for progress <i>Select progress of activity</i>	Challenges <i>Enter any pertinent comments:</i>
No Review of commitments schedule	<ul style="list-style-type: none"> ▪ Controls to be put in place to review commitments on a monthly basis. ▪ Reconciling of manual commitments to System commitments. 	-	Instruction note to be issued to employees, to ensure all commitment order copies are kept and filed. Reconciling of orders will be done weekly and monthly. Reports to be signed off by Head of SCM. Mr S Booi to keep all registers. Cancelling of orders should also be captured on a register and signed by respective capturers and the reasons for cancellation. This must be done on the LOGIS system as well on both screens.
An excel listing/ schedule is used to record accruals and payables.	<ul style="list-style-type: none"> ▪ Accrual excel reports will be password protected to prevent unauthorized changes Monthly monitoring and reconciling of accruals and invoice to be done. 	-	The accrual register shall have a new template which will be populated every week by the Personal Assistant of the Director of SCM. Monthly monitoring and reconciling will be done monthly by the Deputy Director of SCM.
No procedures are performed to ensure that the BAS report is complete	<ul style="list-style-type: none"> ▪ Monthly monitoring and reconciling of accruals and invoice to be done 	-	Invoices to be submitted to the Personal Assistant of the Director, for her to reconcile the accrual register. Her duty is to stamp the invoice sand send them to Logistics for order to be closed off on the LOGIS system.

SUPPLY CHAIN MANAGEMENT			
Audit Findings	Action Plan Description <i>Describe activities in point form to address issue (use lower case):</i>	Narration for progress <i>Select progress of activity</i>	Challenges <i>Enter any pertinent comments:</i>
The lease register was not maintained throughout the year	<ul style="list-style-type: none"> A comprehensive contract register developed Register maintenance to be reviewed by the director supply chain management on a monthly basis 	-	New template to be developed, also that contracts are monitored and evaluated on a monthly basis. Contract management unit will also make sure that monthly payment record of contract is attached to the new template.
Non-compliance and internal control deficiencies	<ul style="list-style-type: none"> SCM policy to be updated and signed off by the Accounting Officer by 31 October 2019 	-	Declarations have been done SCM officials and on the e-disclosure.
	<ul style="list-style-type: none"> Quarterly progress report for approval by the HOD will be submitted 	-	No report has been done on the procurement plan. This has to be done quarterly and sent through for the Accounting Officers signature and be forwarded to Provincial Treasury.
	<ul style="list-style-type: none"> Training for all bid committee's secretaries as well as the bid committee members to be arranged with Provincial Treasury. 	-	Bid specifications committee meeting were conducted by the Department. All three bid secretaries are to go for training. Bid members will also be sent for a workshop.
	<ul style="list-style-type: none"> As part of Procurement Plan implementation, outcomes of each bid processed will be put on the website as required. It is suggested that the action plan be expanded to indicate who will do what when and how often. Dir SCM control monthly sign off that all awarded bids are advertised on eportal and printout of screen/advert stored with tender pack. In the SOP or process flow of the bidding process then a checklist to accompany every tender. 	-	Bid awards are advertised on the e-portal and not on the departmental website. This will be responsibility of the Bid Adjudication Secretariat. Director of SCM to monitor this on a monthly basis.

SUPPLY CHAIN MANAGEMENT			
Audit Findings	Action Plan Description <i>Describe activities in point form to address issue (use lower case):</i>	Narration for progress <i>Select progress of activity</i>	Challenges <i>Enter any pertinent comments:</i>
	<ul style="list-style-type: none"> The types of deviations as detailed in both the Treasury Regulations as well as per the 	-	Instruction note to be issued on the management of Deviations, this will start from the Director of SCM to CFO and then to the Accounting Officer. Deviation register to be kept and update by Mr S Booi at SCM and Ms K Moloi at the HOD office, register must give reasons to deviate and all relevant documentation
	<ul style="list-style-type: none"> N/Treasury Practice Note 9 can be made. The Accounting Officer at the Provincial Office, is the only official designated to approve deviation requests from both the Province as well as the District offices. Attached to the batch, SCM checklist will be continuously updated to indicate valid reasons for deviations and requirement that deviations be documented in the deviations register. Also this register will then serve as an indication of IRR expenditure where deviations were not valid and the action plan should also address action to be taken in line with IRR expenditure framework when deviations are considered to be possible IRR exp. 	-	-
	<ul style="list-style-type: none"> A progress report on the implementation plan to be developed as well as address outstanding issues from the previous action plan On a yearly basis the department will identify new amendments. The Deputy Director: SCM is specifically tasked to scan the compliance environment for new requirements – e.g. NT issue instruction notes to certain officials, they should channel SCM issues to SCM official who should then inform DOH policy and SOP changes. 	-	Compliance and Reporting unit to conduct training to SCM officials
Non- compliance and internal control deficiencies:	<ul style="list-style-type: none"> [A] The department is busy finalizing the register of irregular expenditure and all the irregular payments will be included on the final register 	-	SCM irregular register to be submitted monthly to compliance and reporting unit.

SUPPLY CHAIN MANAGEMENT			
Audit Findings	Action Plan Description <i>Describe activities in point form to address issue (use lower case):</i>	Narration for progress <i>Select progress of activity</i>	Challenges <i>Enter any pertinent comments:</i>
			Secondary register to be monitored by Financial Accounting
Procurement and Contract Management	<ul style="list-style-type: none"> ▪ [B]. A compliance checklist to be used with every payment which would serve as an indication of non-compliance. 	-	-
	<ul style="list-style-type: none"> ▪ Local contents will be incorporated in the bids 	-	This bid did not require sbd 6.2 for local content. This is required when purchasing office furniture.
No competitive bidding process followed for transfers made to NGOs	<ul style="list-style-type: none"> ▪ Management should apply the Treasury Regulations and SCM regulations (particularly competitive bidding process) in procuring for goods and services to ensure application and compliance with laws and regulations. ▪ Processes of getting NGOs to be used for campaigns should be done in conjunction with the supply chain management unit to ensure compliance with the treasury regulations. Implement above measures. The department will do a formal Deviation for all procurement done through NGO's. SCM will do a competitive bidding process in the 2nd Quarter. All previous order currently report as irregular. 	-	No bidding process was done; quotes were sourced through submissions. CFO is to issue an instruction note to Health Programmes as well as Robert Mangaliso Sobukwe Hospital to outline requirements on appointment of NGO's.
Specific testing: Deliberate Splitting of orders	<ul style="list-style-type: none"> ▪ Management will communicate on a regular basis with all SCM unit across the province via circulars to inform them of compliance laws and regulations. Procurement should be strictly done as per the demand plan procurement plan of the department. Department to do competitive bidding process for Travel and Accommodation ▪ Supply of Groceries for facilities. ▪ Medical Consumables above R500k ▪ Appoint service providers for the supply and delivery for Cleaning Material for per facility. ▪ SCM SOP as approved, the training, implementation and monitoring will be done. 	-	Compliance and reporting unit will train SCM on the new instruction note on irregular expenditure.

SUPPLY CHAIN MANAGEMENT

Audit Findings	Action Plan Description <i>Describe activities in point form to address issue (use lower case):</i>	Narration for progress <i>Select progress of activity</i>	Challenges <i>Enter any pertinent comments:</i>
	<ul style="list-style-type: none"> ▪ Noncompliance to the SOP and policy should be followed with performance management and consequence management interventions. 		
No competitive bidding process followed for the Conditions Based Maintenance Project	<ul style="list-style-type: none"> ▪ Ensure that the department are part and parcel of the whole bidding process that are done through implementing Agents SCM to attend the Bid Committee Meeting held at Public works to ensure all regulations are adhere to. 	-	Supply Chain Management should become part of committees that involve Public Works and IDT. Compliance unit to do assessments on contracts.
Specific testing: Declaration of interest and non-tax compliant	<ul style="list-style-type: none"> ▪ All SCM officials are completing a Financial Disclosure on an annual basis. (e-disclosure have been submitted to the AG) ▪ The department has designed a gift register to be implemented at all facilities. (Please see attached register) SCM Officials to ensure that the tax status of Suppliers are compliant before issuing an order. 	-	Gift register is completed by all SCM and they are obligated to this on an annual basis. They also declare on e-disclosure.
Local content not stipulated	<ul style="list-style-type: none"> ▪ SCM to communicate and workshop officials on Local content requirements. ▪ Design and Implement tool/checklist that considers local content for designated sectors ▪ Ensure that specifications are streamlined and are in accordance of the required regulations. Implement measures to monitor compliance of specified minimum threshold for local content 	-	Local content sbd form 6.2 to be clearly filled and inspected by officials of DTI.
IT goods/services not procured through SITA agents	<ul style="list-style-type: none"> ▪ SCM to communicate on a regular basis with officials on which goods and services must be bought from the SITA contract. ▪ Ensure SCM officials adhere to SITA ACT 1998 	-	Procurement is done without checking, because SITA suppliers are already accredited by SITA on a contract. Procurement of IT equipment will only be done in at Provincial Office to ensure that proper controls are in place to curb irregular processes.

SUPPLY CHAIN MANAGEMENT			
Audit Findings	Action Plan Description <i>Describe activities in point form to address issue (use lower case):</i>	Narration for progress <i>Select progress of activity</i>	Challenges <i>Enter any pertinent comments:</i>
Quotations: PPPF not applied (Noncompliance)	<ul style="list-style-type: none"> ▪ Re-design and implement checklist to include the PPPFA for all transactions above R 30 000. ▪ Ensure that all officials authoring orders adhere to preference points system before the sign orders. 	-	SCM to check across the board if proper calculations are done on BBBEE points calculations
Non-compliance with supply chain regulations (Interest)	<ul style="list-style-type: none"> ▪ Ensure that all officials, especially supervisors and managers adhere to the SCM checklist. ▪ Ensure that all relevant SCM document and certificated are attached to the batch before is approved. ▪ All deviation must only be signed by authorized official before service or goods are required. ▪ All capturers must ensure that suppliers are tax compliant before issuing an order. 	-	SCM checklist to be updated, CSD verification needs to be done so that non-compliant issues are addressed
Competitive bids and PPPF noncompliance	<ul style="list-style-type: none"> ▪ Ensure all procurement above R30 000 are evaluated according to the preferential points system. ▪ Comply to Treasury Regulations ▪ All Calculations should be checked by a Senior SCM official for compliance. 	-	Bids not submitted were the one of Bigen & Phillips, the rest were supplied to the auditor general. SCM will ensure that a designated space for recordkeeping is identified. Register will be maintained for receipt and retrieval of documents.
Procurement expenditure - Non compliance	-	-	-
Capital expenditure - Non Compliance	<ul style="list-style-type: none"> ▪ Ensure that there is contract in place between IDT and Department. ▪ Irregular expenditure register will be updated. ▪ Refer to irregular expenditure register ▪ This can only be corrected once the Department get a cash injection to pay all the Accruals and Payables disclosed in note no.27 of AFS. 	-	Capital. Note for CFO

SUPPLY CHAIN MANAGEMENT			
Audit Findings	Action Plan Description <i>Describe activities in point form to address issue (use lower case):</i>	Narration for progress <i>Select progress of activity</i>	Challenges <i>Enter any pertinent comments:</i>
Expenditure testing: Procurement expenditure	<ul style="list-style-type: none"> SCM head office to tighten the controls at District level as most of the above procurement finding emanates from District level. Checklist to be implemented at District level and strictly adhered to. 	-	Capital Note for CFO
Expenditure testing Capital Expenditure	<ul style="list-style-type: none"> Management should ensure that controls are properly implemented throughout the financial period through periodic monitoring of implementation and instilling of the consequence management procedures of the department. 	-	Capital Note for CFO
Procurement Processes - Points incorrectly calculated	<ul style="list-style-type: none"> Management will ensure that a senior official must review the Preferential Points system calculations before an order is awarded to a service provider. This will also be communicated to District s and facilities. 	-	Calculation of Points is only done on compliant bids, and points are not done on unsuccessful bids.
Quotations and deviations	<ul style="list-style-type: none"> Adhere to applicable laws and regulations by checking and verifying the Tax status of suppliers before an order is issued. This must also be verified by the official that authorize the order. Management to ensure that the SCM checklist is completed and signed by a delegated official. All deviations must only be approved by the accounting officer or delegated official. Deviation should also be reasonable and adhere to Practice note 6 of 2007/2008 	-	Refer to MMRC
No declaration of interest, No CSD Reports and cover quoting	<ul style="list-style-type: none"> Align the checklist with SCM process and ensure it is completed and attached to every batch before payment is processed. Suppliers to correctly complete declaration of interest. SCM to conduct quarterly or bi-annually training and workshops on issues related to audit findings and SCM processes and prescripts 	-	Compliance and Reporting unit to conduct training to SCM officials on checklist and submission of standard bidding documents.
No approval for remunerative work and declaration of interest	<ul style="list-style-type: none"> Management should ensure that: The declaration of interest is obtained prior the awarding, monitor internal controls to ensure that written quotations are not considered unless the provider who submitted the quotation has submitted the declaration of interest (SBD 4). 	-	Compliance and Reporting unit to conduct training to SCM officials on checklist and submission of standard bidding documents.

SUPPLY CHAIN MANAGEMENT			
Audit Findings	Action Plan Description <i>Describe activities in point form to address issue (use lower case):</i>	Narration for progress <i>Select progress of activity</i>	Challenges <i>Enter any pertinent comments:</i>
	<ul style="list-style-type: none"> Ensure that all the employees of the department complete e-disclosure so that the bid committees can rule out the quotations for which suppliers submitted false declarations of interest to avoid incurring irregular expenditure) Encourage officials to make use of the e-disclosure on a regular basis to update their interests, and connected persons. 		
Contracts not obtained - Limitation of scope	<ul style="list-style-type: none"> Management will ensure that all outstanding contracts are regularize. Contracts management to ensure the contract register is up to date and all contracts are kept electronically as well in files. 	-	Proper maintenance of contract to be done so that contracts are regularly updated.
No performance monitoring in place for contracts	<ul style="list-style-type: none"> Train Officials (SCM and End- user) and Implement recently approved SOP on Contracts Management. Ensure that all SLA's and Contracts has a clause on Supplier performance and measures such as penalties and termination clauses. Implement a monthly supplier performance register that will track the performance of each contract on a monthly basis. 	-	Performance and Monitoring on contract should be done. SCM to implement this. SCM must implement measures whereby suppliers are monitored on a monthly basis. This should be designed in a manner that will be aligned to the Standard Operating Procedure.
Competitive Bidding processes not followed and limitation	<ul style="list-style-type: none"> SCM will ensure that all tenders are kept in one location. Proper safe guarding of tenders and tender documents will be the responsibility of the Secretariat of the Bid committee. 	-	The unit will ensure to follow procedure of Practice Note 5 of 2005.
Three quotations not obtained	<ul style="list-style-type: none"> Management to ensure that Officials make use of supply chain management checklist for procuring goods and services and ensure that its completed and signed by relevant official and is attached to all the batches Ensure that all deviations are attached to batch and recorded in the deviation register. 	-	Compliance and Reporting unit to conduct training to SCM officials on checklist and submission of standard bidding documents.
Contracts operating on month to month basis	<ul style="list-style-type: none"> Regularize all month to month contracts, i.e. SA breast milk Keep an updated contract register, tracking the term of all contracts and monitoring approval for extensions and termination of contracts. 	-	Department will ensure that contracts are sourced in terms of the procedure on compliance.

SUPPLY CHAIN MANAGEMENT			
Audit Findings	Action Plan Description <i>Describe activities in point form to address issue (use lower case):</i>	Narration for progress <i>Select progress of activity</i>	Challenges <i>Enter any pertinent comments:</i>
Contract register deficiencies	<ul style="list-style-type: none"> ▪ That all contracts entered into with the suppliers/any institution are included on the contract register to ensure proper contract management b) All contracts that were active during the financial year, even though they expired ▪ All facilities maintain a contract register and these should be consolidated on a regular basis 	-	Updating of contract should be done on sheet one of excell spreadsheet, sheet two will consists of all payments made to the service provider.
Competitive bidding - Non compliance	<ul style="list-style-type: none"> ▪ Management should ensure that: ▪ the bid specification and adjudication committees are established in the terms of the supply chain management policy ▪ Functions and composition are drafted in an unbiased manner which allow all potential suppliers to offer their goods and services and was not clearly restrictive to favour the winning supplier. ▪ Bid specification committee minutes are kept and always submitted with the tender documents ▪ All the bids are approved by the evaluation committee after taking consideration of the recommendations made by the adjudication committee. ▪ Bidders who submitted the required documentation are published on the department's web site; they publish details of the winning bidder in the government tender bulletin or web site of the department. 	-	Bid training to be done on all committees for all members. Roles of secretariat of committees to be clearly communicated.
Expenditure testing: NGO's	<ul style="list-style-type: none"> ▪ Management should review applicable legislation prior to extending or modifying contracts with NGO's in order to ensure that expansions or extensions of contracts are within the limits of applicable legislation. 	-	Comment resolved by CFO.
Services not received for payment to suppliers	<ul style="list-style-type: none"> ▪ Management does not agree with the finding raised by Auditor-General. An amount of R424,962.00 paid on the 16/01/2018 was a part payment with the agreement with the service provider that the second payment will be made once the work is fully completed. ▪ An amount of R457,922.00 made on the 18/03/2018 was cancelled due to the fact that the work was not fully completed, 	-	Clarity needed.

SUPPLY CHAIN MANAGEMENT			
Audit Findings	Action Plan Description <i>Describe activities in point form to address issue (use lower case):</i>	Narration for progress <i>Select progress of activity</i>	Challenges <i>Enter any pertinent comments:</i>
	and reissued on 22/08/2019 after the work was fully completed. The supporting document is provided to the Auditors		
Deviations from competitive bidding processes	<ul style="list-style-type: none"> ▪ When participating on a contract /tender of another department, Management will ensure to obtain all the relevant tender documentation, processes and contracts. ▪ Management will also evaluate the tender processes, through the bid evaluation and adjudication committee, to check and verify that all documents and certificates are valid. 	-	For CFO attention.
Accrual and payables testing Differences	<ul style="list-style-type: none"> ▪ Management should ensure that they record the correct Amount stated on the invoice ▪ Management should assess the expenditure incurred in order to be able to classify the expenditure under the correct programme. ▪ Management should ensure that they record the correct date when the invoice is received by the Department of Health. ▪ Stamp all invoices for date of receipt 	-	Accruals should be kept at Logistics. Personal Assistant of Director to receive all invoices. Register of all accruals to be with Logistics and PA of Director and should be updated on a weekly basis.
Expenditure testing: Specific selection	<ul style="list-style-type: none"> ▪ Management should ensure that supporting documents of payment batches are appropriately inspected and reviewed before recording the transactions on the General Ledger to ensure transactions are recorded in the appropriate accounts and correctly classified. ▪ Management should correct the misclassifications by way of journals. 	-	Resolved
Non-compliance with Subsistence and travel policy	<ul style="list-style-type: none"> ▪ Management should ensure that controls are properly implemented throughout the financial period through periodic monitoring of implementation and instilling of the consequence management procedures of the department. 	-	Matter to be referred to Policy and Planning Unit
Non-compliance with Subsistence and travel policy	<ul style="list-style-type: none"> ▪ Management should ensure that controls are properly implemented throughout the financial period through periodic monitoring of implementation and instilling of the consequence management procedures of the department. 	-	Matter to be referred to Policy and Planning Unit
Accruals testing misstatement	<ul style="list-style-type: none"> ▪ Enforce implement a system to record accruals and payables 	-	Accruals should be kept at Logistics. Personal Assistant of

SUPPLY CHAIN MANAGEMENT			
Audit Findings	Action Plan Description <i>Describe activities in point form to address issue (use lower case):</i>	Narration for progress <i>Select progress of activity</i>	Challenges <i>Enter any pertinent comments:</i>
			Director to receive all invoices. Register of all accruals to be with Logistics and PA of Director and should be updated on a weekly basis.
Limitation of Scope in Accrual and payables not recognised	-	-	-
Contract Management: Contract does not have a contract amount (Open ended contract)	-	-	-
Commitments- Limitation of scope	<ul style="list-style-type: none"> File all the orders that support commitments in one file to ensure that they can be easily retrievable upon request. 	-	SCM to procure lockable filing cabinets for Logistics unit to file all commitment orders.
Commitments Difference in contractual commitments	<ul style="list-style-type: none"> Management should calculate the commitments based on contract amount less expenditure to date. 	-	Commitments to be reconciled on a weekly basis, and a register to kept at all times.
Commitments: Completeness of the contractual commitments	<ul style="list-style-type: none"> The department should ensure that supporting schedules to the AFS are complete and accurate by ensuring regular updates and reconciliation of supporting schedules 	-	Commitments to be reconciled on a weekly basis, and a register to kept at all times.
Commitment: Completeness of order commitments	<ul style="list-style-type: none"> The department should ensure that supporting schedules to the AFS are complete and accurate by ensuring regular updates and reconciliation of supporting schedules 	-	Instruction note to be issued to employees, to ensure all commitment order copies are kept and filed.

Table 87 Combined Audit Rectification Plan (Revenue)

REVENUE			
Audit Findings	Action Plan Description <i>Describe activities in point form to address issue (use lower case):</i>	Narration for progress <i>Select progress of activity</i>	Challenges <i>Enter any pertinent comments:</i>
Accrued Revenue: Internal control deficiencies	<ul style="list-style-type: none"> The department will Develop a monitoring tool to track patient files and also to design a process of doing a count of all the patient files in order to identify any missing patient files 	0% - No Progress	Chief Executive officers and facility managers monitoring implementation of controls without proper file management system, it will be difficult to manage files Lack of staff to implement the file monitoring tool.
	<ul style="list-style-type: none"> Serious effort also undertaken to secure funding for implementation of an electronic system for file management 	-	Lack of space to archive non-active files such as files for deceased patients.
	<ul style="list-style-type: none"> Train all clerks to understand patient registration as per Standard Operating Procedure on admissions to ensure that patients are classified according to information provided. Admission Supervisor will sample ten (10) files every month of different admission clerks and different classifications to perform verification of classification and report accordingly. Ensure that all patient reclassifications are authorized by a designated official. 	60% - Task Progressing Well	Lack of Supervisors in facilities and lack of staff might affect the process. Lack of dedicated staff to ensure proper revenue management process. Controls end up being monitored by provincial revenue officials than in hospitals due to HR shortages.
	<ul style="list-style-type: none"> All classifications will be supported by Verifiable documentation Communicate with PAAB system administrators to control access to the system where classification changes are concerned. Management of rights on the system 	-	-

REVENUE			
Audit Findings	Action Plan Description <i>Describe activities in point form to address issue (use lower case):</i>	Narration for progress <i>Select progress of activity</i>	Challenges <i>Enter any pertinent comments:</i>
Accrued Departmental Revenue - Prior year misstatements not corrected	<ul style="list-style-type: none"> ▪ Strengthening of internal controls to ensure completeness of accrued departmental and cut off procedures by admitting all patient to PAAB system. ▪ Monitoring of open invoices on monthly basis and interact with hospitals to follow up and close accounts. ▪ Regular training of officials on billing procedures as per SOP. 	60% - Task Progressing Well	Missing of files. Lack of staff in some facilities to perform 24 hour admissions and file movement.
Accrued Departmental Revenue - Collection of outstanding debt	<ul style="list-style-type: none"> ▪ Analysis of outstanding debts with aging and inform facilities to prepare statements for posting, starting from accounts older than 30 days. ▪ Develop a template to record all statements posted to debtors. ▪ Ensure that facilities post statements to debtors monthly, and provide provincial office with evidence of follow up, ▪ Perform monthly reconciliation of debtors to ensure accurate figure. 	40% - Task Partially Complete	Lack of staff designated to perform debt follow. IT connectivity issues of some facilities might result in some facilities not able to send invoices and statement on time.
Departmental Revenue - Rental Contracts not renewed	<ul style="list-style-type: none"> ▪ All accommodation contracts will be renewed, a standard agreement will be developed and shared with the facilities. ▪ Monthly monitoring of rental payments thereof with rental registers will be performed. ▪ Arrangements will be made with people owing to rent for previous periods and amount owed will be monitored and reported accordingly. 	60% - Task Progressing Well	Controls monitored by provincial revenue officials. Allocation process of rental houses and pricing remains a challenge.
Departmental revenue - Receipts not recorded in the correct financial year	<ul style="list-style-type: none"> ▪ Weekly exceptions and outstanding transactions will be communicated to facilities to ensure continuous intervention regarding recording, banking and reporting of revenue collected ▪ All revenue received and not banked in the end of financial period will be banked and reconciled during the first two weeks of April ▪ The total money received from these receipts will then be paid over to Provincial Revenue Fund with the pay-over of March. d)A year end (POC) journal posting these receipts to a correct accounting period will be processed after year end closure. 	60% - Task Progressing Well	Scarcity of transport to timeously bank the money
Departmental revenue - Completeness Internal Control deficiencies	<ul style="list-style-type: none"> ▪ Ensure that money collected reconciles with receipts and is banked daily, especially at the end of the financial year by comparing receipts and deposits weekly. 	60% - Task Progressing Well	Controls monitored by provincial revenue officials due to lack of staff at facilities

REVENUE			
Audit Findings	Action Plan Description <i>Describe activities in point form to address issue (use lower case):</i>	Narration for progress <i>Select progress of activity</i>	Challenges <i>Enter any pertinent comments:</i>
	<ul style="list-style-type: none"> ▪ Receipt books will be properly maintained and receipt register will be monitored by ensuring proper sequence of numbers and dates to identify any gaps ▪ Manual register of batches received will be maintained by Provincial Office as evidence of all batches received and banked for completeness of batches filed. This register will be reconciled to BAS receipt register and the physical batch ▪ Pre-audit of deposit batches with receipt captured 		
Departmental revenue - Tshwaragano Receipt books not complete	<ul style="list-style-type: none"> ▪ Ensure that money collected is banked daily by weekly monitoring of receipts issued to weekly deposits and communicate variance with facilities. ▪ Receipt books are properly maintained and register of the dates covered are maintained and identify any missing dates ▪ If money is not banked, an investigation will be conducted and money collected will be recovered from the responsible officials ▪ All facilities will be utilising one BAS receipt book at a time to avoid usage of different receipt books, 	60% - Task Progressing Well	Controls monitored by provincial revenue officials due to lack of staff at facilities

Table 88 Combined Audit Rectification Plan (Assets)

ASSETS			
Audit Findings	Action Plan Description <i>Describe activities in point form to address issue (use lower case)</i>	Narration for progress <i>Select progress of activity</i>	Challenges <i>Enter any pertinent comments</i>
Tangible Capital Assets- Control deficiencies identified	Establishment of a permanent structure that will address the needs of the Department.	0% - No Progress	The Department is experiencing cash flow constraints which has affected the asset management division with regard to filling of posts as well as the appointment of staff with the unit.
	Development and implementation of the Asset Management Policy and Asset Management Procedure Manual.	80% - Task Complete	-
	Development of standard operating procedures relating to the procurement of the assets.	60% - Task Progressing Well	-
	Disposal of obsolete and redundant assets	60% - Task Progressing Well	The disposal of redundant assets remains a continuous process. The management of obsolete and redundant assets by the end users remains a major concern as officials tend to lack the understanding of the processes on disposals. A process is currently underway to educate the end users on matters of the disposal process.
	Counting and Verification of usable assets.	60% - Task Progressing Well	The second phase electronic verification of assets earmarked for October 2020, requires the procurement of electronic hardware which may delay the project. The verification is cost intensive and may requires additional funding which may not be available.

	Capturing of Assets on the logis.	60% - Task Progressing Well	The process is at an advanced stage with the PKS District and the Robert Mangaliso Sobukwe Hospital yet to be captured. It remains the objective of the Department to have all items captured on LOGIS and commence with the 2nd phase of verification.
	Reconciliation of monthly acquisitions.	60% - Task Progressing Well	The process is underway; the process is ongoing.
	Review of prior year acquisitions (2012/13-2015/16)	20% - Task Started	These process should commence upon conclusion of the 1st level capturing.
	Valuation of Assets in the absence of records to justify values	0% - No Progress	
	Training of staff on asset management practices	60% - Task Progressing Well	The Asset Management has conducted training of SCM and accounts payable at all District offices including the RMSH and the Provincial Office. This is meant to streamline the asset management processes within the Department
Immovable assets S42 Internal control deficiency	Engagement of with Department of Public Works	100% - Task Complete	-
	Consolidation of Immovable Assets due for transfer	20% - Task Started	There are no officials dedicated for the function. The function is conducted on an ad-hoc basis
	Transfer of Immovable assets to Public Works	0% - No Progress	-

3.9. Prior Modification to Audit Reports

Table 89 Prior Modification to Audit Reports

Nature of qualification, disclaimer, adverse opinion and matters of non-compliance.	Financial year in which it first arose	Progress made in clearing/Resolving the matter
Movable Tangible Capital Assets		
I was unable to obtain sufficient appropriate audit evidence that management had properly accounted for movable tangible capital assets and minor assets in the current year and the previous year, as the process for completing the asset register was not completed at year-end in support of these assets. I was unable to confirm these assets by alternative means. Consequently, I was unable to determine whether any adjustment was necessary to movable tangible capital assets stated at R1 207 753 000 (2019: R1 162 265 000) and machinery and equipment included in minor assets stated at R190 715 000 (2019: R187 437 000) in note 29 to the financial statements.	2012 and beyond	<ul style="list-style-type: none"> ▪ The additions of assets in the current year is being reconciled. ▪ The Department has completed the first round of verification in all centres. ▪ Capturing of verified information on LOGIS underway. ▪ The department embarked on the disposal of obsolete and redundant assets. ▪ Disposal is now taking place on a half yearly basis.
Irregular Expenditure		
The department did not disclose all irregular expenditure in the notes to the financial statements, as required by section 40(3)(b)(i) of the PFMA. The department incurred expenditure in contravention with supply chain management (SCM) requirements that was not included in the irregular expenditure disclosed in note 24 to the financial statements. I was unable to determine the full extent of the understatement for the current as well as previous years as it was impractical to do so.	2012 and beyond	<ul style="list-style-type: none"> ▪ The Loss Management Committee was established to ensure that effective and appropriate investigations of irregular expenditure. ▪ The Compliance and Reporting unit has completed training of all supply chain units in the department on the implementation of register of irregular expenditure, supply chain checklists and control registers in the department. ▪ Financial Accounting Unit identifying irregular transactions and reporting on a monthly basis.
Accruals and Payables not Recognised		
The department did not disclose all outstanding amounts meeting the definition of accruals and payables not recognised in accordance with chapter 9, General departmental assets and liabilities in the MCS, the department did not perform adequate and regular reconciliations for accruals and payables not recognised.	2012 and beyond	<ul style="list-style-type: none"> ▪ The department has significantly improved utilisation of LOGIS system. ▪ Management has also developed a reporting mechanism where district offices provide a report on a monthly basis on the state of the Departmental accruals.

Nature of qualification, disclaimer, adverse opinion and matters of non-compliance.	Financial year in which it first arose	Progress made in clearing/Resolving the matter
<p>I was unable to determine the full extent of the understatement of accruals and payables not recognised for the current and prior years as it was impracticable to do so.</p> <p>The department incorrectly classified accruals as payables not recognised in accordance with chapter 9, General departmental assets and liabilities in the MCS. As the department did not have adequate systems to account for accruals and payables not recognised. Consequently, I was unable to determine the full extent of these misstatements for the current and previous years as it was impracticable to do so.</p>		<ul style="list-style-type: none"> ▪ Centralization and reconciliation of certain key accounts has been introduced for sound financial management and monitoring of accounts.
Accrued Departmental Revenue		
<p>I was unable to obtain sufficient appropriate audit evidence to substantiate the accrued departmental revenue disclosed in note 23 to the financial statements. The department did not have adequate internal controls to maintain patient records of accrued departmental revenue in the current year and previous year. I could not confirm accrued departmental revenue by alternative means. Additionally, there was an impact on the impairment of accrued departmental revenue. Consequently, I was unable to determine whether any adjustment was necessary to accrued departmental revenue stated at R73 615 000 (2019: R147 553 000) in note 23 to the financial statements.</p>	2012 and beyond	<ul style="list-style-type: none"> ▪ The Department continues to operate sub bank accounts for each revenue generating facility to ease reconciliation and identification of amounts received. ▪ Speed point devices have been installed for 6 hospitals to minimise cash handling risk at the facilities. ▪ The collection of staff and patient debt by the consultants appointed by Provincial Treasury has commenced. ▪ The department has reviewed policies and standard operating procedures in respect of patient revenue and debt management

3.10 Internal Control Unit

This report serves to provide progress and challenges on the work done on the Irregular Expenditure Project Management Plan (PMP) as at January 2019.

A Team comprising of internal and external members was established to strengthen internal control unit in the Department.

Project start date: January 2019

Projected end date: August 2020

Problems identified

- As you been aware that the Department is the second largest revenue generator in the Province at R55.015 million of the total provincial target of R360.539 million in 2018/19.
- Since 20018/19, the under-collection by Department have significantly affected the revenue collection of the Province and that was having a negative effect on the provinces ability to fulfil the planned service delivery priorities.
- PMP was previously prepared and adopted by the Audit Outcome Advisory Committee as a structure to resolve audit issues and strengthen revenue collection.
- The department has over a number of years being unable to fully prevent and fully disclose cases of irregular expenditure.

Project objective

- Attain an unqualified audit report through developing financial control systems, Oversee and monitor the departments future audit processes including the internal controls activities as well as ensure the readiness and adequacy of the department financial and non-financial performance processes and documentation.
- Manage, advise, oversight & monitor, covering all aspects of audit related issues of the department through developing systems so as to fully identify irregular expenditure, fruitless & wasteful, unauthorised expenditure, investigate and further do recommendations for corrective measures to the Accounting Officer.

Project overview

- The project team has received project start up documents, i.e. register of irregular expenditure and latest audit report.
- A project approach has been agreed upon with relevant stakeholders.
- Department has over a number of years being unable to fully prevent and fully disclose cases of irregular expenditure. An accumulated amount of R5.747 billion has been recorded at the end of 31 March 2017.
- The register has been analysed and irregular expenditure categorised, namely:
 - Irregular expenditure resulting from awarding of tenders by implementing agents;
 - Irregular expenditure resulting from expired contracts that are extended on month-to-month;
 - Irregular expenditure resulting from non-compliance to Public Service Act; and
 - Irregular expenditure resulting from violation of departmental SCM policy.
- The main contributor to irregular expenditure in terms of monetary value is the awarding of tenders by implementing agents, followed by expired contracts that are extended on month-to-month.
- The main contributor in terms of numbers of cases is violation of departmental SCM policy.
- The Auditor-General has identified that the effective and appropriate disciplinary steps were not taken against officials who made or permitted unauthorised expenditure, irregular expenditure, as required by section 38(1)(h)(iii) of the Public Finance Management Act and Treasury Regulation 9.1.3.

Project approach

- The project approach is two-fold: addressing irregular expenditure that occurred prior to the 31 March 2017 and improving internal control environment effective from 01 April 2017 and going into the future.
- The Provincial Treasury appointed a service provider to assist DOH with the investigation of prior years' irregular expenditure incurred whilst the department is strengthening the internal control environment effective from 2017/18/19 financial year.
- The Provincial Treasury has already developed a project plan to address the legacy issues and it has been shared with the department.
- The department will then ensure that effective and appropriate disciplinary steps are taken against officials who made or permitted unauthorised expenditure, irregular expenditure, as required by section 38(1) (h)(iii) of the Public Finance Management Act and Treasury Regulation 9.1.3.

Achievements

- The existing Standard Operating Procedures (SOP) on Irregular Expenditure are currently under review.
- The Service Level Agreements between the department and the Department of Public Works and Independent Development Trust (IDT) that were to expire in March 2018 were discussed and provided to the Audit Outcome Advisory Committee, September 2019 and inputs were given by the Project Committee.
- Several oversight meeting between supply chain, finance, Districts took place during this period under review, where training was done on laws and regulations governing supply chain, Non-compliance issues including the implementation of management action plans and agreed with Auditors and the way forward were discussed, so as to ensure strict compliance
- Hospital CEOs and District Managers were invited to attend the Districts visits. The purpose was to strengthen financial management specifically implement the irregular expenditure register, control registers, faulty payment register, contract register and SCM checklist
- The department has filled a number of clinical funded positions in all facilities in various Districts. More health professionals were also appointed for the operationalisation of both new Mental Health Hospital and other facilities but still there is a need to look into all facilities and prioritise the appointment of health professionals across the province.
- Several CHW's placed through the primary health sector were trained in all Districts to enabled to respond to government call to create a relative understanding of strengthening screening, testing, tracing, social distance and mass screening in communities for Covid-19 ,Hypertension, Diabetes, Pregnancy, TB and Mental Health illnesses and these services are rendered by CHW's are integrated with the PHC services and overseen by a Professional Nurse from the clinic to which they are allocated.
- The Emergency Medical Services programme is having capacity challenges coupled with old vehicles been used or exceeded 120000 in terms of mileage. However, the department have managed to procure 53 new vehicles of which 38 were ordinary ambulances which was promised in the previous financial year. This number has improved our operational status to just about 100 vehicles in the province. Inter-facility transfers continue to be on the rise due to low levels of skills capacity and low level of service packages available in certain facilities.
- In August 2019, the Irregular Expenditure work stream was introduced as part of Treasury Intervention in terms of section 18(2) (g) of the PFMA. The work of the PMP will be integrated into the work stream, thus the need for this project close-out report.
- In October 2019, the 2015 guidance and framework on Irregular expenditure was repealed by the framework issued via National Treasury as Instruction note 1 of 2018-19. The framework provides guidance on how non-compliance and irregular expenditure should be recorded, treated, reported and condoned. This framework was effective 1 December 2018 and require the accounting officer and department to start acting on identified non-compliance and irregular expenditure within 30 days of it being identified.

Work-in-Progress

- Review management's processes for ensuring and monitoring compliance across the province, investigate complaints relating to breaches of prescribed standards and norms and do recommendations to the relevant authority (HOD) or Technical Advisory Committee in any appropriate and suitable action that needs attention.
- Monitor, evaluate and coordinate progress made by the department in the implementation of agreed management action plans for better Audit Outcomes.
- Do follow-up on matters previously raised by the internal audit findings and recommendations.
- Conduct training on identified, recording and reporting of Irregularities and further submit consolidated information on Irregular expenditure on monthly basis through implementation of irregular expenditure register, wasteful and fruitless, unauthorised expenditure, donation etc.
- Enforce compliance through verification of SLA and use of checklist, review of policies and procedures, SOP'S and reporting requirements by holding monthly progress meetings.
- Regularise contracts on procurement where supply chain processes were not followed or tender expired.
- Regularise all appointments of staff where formal recruitment processes were not followed in terms of the PSA.

Challenges during verification phase

- Department has been operating with an obsolete organizational structure, that was not assisting the full implementation of the strategic plan.
- A number of challenges has been observed, were we have experienced instability in many management positions in that Key positions for decision making was filled through acting that also took a long time in having the posts filled. Improving Health Management and Leadership.
- Supply Chain has been characterise by trends of neglecting departmental policies & processes due to lack of resources, weakness in the internal control systems.
- Most contract utilized for procurement have expired and have not renewed & this resulted in an increase of deviations which contributes to irregular expenditure.

Summary of recommendations

- Increase the workforce by filling critical clinical funded posts in the health facilities.
- Improve access to community based primary care services through the Ward Based Primary Health Care Outreach teams (WBPHCOTs).
- Manage TB and improve quality of HIV/Aids related services including access to HIV counselling and testing, Antiretroviral Treatment (ART) to cater for new infections and prevention of mother to child transmission.
- Advocacy and implementation of the second phase of National Health Insurance.
- Reduction of Maternal and Child Mortality.
- Ensure the implementation of the HPRS and CCMDD in all facilities.
- Procurement of Ambulances and appointment of personnel to ensure the two-person crew.
- Early detection and treatment of Non-Communicable Diseases.
- Revitalisation and refurbishment of health facilities to respond to NHI initiatives.
- Improve the implementation of School Health Programme.
- Improve advocacy through community Dialogues and Imbizos.

Table 90 Irregular Current Status Report (Internal Control Unit)

DISTRICTS & HOSPITALS	CHALLENGES	INTERVENTIONS AND PROGRESS	RESPONSIBLE PERSON	COMPLETED (%)	STATUS
Provincial Office	The compliance office has never received any response from finance despite having contacted Mr Mothapo on the 12 April 2019 to assist.	Constant follow-up was made with no positive feedback, however Compliance Team is planning to conduct a refreshers training during the 2 nd quarter.	Ms Riet, Ms Mathiba	0%	Not started
Frances Baard	The performance is still standing at 0%. Constant correspondence has not yielded any positive results up to date and officials in this District couldn't provide reasonable answers to this matter.	A memo was emailed on the 11 April 2019, to Ms Matlhoko requesting that she assist the process but up to date there has not been any response from her office.	Ms Matlhoko	0%	Not started
PKS	Outstanding registers are not forthcoming.	They were contacted both by emails and telephonically to remind them to submit the outstanding registers. Compliance Team planning be conducting a refreshers training to the District explaining and reminding the District manager and the practitioners from SCM about the significance of this registers.	-	0%	Not started
Namakwa	It was difficult to obtain the required registers from this District. Contrary to capturing information on the spreadsheet they submitted only two reports and this was of no assistance as it was not addressing the items on the spreadsheet.	Thus far the District is standing at 40% because there is a lack of consistency	Ms Gladys	40%	Behind schedule
ZFM	This has been a very difficult District in accessing information despite numerous follow-up which could not bear any fruits.	After consultation with the Acting District Director (Mr Seema) on the 8 April 2019, it was proposed that Ms Markus will be availed in to ensure that all required registers are	Ms Markus	40%	Behind schedule

		submitted in that, He further requested that Compliance team to provide another training on Irregular, Fruitless and Wasteful expenditure.			
Dr Harry Surtie Hospital	The hospital alleges that they submitted hardcopies to the Provincial office in October 2018.	They were advised by compliance office to submit the registers electronically.	Mr Bukula	0%	Not started
JTG	Initially it was difficult to obtain these registers from this District. The CR team did an oversight support visit on the 27 th of March 2019 to the District and collected the registers that were due for the month.	After constant follow-up was made on the following dates. 27 th March 2019, then there was a marked improvement from 40% to 60% .	Mr Segwai	60%	Partially completed
Dr Arthur Letele	This has been a very difficult facility in accessing information despite numerous follow-up which could not bear any fruits.	They were contacted by emails and telephonically to remind them to submit the outstanding registers. Compliance team will do follow - ups	Mr Herman	0%	Not started

	Behind needing stakeholder involvement
	Not started
	In progress/ On track
	Completed

3.11 Internal Audit and Audit Committees

3.11.1 Key Activities and Objectives of the Internal Audit Unit

The Executive Council of the Northern Cape Provincial Government has established an Internal Audit Unit (IAU) to provide internal audit services to all 12 departments within the province. The shared PIAU is divided into 4 clusters, Department of Health being serviced by the IAU - Health Cluster. The IAU is an independent, objective assurance and consulting activity designed to add value and improve the client's operations.

The following internal audit work was completed during the year under review:

- Annual Financial Statements review
- Audit Rectification Plan
- Audit of Performance Information
- EMS Follow Up
- Risk Management
- Transfer Payments
- Supply Chain Management
- Conditional Grant – NTSG & HPTDG
- Conditional Grant – HIV

The IAU also attended and contributed to the departmental risk management committee meetings and ad hoc management meetings as and when requested.

3.11.2 Summary of Audit Work done

During the financial year the audit committee sent quarterly reports to the Member of the Executive Council on the activities and observations of the Audit Committee.

The audit committee has complied with its responsibilities arising from section 38(1)(a)(ii) of the PFMA read with Treasury Regulation 3.1.10, and reports that it operated in terms of the Audit Committee Charter.

The members of the audit committee held meetings with the accounting officer, senior management of the department, internal audit function and the external auditors, collectively and individually, on matters related to governance, internal control and risk in the department, throughout the reporting period.

3.11.3 Key Activities and Objectives of the Audit Committee

The Audit Committee was established in accordance with sections 38(1)(a)(ii) and 77 of the PFMA. The audit committee charter requires that the audit committee comprises a minimum of three members and a maximum of five members, the majority of whom should be from outside the public service. The audit committee comprises five members. In terms of section 77(b) of the PFMA. The Executive Council of the Northern Cape Provincial Government has established a Cluster Audit Committee for each of the 12 Provincial Departments. The Health Cluster Audit Committee deals with 3 departments, which includes the Department of Health. The Audit Committee (AC) assists the department of Health by providing advice relating to the reporting process, the system of internal control, the risk management processes, the internal and external audit process and the departments processes for monitoring compliance with laws and regulations and the code of conduct.

The AC consists of the members tabled below. It meets as mandated by the approved Audit Committee Charter and as often as it deems necessary. The AC also provides the MEC with a written report, subsequent to the AC meetings, to ensure the executive is informed about matters of concern.

During the financial year under review, 4 meetings were convened with an additional meeting convened to discuss the rectification plan status of implementation.

3.11.4 Audit Committee members and attendance of meetings

The Audit Committee must meet at least twice a year and during the financial year ended **31 March 2020**, the audit committee met on five occasions.

Table 91 Audit Committee members and their meeting attendance

Name	Qualifications	Internal or external	If internal, position in the department	Date appointed	Date Resigned	No. of Meetings attended
C Motau	B Com (Accounting and Economics), Higher Diploma in Computer auditing, Masters Degree in Business Leadership and Masters Degree in Information Technology	External	n/a	2 Dec 2014 Renewed: 29 November 2017	N/A	5
R Mnisi	LLB, Post Graduate Certificate in Compliance management	External	n/a	29 November 2017	N/A	4
S Calitz	Registered Government Auditor (RGA), Advance Diploma in Forensic, National Diploma in Government Finance	External	n/a	01 April 2019	N/A	5
L Wyngaard	M.SocSC, Masters in Social Science	Internal	Executive Manager	29 November 2017	N/A	5
O Gaoraelwe	Bachelor of law, Conflict Management, Project Management, Certificate in environmental law	Internal	Acting Chief Director	01 April 2019	N/A	4

3.12 Audit Committee Report

Legislative prescripts

The audit committee herewith presents its report for the financial year ended **31 March 2020**, as required by section 77 of the Public Finance Management Act, 1999 (Act No. 1 of 1999, as amended by Act No. 29 of 1999) (PFMA) read with Treasury Regulation 3.1.13.

3.12.1 Audit Committee Responsibility

Evaluation of Finance Function

The Office of the CFO continues to have vacancies in key positions resulting in a huge strain on the finance function to deliver quality information on a timely basis. On the whole, the audit committee is not satisfied with the department's finance function during the year under review

The internal audit reports continue to indicate repeat findings related to lacking and weak control environment, standard operating procedures and policies and procedures not being documented, approved or implemented. In addition, non-compliance to laws and regulations in the Supply Chain Management environment also contributes to the non-achievement of business objectives.

Performance Management

The audit committee has performed oversight over the performance management of the department. Due to the Audit Committee not receiving the performance information on time for review the Audit Committee could not conclude if the annual performance report has been prepared in terms of the PFMA, the Treasury Regulations and any other related regulatory requirements for reporting performance. The Audit Committee noted with concern the significant under performance reported versus the full utilization of the annual budget for the year

3.12.2 Effectiveness of Internal Control

The Audit Committee acknowledges management's efforts to strengthen internal controls in the department. There is a need for technical support, monitoring and evaluation to unlock the full potential of these efforts. The weakness of system of internal control is attributed from the lack of proper governance, weakness in management structures, poor workplace culture and challenges in leadership. There is a need for significant improvement for the system of internal control in the areas of Control Environment, Risk Management and Compliance.

The Audit Committee remains concerned that in certain instances the matters reported by the external auditors and the internal audit function in prior years have not yet fully and satisfactorily addressed. Management has provided assurance that effective correction action will be implemented in respect of all internal control weakness, and the Audit Committee will monitor these going forward.

Vacancies undermine the effective functioning of the system of internal controls and it is imperative that management reviews its recruitment procedures and processes to ensure vacancies are filled expeditiously with proper qualified, skilled and experienced personnel.

The Audit Committee is satisfied that the matters reported by the external auditors and the internal audit function in prior years have been fully and satisfactorily addressed. Management has provided assurance that effective corrective action will be implemented in respect of all internal control weaknesses, and the audit committee will monitor these going forward.

Due to the strategic importance of, and investment in, the modernisation of information and communication technology (ICT) in the department, the Audit Committee has monitored the risk register and progress reports on the respective action plans during the year under review. The audit committee remains concerned that not all ICT risks are being addressed or mitigated, in implementing the new systems

3.12.3 In-Year Monitoring and monthly/quarterly Report

The quality of monthly and quarterly reports submitted in terms of the PFMA and DORA

The Audit Committee is not satisfied with the content and quality of management and quarterly reports prepared and issued during the year under review in compliance with the statutory framework.

The Audit Committee has recommended that the department prepare interim financial statements that comply with the financial reporting framework Modified Cash Standard, which could assist in performing reconciliations timeously as well as in eliminating year-end adjustments.

The Audit Committee has reviewed and commented on the department annual financial statements and report on performance information was not submitted for the review.

3.12.4 Evaluation of the Annual Financial Statements

Due to the Audit Committee not receiving the financial statements on time for review, the Audit Committee cannot conclude if the financial statements has been prepared in terms of the Modified Cash Standards or related requirements.

3.12.5 Internal Audit Function

The accounting officer is obliged, in terms of the PFMA, to ensure that the department has a system of internal audit under the control and direction of the audit committee. The audit committee is satisfied that the internal audit function has properly discharged its functions and responsibilities during the year under review.

The Audit Committee supports the direction that the internal audit function is adopting in providing 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 Audit Committee is satisfied that the internal audit function is operating effectively and that it has addressed the risks pertinent to the department. The audit committee is satisfied that the internal audit function maintains an effective internal quality assurance and programme that covers all aspects of the internal audit activity. The internal assessment indicates that the term "Conforms with the International Standards for the Professional Practice of Internal Auditing" may be used by the function.

The Audit Committee notes with satisfaction the independence and objectivity of Internal Audit function.

3.12.6 External Audit Report

The Audit Committee concurs with and accepts the conclusion and audit opinion of the external auditors on the annual financial statements. The committee is of the view that the audited financial statements be accepted and read together with the report of the external auditors. The audit committee confirms that it has been actively involved throughout the audit process and has been thoroughly appraised of the issues giving rise to the audit opinion.

The external audit function, performed by the AGSA auditors, is independent of the entity. The Audit Committee has met with the external auditors to ensure that there are no unresolved issues, and acknowledges the diligence and cooperation of the external audit team.

3.12.7 Risk Management Function

The department has an established risk management process; however, the process is still having a number of weaknesses. The Audit Committee has made several recommendations during the year under the review. The integration of the risk management process into the operational and governance process, the low maturity of risk process, ineffective risk management committee are some of the challenges that remained unresolved. The Audit Committee remained concern with the risk management unit remained understaffed, which may result in non-delivery by the function if the situation is not addressed.

On behalf of the Audit Committee



Mr C Motau
Chairperson of the Audit Committee
Northern Cape Department of Health
Date: 30TH JULY 2020

4. Part D: Human Resource Management

4.1 Introduction

Status of Human Resources in the Department

Providing efficient and effective human resource systems is one of the key focus area of the department. The importance of strengthening human resource capacity however remains a challenge within the Department as budgetary constraints have an effect in the turnaround time in filling of posts. The centralisation of recruitment process is also a challenge and the Department must consider starting with the process of decentralising recruitment processes. This however must consider the capacity within each District, capacity being numbers as well as the ability to perform the expected functions.

It needs however to be emphasised that the introduction of OSD has had a huge impact on the budget whilst there has been no additional funding made available by Treasury to absorb these yearly pressures when appointing health professionals. The Department over the years had to prioritise clinical posts over non-clinical posts and the pressure is now on the clinical staff to perform these non-clinical duties which subsequently affects service delivery. The Department is currently in the process of seeking funding from Provincial Treasury to be able to fill these non-clinical posts which have become critical in the delivery of health services.

The Organisational Development team for the first time is led by the Senior Manager who has taken strides in ensuring that the structure will be approved. The absence of a structure has led to a lot of challenges one of them being that the Department cannot evaluate any posts without an approved organisational structure.

The office of the Auditor General has over the number of year's highlighted records management as one of the root causes that played a significant role in the audit outcomes of the human resource management directorate. The Department still has to improve in managing all records as the loss of documents is still a major challenge.

Priorities and Impact

Review and align the Provincial Human Resources Plan.

The Department has an approved Human Resource Plan for the MTEF period 2018/19-2020/21, however the approved Human Resource Plan was not fully implemented due to cost containment.

Workforce planning and Key Strategies to attract and recruit skilled workforce

As part of capacity building, staff members are awarded bursaries yearly to enhance their skills within their areas of responsibility. The Department is also awarding external bursaries to youth who want to study nursing through our Nursing College within the Northern Cape as part of youth development and increasing of health professionals within the Province aimed at improving quality healthcare. These mechanisms are used as part of staff retention and recruitment. The Department has reviewed its Retention Policy which aims to attract and retain critical and scarce skilled employees with emphasis on succession planning and development to retain employees.

In responding to the challenges of high staff turnover the Department needs to ensure that a recruitment is in places for all vacancies of critical /scarce occupations. The objective of this is to improve the vacancy rate and to create employment for citizens of the Northern Cape.

Employee Performance Management

There has been an improvement in the management of employee performance; this is evident in the increased number of submissions made by the relevant managers. The submission rate of Performance Agreements of SMS members is at 93%, which could have influenced the overall in compliance and increase of submissions in the Department. Strides have also been made to capacitate managers in managing poor performance of employees and not only reward good performance.

EPMDS workshops were conducted throughout the province to enhance performance management and alignment to the departmental performance. The department is in a process of reviewing all the Job Descriptions of Senior Managers to ensure proper alignment between their KPA's and the departmental operational plan.

Employee Wellness Programs

The Employee Health and Wellness Programme (EHWP) remains one of the department's obligation to ensure protection and well-being of employees. Even though there are workplace policies to render service to the employees, the implementation of the EPW is not fully realised due to budget pressures and infrastructure constraints. However, plans are underway to render employee health and wellness programmes including the four pillars i.e. SHERQ pillar, Health and Productivity Pillar, Wellness Management Pillar and the HIV/AIDS and TB in the Workplace pillar.

Table 92 Challenges and Proposed Remedial Plans (HR)

CHALLENGES	PROPOSED REMEDIAL PLANS
▪ Poor Leave management	▪ Provide refresher training to all programme managers on leave management
▪ Vacancies not filled within 6 months	▪ Strengthen and shorten the recruitment processes
▪ Lack of Employee Health and Wellness Site	▪ Lobby additional funding for the establishment of EHW units in each District
▪ Managers not conducting exit interviews	▪ Managers to be held accountable for exit interviews
▪ Poor implementation of declined PILLIR applications	▪ Head of Department to enforce compliance by all senior managers
▪ Non implementation of recommendation from SHERQ office	▪ Managers to be held accountable for non-compliance

Future Human Resource Plans/ Goals

- To review the Provincial Human Resource Plan in order to be in line with current service demands.

4.2. Human Resource Oversight Statistics

4.2.1 Personnel Related Expenditure

Table 93 Personnel expenditure by programme for the period 1 April 2019 and 31 March 2020

Programme	Total Expenditure (R'000)	Personnel Expenditure (R'000)	Training Expenditure (R'000)	Professional and Special Services (R'000)	Personnel cost as a percent of total expenditure	Average personnel cost per employee (R'000)
Administration	220 061,00	142 878,00	0,00	0,00	64,90	486,00
Central Hospital Services	1 058 154,00	760 415,00	0,00	0,00	71,90	532,00
District Health Services	2 437 876,00	1 500 162,00	0,00	0,00	61,50	252,00
Emergency Medical Services	337 015,00	238 245,00	0,00	0,00	70,70	306,00
Health Care Support Services	161 857,00	77 465,00	0,00	0,00	47,90	428,00
Health Facilities Management	397 491,00	11 603,00	0,00	0,00	2,90	725,00
Health Sciences and Training	154 545,00	39 929,00	0,00	0,00	25,80	194,00
Provincial Hospital Services	416 471,00	300 099,00	0,00	0,00	72,10	378,00
Total as on Financial Systems (BAS)	5 183 471,00	3 070 795,00	0,00	0,00	59,20	318,00

Table 94 Personnel costs by salary band for the period 1 April 2019 and 31 March 2020

Salary Bands	Compensation of Employees Cost including Transfers (R'000)	Percentage of Total Personnel Cost for Department	Average Compensation Cost per Employee (R)	Number of Employees
Lower skilled (Levels 1-2)	196,00	0,00	196 000,00	3 097 063,00
Skilled (Levels 3-5)	835 328,00	27,00	245 324,00	3 097 063,00
Highly skilled production (Levels 6-8)	648 833,00	20,90	416 453,00	3 097 063,00
Highly skilled supervision (Levels 9-12)	1 098 184,00	35,50	826 946,00	3 097 063,00
Senior management (Levels >= 13)	30 849,00	1,00	1 285 375,00	3 097 063,00
09 Other	8 518,00	0,30	473 222,00	3 097 063,00
11 Contract (Levels 3-5)	5 477,00	0,20	91 283,00	3 097 063,00
12 Contract (Levels 6-8)	65 101,00	2,10	340 843,00	3 097 063,00
13 Contract (Levels 9-12)	252 915,00	8,20	916 359,00	3 097 063,00
14 Contract (Levels >= 13)	4 632,00	0,10	1 158 000,00	3 097 063,00
18 Contract Other	518,00	0,00	518 000,00	3 097 063,00
19 Periodical Remuneration	23 638,00	0,80	186 862,00	3 097 063,00
20 Abnormal Appointment	105 032,00	3,40	39 582,00	3 097 063,00
TOTAL	3 079 222,00	99,40	319 223,00	3 097 063,00

Table 95 Salaries, Overtime, Home Owners Allowance and Medical Aid by programme for the period 1 April 2019 and 31 March 2020

Programme	Salaries (R'000)	Salaries as % of Personnel Cost	Overtime (R'000)	Overtime as % of Personnel Cost	HOA (R'000)	HOA as % of Personnel Cost	Medical Ass. (R'000)	Medical Ass. as % of Personnel Cost	Total Personnel Cost per Programme (R'000)
Administration	120 011,00	82,10	1 328,00	0,90	3 125,00	2,10	6 281,00	4,30	146 143,00
Central Hospital Services	573 795,00	74,20	106 326,00	13,80	14 073,00	1,80	24 313,00	3,10	773 111,00
District Health Services	1 250 580,00	82,70	38 888,00	2,60	39 112,00	2,60	55 823,00	3,70	1 511 914,00
Emergency Medical Services	174 194,00	73,50	15 719,00	6,60	11 023,00	4,70	16 253,00	6,90	236 901,00
Health Care Support Services	59 067,00	75,40	5 254,00	6,70	2 458,00	3,10	5 047,00	6,40	78 312,00
Health Facilities Management	10 421,00	82,80	10,00	0,10	100,00	0,80	215,00	1,70	12 579,00
Health Sciences and Training	26 321,00	84,90	226,00	0,70	573,00	1,80	1 123,00	3,60	30 993,00
Provincial Hospital Services	233 227,00	75,90	21 831,00	7,10	10 382,00	3,40	15 454,00	5,00	307 111,00
TOTAL	2 447 615,00	79,00	189 581,00	6,10	80 845,00	2,60	124 509,00	4,00	3 097 063,00

Table 96 Salaries, Overtime, Home Owners Allowance and Medical Aid by salary band for the period 1 April 2019 and 31 March 2020

Salary bands	Salaries (R'000)	Salaries as % of Personnel Cost	Overtime (R'000)	Overtime as % of Personnel Cost	HOA (R'000)	HOA as % of Personnel Cost	Medical Ass. (R'000)	Medical Ass. as % of Personnel Cost
Lower skilled (Levels 1-2)	132,00	67,30	0,00	0,00	17,00	8,70	32,00	16,30
Skilled (Levels 3-5)	619 702,00	73,90	24 378,00	2,90	49 110,00	5,90	67 592,00	8,10
Highly skilled production (Levels 6-8)	519 601,00	79,60	13 231,00	2,00	19 669,00	3,00	34 413,00	5,30
Highly skilled supervision (Levels 9-12)	870 035,00	78,60	98 704,00	8,90	11 860,00	1,10	22 235,00	2,00
Senior management (Levels >= 13)	27 713,00	86,60	0,00	0,00	189,00	0,60	209,00	0,70
Other	8 518,00	100,00	0,00	0,00	0,00	0,00	0,00	0,00
Contract (Levels 3-5)	5 468,00	99,80	7,00	0,10	0,00	0,00	0,00	0,00
Contract (Levels 6-8)	64 716,00	99,20	349,00	0,50	1,00	0,00	3,00	0,00
Contract (Levels 9-12)	199 025,00	78,40	52 912,00	20,80	0,00	0,00	25,00	0,00
Contract (Levels >= 13)	4 489,00	96,60	0,00	0,00	0,00	0,00	0,00	0,00
Contract Other	518,00	100,00	0,00	0,00	0,00	0,00	0,00	0,00
Periodical Remuneration	22 665,00	94,00	0,00	0,00	0,00	0,00	0,00	0,00
Abnormal Appointment	105 032,00	99,70	0,00	0,00	0,00	0,00	0,00	0,00
TOTAL	2 447 615,00	79,00	189 581,00	6,10	80 845,00	2,60	124 509,00	4,00

4.2.2 Employment and Vacancies

Table 97 Employment and vacancies by programme as on 31 March 2020

Programme	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of posts filled additional to the establishment
Administration, Permanent	310,00	273,00	11,90	17,00
Central Hospital Services, permanent	1 725,00	1 422,00	17,60	194,00
Central Hospital Services, Temporary	7,00	7,00	0,00	0,00
District Health Services, permanent	3 890,00	3 318,00	14,70	201,00
District Health Services, Temporary	15,00	15,00	0,00	0,00
Emergency Medical Services, Permanent	869,00	777,00	10,60	1,00
Health Care Support Services, permanent	206,00	181,00	12,10	0,00
Health Facilities Management, Permanent	19,00	16,00	15,80	2,00
Health Sciences and Training, Permanent	66,00	64,00	3,00	5,00
Provincial Hospital Services, Permanent	906,00	793,00	12,50	27,00
TOTAL	8 013,00	6 866,00	14,30	447,00

Table 98 Employment and vacancies by salary band as on 31 March 2020

Salary band	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of posts filled additional to the establishment
Lower Skilled (Levels 1-2), Permanent	1,00	1,00	0,00	0,00
Skilled (Levels 3-5), Permanent	3 848,00	3 405,00	11,50	2,00
Highly Skilled Production (Levels 6-8), Permanent	1 855,00	1 557,00	16,10	4,00
Highly Skilled Production (Levels 6-8), Temporary	1,00	1,00	0,00	0,00
Highly Skilled Supervision (Levels 9-12), Permanent	1 715,00	1 323,00	22,90	3,00
Highly Skilled Supervision (Levels 9-12), Temporary	5,00	5,00	0,00	0,00
Senior Management (Levels >= 13), Permanent	38,00	24,00	36,80	1,00
Other, Permanent	3,00	3,00	0,00	1,00
Other, Temporary	16,00	16,00	0,00	0,00
Contract (Levels 3-5), Permanent	60,00	60,00	0,00	49,00
Contract (Levels 6-8), Permanent	191,00	191,00	0,00	188,00
Contract (Levels 9-12), Permanent	276,00	276,00	0,00	198,00
Contract (Levels >= 13), Permanent	4,00	4,00	0,00	1,00
TOTAL	8 013,00	6 866,00	14,30	447,00

Table 99 Employment and vacancies by critical occupations as on 31 March 2020

Critical Occupations	Number of Posts on approved establishment	Number of Posts Filled	Vacancy Rate	Number of Posts Filled Additional to the Establishment
Administrative Related, Permanent	170,00	146,00	14,10	3,00
All Artisans In The Building Metal Machinery Etc., Permanent	10,00	10,00	0,00	0,00
Ambulance And Related Workers, Permanent	817,00	740,00	9,40	0,00
Architects Town And Traffic Planners, Permanent	1,00	1,00	0,00	1,00
Archivists Curators And Related Professionals, Permanent	1,00	1,00	0,00	0,00
Artisan Project And Related Superintendents, Permanent	6,00	1,00	83,30	0,00
Auxiliary And Related Workers, Permanent	52,00	41,00	21,20	0,00
Building And Other Property Caretakers, Permanent	1,00	0,00	100,00	0,00
Bus And Heavy Vehicle Drivers, Permanent	31,00	20,00	35,50	0,00
Cleaners In Offices Workshops Hospitals Etc., Permanent	753,00	661,00	12,20	0,00
Client Inform Clerks(Switchb Recept Inform Clerks), Permanent	25,00	23,00	8,00	0,00
Community Development Workers, Permanent	1,00	1,00	0,00	0,00
Computer Programmers., Permanent	1,00	1,00	0,00	0,00
Dental Practitioners, Permanent	48,00	38,00	20,80	14,00
Dental Specialists, Permanent	2,00	1,00	50,00	0,00
Dental Technicians, Permanent	1,00	1,00	0,00	0,00
Dental Therapy, Permanent	26,00	24,00	7,70	0,00
Dieticians And Nutritionists, Permanent	73,00	62,00	15,10	15,00
Dieticians And Nutritionists, Temporary	1,00	1,00	0,00	0,00
Emergency Services Related, Permanent	4,00	4,00	0,00	0,00
Engineering Sciences Related, Permanent	2,00	1,00	50,00	1,00
Engineers And Related Professionals, Permanent	5,00	3,00	40,00	0,00
Environmental Health, Permanent	34,00	25,00	26,50	13,00
Financial And Related Professionals, Permanent	14,00	12,00	14,30	0,00
Financial Clerks And Credit Controllers, Permanent	103,00	98,00	4,90	0,00
Food Services Aids And Waiters, Permanent	66,00	56,00	15,20	0,00
Food Services Workers, Permanent	2,00	2,00	0,00	0,00
Health Sciences Related, Permanent	9,00	5,00	44,40	0,00
Household And Laundry Workers, Permanent	132,00	109,00	17,40	0,00

Critical Occupations	Number of Posts on approved establishment	Number of Posts Filled	Vacancy Rate	Number of Posts Filled Additional to the Establishment
Housekeepers Laundry And Related Workers, Permanent	10,00	10,00	0,00	0,00
Human Resources & Organisational Development & Relate Prof, Permanent	1,00	1,00	0,00	0,00
Human Resources Clerks, Permanent	14,00	13,00	7,10	0,00
Human Resources Related, Permanent	2,00	2,00	0,00	0,00
Information Technology Related, Permanent	1,00	1,00	0,00	0,00
Leather Workers, Permanent	2,00	2,00	0,00	0,00
Legal Related, Permanent	3,00	3,00	0,00	0,00
Library Mail And Related Clerks, Permanent	4,00	4,00	0,00	0,00
Light Vehicle Drivers, Permanent	34,00	22,00	35,30	0,00
Material-Recording And Transport Clerks, Permanent	1,00	1,00	0,00	0,00
Medical Practitioners, Permanent	490,00	400,00	18,40	136,00
Medical Practitioners, Temporary	13,00	13,00	0,00	0,00
Medical Research And Related Professionals, Permanent	1,00	1,00	0,00	0,00
Medical Specialists, Permanent	61,00	39,00	36,10	1,00
Medical Specialists, Temporary	6,00	6,00	0,00	0,00
Medical Technicians/Technologists, Permanent	9,00	6,00	33,30	0,00
Messengers Porters And Deliverers, Permanent	89,00	77,00	13,50	0,00
Motor Vehicle Drivers, Permanent	6,00	3,00	50,00	0,00
Nursing Assistants, Permanent	936,00	822,00	12,20	0,00
Occupational Therapy, Permanent	68,00	53,00	22,10	21,00
Optometrists And Opticians, Permanent	2,00	2,00	0,00	0,00
Oral Hygiene, Permanent	2,00	2,00	0,00	0,00
Other Administrative & Related Clerks And Organisers, Permanent	948,00	859,00	9,40	48,00
Other Administrative Policy And Related Officers, Permanent	20,00	19,00	5,00	0,00
Other Information Technology Personnel., Permanent	9,00	6,00	33,30	0,00
Other Occupations, Permanent	6,00	4,00	33,30	0,00
Pharmaceutical Assistants, Permanent	71,00	65,00	8,50	0,00
Pharmacists, Permanent	185,00	143,00	22,70	42,00
Pharmacologists Pathologists & Related Professional, Permanent	44,00	41,00	6,80	0,00
Physiotherapy, Permanent	73,00	55,00	24,70	24,00
Printing And Related Machine Operators, Permanent	2,00	2,00	0,00	0,00
Professional Nurse, Permanent	1 893,00	1 589,00	16,10	98,00
Professional Nurse, Temporary	2,00	2,00	0,00	0,00

Critical Occupations	Number of Posts on approved establishment	Number of Posts Filled	Vacancy Rate	Number of Posts Filled Additional to the Establishment
Psychologists And Vocational Counsellors, Permanent	25,00	16,00	36,00	2,00
Radiography, Permanent	106,00	88,00	17,00	13,00
Secretaries & Other Keyboard Operating Clerks, Permanent	2,00	2,00	0,00	0,00
Security Guards, Permanent	71,00	71,00	0,00	0,00
Security Officers, Permanent	1,00	1,00	0,00	0,00
Senior Managers, Permanent	29,00	7,00	41,40	1,00
Shoemakers, Permanent	1,00	0,00	100,00	0,00
Social Work and Related Professionals, Permanent	34,00	33,00	2,90	0,00
Speech Therapy and Audiology, Permanent	37,00	26,00	29,70	11,00
Staff Nurses and Pupil Nurses, Permanent	289,00	239,00	17,30	3,00
Supplementary Diagnostic Radiographers, Permanent	1,00	1,00	0,00	0,00
Trade Labourers, Permanent	17,00	16,00	5,90	0,00
Trade/Industry Advisers & Other Related Profession, Permanent	1,00	0,00	100,00	0,00
TOTAL	8 013,00	6 866,00	14,30	447,00

4.2.3 Filling of SMS Posts

Table 100 SMS post information as on 31 March 2020

SMS Level	Total number of funded SMS posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
Salary Level 13	33	24	72.7%	10	27.3%
Salary Level 14	7	3	43%	4	57%
Salary Level 15	1	1	100%	0	100%
Salary Level 16	0	0	0%	0	0%
TOTAL	41	27	65.8%	14	34.2%

Table 101 SMS post information as on 30 September 2019

SMS Level	Total number of funded SMS posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
Salary Level 13	33	24	72.7	9	27.3
Salary Level 14	7	3	43	4	57
Salary Level 15	1	1	100	0	100
Salary Level 16	0	0	0	0	0
TOTAL	41	28	68.2%	13	31.8%

Table 102 Advertising and filling of SMS posts for the period 1 April 2019 and 31 March 2020

SMS Level	Total number of funded SMS posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
Salary Level 13	0	0	0	0	0
Salary Level 14	0	0	0	0	0
Salary Level 15	0	0	0	0	0
Salary Level 16	0	0	0	0	0
TOTAL	0	0	0%	0	0%

Table 103 Reasons for not having complied with the filling of funded vacant SMS - Advertised within 6 months and filled within 12 months after becoming vacant for the period 1 April 2019 and 31 March 2020

Reasons for vacancies not advertised within six months
<ul style="list-style-type: none"> Lack of capacity within the Human Resource Component. Slow implementation of Departmental Human Resource Plan and Human Resource Delegation not aligned to the requirements of Department of Public Service and Administration.
Reasons for vacancies not filled within six months
<ul style="list-style-type: none"> Inability of the Department to source applicants with the minimum requirements for the vacancies identified and human resource delegation not aligned to the requirements of Department Public Service and Administration.

Table 104 Disciplinary steps taken for not complying with the prescribed timeframes for filling SMS posts within 12 months for the period 1 April 2019 and 31 March 2020

Reasons for vacancies not advertised within six months
▪ None
Reasons for vacancies not filled within six (6) months
▪ Not Applicable

4.2.4 Job Evaluation

Table 105 Job Evaluation by Salary band for the period 1 April 2019 and 31 March 2020

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
Lower Skilled (Levels 1-2)	1,00	0,00	0,00	0,00	0,00	0,00	0,00
Skilled (Levels 3-5)	3 848,00	0,00	0,00	0,00	0,00	0,00	0,00
Highly Skilled Production (Levels 6-8)	1 856,00	0,00	0,00	0,00	0,00	0,00	0,00
Highly Skilled Supervision (Levels 9-12)	1 720,00	0,00	0,00	0,00	0,00	0,00	0,00
Senior Management Service Band A	30,00	0,00	0,00	0,00	0,00	0,00	0,00
Senior Management Service Band B	7,00	0,00	0,00	0,00	0,00	0,00	0,00
Senior Management Service Band D	1,00	0,00	0,00	0,00	0,00	0,00	0,00
Other	19,00	0,00	0,00	0,00	0,00	0,00	0,00
Contract (Levels 3-5)	60,00	0,00	0,00	0,00	0,00	0,00	0,00
Contract (Levels 6-8)	191,00	0,00	0,00	1,00	100,00	0,00	0,00
Contract (Levels 9-12)	276,00	0,00	0,00	0,00	0,00	0,00	0,00
Contract Band A	3,00	0,00	0,00	0,00	0,00	0,00	0,00
Contract Band C	1,00	0,00	0,00	0,00	0,00	0,00	0,00
TOTAL	8 013,00	0,00	0,00%	1,00	100,00%	0,00	0,00%

Table 106 Profile of Employees whose positions were upgraded due to their posts being upgraded for the period 1 April 2019 and 31 March 2020

Gender	African	Asian	Coloured	White	Total
Female	0	0	0	0	0
Male	0	0	0	0	0
TOTAL	0	0	0	0	0
Employees with a disability	0	0	0	0	0

Table 107 Employees with salary levels higher than those determined by job evaluation by occupation for the period 1 April 2019 and 31 March 2020

Occupation	Number of employees	Job Evaluation level	Remuneration level	Reason for deviation
None	0	0	0	N/A
Total number of employees whose salary exceeded the level determined by job evaluation				
Percentage of total employed				

The following table summarises the beneficiaries of the above in terms of race, gender and disability.

Table 108 Employees with salary levels higher than those determined by job evaluation by occupation for the period 1 April 2019 and 31 March 2020

Gender	African	Asian	Coloured	White	Total
Female	0	0	0	0	0
Male	0	0	0	0	0
TOTAL	0	0	0	0	0
Employees with a Disability	0	0	0	0	0

Table 109 Profile of employees who have salary levels higher than those determined by job evaluation for the period 1 April 2019 to 31 March 2020

Total number of Employees whose salaries exceeded the grades determined by job evaluation	None
--	------

4.2.5 Employment Changes

Table 110 Annual turnover rates by salary band for the period 1 April 2019 and 31 March 2020

Salary Band	Number of Employees at Beginning of period April 2014	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover Rate
Lower Skilled (Levels 1-2) Permanent	1,00	0,00	0,00	0,00
Skilled (Levels 3-5) Permanent	3 501,00	87,00	110,00	3,10
Skilled (Levels 3-5) Temporary	1,00	0,00	1,00	100,00
Highly Skilled Production (Levels 6-8) Permanent	1 575,00	94,00	119,00	7,60
Highly Skilled Production (Levels 6-8) Temporary	3,00	0,00	1,00	33,30
Highly Skilled Supervision (Levels 9-12) Permanent	1 279,00	119,00	100,00	7,80
Highly Skilled Supervision (Levels 9-12) Temporary	6,00	0,00	2,00	33,30
Senior Management Service Band A Permanent	22,00	0,00	1,00	4,50
Senior Management Service Band B Permanent	4,00	0,00	0,00	0,00
Senior Management Service Band D Permanent	1,00	1,00	1,00	100,00
Other Permanent	2,00	1,00	0,00	0,00
Other Temporary	25,00	5,00	12,00	48,00
Contract (Levels 3-5) Permanent	4,00	57,00	1,00	25,00
Contract (Levels 6-8) Permanent	160,00	210,00	175,00	109,40
Contract (Levels 9-12) Permanent	283,00	226,00	223,00	78,80
Contract Band A Permanent	2,00	1,00	0,00	0,00
Contract Band C Permanent	1,00	0,00	0,00	0,00
TOTAL	6 870,00	801,00	746,00	10,90

Table 111 Annual turnover rates by critical occupation for the period 1 April 2019 and 31 March 2020

Critical Occupation	Number of employees at beginning of period April 2014	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover Rate
Administrative Related Permanent	284,00	6,00	4,00	1,40
All Artisans in The Building Metal Machinery Etc. Permanent	2,00	0,00	0,00	0,00
Ambulance And Related Workers Permanent	697,00	1,00	13,00	1,90
Architects Town And Traffic Planners Permanent	1,00	1,00	1,00	100,00
Archivists Curators And Related Professionals Permanent	1,00	0,00	0,00	0,00
Artisan Project And Related Superintendents Permanent	9,00	0,00	0,00	0,00
Auxiliary And Related Workers Permanent	101,00	1,00	9,00	8,90
Biochemistry Pharmacol. Zoology & Life Scie. Techni Permanent	4,00	0,00	0,00	0,00
Building And Other Property Caretakers Permanent	2,00	0,00	1,00	50,00
Bus And Heavy Vehicle Drivers Permanent	18,00	0,00	4,00	22,20
Cleaners In Offices Workshops Hospitals Etc. Permanent	677,00	2,00	23,00	3,40
Cleaners In Offices Workshops Hospitals Etc. Temporary	1,00	0,00	1,00	100,00
Client Inform Clerks(Switchboard Reception Inform Clerks) Permanent	24,00	0,00	2,00	8,30
Community Development Workers Permanent	4,00	0,00	0,00	0,00
Computer Programmers. Permanent	1,00	0,00	0,00	0,00
Dental Practitioners Permanent	40,00	14,00	15,00	37,50
Dental Technicians Permanent	1,00	0,00	0,00	0,00
Dental Therapy Permanent	8,00	0,00	1,00	12,50
Dieticians And Nutritionists Permanent	63,00	17,00	18,00	28,60
Dieticians And Nutritionists Temporary	1,00	0,00	0,00	0,00
Emergency Services Related Permanent	60,00	2,00	2,00	3,30
Engineering Sciences Related Permanent	1,00	1,00	1,00	100,00
Engineers And Related Professionals Permanent	4,00	0,00	1,00	25,00
Environmental Health Permanent	26,00	13,00	14,00	53,80
Financial And Related Professionals Permanent	6,00	0,00	0,00	0,00

Critical Occupation	Number of employees at beginning of period April 2014	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover Rate
Financial Clerks And Credit Controllers Permanent	32,00	0,00	2,00	6,30
Fire Fighting And Related Workers Permanent	1,00	0,00	0,00	0,00
Food Services Aids And Waiters Permanent	57,00	0,00	6,00	10,50
Food Services Workers Permanent	5,00	0,00	0,00	0,00
General Legal Administration & Rel. Professionals Permanent	2,00	0,00	0,00	0,00
Health Sciences Related Permanent	6,00	0,00	2,00	33,30
Household And Laundry Workers Permanent	121,00	0,00	7,00	5,80
Household Food And Laundry Services Related Permanent	1,00	0,00	0,00	0,00
Housekeepers Laundry And Related Workers Permanent	5,00	0,00	0,00	0,00
Human Resources & Organisat Developm & Relate Prof Permanent	1,00	0,00	0,00	0,00
Human Resources Clerks Permanent	5,00	0,00	1,00	20,00
Human Resources Related Permanent	3,00	0,00	0,00	0,00
Information Technology Related Permanent	4,00	0,00	0,00	0,00
Leather Workers Permanent	1,00	0,00	0,00	0,00
Legal Related Permanent	1,00	0,00	0,00	0,00
Library Mail And Related Clerks Permanent	2,00	0,00	0,00	0,00
Light Vehicle Drivers Permanent	26,00	0,00	0,00	0,00
Material-Recording And Transport Clerks Permanent	5,00	0,00	0,00	0,00
Medical Practitioners Permanent	412,00	218,00	178,00	43,20
Medical Practitioners Temporary	25,00	1,00	11,00	44,00
Medical Research And Related Professionals Permanent	2,00	0,00	0,00	0,00
Medical Specialists Permanent	20,00	4,00	6,00	30,00
Medical Specialists Temporary	5,00	4,00	3,00	60,00
Medical Technicians/Technologists Permanent	6,00	2,00	1,00	16,70
Messengers Porters And Deliverers Permanent	88,00	0,00	6,00	6,80
Motor Vehicle Drivers Permanent	1,00	0,00	1,00	100,00
Nursing Assistants Permanent	854,00	14,00	39,00	4,60

Critical Occupation	Number of employees at beginning of period April 2014	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover Rate
Occupational Therapy Permanent	55,00	27,00	27,00	49,10
Optometrists And Opticians Permanent	2,00	0,00	0,00	0,00
Oral Hygiene Permanent	2,00	0,00	0,00	0,00
Other Administrat & Related Clerks And Organisers Permanent	668,00	102,00	20,00	3,00
Other Administrative Policy And Related Officers Permanent	79,00	0,00	4,00	5,10
Other Information Technology Personnel. Permanent	5,00	0,00	2,00	40,00
Other Occupations Permanent	15,00	1,00	2,00	13,30
Pharmaceutical Assistants Permanent	34,00	0,00	2,00	5,90
Pharmacists Permanent	180,00	52,00	54,00	30,00
Physicists Permanent	1,00	0,00	0,00	0,00
Physiotherapy Permanent	61,00	24,00	29,00	47,50
Printing And Related Machine Operators Permanent	2,00	0,00	0,00	0,00
Professional Nurse Permanent	1 525,00	230,00	167,00	11,00
Professional Nurse Temporary	3,00	0,00	1,00	33,30
Psychologists And Vocational Counsellors Permanent	21,00	2,00	7,00	33,30
Radiography Permanent	88,00	21,00	20,00	22,70
Secretaries & Other Keyboard Operating Clerks Permanent	4,00	0,00	0,00	0,00
Security Guards Permanent	70,00	1,00	1,00	1,40
Security Officers Permanent	2,00	0,00	0,00	0,00
Senior Managers Permanent	18,00	0,00	1,00	5,60
Social Work And Related Professionals Permanent	27,00	2,00	0,00	0,00
Speech Therapy And Audiology Permanent	29,00	11,00	17,00	58,60
Staff Nurses And Pupil Nurses Permanent	235,00	27,00	17,00	7,20
Supplementary Diagnostic Radiographers Permanent	1,00	0,00	0,00	0,00
Trade Labourers Permanent	16,00	0,00	0,00	0,00
TOTAL	6 870,00	801,00	746,00	10,90

Table 112 Reasons why staff left the department for the period 1 April 2017 and 31 March 2018

Termination Type	Number	% of total resignation
Death, Permanent	33,00	4,40
Death, Temporary	1,00	0,10
Resignation, Permanent	183,00	24,50
Resignation, Temporary	2,00	0,30
Expiry of contract, Permanent	399,00	53,50
Expiry of contract, Temporary	12,00	1,60
Discharged due to ill health, Permanent	14,00	1,90
Dismissal-misconduct, Permanent	6,00	0,80
Retirement, Permanent	94,00	12,60
Retirement, Temporary	1,00	0,10
Other, Permanent	1,00	0,10
TOTAL	746,00	100,00

Table 113 Promotions by critical occupation for the period 1 April 2019 and 31 March 2020

Occupation	Employees as at 1 April 2014	Promotions to another salary level	Salary Level Promotions as a % of Employees by occupation	Progressions to another Notch within a Salary Level	Notch progressions as a % of Employees by occupation
Administrative Related	284,00	1,00	0,40	126,00	44,40
All Artisans In The Building Metal Machinery Etc.	2,00	0,00	0,00	7,00	350,00
Ambulance And Related Workers	697,00	0,00	0,00	545,00	78,20
Architects Town And Traffic Planners	1,00	0,00	0,00	0,00	0,00
Archivists Curators And Related Professionals	1,00	0,00	0,00	1,00	100,00
Artisan Project And Related Superintendents	9,00	0,00	0,00	0,00	0,00
Auxiliary And Related Workers	101,00	0,00	0,00	30,00	29,70
Biochemistry Pharmacol. Zoology & Life Scie.Techni	4,00	0,00	0,00	0,00	0,00
Building And Other Property Caretakers	2,00	0,00	0,00	0,00	0,00
Bus And Heavy Vehicle Drivers	18,00	0,00	0,00	2,00	11,10
Cleaners In Offices Workshops Hospitals Etc.	678,00	0,00	0,00	596,00	87,90
Client Inform Clerks(Switchb Recept Inform Clerks)	24,00	0,00	0,00	16,00	66,70
Community Development Workers	4,00	0,00	0,00	0,00	0,00

Occupation	Employees as at 1 April 2014	Promotions to another salary level	Salary Level Promotions as a % of Employees by occupation	Progressions to another Notch within a Salary Level	Notch progressions as a % of Employees by occupation
Computer Programmers.	1,00	0,00	0,00	1,00	100,00
Dental Practitioners	40,00	0,00	0,00	17,00	42,50
Dental Technicians	1,00	0,00	0,00	1,00	100,00
Dental Therapy	8,00	0,00	0,00	21,00	262,50
Dieticians And Nutritionists	64,00	0,00	0,00	32,00	50,00
Emergency Services Related	60,00	0,00	0,00	2,00	3,30
Engineering Sciences Related	1,00	0,00	0,00	0,00	0,00
Engineers And Related Professionals	4,00	0,00	0,00	2,00	50,00
Environmental Health	26,00	0,00	0,00	7,00	26,90
Financial And Related Professionals	6,00	0,00	0,00	3,00	50,00
Financial Clerks And Credit Controllers	32,00	0,00	0,00	83,00	259,40
Fire Fighting And Related Workers	1,00	0,00	0,00	0,00	0,00
Food Services Aids And Waiters	57,00	0,00	0,00	53,00	93,00
Food Services Workers	5,00	0,00	0,00	2,00	40,00
General Legal Administration & Rel. Professionals	2,00	0,00	0,00	0,00	0,00
Health Sciences Related	6,00	0,00	0,00	1,00	16,70
Household And Laundry Workers	121,00	0,00	0,00	100,00	82,60
Household Food And Laundry Services Related	1,00	0,00	0,00	0,00	0,00
Housekeepers Laundry And Related Workers	5,00	0,00	0,00	10,00	200,00
Human Resources & Organisat Developm & Relate Prof	1,00	0,00	0,00	1,00	100,00
Human Resources Clerks	5,00	0,00	0,00	14,00	280,00
Human Resources Related	3,00	0,00	0,00	1,00	33,30
Information Technology Related	4,00	0,00	0,00	1,00	25,00
Leather Workers	1,00	0,00	0,00	0,00	0,00
Legal Related	1,00	0,00	0,00	2,00	200,00
Library Mail And Related Clerks	2,00	0,00	0,00	3,00	150,00
Light Vehicle Drivers	26,00	0,00	0,00	16,00	61,50
Material-Recording And Transport Clerks	5,00	0,00	0,00	1,00	20,00
Medical Practitioners	437,00	4,00	0,90	79,00	18,10
Medical Research And Related Professionals	2,00	0,00	0,00	1,00	50,00

Occupation	Employees as at 1 April 2014	Promotions to another salary level	Salary Level Promotions as a % of Employees by occupation	Progressions to another Notch within a Salary Level	Notch progressions as a % of Employees by occupation
Medical Specialists	25,00	1,00	4,00	8,00	32,00
Medical Technicians/Technologists	6,00	0,00	0,00	3,00	50,00
Messengers Porters And Deliverers	88,00	0,00	0,00	84,00	95,50
Motor Vehicle Drivers	1,00	0,00	0,00	0,00	0,00
Nursing Assistants	854,00	0,00	0,00	405,00	47,40
Occupational Therapy	55,00	0,00	0,00	16,00	29,10
Optometrists And Opticians	2,00	0,00	0,00	2,00	100,00
Oral Hygiene	2,00	0,00	0,00	1,00	50,00
Other Administrat & Related Clerks And Organisers	668,00	3,00	0,40	630,00	94,30
Other Administrative Policy And Related Officers	79,00	0,00	0,00	15,00	19,00
Other Information Technology Personnel.	5,00	0,00	0,00	6,00	120,00
Other Occupations	15,00	0,00	0,00	2,00	13,30
Pharmaceutical Assistants	34,00	0,00	0,00	30,00	88,20
Pharmacists	180,00	0,00	0,00	45,00	25,00
Physicists	1,00	0,00	0,00	0,00	0,00
Physiotherapy	61,00	0,00	0,00	19,00	31,10
Printing And Related Machine Operators	2,00	0,00	0,00	0,00	0,00
Professional Nurse	1 528,00	32,00	2,10	616,00	40,30
Psychologists And Vocational Counsellors	21,00	0,00	0,00	5,00	23,80
Radiography	88,00	0,00	0,00	51,00	58,00
Secretaries & Other Keyboard Operating Clerks	4,00	0,00	0,00	2,00	50,00
Security Guards	70,00	0,00	0,00	2,00	2,90
Security Officers	2,00	0,00	0,00	1,00	50,00
Senior Managers	18,00	0,00	0,00	0,00	0,00
Social Work And Related Professionals	27,00	0,00	0,00	12,00	44,40
Speech Therapy And Audiology	29,00	0,00	0,00	11,00	37,90
Staff Nurses And Pupil Nurses	235,00	0,00	0,00	74,00	31,50
Supplementary Diagnostic Radiographers	1,00	0,00	0,00	0,00	0,00
Trade Labourers	16,00	0,00	0,00	16,00	100,00
Unknown	0,00	0,00	0,00	2,00	0,00

Occupation	Employees as at 1 April 2014	Promotions to another salary level	Salary Level Promotions as a % of Employees by occupation	Progressions to another Notch within a Salary Level	Notch progressions as a % of Employees by occupation
Unknown	0,00	0,00	0,00	14,00	0,00
TOTAL	6 870,00	41,00	0,60	3 849,00	56,00

Table 114 Promotions by salary band for the period 1 April 2019 and 31 March 2020

Salary Band	Employees 1 April 2015	Promotions to another Salary Level	Salary Level Promotions as a % of Employees by salary level	Progressions to another Notch within a Salary Level	Notch progressions as a % of Employees by salary band
Lower Skilled (Levels 1-2), Permanent	1,00	0,00	0,00	1,00	100,00
Skilled (Levels 3-5), Permanent	3 501,00	1,00	0,00	2 396,00	68,40
Skilled (Levels 3-5), Temporary	1,00	0,00	0,00	0,00	0,00
Highly Skilled Production (Levels 6-8), Permanent	1 575,00	0,00	0,00	863,00	54,80
Highly Skilled Production (Levels 6-8), Temporary	3,00	0,00	0,00	0,00	0,00
Highly Skilled Supervision (Levels 9-12), Permanent	1 279,00	38,00	3,00	574,00	44,90
Highly Skilled Supervision (Levels 9-12), Temporary	6,00	0,00	0,00	3,00	50,00
Senior Management (Levels >= 13), Permanent	27,00	0,00	0,00	0,00	0,00
Other, Permanent	2,00	0,00	0,00	0,00	0,00
Other, Temporary	25,00	0,00	0,00	0,00	0,00
Contract (Levels 3-5), Permanent	4,00	0,00	0,00	0,00	0,00
Contract (Levels 6-8), Permanent	160,00	1,00	0,60	0,00	0,00
Contract (Levels 9-12), Permanent	283,00	1,00	0,40	12,00	4,20
Contract (Levels >= 13), Permanent	3,00	0,00	0,00	0,00	0,00
TOTAL	6 870,00	41,00	0,60	849,00	56,00

4.2.6 Employment Equity

The tables in this section are based on the formats prescribed by the Employment Equity Act, 55 of 1998.

Table 115 Total number of employees (including employees with disabilities) in each of the following occupational categories as on 31 March 2020

Occupational Categories	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White	Total
Senior Officials and Managers	7,00	3,00	0,00	10,00	2,00	5,00	0,00	0,00	5,00	1,00	18,00
Professionals	145,00	79,00	47,00	271,00	127,00	106,00	137,00	21,00	264,00	186,00	848,00
Technicians and Associate Professionals	236,00	82,00	1,00	319,00	10,00	827,00	749,00	11,00	1 587,00	213,00	2 129,00
Clerks	198,00	109,00	0,00	307,00	2,00	450,00	221,00	2,00	673,00	18,00	1 000,00
Service Shop and Market Sales Workers	320,00	273,00	5,00	598,00	18,00	749,00	491,00	1,00	1 241,00	30,00	1 887,00
Craft And Related Trade Workers	3,00	4,00	0,00	7,00	6,00	0,00	0,00	0,00	0,00	0,00	13,00
Plant and Machine Operators and Assemblers	25,00	20,00	0,00	45,00	0,00	2,00	0,00	0,00	2,00	0,00	47,00
Labourers and Related Workers	229,00	109,00	0,00	338,00	0,00	367,00	215,00	0,00	582,00	2,00	922,00
Unknown	0,00	0,00	0,00	0,00	0,00	2,00	0,00	0,00	2,00	0,00	2,00
TOTAL	1 163,00	679,00	53,00	1 895,00	165,00	2 508,00	1 813,00	35,00	4 356,00	450,00	6 866,00

Table 116 Total number of employees (including employees with disabilities) in each of the following occupational bands as on 31 March 2020

Occupational Bands	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White	Total
Top Management, Permanent	0,00	0,00	0,00	0,00	0,00	1,00	0,00	0,00	1,00	0,00	1,00
Senior Management, Permanent	8,00	3,00	0,00	11,00	3,00	6,00	1,00	0,00	7,00	2,00	23,00
Professionally qualified and experienced specialists and mid-management, Permanent	177,00	85,00	26,00	288,00	71,00	395,00	378,00	17,00	790,00	174,00	1 323,00
Professionally qualified and experienced specialists and mid-management, Temporary	0,00	0,00	0,00	0,00	1,00	0,00	0,00	0,00	0,00	4,00	5,00
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	201,00	112,00	3,00	316,00	15,00	562,00	536,00	4,00	1 102,00	124,00	1 557,00
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	0,00	0,00	1,00	1,00
Semi-skilled and discretionary decision making, Permanent	709,00	446,00	0,00	1 155,00	11,00	1 435,00	783,00	1,00	2 219,00	20,00	3 405,00

Occupational Bands	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White	Total
Unskilled and defined decision making, Permanent	0,00	0,00	0,00	0,00	0,00	1,00	0,00	0,00	1,00	0,00	1,00
Not Available, Permanent	1,00	0,00	0,00	1,00	0,00	2,00	0,00	0,00	2,00	0,00	3,00
Not Available, Temporary	1,00	2,00	1,00	4,00	10,00	0,00	0,00	0,00	0,00	2,00	16,00
Contract (Top Management), Permanent	0,00	1,00	0,00	1,00	0,00	0,00	0,00	0,00	0,00	0,00	1,00
Contract (Senior Management), Permanent	2,00	1,00	0,00	3,00	0,00	0,00	0,00	0,00	0,00	0,00	3,00
Contract (Professionally Qualified), Permanent	35,00	17,00	22,00	74,00	50,00	29,00	38,00	10,00	77,00	75,00	276,00
Contract (Skilled Technical), Permanent	12,00	9,00	1,00	22,00	4,00	42,00	72,00	3,00	117,00	48,00	191,00
Contract (Semi-Skilled), Permanent	17,00	3,00	0,00	20,00	0,00	35,00	5,00	0,00	40,00	0,00	60,00
TOTAL	1 163,00	679,00	53,00	1 895,00	165,00	2 508,00	1 813,00	35,00	4 356,00	450,00	6 866,00

Table 117 Recruitment for the period 1 April 2019 and 31 March 2020

Occupational Bands	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White	Total
Top Management, Permanent	0,00	0,00	0,00	0,00	0,00	1,00	0,00	0,00	1,00	0,00	1,00
Professionally qualified and experienced specialists and mid-management, Permanent	19,00	5,00	7,00	31,00	13,00	28,00	23,00	4,00	55,00	20,00	119,00
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	13,00	2,00	0,00	15,00	1,00	47,00	24,00	0,00	71,00	7,00	94,00
Semi-skilled and discretionary decision making, Permanent	6,00	3,00	0,00	9,00	0,00	46,00	32,00	0,00	78,00	0,00	87,00
Not Available, Permanent	1,00	0,00	0,00	1,00	0,00	0,00	0,00	0,00	0,00	0,00	1,00
Not Available, Temporary	0,00	0,00	1,00	1,00	4,00	0,00	0,00	0,00	0,00	0,00	5,00
Contract (Senior Management), Permanent	1,00	0,00	0,00	1,00	0,00	0,00	0,00	0,00	0,00	0,00	1,00
Contract (Professionally qualified), Permanent	30,00	14,00	18,00	62,00	37,00	25,00	31,00	9,00	65,00	62,00	226,00
Contract (Skilled technical), Permanent	15,00	9,00	1,00	25,00	4,00	52,00	78,00	3,00	133,00	48,00	210,00
Contract (Semi-skilled), Permanent	17,00	3,00	0,00	20,00	0,00	32,00	5,00	0,00	37,00	0,00	57,00
TOTAL	102,00	36,00	27,00	165,00	59,00	231,00	193,00	16,00	440,00	137,00	801,00

Table 118 Promotions for the period 1 April 2019 to 31 March 2020

Occupational Bands	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White	Total
Professionally qualified and experienced specialists and mid-management, Permanent	92,00	35,00	16,00	143,00	32,00	198,00	150,00	9,00	357,00	80,00	612,00
Professionally qualified and experienced specialists and mid-management, Temporary	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	3,00	3,00
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	100,00	66,00	2,00	168,00	8,00	320,00	291,00	2,00	613,00	74,00	863,00
Semi-skilled and discretionary decision making, Permanent	523,00	335,00	0,00	858,00	3,00	991,00	534,00	1,00	1 526,00	10,00	2 397,00
Unskilled and defined decision making, Permanent	0,00	0,00	0,00	0,00	0,00	1,00	0,00	0,00	1,00	0,00	1,00
Contract (Professionally qualified), Permanent	6,00	0,00	1,00	7,00	3,00	1,00	0,00	0,00	1,00	2,00	13,00
Contract (Skilled technical), Permanent	0,00	0,00	0,00	0,00	0,00	1,00	0,00	0,00	1,00	0,00	1,00
TOTAL	721,00	436,00	19,00	1 176,00	46,00	1 512,00	975,00	12,00	2 499,00	169,00	3 890,00

Table 119 Terminations for the period 1 April 2019 and 31 March 2020

Occupational Bands	Male					Female					Total
	African	Coloured	Indian	Total Blacks	White	African	Coloured	Indian	Total Blacks	White	
Top Management, Permanent	0,00	0,00	0,00	0,00	0,00	1,00	0,00	0,00	1,00	0,00	1,00
Senior Management, Permanent	0,00	0,00	0,00	0,00	0,00	1,00	0,00	0,00	1,00	0,00	1,00
Professionally qualified and experienced specialists and mid-management, Permanent	10,00	5,00	4,00	19,00	13,00	23,00	19,00	6,00	48,00	20,00	100,00
Professionally qualified and experienced specialists and mid-management, Temporary	0,00	0,00	0,00	0,00	1,00	0,00	0,00	0,00	0,00	1,00	2,00
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	11,00	7,00	0,00	18,00	2,00	42,00	44,00	0,00	86,00	13,00	119,00
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	0,00	0,00	1,00	1,00
Semi-skilled and discretionary decision making, Permanent	29,00	14,00	0,00	43,00	0,00	39,00	28,00	0,00	67,00	0,00	110,00
Semi-skilled and discretionary decision making, Temporary	0,00	0,00	0,00	0,00	0,00	0,00	1,00	0,00	1,00	0,00	1,00

Occupational Bands	Male					Female					Total
	African	Coloured	Indian	Total Blacks	White	African	Coloured	Indian	Total Blacks	White	
Not Available, temporary	1,00	1,00	1,00	3,00	7,00	0,00	0,00	0,00	0,00	2,00	12,00
Contract (Professionally qualified), Permanent	33,00	12,00	16,00	61,00	36,00	16,00	39,00	19,00	74,00	52,00	223,00
Contract (Skilled technical), Permanent	24,00	2,00	0,00	26,00	2,00	41,00	62,00	2,00	105,00	42,00	175,00
Contract (Semi-skilled), Permanent	0,00	1,00	0,00	1,00	0,00	0,00	0,00	0,00	0,00	0,00	1,00
TOTAL	108,00	42,00	21,00	171,00	61,00	163,00	193,00	27,00	383,00	131,00	746,00

Table 120 Disciplinary action for the period 1 April 2020

Disciplinary action	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Abuse of sick leave	0	0	0	0	0	0	0	0	0
Dishonesty	0	0	0	0	0	0	0	0	0
Late coming	0	0	0	0	0	0	0	0	0
Assault	1	0	0	0	1	1	0	0	3
Gross insubordination	0	0	0	0	0	0	0	0	0
Insolence	0	1	0	0	0	0	0	0	1
Intentional or negligent damage to the employee or client of the employer, co-worker	0	0	0	0	0	0	0	0	0
Intoxication	1	0	0	0	0	0	0	0	1
Gross absenteeism	3	0	0	0	0	0	0	0	4
Insubordination	4	0	0	0	1	0	0	0	5
Abuse of government vehicle	0	2	0	0	0	0	0	0	2
Gross negligence	0	0	0	0	0	0	0	0	0
Dereliction of duties	2	3	0	0	3	1	0	1	10
Theft / FRAUD	0	0	0	0	2	0	0	0	2
RWOPS	0	0	0	0	0	0	0	0	0
Misrepresentation	0	1	0	0	0	0	0	0	1
Negligence	2	2	0	0	2	1	0	0	7
Abuse of State property	1	1	0	0	0	0	0	0	2
Bringing the Name of the Department into Disrepute	0	0	0	0	1	0	0	0	1
Absenteeism	8	2	0	0	3	1	0	0	14
Ex-Lege Discharge	2	0	0	0	0	0	0	0	2
Non-Compliance	2	0	0	0	0	0	0	0	8
Racism	0	0	0	0	0	0	0	1	1
TOTAL	26	12	0	0	13	4	0	2	64

Table 121 Skills development for the period 1 April 2019 and 31 March 2020

Occupational categories	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Legislators, Senior Officials and Managers	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0
Technicians and Associate Professionals	0	0	0	0	0	0	0	0	0
Clerks	0	0	0	0	0	0	0	0	0
Service and Sales Workers	0	0	0	0	0	0	0	0	0
Skilled Agriculture and Fishery Workers	0	0	0	0	0	0	0	0	0
Craft and related Trades Workers	0	0	0	0	0	0	0	0	0
Plant and Machine Operators and Assemblers	0	0	0	0	0	0	0	0	0
Elementary Occupations	0	0	0	0	0	0	0	0	0
Employees with disabilities	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0

4.2.7 Signing of Performance Agreements by SMS Members

Table 122 Signing of Performance Agreements by SMS members as on 31 March 2020

SMS Level	Total number of funded SMS posts	Total number of SMS members	Total number of signed performance agreements	Signed performance agreements as % of total number of SMS members
Salary Level 16	0	0	0	0%
Salary Level 15	0	0	0	0%
Salary Level 14	0	0	0	0%
Salary Level 13	0	28	26	93%
TOTAL	0	28	26	93%

Table 123 Reasons for not having concluded Performance Agreements for all SMS members as on 31 March 2018

Reason
<ul style="list-style-type: none"> ▪ Two (2) SMS members were none complaint to the policy.

Table 124 Disciplinary steps taken against SMS members for not having concluded Performance Agreements as on 31 March 2018

Reason
<ul style="list-style-type: none"> ▪ None

4.2.8 Performance Rewards

Table 125 Performance Rewards by race, gender, and disability for the period 1 April 2019 and 31 March 2020

Race and Gender	Beneficiary Profile			Cost	
	Number of Beneficiaries	Total number of employees in group	% of total within group	Cost (R'000)	Average Cost per employee
African, Female	129,00	2 505,00	5,10	1 357,05	10 520,00
African, Male	98,00	1 158,00	8,50	1 008,49	10 291,00
Asian, Female	4,00	35,00	11,40	88,69	22 171,00
Asian, Male	2,00	53,00	3,80	52,28	26 139,00
Coloured, Female	130,00	1 811,00	7,20	1 705,52	13 119,00
Coloured, Male	87,00	674,00	12,90	981,59	11 283,00
Total Blacks, Female	263,00	4 351,00	6,00	3 151,26	11 982,00
Total Blacks, Male	187,00	1 885,00	9,90	2 042,36	10 922,00
White, Female	19,00	450,00	4,20	387,78	20 409,00
White, Male	6,00	162,00	3,70	126,57	21 095,00
Employees with a disability	0,00	18,00	0,00	0,00	0,00
TOTAL	475,00	6 866,00	6,90	5 707,96	12 017,00

Table 126 Performance Rewards by salary band for personnel below Senior Management Service for the period 1 April 2019 and 31 March 2020

Salary Bands	Beneficiary Profile			Total Cost (R'000)	Average cost per employee
	Number of beneficiaries	Number of employees	% of total within salary bands		
01 Lower Skilled (Levels 1-2)	1,00	1,00	100,00	5,28	5 279,00
02 Skilled (Levels 3-5)	295,00	3 405,00	8,70	2 176,19	7 377,00
03 Highly Skilled Production (Levels 6-8)	92,00	1 558,00	5,90	1 226,01	13 326,00
04 Highly Skilled Supervision (Levels 9-12)	87,00	1 328,00	6,60	2 300,49	26 442,00
09 Other	0,00	19,00	0,00	0,00	0,00
11 Contract (Levels 3-5)	0,00	60,00	0,00	0,00	0,00
12 Contract (Levels 6-8)	0,00	191,00	0,00	0,00	0,00
13 Contract (Levels 9-12)	0,00	276,00	0,00	0,00	0,00
TOTAL	475,00	6 838,00	6,90	5 707,96	12 017,00

Table 127 Performance Rewards by critical occupation for the period 1 April 2019 and 31 March 2020

Critical Occupations	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within occupation	Total Cost (R'000)	Average cost per employee
Financial Clerks and Credit Controllers	10,00	98,00	10,20	116,55	11 655,00
Human Resources Clerks	5,00	13,00	38,50	52,68	10 537,00
Security Officers	0,00	1,00	0,00	0,00	0,00
Household and Laundry Workers	10,00	109,00	9,20	67,09	6 709,00
Oral Hygiene	0,00	2,00	0,00	0,00	0,00
Messengers Porters And Deliverers	3,00	77,00	3,90	23,13	7 711,00
All Artisans In The Building Metal Machinery Etc.	0,00	10,00	0,00	0,00	0,00
Human Resources & Organisational Development & Relate Prof	0,00	1,00	0,00	0,00	0,00
Dental Specialists	0,00	1,00	0,00	0,00	0,00
Food Services Workers	0,00	2,00	0,00	0,00	0,00
Optometrists and Opticians	1,00	2,00	50,00	17,64	17 635,00
Other Administrative & Related Clerks and Organisers	78,00	859,00	9,10	768,79	9 856,00
Housekeepers Laundry And Related Workers	2,00	10,00	20,00	14,85	7 424,00
Auxiliary And Related Workers	4,00	41,00	9,80	34,28	8 569,00
Other Occupations	0,00	4,00	0,00	0,00	0,00
Legal Related	0,00	3,00	0,00	0,00	0,00
Financial And Related Professionals	1,00	12,00	8,30	13,46	13 456,00
Occupational Therapy	3,00	53,00	5,70	51,24	17 080,00
Medical Technicians/Technologists	0,00	6,00	0,00	0,00	0,00
Emergency Services Related	0,00	4,00	0,00	0,00	0,00
Radiography	1,00	88,00	1,10	15,42	15 424,00
Architects Town And Traffic Planners	0,00	1,00	0,00	0,00	0,00
Administrative Related	21,00	146,00	14,40	398,53	18 978,00
Secretaries & Other Keyboard Operating Clerks	0,00	2,00	0,00	0,00	0,00
Cleaners In Offices Workshops Hospitals Etc.	49,00	661,00	7,40	302,13	6 166,00
Library Mail And Related Clerks	2,00	4,00	50,00	20,22	10 108,00
Human Resources Related	1,00	2,00	50,00	17,65	17 652,00
Dental Practitioners	4,00	38,00	10,50	176,53	44 132,00

Critical Occupations	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within occupation	Total Cost (R'000)	Average cost per employee
Ambulance and Related Workers	102,00	740,00	13,80	856,68	8 399,00
Pharmaceutical Assistants	3,00	65,00	4,60	33,46	11 155,00
Printing and Related Machine Operators	1,00	2,00	50,00	6,80	6 799,00
Computer Programmers.	0,00	1,00	0,00	0,00	0,00
Trade Labourers	0,00	16,00	0,00	0,00	0,00
Environmental Health	3,00	25,00	12,00	49,63	16 542,00
Physiotherapy	3,00	55,00	5,50	48,44	16 145,00
Medical Practitioners	1,00	413,00	0,20	39,62	39 616,00
Social Work and Related Professionals	3,00	33,00	9,10	47,38	15 792,00
Archivists Curators and Related Professionals	0,00	1,00	0,00	0,00	0,00
Material-Recording and Transport Clerks	1,00	1,00	100,00	10,12	10 117,00
Psychologists and Vocational Counsellors	2,00	16,00	12,50	69,93	34 963,00
Dieticians and Nutritionists	6,00	63,00	9,50	85,30	14 217,00
Other Administrative Policy and Related Officers	1,00	19,00	5,30	13,26	13 257,00
Artisan Project And Related Superintendents	1,00	1,00	100,00	20,90	20 903,00
Professional Nurse	65,00	1 591,00	4,10	1 276,33	19 636,00
Bus And Heavy Vehicle Drivers	4,00	20,00	20,00	27,05	6 763,00
Medical Research And Related Professionals	0,00	1,00	0,00	0,00	0,00
Senior Managers	0,00	17,00	0,00	0,00	0,00
Client Inform Clerks(Switchb Receipt Inform Clerks)	1,00	23,00	4,30	6,94	6 943,00
Speech Therapy And Audiology	0,00	26,00	0,00	0,00	0,00
Pharmacists	5,00	143,00	3,50	206,88	41 376,00
Engineers And Related Professionals	0,00	3,00	0,00	0,00	0,00
Other Information Technology Personnel.	0,00	6,00	0,00	0,00	0,00
Dental Therapy	3,00	24,00	12,50	26,41	8 803,00
Light Vehicle Drivers	0,00	22,00	0,00	0,00	0,00
Engineering Sciences Related	0,00	1,00	0,00	0,00	0,00
Medical Specialists	2,00	45,00	4,40	182,71	91 355,00
Motor Vehicle Drivers	0,00	3,00	0,00	0,00	0,00
Dental Technicians	0,00	1,00	0,00	0,00	0,00
Leather Workers	0,00	2,00	0,00	0,00	0,00

Critical Occupations	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within occupation	Total Cost (R'000)	Average cost per employee
Security Guards	0,00	71,00	0,00	0,00	0,00
Health Sciences Related	0,00	5,00	0,00	0,00	0,00
Food Services Aids And Waiters	5,00	56,00	8,90	31,96	6 391,00
Nursing Assistants	52,00	822,00	6,30	376,10	7 233,00
Pharmacologists Pathologists & Related Professional	14,00	41,00	34,10	164,75	11 768,00
Supplementary Diagnostic Radiographers	0,00	1,00	0,00	0,00	0,00
Community Development Workers	0,00	1,00	0,00	0,00	0,00
Information Technology Related	1,00	1,00	100,00	25,05	25 047,00
Staff Nurses And Pupil Nurses	1,00	239,00	0,40	12,10	12 095,00
TOTAL	475,00	6 866,00	6,90	5 707,96	12 017,00

Table 128 Performance related rewards (cash bonus), by salary for Senior Management Service for the period 1 April 2019 and 31 March 2020

Salary Band	Beneficiary Profile			Cost		
	Number of beneficiaries	Number of employees	% of total within band	Total Cost (R'000)	Average cost per employee	Total cost as a % of the total personnel expenditure
Band A	0,00	23,00	0,00	0,00	0,00	0,00
Band B	0,00	3,00	0,00	0,00	0,00	0,00
Band C	0,00	1,00	0,00	0,00	0,00	0,00
Band D	0,00	1,00	0,00	0,00	0,00	0,00
TOTAL	0,00	28,00	0,00	0,00	0,00	0,00

4.2.9 Foreign Workers

Table 129 Foreign workers by salary band for the period 1 April 2019 and 31 March 2020

Salary Band	Employment at Beginning of Period	Percentage of Total	Employment at End of Period	Percentage of Total	Change in Employment	Percentage of Total	Total Employment at Beginning of Period	Total Employment at End of Period	Total Change in Employment
Highly skilled production (Levels 6-8)	6,00	4,90	7,00	6,00	1,00	-16,70	122,00	116,00	-6,00
Highly skilled supervision (Levels 9-12)	112,00	91,80	106,00	91,40	-6,00	100,00	122,00	116,00	-6,00
Other	1,00	0,80	1,00	0,90	0,00	0,00	122,00	116,00	-6,00
Senior management (Levels 13-16)	2,00	1,60	2,00	1,70	0,00	0,00	122,00	116,00	-6,00
Skilled (Levels 3-5)	1,00	0,80	0,00	0,00	-1,00	16,70	122,00	116,00	-6,00
TOTAL	122,00	100,00	116,00	100,00	-6,00	100,00	122,00	116,00	-6,00

Table 130 Foreign workers by major occupation for the period 1 April 2019 and 31 March 2020

Major Occupation	1 April 2019		31 March 2020		Change	
	Number	% of Total	Number	% of Total	Number	% change
Highly skilled production (Levels 6-8)	6,00	4,90	7,00	6,00	1,00	-16,70
Highly skilled supervision (Levels 9-12)	112,00	91,80	106,00	91,40	-6,00	100,00
Other	1,00	0,80	1,00	0,90	0,00	0,00
Senior management (Levels 13-16)	2,00	1,60	2,00	1,70	0,00	0,00
Skilled (Levels 3-5)	1,00	0,80	0,00	0,00	- 1,00	16,70
TOTAL	122,00	100,00	116,00	100,00	-6,00	100,00

4.2.10 Leave Utilization

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

Table 131 Sick leave for the period 1 January 2019 to 31 December 2020

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)
Contract (Levels 13-16)	5,00	100,00	2,00	0,00	3,00	19,00
Contract (Levels 3-5)	32,00	81,30	4,00	0,10	8,00	28,00
Contract (Levels 6-8)	719,00	71,60	152,00	3,00	5,00	855,00
Contract (Levels 9-12)	615,00	74,80	111,00	2,20	6,00	1 599,00
Highly skilled production (Levels 6-8)	12 668,50	86,80	1 275,00	24,90	10,00	17 962,00
Highly skilled supervision (Levels 9-12)	8 531,50	86,10	930,00	18,10	9,00	22 579,00
Lower skilled (Levels 1-2)	4,00	75,00	1,00	0,00	4,00	2,00
Senior management (Levels 13-16)	110,00	79,10	17,00	0,30	6,00	455,00
Skilled (Levels 3-5)	24 696,00	85,80	2 636,00	51,40	9,00	19 896,00
TOTAL	47 381,00	85,70	5 128,00	100,00	9,00	63 395,00

Table 132 Disability leave (temporary and permanent) for the period 1 January 2019 to December 2020

Salary Band	Total Days	% Days with Medical Certification	Number of Employees using Disability Leave	% of Total Employees using Disability Leave	Average Days per Employee	Estimated Cost (R'000)	Total number of days with medical certification	Total number of Employees using Disability Leave
Contract (Levels 3-5)	3,00	100,00	1,00	0,70	3,00	2,00	3,00	140,00
Contract (Levels 6-8)	4,00	100,00	1,00	0,70	4,00	4,00	4,00	140,00
Contract (Levels 9-12)	98,00	100,00	3,00	2,10	33,00	490,00	98,00	140,00
Highly skilled production (Levels 6-8)	3 254,00	100,00	43,00	30,70	76,00	4 623,00	3 254,00	140,00
Highly skilled supervision (Levels 9-12)	2 364,00	100,00	29,00	20,70	82,00	5 766,00	2 364,00	140,00
Skilled (Levels 3-5)	3 923,00	100,00	63,00	45,00	62,00	3 114,00	3 923,00	140,00
TOTAL	9 646,00	100,00	140,00	100,00	69,00	14 000,00	9 646,00	140,00

Table 133 Annual leave for the period 1 January 2019 to 31 December 2020

Salary Band	Total Days Taken	Average days per Employee	Number of Employees who took leave
Contract (Levels 13-16)	40,00	13,00	3,00
Contract (Levels 3-5)	103,00	10,00	10,00
Contract (Levels 6-8)	2 855,00	15,00	188,00
Contract (Levels 9-12)	4 931,00	17,00	297,00
Highly skilled production (Levels 6-8)	35 190,92	22,00	1 591,00
Highly skilled supervision (Levels 9-12)	29 900,25	23,00	1 308,00
Lower skilled (Levels 1-2)	27,00	27,00	1,00
Senior management (Levels 13-16)	689,00	28,00	25,00
Skilled (Levels 3-5)	73 474,87	21,00	3 449,00
TOTAL	147 211,04	21,00	6 872,00

Table 134 Capped leave for the period 1 January 2019 and 31 December 2019

Salary Band	Total days of capped leave taken	Average number of days taken per employee	Number of Employees who took Capped leave	Average capped leave per employee as at 31 December 2015
Contract (Levels 13-16)	0,00	0,00	0,00	0,00
Contract (Levels 3-5)	0,00	0,00	0,00	0,00
Contract (Levels 6-8)	0,00	0,00	0,00	0,00
Contract (Levels 9-12)	4,00	4,00	33,00	1,00
Contract Other	0,00	0,00	0,00	0,00
Highly skilled production (Levels 6-8)	98,00	6,00	33,00	16,00
Highly skilled supervision (Levels 9-12)	55,00	3,00	34,00	16,00
Lower skilled (Levels 1-2)	0,00	0,00	0,00	0,00
Other	0,00	0,00	0,00	0,00
Senior management (Levels 13-16)	0,00	0,00	37,00	0,00
Skilled (Levels 3-5)	19,00	3,00	19,00	7,00
TOTAL	176,00	4,00	28,00	40,00

Table 135 Leave Payouts for the period 1 April 2019 and 31 March 2020

The following table summarises payments made to employees as a result of leave that was not taken.

REASON	Total Amount (R'000)	Number of Employees	Average payment per employee
Annual - Discounting With Resignation (Work Days)	2 861,00	130,00	22 008,00
Annual - Gratuity: Death/Retirement/Medical Retirement(Work	2 774,00	104,00	26 673,00
Capped - Gratuity: Death/Retirement/Medical Retirement(Work	3 027,00	64,00	47 297,00
TOTAL	8 663,00	298,00	1073,00

4.2.11 HIV/AIDS & Health Promotion Programmes

Table 136 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
Employees in clinical areas, i.e. doctors, nurses, medical students, general workers and paramedics are more at risk of contracting HIV and related diseases.	<ul style="list-style-type: none"> ▪ The HIV and AIDS, STI and TB in the workplace policy was approved, which identifies the prevention of occupational exposure to potentially infectious blood and blood products as a key focus area. ▪ Protocols are in place on infection control measures ▪ Implementation of targeted awareness and education initiatives. ▪ Implemented strategies for mainstreaming HIV and AIDS and human rights issues. ▪ Implemented initiatives to reduce alcohol and substance abuse amongst employees.

Table 137 Details of health Promotion and HIV/AIDS Programmes

Question	Yes	No	Details, if yes
Has the Department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? If so, provide her/his name and position.	✓		Mrs. CV Solo Acting Director: Human Resources
Does the Department have a dedicated Unit or has it designated specific staff members to promote the health and well-being of your employees? If so, indicate the number of employees who are involved in this task and the annual budget that is available for this purpose.	✓		<p>Provincial Office M De Freitas CB Jardine</p> <p>RMSH T Mfengu Sr D. Petersen Sr V. Itebogeng</p> <p>There is unfortunately no budget for this programme except the compensation budget</p>
Has the Department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/services of this Programme.	✓		<p>Key Elements Counselling- Provincial Office (assistance given to Districts and hospitals) Incident Investigation for injuries on duty- Provincial Office (assistance given to Districts and hospitals) Chronic disease management – Wellness Centre Robert Mangaliso Sobukwe Hospital Complex Joint events – Awareness Programmes/ Health Screening events</p>
Has the Department established (a) committee(s) as contemplated in Part VI E.5 (e) of Chapter 1 of the Public Service Regulations, 2001? If so, please provide the		✓	-

names of the members of the committee and the stakeholder(s) that they represent.			
Has the Department reviewed its employment policies and practices to ensure that these do not unfairly discriminate against employees on the basis of their HIV status? If so, list the employment policies/practices so reviewed.	✓		The HIV/AIDS, STI and TB in the Workplace policy covers all employees. It will be up for review between 2017 and 2019. For protection reasonable accommodation guaranteed under the policy as well confidentiality and protection of employees' personal data.
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.	✓		Except for the Policy, no other measures in place. The policy gives guidance with the necessary action that needs to be taken by the affected employee.
Does the Department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have achieved.	✓		As part of all Health Screening events held HCT is included and employees are encouraged to test. Wellness Centre Testing <ul style="list-style-type: none"> ▪ 99 Employees ▪ 38 Males ▪ 61 Females ▪ 9 Positive ▪ 90 Negative
Has the Department developed measures/indicators to monitor & evaluate the impact of its Health Promotion Programme? If so, list these measures/indicators.		✓	-

4.2.12 Labour Relations

The following collective agreements were entered into with trade unions within the department.

Table 138 Collective Agreements for the period 1 April 2019 and March 2020

Total number of collective agreements
<ul style="list-style-type: none"> ▪ None
<ul style="list-style-type: none"> ▪ PHSDSBC Resolution 1 of 2019: Agreement on Organizational Rights within the Public Health and Social Development Sector. ▪ PHSDSBC Resolution 2 of 2019: Amendment to Resolution 1 of 2018; Agreement on the Standardisation of Remuneration for Community Health Workers in the Department of Health. ▪ PHSDSBC Resolution 3 of 2019: Amendment to an Agreement on Payment of Annual Statutory Registration Fees in Respect of Health and Social Development Professionals. ▪ PHSDSBC Resolution 4: Amendment to Resolution 1 of 2019; Agreement on Organisational Rights within the Public Health and Social Development Sector.

Table 139 Misconduct and Disciplinary Hearings finalized for the period 1 April 2019 and 31 March 2020

Outcomes of disciplinary hearings	Number	% of total
Correctional counselling	0	0
Verbal warning	0	0
Written warning	2	6.07
Final written warning	15	45.45
Suspended without pay	2	6.06
Fine	0	0
Demotion	1	3.03
Dismissal (Discharge for operational requirements)	0	0
Dismissal (Deemed dismissal – absent 30 calendar days))	5	15.15
Dismissal (misconduct)	0	0
Transfer Out	0	0
Case withdrawn	3	9.09
Resignations	1	3.03
Non Compliance (no registered with Professionals Council)	4	12.12
TOTAL	33	100%

Table 140 Types of misconduct addressed at disciplinary hearings for the period 1 April 2019 and 31 March 2020

Type of misconduct	Number	% of total
Abuse of sick leave	0	0
Intimidation	0	0
Racism	1	1.79
Dishonesty	0	0
Late coming	0	0
Assault	3	5.35
Gross insubordination	0	0
Insolence	1	1.79
Intentional or negligent damage to the employ or client of the employer, co-worker	0	0

Intoxication	1	1.79
Gross absenteeism	6	11
Insubordination	5	9
Abuse of government vehicle	2	3.56
Gross negligence	0	0
Dereliction of duties	10	18
Fraud	0	0
RWOPS	0	0
Misrepresentation	1	1.79
Negligence	7	12
Abuse of State Property	2	3.75
Bringing the Name of the Department into Disrepute	1	1.79
Absenteeism	14	25
Fight	0	0
Theft	2	3.56
TOTAL	56	100%

Table 141 Grievances logged for the period 1 April 2019 and 31 March 2020

Grievances Logged	Number	% of Total
Number of grievances resolved	138	65%
Number of grievances not resolved	22	35%
Total number of grievances lodged	160	100%

Table 142 Disputes logged with Councils for the period 1 April 2019 and 31 March 2020

Disputes Lodged	Number	% of Total
Number of Conciliations	18	15%
Number of Conciliations Finalised	12	10
Number of Arbitrations	24	20%
Number of Arbitrations Finalised	29	24%
Total Number of Disputes Lodged	83	69%

Table 143 Strike actions for the period 1 April 2019 and 31 March 2020

Strike Actions	
Total number of person working days lost	3 days
Total cost (R'000) of working days lost	R460 038.65
Amount (R'000) recovered as a result of no work no pay	R460 038.65

Table 144 Precautionary suspensions for the period 1 April 2019 and 31 March 2020

Precautionary Suspensions	
Number of people suspended	0
Number of people who's suspension exceeded 30 days	0
Average number of days suspended	0
Cost of suspensions (R'000)	0

4.2.13 Skills Development

Table 145 Training needs identified for the period 1 April 2019 and 31 March 2020

Occupational Categories	Gender	Number of employees as at 1 April 2019	Training needs identified at start of reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	0	0	278	0	278
	Male	0	0	190	0	190
Professionals	Female	0	0	880	0	880
	Male	0	0	562	0	562
Technicians and associate professionals	Female	0	0	68	0	68
	Male	0	0	37	0	37
Clerks	Female	0	5	198	0	198
	Male	0	3	81	0	81
Service and sales workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	0	0	0	0	0
	Male	0	0	17	0	17
Plant and machine operators and assemblers	Female	0	0	9	0	9
	Male	0	0	195	0	195
Elementary occupations	Female	0	0	160	0	160
	Male	0	5	1636	0	1636
Gender sub totals	Female	0	3	1036	0	1036
	Male	0	0	0	0	0
TOTAL		0	8	2672	0	2672

Table 146 Training provided for the period 1 April 2019 to 31 March 2020

Occupational Categories	Gender	Number of employees as at 1 April 2019	Training provided within the reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	0	0	63	0	63
	Male	0	0	25	0	25
Professionals	Female	0	0	85	0	85
	Male	0	0	28	0	28
Technicians and associate professionals	Female	0	0	0	0	0
	Male	0	0	0	0	0
Clerks	Female	0	5	12	0	17
	Male	0	3	11	0	14
Service and sales workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Plant and machine operators and assemblers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Elementary occupations	Female	0	0	0	0	0
	Male	0	0	0	0	0
Gender sub totals	Female	0	5	160	0	165
	Male	0	3	64	0	67
TOTAL		0	8	224	0	232

4.2.14 Injury on Duty

Table 147 Injury on duty for the period 1 April 2019 and 31 March 2020

Nature of injury on duty	Number	% of total
Required basic medical attention only	52	68.41
Temporary Total Disablement	20	26.32
Permanent Disablement	4	5.27
Fatal	0	0
Total	76	100%

4.2.15 Utilisation of Consultants

Table 148 Report on consultant appointments using appropriated funds for the period 1 April 2019 and 31 March 2020

Project Title	Total number of consultants that worked on the project	Duration: Work days	Contract value in Rand
N/A	N/A	N/A	N/A

Table 149 Analysis of consultant appointments using appropriated funds, in terms of Historically Disadvantaged Individuals (HDIs) for the period 1 April 2019 and 31 March 2020

Project Title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of Consultants from HDI groups that work on the project
N/A	N/A	N/A	N/A

Table 150 Report on consultant appointments using Donor funds for the Period 1 April 2019 and 31 March 2020

Project Title	Total number of consultants that worked on the project	Duration: Work days	Donor and Contract value in Rand
None	None	None	None

Table 151 Analysis of consultant appointment using donor funds in terms of Historically Disadvantaged Individuals (HDIs) for the period 1 April 2019 and 31 March 2020

Project Title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of Consultants from HDI groups that work on the project
N/A	N/A	N/A	N/A

4.2.16 Severance Packages

Table 152 Granting of employees initiated severance packages for the period 1 April 2019 and 31 March 2020

Salary band	Number of applications received	Number of applications referred to the MPSA	Number of applications supported by MPSA	Number of packages approved by department
Lower skilled (Levels 1-2)	0	0	0	0
Skilled (Levels 3-5)	0	0	0	0
Highly skilled (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

5. Part E: Financial Information

5.1 Report of the Auditor-General

5.1.1 Report on the Annual Financial Statements

Qualified opinion

1. I have audited the financial statements of the Department of Health set out on pages 259-400, which comprise the appropriation statement, statement of financial position as at 31 March 2020, statement of financial performance, statement of changes in net assets and cash flow statement for the year then ended, as well as the notes to the financial statements, including a summary of significant accounting policies.
2. In my opinion, except for the possible effects of the matters described in the basis for qualified opinion section of this auditors report, the financial statements present fairly, in all material respects, the financial position of the Department of Health as at 31 March 2020, and its financial performance and cash flows for the year then ended in accordance with the Modified Cash Standard (MCS) prescribed by National Treasury and the requirements of the Public Finance Management Act of South Africa, 1999 (Act No. 1 of 1999) (PFMA) and the Division of Revenue Act of South Africa, 2019 (Act No. 16 of 2019) (Dora).

Basis for qualified opinion

Movable tangible capital assets

3. I was unable to obtain sufficient appropriate audit evidence that management had properly accounted for movable tangible capital assets and minor assets in the current year and the previous year, as the process for completing the asset register was not completed at year end in support of these assets. I was unable to confirm these assets by alternative means. Consequently, I was unable to determine whether any adjustment was necessary to movable tangible capital assets stated at R1 207 753 000 (2019: R1 162 265 000) and machinery and equipment included in minor assets stated at R190 715 000 (2019: R187 437 000) in note 29 to the financial statements.

Accruals and payables not recognised

4. The department did not disclose all outstanding amounts meeting the definition of accruals and payables not recognised, in accordance with chapter 9, *General departmental assets and liabilities* in the MCS. The department did not perform adequate and regular reconciliations for accruals and payables not recognised. I was unable to determine the full extent of the understatement of accruals and payables not recognised for the current and prior years as it was impracticable to do so.
5. I was unable to obtain sufficient appropriate audit evidence for accruals and payables not recognised as the department did not have adequate systems to maintain records for these transactions. I was unable to confirm these amounts disclosed by alternative means. Consequently, I was unable to determine whether any adjustment was

necessary to accruals and payables not recognised, stated at R200 701 000 and R302 971 000 respectively in note 20 to the financial statements.

6. The department incorrectly classified accruals as payables not recognised, in accordance with chapter 9, *General departmental assets and liabilities* in the MCS. This resulted in the overstatement of accruals and understatement of payables not recognised by R6 880 626. Additionally, accruals were overstated by R34 811 552 as goods and services paid for was incorrectly recognised as accruals.
7. The department incorrectly classified accruals relating to capital assets as accruals relating to goods and services, in accordance with chapter 9, *General departmental assets and liabilities* in the MCS. This resulted in accruals relating to goods and services being overstated and capital assets being understated by R5 045 412. Additionally, accruals relating to central hospital services (programme 5) was incorrectly disclosed as accruals relating to district health services (programme 2). This resulted in accruals relating to programme 5 being overstated and accruals relating to programme 2 being understated by R2 289 310.

Accruals and payables not recognised relating to Capital WIP

8. I was unable to obtain sufficient appropriate audit evidence for accruals and payables not recognised relating to capital work in progress as the department did not have adequate systems to maintain records for these transactions. I was unable to confirm these amounts disclosed by alternative means. Consequently, I was unable to determine whether any adjustment was necessary to accruals and payables not recognised relating to capital work in progress, stated at R91 543 000 in note 31.4 to the financial statements. Additionally, the department did not disclose the correct classification for accruals and payables, in accordance with chapter 9, *General departmental assets and liabilities* in the MCS. As a result, payables not recognised was overstated and accruals understated by R1 064 679.

Irregular expenditure

9. The department did not disclose all irregular expenditure in the notes to the financial statements, as required by section 40(3)(b)(i) of the PFMA. The department incurred expenditure in contravention of supply chain management (SCM) requirements that was not included in the irregular expenditure disclosed in note 24 to the financial statements. I was unable to determine the full extent of the understatement for the current as well as previous years as it was impractical to do so.

Accrued departmental revenue

10. I was unable to obtain sufficient appropriate audit evidence to substantiate the accrued departmental revenue disclosed in note 23 to the financial statements. The department did not have adequate internal controls to maintain records of accrued departmental revenue in the current year and previous year. I could not confirm accrued departmental revenue by alternative means. Additionally, there was an impact on the impairment of accrued departmental revenue. Consequently, I was unable to determine whether any adjustment was necessary to accrued departmental revenue stated at R73 615 000 (2019: R147 553 000) in note 23 to the financial statements.

Context for the opinion

11. I conducted my audit in accordance with the International Standards on Auditing (ISAs). My responsibilities under those standards are further described in the auditor-general's responsibilities for the audit of the financial statements section of this auditor's report,
12. I am independent of the department in accordance with sections 290 and 291 of the *Code of ethics for professional accountants* and parts 1 and 3 of the *International Code of Ethics for Professional Accountants (including International Independence Standards)* of the International Ethics Standards Board for Accountants (IESBA codes) as well as the ethical requirements that are relevant to my audit in South Africa. I have fulfilled my other ethical responsibilities in accordance with these requirements and the IESBA codes.
13. 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 financial sustainability

14. I draw attention to the matter below. My opinion is not modified in respect of this matter.
15. I draw attention to note 38 to the financial statements, which indicates that as at 31 March 2020 the departments current liabilities exceeded its total current assets by R19 516 000. Furthermore, in note 38 the amount of accruals and payables not recognised is stated at R595 215 000 and bank overdraft is stated at R458 627 000, which indicates that the department does not have sufficient cash flow to pay for their debts as and when they become due. These events or conditions, along with the other matters indicate that a material uncertainty exists that may cast significant doubt on the department's ability to continue as a going concern.

Emphasis of matters

16. I draw attention to the matters below. My opinion is not modified in respect of these matters.
17. An uncertainty relating to the future outcome of exceptional litigation or regularity action.
18. With reference to note 18.1 to the financial statements, the department is the defendant in several lawsuits. The ultimate outcomes of the matters could not be determined as there is an uncertainty relating to the future outcomes of the claims against the department.
19. A significant subsequent event between the date of the financial statements and the date of the auditor's report
20. I draw attention to note 28 to the financial statements, which deals with subsequent events and specifically the possible effects of the future implications of covid-19 on the departments future prospects, performance and cash flows. Management have also described how they plan to deal with these events and circumstances.

Restatement of corresponding figures

21. As disclosed in note 33 to the financial statements, the corresponding figures for 31 March 2019 were restated as a result of an error in the financial statements of the department at, and for the year ended, 31 March 2020.

Other matters

22. I draw attention to the matter below. My opinion is not modified in respect of this matter.

Unaudited supplementary schedules

23. The supplementary information set out on pages 401-412 does not form part of the financial statements and is presented as additional information. I have not audited these schedules and, accordingly, I do not express an opinion on them.

Responsibilities of the accounting officer for the financial statements

24. The accounting officer is responsible for the preparation and fair presentation of the financial statements in accordance with the MCS prescribed by 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.
25. In preparing the financial statements, the accounting officer is responsible for assessing the department's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the appropriate governance structure either intends to liquidate the department or to cease operations, or has no realistic alternative but to do so.

Auditor-general's responsibilities for the audit of the financial statements

26. 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.
27. A further description of my responsibilities for the audit of the financial statements is included in the annexure to this auditor's report.

5.1.2 Report on the Audit of the Annual Performance Report

Introduction and scope

28. In accordance with the Public Audit Act of South Africa, 2004 (Act No. 25 of 2004) (PAA) and the general notice issued in terms thereof, I have a responsibility to report material findings on the reported performance information against predetermined objectives for the selected programme presented in the annual performance report. I was engaged to perform procedures to identify findings but not to gather evidence to express assurance.
29. I was engaged to evaluate the usefulness and reliability of the reported performance information in accordance with the criteria developed from the performance management and reporting framework, as defined in the general notice, for the following selected programme presented in the annual performance report of the department for the year ended 31 March 2020:

Programme	Pages in the annual performance report
Programme 2 — District Health Services	57-91

30. The material findings in respect of the usefulness and reliability of the selected programme are as follows:

Programme 2 - District Health Services

Various indicators

31. I was unable to obtain sufficient appropriate audit evidence that clearly defined the predetermined evidence or that related systems and processes were established to enable consistent measurement and reliable reporting of the actual achievement for the indicator. This was due to insufficient measurement definitions and processes. I was unable to test whether the indicator was well-defined and verifiable by alternative means. As a result, I was unable to audit the reliability and the reasons for variances in the achievements of the indicators in the annual performance report listed below:

Indicator		sertev 織 ert;
Ideal clinic status rate	75% (122/163)	(57/163) 35%
Male condom distributed	15 154 361	12 959 400

Various indicators

32. The source information for measuring the planned indicator was not clearly defined and related systems and processes were not adequate to enable consistent measurement and reliable reporting of performance against the predetermined indicator definitions. As a result, limitations were placed on the scope of my work and I was unable to audit the reliability of the reported achievements of the indicators in the annual performance report. In addition, the reasons for the variances between the planned targets and the reported achievements were not reported in the annual performance report for the indicators listed below:

Indicator	Reported achhwmsott	
Human Papilloma Virus Vaccine 1st dose	9 862(80% coverage)	0
Human Papilloma Virus Vaccine 2nd dose	9 862(80% coverage)	0

Various indicators

33. I was unable to obtain sufficient appropriate audit evidence for the reported achievements as well as the reasons for the variances between the planned targets and the reported achievements of the indicators listed below. This was due to a lack of accurate and complete reconciliations and limitations placed on the scope of my work. I was unable to confirm the reported achievements or reasons for the variances by alternative means. Consequently, I was unable to determine whether any adjustments were required to the reported achievements and the reasons for variances:

Indicator description	Planned target	Reported achievement
ART client remain on ART end of month -Total	69050	66328
TB/HIV co-infected client on ART rate	90%	89%
HIV test done - Total	306 904	292 938
TB client 5 years and older start on treatment rate	90%	99%
TB client Death Rate	7,50%	6,90%
TB MDR treatment success rate	45%	67,7%
Antenatal 1st visit before 20 weeks ¹ rate	64%	65,1%
Mother postnatal visit within 6 days ¹ rate	62%	68,6%
Antenatal client starts on ART rate	98%	93,30%
Infant 1st PCR test positive around 10 weeks rate	<1,5%	1,30%
Severe acute malnutrition case fatality under 5 years* rate	£6%	4,70%
School Grade 1 - learners screened	4 700	4 298
School Grade 8 - learners screened	3 600	3 811
Couple year protection rate (Annualised)	50%	56,4%
Cervical Cancer Screening coverage 30 years and older	45%	42,8%

Various indicators

34. I was unable to obtain sufficient appropriate audit evidence for the reported achievements of the indicators relating to programme 2. This was due to a lack of accurate and complete reconciliations. As a result, I was also unable to obtain sufficient appropriate audit evidence for the reasons for variances between the planned targets and these reported achievements. (was unable to confirm the reported achievements or reasons for the variances by alternative means. Consequently, I was unable to determine whether any adjustments were required to the reported achievements and the reasons for variances of the indicators listed below:

Indicator	Target	Reported Achievement
PHC utilisation rate - Total	2 Visits	2,2 Visits
Average Length of Stay (District hospitals)	3,2 days	3,5 days
Inpatient Bed Utilisation Rate (District hospitals)	55%	53,6%
Medical male circumcision	6 954	7 631
TB client treatment success rate	80%	74%
TB client lost to follow up rate	7,5%	9,9%
Immunisation under 1-year coverage	85%	89,9%
Measles 2nd dose coverage (annualised)	90%	89,6%
Diarrhoea case fatality under 5 years rate	^3%	1,5%
Pneumonia case fatality under	£3%	1,7%
Maternal mortality in facility ratio	115/100 000	109,9/100 000
Neonatal death in facility rate	14/1000 live births	11,7/1000

Other matters

35. I draw attention to the matters below.

36. Achievement of planned targets

37. Refer to the annual performance report on pages 57 to 91 for information on the achievement of planned targets for the year and explanations provided for the under and overachievement of a significant number of targets. This information should be considered in the context of the material findings on the usefulness and reliability of the reported performance information in paragraphs 28 to 32 of this report.

38. Adjustment of material misstatements

39. I identified material misstatements in the annual performance report submitted for auditing. These material misstatements were in the reported performance information of programme 2- district health services. As management subsequently corrected only some of the misstatements, I raised material findings on the usefulness and reliability of the reported performance information. Those that were not corrected are reported above.

5.1.3 Report on the Audit of Compliance with Legislation

Introduction and Scope

40. In accordance with the PAA and the general notice issued in terms thereof, I have a responsibility to report material findings on the departments compliance with specific matters in key legislation. I performed procedures to identify findings but not to gather evidence to express assurance
41. The material findings on compliance with specific matters in key legislation are as follows:

Annual Financial Statements

42. The financial statements submitted for auditing were not prepared in accordance with the prescribed financial reporting framework and supported by full and proper records, as required by section 40(1) (a) and (b) of the PFMA. Material misstatements of disclosure items identified by the auditors in the submitted financial statements were corrected and the supporting records were provided subsequently, but the uncorrected material misstatements and supporting records that could not be provided resulted in the financial statements receiving a qualified opinion.

Expenditure Management

43. 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, As reported in the basis for qualified opinion, the value disclosed in note 24 to the financial statements does not reflect the full extent of the irregular expenditure incurred. The majority of the irregular expenditure disclosed in the financial statements was caused by contraventions of SCM requirements.
44. Effective steps were not taken to prevent fruitless and wasteful expenditure of R7 382 000, as disclosed in note 25 to the financial statements, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. The majority of the fruitless and wasteful expenditure was caused by interest on overdue accounts.
45. Payments were not made within 30 days or an agreed period after receipt of an invoice, as required by treasury regulation 8.2.3.

Strategic planning and performance management

46. 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).

Procurement and contract management

47. Some goods and services with a transaction value below R500 000 were procured without obtaining the required price quotations, as required by treasury regulation 16A6.1. Similar non- compliance was also reported in the prior year.
48. Sufficient appropriate audit evidence could not be obtained that quotations were accepted only from bidders who submitted a declaration on whether they are employed by the state or connected to any person employed by the

- state, which is prescribed in order to comply with treasury regulation 16A8.3, Similar non-compliance was also reported in the prior year.
49. Sufficient appropriate audit evidence could not be obtained that quotations were awarded to suppliers whose tax matters have been declared by the South African Revenue Services to be in order as required by treasury regulations 16A9.1(d).
 50. Goods and services with a transaction value above R500 000 were procured without inviting competitive bids, as required by treasury regulations 16A6.1. Similar non-compliance was also reported in the prior year
 51. The preference point system was not applied in some of the procurement of goods and services above R30 000 as required by section 2(a) of the Preferential Procurement Policy Framework Act (PPPFA) and treasury regulations 16A6.3(b). Similar non-compliance was also reported in the prior year.
 52. 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 preferential procurement regulation 8(2). Similar non-compliance was also reported in the prior year.
 53. IT related goods and services, classified as mandatory, were not procured through the State Information Technology Agency (Sita) as required by treasury regulation 16A6.3(e) and section 7(3) of the Sita Act. Similar non-compliance was also reported in the prior year.
 54. Sufficient appropriate audit evidence could not be obtained that all extensions or modifications to contracts were approved by a properly delegated official as required by section 44 of the PFMA and treasury regulations 8.1 and 8.2. A similar limitation was also reported in the prior year.
 55. Persons in service of the department whose close family members, partners or associates had a private or business interest in contracts awarded by the department failed to disclose such interest, as required by treasury regulation 16A8 4, Similar non-compliance was reported in the previous year and disciplinary action was not taken against the officials involved.

Consequence management

56. I was unable to obtain sufficient appropriate audit evidence that disciplinary steps were taken against officials who had incurred unauthorised, irregular and fruitless and wasteful expenditure as required by section 38(1)(h)(iii) of the PFMA. This was due to the department failing to institute investigations into unauthorised, irregular, fruitless and wasteful expenditure to determine whether disciplinary steps needed to be taken against liable officials.
57. I was unable to obtain sufficient appropriate audit evidence that contracts for supplying goods and services awarded to suppliers who had committed a corrupt or fraudulent act during the bidding process or its execution, and which benefited that supplier, were cancelled, as required by treasury regulation 16A9.1(f).

Other Information

58. 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.
59. My opinion on the financial statements and findings on the reported performance information and compliance with legislation do not cover the other information and I do not express an audit opinion or any form of assurance conclusion thereon.
60. In connection with my audit, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements and the selected programme presented in

the annual performance report, or my knowledge obtained in the audit, or otherwise appears to be materially misstated.

61. 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.

5.1.4 Internal Control Deficiencies

Internal control deficiencies

62. I considered internal control relevant to my audit of the financial statements, reported performance information and compliance with applicable legislation; however, my objective was not to express any form of assurance on it. The matters reported below are limited to the significant internal control deficiencies that resulted in the basis for the qualified opinion, the findings on the annual performance report and the findings on compliance with legislation included in this report.
63. Leadership did not ensure that the organisational structure of the department was finalised and implemented to promote effective human resource management to ensure that adequate and sufficiently skilled resources are in place.
64. Leadership compiled an action plan based on the audit report findings, however they did not adequately monitor the existing action plan due to capacity constraints. This resulted in material findings recurring in the current financial year. Additionally, the numerous material adjustments to the submitted financial statements and annual performance report are indicative of the lack of review processes.
65. The collation of different information from various units for incorporation to the financial statements and annual performance report was not done in time to allow for sufficient and adequate reviews, which resulted in material amendments to the financial statements and annual performance report.
66. The underlying systems and controls were inadequate to provide reliable evidence to support the reporting on predetermined objectives for the programme selected for auditing. The relevant staff did not accurately count the data elements in the registers. The facility managers did not appropriately review to ensure that the counting was done accurately and the totals per the registers were accurately captured on the reporting systems such as District Health Information System (DHIS) and Electronic Tuberculosis Register (ETR.net). Furthermore, information was not adequately stored to ensure that it was easily retrievable.
67. Leadership did not ensure that the department complied with applicable legislation due to capacity constraints in the compliance unit. Material findings on compliance with legislation were raised in the year under review. The department's internal processes and systems did not prevent material non-compliance from occurring.
68. The asset management unit is understaffed, resulting in basic disciplines such as physical verifications at all facilities and updating of the asset register on time was not done to ensure compliance with the applicable accounting reporting framework.
69. Regular reconciliations were not always prepared for payables and accruals not recognised, and work in progress accruals and payables not recognised. This resulted in reliance on manual reconciliations at the end of the year. Due to the volume of the manual reconciliations required, a number of errors were identified in the reconciliations by the external auditors.
70. The department conducted a risk assessment as required by the PFMA; however, the risk assessment performed by the department was not adequately suitable to detect or prevent the number of control deficiencies identified, as communicated in this report.
71. The leadership did not implement and follow up on the recommendations made by the internal audit unit, which negatively affected its effectiveness as an assurance provider to the department.
72. Internal audit and the audit committee did not have sufficient time to review the financial statements as the department did not meet the target date for submission to internal audit and the audit committee before submitting to the external auditors.

Material irregularities

73. 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 the material irregularities reported in the previous year's auditor's report.

Status of previously reported material irregularities

Evaluation criteria applied in medical waste award different from original bidding invitation

74. In November 2018, a three-year contract for medical waste collection, for R4 278 000 per month, was awarded to a supplier based on criteria applied in the evaluation process that were different from those included in the original bidding invitation, in contravention of treasury regulation 16A3.2(a).
75. The non-compliance is likely to result in a material financial loss because the fixed monthly pricing awarded to the supplier differs significantly from the variable cost pricing included in the original bidding invitation.
76. We notified the accounting officer of the material irregularity and invited him to make a written submission on the actions that had been taken and will be taken to address the matter. The accounting officer responded that he disagreed that there was non-compliance with legislation in awarding the contract.
77. On 6 October 2019, we referred the matter to National Treasury. On 13 March 2020, after discussions and engagements, National Treasury accepted the referral for investigation. The delay in accepting the referral was caused by a delay in engagements on the memorandum of understanding to facilitate the referral.
78. National Treasury provided feedback that they will commence with the investigation.
79. I will continue to engage with National Treasury and await feedback on the investigation.

Overpayment for radiology services

80. The department entered into a contract for radiology service on 1 November 2013. The total expenditure relating to the contract and extension was R17 428 920. Payments were made for radiology services even though the contract had a mathematical error that resulted in an overpayment, as effective internal controls were not in place for approving and processing payments, as required by treasury regulation 8.1.1. The overpayment is likely to result in a material financial loss, if not recovered from the supplier. The payments were made in respect of the first extension of the contract, which was effective from 1 April 2014 to 31 March 2015, and payments also were made in respect of the fourth extension of the contract, which was effective from 1 October 2018 to 30 September 2019 (the contract is not signed).
81. Furthermore, payments were also made to the radiologist to perform mammograms, although the hospital did not have a mammogram machine. It is likely that there will be a material financial loss if the payments are not recovered from the supplier. Payments were made in respect of the first extension of the contract, which was effective from 1 April 2014 to 31 March 2015, and also in respect of the third extension of the contract, which was effective from 1 October 2015 to 30 September 2018.
82. The accounting officer was notified of the material irregularity on 17 July 2019.
83. The accounting officer instituted a full-scale investigation on 23 August 2019 based on the outcome of the preliminary investigation performed.

84. On 1 March 2020 the accounting officer was moved to the office of the premier and an acting accounting officer was appointed. The administrative support staff were also replaced and an acting executive manager was appointed in the office of the head of department from 1 March 2020. This resulted in the acting accounting officer not being aware of this material irregularity.
85. On 21 August 2020, the acting accounting officer wrote a letter to the AGSA explaining the reasons for delay and the proposed course of action to re-appoint an investigation team to complete the investigation as well as to consult with the SAPS Directorate for Priority Crime. The planned completion date for the investigation is by 1 December 2020.
86. The accounting officer plans to take action against the officials found responsible based on the outcome of the investigation. I will follow up on the investigation and the implementation of the planned actions during the next audit.

5.1.5 Other Reports

87. In addition to the investigations relating to material irregularities, I draw attention to the following engagements conducted by various parties which had, or could have, an impact on the matters reported in the departments financial statements, reported performance information, compliance with applicable legislation and other related matters. These reports did not form part of my opinion on the financial statements or my findings on the reported performance information or compliance with legislation.
88. The Directorate for Priority Crime Investigation (Hawks) is investigating allegations of irregularities in the SCM processes applied by the department. These proceedings were in progress at the date of this report.

Auditor General

Kimberley

20 November 2020



AUDITOR-GENERAL
SOUTH AFRICA

Auditing to build public confidence

5.2 Annexure to the Report of the Auditor General

5.2.1 Auditor-General's responsibility for the Audit

1. As part of an audit in accordance with the ISAs, I exercise professional judgement and maintain professional scepticism throughout my audit of the financial statements and the procedures performed on reported performance information for the selected programme and on the department's compliance with respect to the selected subject matters.

5.2.2 Financial Statements

2. In addition to my responsibility for the audit of the financial statements as described in this auditor's report, I also:
 - identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control
 - obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the department's internal control
 - evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the accounting officer
 - conclude on the appropriateness of the accounting officer's use of the going concern basis of accounting in the preparation of the financial statements. I also conclude, based on the audit evidence obtained, whether a material uncertainty exists relating to events or conditions that may cast significant doubt on the ability of the Department of Health 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.

5.2.3 Communication with those charged with governance

3. I communicate with the accounting officer regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.
4. I also confirm to the accounting officer that I have complied with relevant ethical requirements regarding independence, and communicate all relationships and other matters that may reasonably be thought to have a bearing on my independence and, where applicable, actions taken to eliminate threats or safeguards applied.

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

5.3 Annual Financial Statements

5.3.1 Appropriation per programme

Table 153 Appropriation per Programme

2019/20								2018/19	
Programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
1.Administration	221,283	-	-	221,283	220,060	1,223	99.4%	223,101	224,053
2.District Health Services	2,416,470	-	76,769	2,493,239	2,492,815	424	100.0%	2,180,057	2,180,684
3.Emergency Medical Services	372,085	-	(6,603)	365,482	338,893	26,589	92.7%	332,999	333,706
4.Provincial Hospital Services	417,026	-	(1,683)	415,343	415,343	-	100.0%	382,699	382,699
5. Central Hospital Services	1,147,583	-	(59,152)	1,088,431	1,071,171	17,260	98.4%	1,071,750	1,062,227
6. Health Sciences	142,373	-	(9,672)	132,701	132,518	183	99.9%	120,111	120,681
7. Health Care Support Services	123,415	-	(7,770)	115,645	115,162	483	99.6%	112,274	113,263
8. Health Facilities Management	389,956	-	8,111	398,067	397,490	577	99.9%	431,320	420,167
Subtotal	5,230,191	-	-	5,230,191	5,183,452	46,739	99.1%	4,854,311	4,837,480
Statutory Appropriation									
TOTAL	5,230,191	-	-	5,230,191	5,183,452	46,739	99.1%	4,854,311	4,837,480

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 154 Total (brought forward)

	2019/20				2018/19	
	Final Appropriation	Actual Expenditure			Final Appropriation	Actual Expenditure
TOTAL (brought forward)						
Reconciliation with statement of financial performance						
ADD						
Departmental receipts						
NRF Receipts						
Aid assistance	411				4,526	
Actual amounts per statement of financial performance (total revenue)	5,230,602				4,858,837	
Aid assistance		17				2,157
Prior year unauthorised expenditure approved without funding						
Actual amounts per statement of financial performance (total expenditure)		5,183,469				4,839,637

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

5.3.2 Appropriation per economic classification

Table 155 Appropriation per Economic Classification

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	4,902,484	(52,060)	-	4,850,424	4,910,413	(59,989)	101.2%	4,438,394	4,437,757
Compensation of employees	3,156,709	(37,564)	(36,258)	3,082,887	3,070,796	12,091	99.6%	2,806,482	2,804,762
Salaries and wages	2,859,493	(34,773)	(33,131)	2,791,589	2,722,801	68,788	97.5%	2,498,788	2,481,581
Social contributions	297,216	(2,791)	(3,127)	291,298	347,995	(56,697)	119.5%	307,694	323,181
Goods and services	1,745,775	(14,496)	36,258	1,767,537	1,832,234	(64,697)	103.7%	1,631,912	1,627,617
Administrative fees	5,406	(2,373)	(680)	2,353	1,871	482	79.5%	5,117	1,154
Advertising	5,819	-	-	5,819	3,459	2,360	59.4%	5,949	16,454
Minor assets	17,923	-	(801)	17,122	4,317	12,805	25.2%	18,554	7,269
Audit costs: External	15,417	-	-	15,417	14,577	840	94.6%	14,656	14,480
Bursaries: Employees	2,344	(1,135)	-	1,209	95	1,114	7.9%	2,219	2,835
Catering: Departmental activities	5,254	-	-	5,254	10,480	(5,226)	199.5%	4,955	8,623
Communication (G&S)	15,727	2,259	(224)	17,762	21,917	(4,155)	123.4%	17,546	20,722
Computer services	13,666	-	(300)	13,366	35,454	(22,088)	265.3%	23,391	48,967
Consultants: Business and advisory services	2,414	-	(588)	1,826	2,421	(595)	132.6%	2,286	1,578
Infrastructure and planning services	20	-	-	20	-	20	-	19	-
Laboratory services	146,464	-	-	146,464	136,361	10,103	93.1%	130,539	113,597
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	5,213	-	-	5,213	13,058	(7,845)	250.5%	4,936	6,143
Contractors	270,168	-	831	270,999	277,470	(6,471)	102.4%	257,554	237,703
Agency and support / outsourced services	124,494	3,460	(641)	127,313	125,020	2,293	98.2%	209,009	184,631

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Entertainment	261	-	-	261	-	261	-	247	-
Fleet services (including government motor transport)	110,817	-	(2,044)	108,773	71,063	37,710	65.3%	88,136	93,503
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	4,226	-	-	4,226	1,892	2,334	44.8%	4,075	841
Inventory: Farming supplies	32	-	-	32	447	(415)	1396.9%	31	14
Inventory: Food and food supplies	41,213	-	-	41,213	34,998	6,215	84.9%	41,176	28,235
Inventory: Fuel, oil and gas	26,691	-	(2,153)	24,538	8,614	15,924	35.1%	21,857	24,167
Inventory: Learner and teacher support material	120	-	-	120	-	120	-	114	-
Inventory: Materials and supplies	6,657	-	-	6,657	3,139	3,518	47.2%	6,290	1,702
Inventory: Medical supplies	149,502	-	-	149,502	192,457	(42,955)	128.7%	134,425	144,705
Inventory: Medicine	349,863	-	(23,725)	326,138	376,726	(50,588)	115.5%	281,908	277,499
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	13,351	(13,351)	-	-	9,350
Consumable supplies	35,523	-	-	35,523	38,305	(2,782)	107.8%	30,820	30,232
Consumable: Stationery, printing and office supplies	24,049	(1,195)	(296)	22,558	26,516	(3,958)	117.5%	22,759	16,865
Operating leases	74,653	-	14,946	89,599	51,398	38,201	57.4%	64,292	46,059
Property payments	180,972	-	51,594	232,566	274,148	(41,582)	117.9%	135,132	216,561
Transport provided: Departmental activity	12,110	-	-	12,110	30,717	(18,607)	253.6%	9,200	18,713
Travel and subsistence	51,288	(7,884)	(583)	42,821	42,938	(117)	100.3%	45,927	35,116
Training and development	28,277	(4,462)	(672)	23,143	11,461	11,682	49.5%	31,011	12,133
Operating payments	4,040	-	-	4,040	2,378	1,662	58.9%	3,541	1,688
Venues and facilities	2,220	-	-	2,220	4,277	(2,057)	192.7%	2,104	2,893
Rental and hiring	12,932	(3,166)	1,594	11,360	909	10,451	8.0%	12,137	3,185
Interest and rent on land	-	-	-	-	7,383	(7,383)	-	-	5,378

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Interest	-	-	-	-	7,383	(7,383)	-	-	5,378
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	42,125	52,060	-	94,185	90,978	3,207	96.6%	39,883	49,708
Provinces and municipalities	6,290	(174)	-	6,116	934	5,182	15.3%	2,928	559
Provinces	-	7	-	7	400	(393)	5714.3%	116	364
Provincial Revenue Funds	-	7	-	7	400	(393)	5714.3%	116	364
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	6,290	(181)	-	6,109	534	5,575	8.7%	2,812	195
Municipal bank accounts	6,290	(181)	-	6,109	534	5,575	8.7%	2,812	195
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	33	(33)	-	-	-
Public corporations	-	-	-	-	29	(29)	-	-	-
Other transfers to private enterprises	-	-	-	-	29	(29)	-	-	-
Private enterprises	-	-	-	-	4	(4)	-	-	-
Other transfers to private enterprises	-	-	-	-	4	(4)	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	3,946	-
Households	35,835	52,234	-	88,069	90,011	(1,942)	102.2%	33,009	49,149
Social benefits	8,823	386	-	9,209	9,211	(2)	100.0%	31,142	45,599
Other transfers to households	27,012	51,848	-	78,860	80,800	(1,940)	102.5%	1,867	3,550
Payments for capital assets	285,582	-	-	285,582	182,061	103,521	63.8%	376,034	350,015
Buildings and other fixed structures	155,434	1,665	85	157,184	138,785	18,399	88.3%	241,853	232,208
Buildings	155,434	1,665	85	157,184	138,785	18,399	88.3%	241,853	232,208
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	130,148	(1,665)	(85)	128,398	43,276	85,122	33.7%	133,869	117,442

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Transport equipment	29,739	-	-	29,739	11,065	18,674	37.2%	30,413	24,135
Other machinery and equipment	100,409	(1,665)	(85)	98,659	32,211	66,448	32.6%	103,456	93,307
Software and other intangible assets	-	-	-	-	-	-	-	312	365
Total	5,230,191	-	-	5,230,191	5,183,452	46,739	99.1%	4,854,311	4,837,480

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 156 Appropriation per Economic Classification

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	4,902,484	(52,060)	-	4,850,424	4,910,413	(59,989)	101.2%	4,438,394	4,437,757
Compensation of employees	3,156,709	(37,564)	(36,258)	3,082,887	3,070,796	12,091	99.6%	2,806,482	2,804,762
Salaries and wages	2,859,493	(34,773)	(33,131)	2,791,589	2,722,801	68,788	97.5%	2,498,788	2,481,581
Social contributions	297,216	(2,791)	(3,127)	291,298	347,995	(56,697)	119.5%	307,694	323,181
Goods and services	1,745,775	(14,496)	36,258	1,767,537	1,832,234	(64,697)	103.7%	1,631,912	1,627,617
Administrative fees	5,406	(2,373)	(680)	2,353	1,871	482	79.5%	5,117	1,154
Advertising	5,819	-	-	5,819	3,459	2,360	59.4%	5,949	16,454
Minor assets	17,923	-	(801)	17,122	4,317	12,805	25.2%	18,554	7,269
Audit costs: External	15,417	-	-	15,417	14,577	840	94.6%	14,656	14,480
Bursaries: Employees	2,344	(1,135)	-	1,209	95	1,114	7.9%	2,219	2,835
Catering: Departmental activities	5,254	-	-	5,254	10,480	(5,226)	199.5%	4,955	8,623
Communication (G&S)	15,727	2,259	(224)	17,762	21,917	(4,155)	123.4%	17,546	20,722
Computer services	13,666	-	(300)	13,366	35,454	(22,088)	265.3%	23,391	48,967
Consultants: Business and advisory services	2,414	-	(588)	1,826	2,421	(595)	132.6%	2,286	1,578
Infrastructure and planning services	20	-	-	20	-	20	-	19	-
Laboratory services	146,464	-	-	146,464	136,361	10,103	93.1%	130,539	113,597
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	5,213	-	-	5,213	13,058	(7,845)	250.5%	4,936	6,143
Contractors	270,168	-	831	270,999	277,470	(6,471)	102.4%	257,554	237,703
Agency and support / outsourced services	124,494	3,460	(641)	127,313	125,020	2,293	98.2%	209,009	184,631

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Entertainment	261	-	-	261	-	261	-	247	-
Fleet services (including government motor transport)	110,817	-	(2,044)	108,773	71,063	37,710	65.3%	88,136	93,503
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	4,226	-	-	4,226	1,892	2,334	44.8%	4,075	841
Inventory: Farming supplies	32	-	-	32	447	(415)	1396.9%	31	14
Inventory: Food and food supplies	41,213	-	-	41,213	34,998	6,215	84.9%	41,176	28,235
Inventory: Fuel, oil and gas	26,691	-	(2,153)	24,538	8,614	15,924	35.1%	21,857	24,167
Inventory: Learner and teacher support material	120	-	-	120	-	120	-	114	-
Inventory: Materials and supplies	6,657	-	-	6,657	3,139	3,518	47.2%	6,290	1,702
Inventory: Medical supplies	149,502	-	-	149,502	192,457	(42,955)	128.7%	134,425	144,705
Inventory: Medicine	349,863	-	(23,725)	326,138	376,726	(50,588)	115.5%	281,908	277,499
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	13,351	(13,351)	-	-	9,350
Consumable supplies	35,523	-	-	35,523	38,305	(2,782)	107.8%	30,820	30,232
Consumable: Stationery, printing and office supplies	24,049	(1,195)	(296)	22,558	26,516	(3,958)	117.5%	22,759	16,865
Operating leases	74,653	-	14,946	89,599	51,398	38,201	57.4%	64,292	46,059
Property payments	180,972	-	51,594	232,566	274,148	(41,582)	117.9%	135,132	216,561
Transport provided: Departmental activity	12,110	-	-	12,110	30,717	(18,607)	253.6%	9,200	18,713
Travel and subsistence	51,288	(7,884)	(583)	42,821	42,938	(117)	100.3%	45,927	35,116
Training and development	28,277	(4,462)	(672)	23,143	11,461	11,682	49.5%	31,011	12,133

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Operating payments	4,040	-	-	4,040	2,378	1,662	58.9%	3,541	1,688
Venues and facilities	2,220	-	-	2,220	4,277	(2,057)	192.7%	2,104	2,893
Rental and hiring	12,932	(3,166)	1,594	11,360	909	10,451	8.0%	12,137	3,185
Interest and rent on land	-	-	-	-	7,383	(7,383)	-	-	5,378
Interest	-	-	-	-	7,383	(7,383)	-	-	5,378
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	42,125	52,060	-	94,185	90,978	3,207	96.6%	39,883	49,708
Provinces and municipalities	6,290	(174)	-	6,116	934	5,182	15.3%	2,928	559
Provinces	-	7	-	7	400	(393)	5714.3%	116	364
Provincial Revenue Funds	-	7	-	7	400	(393)	5714.3%	116	364
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	6,290	(181)	-	6,109	534	5,575	8.7%	2,812	195
Municipal bank accounts	6,290	(181)	-	6,109	534	5,575	8.7%	2,812	195
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	33	(33)	-	-	-
Public corporations	-	-	-	-	29	(29)	-	-	-
Other transfers to private enterprises	-	-	-	-	29	(29)	-	-	-
Private enterprises	-	-	-	-	4	(4)	-	-	-
Other transfers to private enterprises	-	-	-	-	4	(4)	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	3,946	-
Households	35,835	52,234	-	88,069	90,011	(1,942)	102.2%	33,009	49,149
Social benefits	8,823	386	-	9,209	9,211	(2)	100.0%	31,142	45,599

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Other transfers to households	27,012	51,848	-	78,860	80,800	(1,940)	102.5%	1,867	3,550
Payments for capital assets	285,582	-	-	285,582	182,061	103,521	63.8%	376,034	350,015
Buildings and other fixed structures	155,434	1,665	85	157,184	138,785	18,399	88.3%	241,853	232,208
Buildings	155,434	1,665	85	157,184	138,785	18,399	88.3%	241,853	232,208
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	130,148	(1,665)	(85)	128,398	43,276	85,122	33.7%	133,869	117,442
Transport equipment	29,739	-	-	29,739	11,065	18,674	37.2%	30,413	24,135
Other machinery and equipment	100,409	(1,665)	(85)	98,659	32,211	66,448	32.6%	103,456	93,307
Software and other intangible assets	-	-	-	-	-	-	-	312	365
Total	5,230,191	-	-	5,230,191	5,183,452	46,739	99.1%	4,854,311	4,837,480

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

5.3.3 Appropriation per Programme and Sub-Programme

5.3.3.1 Programme 1: Administration

Table 157 Appropriation: Programme 1 - Administration

2019/20								2018/19	
Sub programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Office of the MEC	13,023	2,259	-	15,282	18,134	(2,852)	118.7%	19,677	19,204
Management	208,260	(2,259)	-	206,001	201,926	4,075	98.0%	203,424	204,849
Total for sub programmes	221,283	-	-	221,283	220,060	1,223	99.4%	223,101	224,053
Economic classification									
Current payments	218,991	-	-	218,991	218,503	488	99.8%	217,834	218,998
Compensation of employees	145,138	(2,259)	-	142,879	142,878	1	100.0%	132,343	132,343
Salaries and wages	133,054	(2,259)	-	130,795	124,697	6,098	95.3%	114,859	114,859
Social contributions	12,084	-	-	12,084	18,181	(6,097)	150.5%	17,484	17,484
Goods and services	73,853	2,259	-	76,112	75,460	652	99.1%	85,491	86,364
Administrative fees	869	-	-	869	762	107	87.7%	823	512
Advertising	1,113	-	-	1,113	366	747	32.9%	1,054	1,122
Minor assets	342	-	-	342	142	200	41.5%	324	241
Audit costs: External	15,417	-	-	15,417	14,577	840	94.6%	14,656	14,479
Bursaries: Employees	-	-	-	-	15	(15)	-	-	13
Catering: Departmental activities	109	-	-	109	1,222	(1,113)	1121.1%	103	690
Communication (G&S)	11,631	2,259	-	13,890	10,192	3,698	73.4%	14,614	7,907
Computer services	5,776	-	-	5,776	295	5,481	5.1%	15,919	28,864

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

2019/20								2018/19	
Sub programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Consultants: Business and advisory services	683	-	-	683	1,820	(1,137)	266.5%	647	1,550
Infrastructure and planning services	16	-	-	16	-	16	-	15	-
Laboratory services	-	-	-	-	-	-	-	-	-
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	5,198	-	-	5,198	12,851	(7,653)	247.2%	4,922	6,143
Contractors	1,915	-	-	1,915	363	1,552	19.0%	1,814	608
Agency and support / outsourced services	-	-	-	-	6,088	(6,088)	-	-	4,369
Entertainment	261	-	-	261	-	261	-	247	-
Fleet services (including government motor transport)	11,514	-	-	11,514	3,194	8,320	27.7%	10,959	3,829
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	-	-	68
Inventory: Farming supplies	-	-	-	-	-	-	-	-	1
Inventory: Food and food supplies	-	-	-	-	634	(634)	-	-	645
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	-	23
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	-	-	-	-	303	(303)	-	-	13
Inventory: Medical supplies	-	-	-	-	723	(723)	-	-	291
Inventory: Medicine	-	-	-	-	-	-	-	-	-

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

2019/20								2018/19	
Sub programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	33	(33)	-	-	18
Consumable supplies	1,226	-	-	1,226	2,483	(1,257)	202.5%	1,161	464
Consumable: Stationery, printing and office supplies	2,284	-	-	2,284	2,560	(276)	112.1%	2,162	1,930
Operating leases	4,130	-	-	4,130	1,838	2,292	44.5%	3,911	1,890
Property payments	3,532	-	-	3,532	4,503	(971)	127.5%	4,344	4,254
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	6,929	-	-	6,929	8,870	(1,941)	128.0%	6,956	5,736
Training and development	165	-	-	165	387	(222)	234.5%	156	66
Operating payments	401	-	-	401	164	237	40.9%	380	211
Venues and facilities	342	-	-	342	1,037	(695)	303.2%	324	427
Rental and hiring	-	-	-	-	38	(38)	-	-	-
Interest and rent on land	-	-	-	-	165	(165)	-	-	291
Interest	-	-	-	-	165	(165)	-	-	291
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	119	-	-	119	1,368	(1,249)	1149.6%	2,109	4,168
Provinces and municipalities	-	-	-	-	119	(119)	-	-	254
Provinces	-	-	-	-	119	(119)	-	-	254
Provincial Revenue Funds	-	-	-	-	119	(119)	-	-	254
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal bank accounts	-	-	-	-	-	-	-	-	-

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

2019/20								2018/19	
Sub programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	129	-
Households	119	-	-	119	1,249	(1,130)	1049.6%	1,980	3,914
Social benefits	119	-	-	119	351	(232)	295.0%	113	364
Other transfers to households	-	-	-	-	898	(898)	-	1,867	3,550
Payments for capital assets	2,173	-	-	2,173	189	1,984	8.7%	3,158	887
Buildings and other fixed structures	-	-	-	-	-	-	-	785	388
Buildings	-	-	-	-	-	-	-	785	388
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	2,173	-	-	2,173	189	1,984	8.7%	2,363	489
Transport equipment	-	-	-	-	-	-	-	909	-
Other machinery and equipment	2,173	-	-	2,173	189	1,984	8.7%	1,454	489
Software and other intangible assets	-	-	-	-	-	-	-	10	10
Total	221,283	-	-	221,283	220,060	1,223	99.4%	223,101	224,053

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 158 Office of the MEC

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	13,023	2,259	-	15,282	18,031	(2,749)	118.0%	18,448	19,016
Compensation of employees	7,371	-	-	7,371	9,807	(2,436)	133.0%	8,246	8,246
Goods and services	5,652	2,259	-	7,911	8,219	(308)	103.9%	10,202	10,729
Interest and rent on land	-	-	-	-	5	(5)	-	-	41
Transfers and subsidies	-	-	-	-	97	(97)	-	129	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	129	-
Households	-	-	-	-	97	(97)	-	-	-
Payments for capital assets	-	-	-	-	6	(6)	-	1,100	188
Buildings and other fixed structures	-	-	-	-	-	-	-	5	5
Machinery and equipment	-	-	-	-	6	(6)	-	1,095	183
Intangible assets	-	-	-	-	-	-	-	-	-
Total	13,023	2,259	-	15,282	18,134	(2,852)	118.7%	19,677	19,204

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 159 Management

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	205,968	(2,259)	-	203,709	200,472	3,237	98.4%	199,386	199,982
Compensation of employees	137,767	(2,259)	-	135,508	133,071	2,437	98.2%	124,097	124,097
Goods and services	68,201	-	-	68,201	67,241	960	98.6%	75,289	75,635
Interest and rent on land	-	-	-	-	160	(160)	-	-	250
Transfers and subsidies	119	-	-	119	1,271	(1,152)	1068.1%	1,980	4,168
Provinces and municipalities	-	-	-	-	119	(119)	-	-	254
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	119	-	-	119	1,152	(1,033)	968.1%	1,980	3,914
Payments for capital assets	2,173	-	-	2,173	183	1,990	8.4%	2,058	699
Buildings and other fixed structures	-	-	-	-	-	-	-	780	383
Machinery and equipment	2,173	-	-	2,173	183	1,990	8.4%	1,268	306
Intangible assets	-	-	-	-	-	-	-	10	10
Total	208,260	(2,259)	-	206,001	201,926	4,075	98.0%	203,424	204,849

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

5.3.3.2 Programme 2: District Health Services

Table 160 Appropriation: Programme 2 – District Health Services

2019/20								2018/19	
Sub programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
District Management	164,378	(230)	76,769	240,917	287,870	(46,953)	119.5%	160,272	200,029
Community Health Clinics	495,366	484	-	495,850	519,361	(23,511)	104.7%	443,807	475,622
Community Health Centres	326,970	(254)	-	326,716	369,414	(42,698)	113.1%	308,853	329,860
Other Community Services	115,617	-	-	115,617	42,344	73,273	36.6%	108,730	38,531
Hiv/Aids	638,370	-	-	638,370	605,124	33,246	94.8%	567,952	539,140
Nutrition	5,284	-	-	5,284	3,202	2,082	60.6%	5,004	3,518
District Hospitals	670,485	-	-	670,485	665,500	4,985	99.3%	585,439	593,984
Total for sub programmes	2,416,470	-	76,769	2,493,239	2,492,815	424	100.0%	2,180,057	2,180,684
Economic classification									
Current payments	2,384,925	1,012	76,769	2,462,706	2,476,006	(13,300)	100.5%	2,142,209	2,155,248
Compensation of employees	1,540,306	(2,448)	-	1,537,858	1,501,103	36,755	97.6%	1,303,984	1,348,661
Salaries and wages	1,387,764	-	-	1,387,764	1,334,802	52,962	96.2%	1,160,896	1,192,055
Social contributions	152,542	(2,448)	-	150,094	166,301	(16,207)	110.8%	143,088	156,606
Goods and services	844,619	3,460	76,769	924,848	973,031	(48,183)	105.2%	838,225	804,445
Administrative fees	583	-	-	583	252	331	43.2%	552	268
Advertising	3,233	-	-	3,233	3,076	157	95.1%	3,500	15,181
Minor assets	6,450	-	-	6,450	1,506	4,944	23.3%	6,673	3,151
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	163	-	-	163	1	162	0.6%	154	-
Catering: Departmental activities	4,284	-	-	4,284	4,789	(505)	111.8%	4,036	3,265

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

2019/20								2018/19	
Sub programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Communication (G&S)	1,510	-	-	1,510	9,536	(8,026)	631.5%	483	12,383
Computer services	2,743	-	-	2,743	23,979	(21,236)	874.2%	2,598	8,474
Consultants: Business and advisory services	313	-	-	313	110	203	35.1%	296	18
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	100,800	-	-	100,800	106,593	(5,793)	105.7%	95,933	80,693
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-
Contractors	45,141	-	-	45,141	23,462	21,679	52.0%	39,835	24,257
Agency and support / outsourced services	63,865	3,460	-	67,325	69,542	(2,217)	103.3%	148,818	118,381
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	10,901	-	4,559	15,460	13,010	2,450	84.2%	13,408	14,628
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	1,406	-	-	1,406	337	1,069	24.0%	1,405	251
Inventory: Farming supplies	5	-	-	5	447	(442)	8940.0%	5	7
Inventory: Food and food supplies	32,903	-	-	32,903	26,590	6,313	80.8%	33,306	20,729
Inventory: Fuel, oil and gas	4,867	-	-	4,867	4,724	143	97.1%	4,609	2,348
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	3,464	-	-	3,464	1,744	1,720	50.3%	3,267	904

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

2019/20								2018/19	
Sub programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Medical supplies	66,030	-	-	66,030	80,423	(14,393)	121.8%	60,200	54,845
Inventory: Medicine	270,829	-	-	270,829	331,869	(61,040)	122.5%	243,333	242,434
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	4,751	(4,751)	-	-	2,350
Consumable supplies	18,072	-	-	18,072	23,062	(4,990)	127.6%	17,115	16,971
Consumable: Stationery, printing and office supplies	13,406	-	-	13,406	14,727	(1,321)	109.9%	12,681	6,271
Operating leases	31,735	-	14,946	46,681	26,082	20,599	55.9%	25,995	11,739
Property payments	125,398	-	52,066	177,464	180,052	(2,588)	101.5%	81,626	142,365
Transport provided: Departmental activity	774	-	-	774	-	774	-	733	-
Travel and subsistence	21,671	-	-	21,671	17,068	4,603	78.8%	20,504	16,384
Training and development	11,508	-	-	11,508	208	11,300	1.8%	14,738	200
Operating payments	1,809	-	-	1,809	1,630	179	90.1%	1,714	1,198
Venues and facilities	450	-	-	450	3,073	(2,623)	682.9%	427	1,600
Rental and hiring	306	-	5,198	5,504	388	5,116	7.0%	281	3,150
Interest and rent on land	-	-	-	-	1,872	(1,872)	-	-	2,142
Interest	-	-	-	-	1,872	(1,872)	-	-	2,142
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	11,557	(1,012)	-	10,545	6,121	4,424	58.0%	11,267	4,168
Provinces and municipalities	5,838	-	-	5,838	551	5,287	9.4%	2,663	195
Provinces	-	-	-	-	17	(17)	-	29	-
Provincial Revenue Funds	-	-	-	-	17	(17)	-	29	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

2019/20								2018/19	
Sub programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Municipalities	5,838	-	-	5,838	534	5,304	9.1%	2,634	195
Municipal bank accounts	5,838	-	-	5,838	534	5,304	9.1%	2,634	195
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	29	(29)	-	-	-
Private enterprises	-	-	-	-	29	(29)	-	-	-
Other transfers to private enterprises	-	-	-	-	29	(29)	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	3,189	-
Households	5,719	(1,012)	-	4,707	5,541	(834)	117.7%	5,415	3,973
Social benefits	5,719	(1,012)	-	4,707	4,598	109	97.7%	5,415	3,973
Other transfers to households	-	-	-	-	943	(943)	-	-	-
Payments for capital assets	19,988	-	-	19,988	10,688	9,300	53.5%	26,581	21,268
Buildings and other fixed structures	-	1,591	-	1,591	1,426	165	89.6%	6,123	6,798
Buildings	-	1,591	-	1,591	1,426	165	89.6%	6,123	6,798
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	19,988	(1,591)	-	18,397	9,262	9,135	50.3%	20,424	14,436
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	19,988	(1,591)	-	18,397	9,262	9,135	50.3%	20,424	14,436
Software and other intangible assets	-	-	-	-	-	-	-	34	34
Total	2,416,470	-	76,769	2,493,239	2,435,997	57,242	97.7%	2,180,057	2,180,684

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 161 District Management

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	163,723	-	76,769	240,492	287,023	(46,531)	119.3%	159,653	199,584
Compensation of employees	132,672	-	-	132,672	168,530	(35,858)	127.0%	126,163	139,985
Goods and services	31,051	-	76,769	107,820	118,463	(10,643)	109.9%	33,490	59,497
Interest and rent on land	-	-	-	-	30	(30)	-	-	102
Transfers and subsidies	31	-	-	31	539	(508)	1738.7%	29	311
Provinces and municipalities	31	-	-	31	54	(23)	174.2%	29	24
Non-profit institutions				-		-	-	-	-
Households	-	-	-	-	485	(485)	-	-	287
Payments for capital assets	624	(230)	-	394	308	86	78.2%	590	134
Buildings and other fixed structures	-	265	-	265	179	86	67.5%	18	110
Machinery and equipment	624	(495)	-	129	129	-	100.0%	572	24
Intangible assets	-	-	-	-	-	-	-	-	-
Total	164,378	(230)	76,769	240,917	287,870	(46,953)	119.5%	160,272	200,029

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 162 Community Health Clinics

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	493,797	-	-	493,797	516,972	(23,175)	104.7%	438,815	470,609
Compensation of employees	321,497	(2,448)	-	319,049	312,790	6,259	98.0%	298,930	299,738
Goods and services	172,300	2,448	-	174,748	203,701	(28,953)	116.6%	139,885	170,757
Interest and rent on land	-	-	-	-	481	(481)	-	-	114
Transfers and subsidies	751	-	-	751	1,247	(496)	166.0%	1,042	1,139
Provinces and municipalities	3,068	-	-	3,068	28	3,040	0.9%	47	5
Non-profit institutions	(3,368)	-	-	(3,368)	-	(3,368)	-	-	-
Households	1,051	-	-	1,051	1,219	(168)	116.0%	995	1,134
Payments for capital assets	818	484	-	1,302	1,142	160	87.7%	3,950	3,874
Buildings and other fixed structures	-	1,031	-	1,031	952	79	92.3%	1,077	1,026
Machinery and equipment	818	(547)	-	271	190	81	70.1%	2,873	2,848
Intangible assets	-	-	-	-	-	-	-	-	-
Total	495,366	484	-	495,850	519,361	(23,511)	104.7%	443,807	475,622

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 163 Community Health Centres

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	321,438	1,012	-	322,450	366,810	(44,360)	113.8%	303,615	326,226
Compensation of employees	221,895	-	-	221,895	262,348	(40,453)	118.2%	211,016	230,103
Goods and services	99,543	1,012	-	100,555	104,133	(3,578)	103.6%	92,599	95,887
Interest and rent on land	-	-	-	-	329	(329)	-	-	236
Transfers and subsidies	2,271	(1,012)	-	1,259	1,275	(16)	101.3%	2,150	898
Provinces and municipalities	92	-	-	92	469	(377)	509.8%	87	166
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	2,179	(1,012)	-	1,167	806	361	69.1%	2,063	732
Payments for capital assets	3,261	(254)	-	3,007	1,329	1,678	44.2%	3,088	2,736
Buildings and other fixed structures	-	85	-	85	85	-	100.0%	665	1,246
Machinery and equipment	3,261	(339)	-	2,922	1,244	1,678	42.6%	2,423	1,490
Intangible assets	-	-	-	-	-	-	-	-	-
Total	326,970	(254)	-	326,716	369,414	(42,698)	113.1%	308,853	329,860

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 164 Other Community Services

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	110,866	-	-	110,866	41,777	69,089	37.7%	104,231	38,425
Compensation of employees	88,115	-	-	88,115	30,749	57,366	34.9%	82,686	31,891
Goods and services	22,751	-	-	22,751	11,023	11,728	48.5%	21,545	6,534
Interest and rent on land	-	-	-	-	5	(5)	-	-	-
Transfers and subsidies	3,368	-	-	3,368	17	3,351	0.5%	3,189	74
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	3,368	-	-	3,368	-	3,368	-	3,189	-
Households	-	-	-	-	17	(17)	-	-	74
Payments for capital assets	1,383	-	-	1,383	550	833	39.8%	1,310	32
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	1,383	-	-	1,383	550	833	39.8%	1,310	32
Intangible assets	-	-	-	-	-	-	-	-	-
Total	115,617	-	-	115,617	42,344	73,273	36.6%	108,730	38,531

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 165 HIV / AIDS

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	632,439	-	-	632,439	603,919	28,520	95.5%	557,864	531,627
Compensation of employees	302,856	-	-	302,856	244,843	58,013	80.8%	150,354	199,066
Goods and services	329,583	-	-	329,583	358,943	(29,360)	108.9%	407,510	331,176
Interest and rent on land	-	-	-	-	133	(133)	-	-	1,385
Transfers and subsidies	2,647	-	-	2,647	834	1,813	31.5%	2,500	142
Provinces and municipalities	2,647	-	-	2,647	-	2,647	-	2,500	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	834	(834)	-	-	142
Payments for capital assets	3,284	-	-	3,284	371	2,913	11.3%	7,588	7,371
Buildings and other fixed structures	-	210	-	210	210	-	100.0%	-	-
Machinery and equipment	3,284	(210)	-	3,074	161	2,913	5.2%	7,588	7,371
Intangible assets	-	-	-	-	-	-	-	-	-
Total	638,370	-	-	638,370	605,124	33,246	94.8%	567,952	539,140

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 166 Nutrition

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	5,194	-	-	5,194	3,202	1,992	61.6%	4,919	3,453
Compensation of employees	2,276	-	-	2,276	2,045	231	89.9%	2,155	1,860
Goods and services	2,918	-	-	2,918	1,157	1,761	39.7%	2,764	1,593
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	90	-	-	90	-	90	-	85	65
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	90	-	-	90	-	90	-	85	31
Intangible assets	-	-	-	-	-	-	-	-	34
Total	5,284	-	-	5,284	3,202	2,082	60.6%	5,004	3,518

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 167 District Hospitals

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	657,468	-	-	657,468	656,303	1,165	99.8%	573,112	585,324
Compensation of employees	470,995	-	-	470,995	479,798	(8,803)	101.9%	432,680	446,018
Goods and services	186,473	-	-	186,473	175,611	10,862	94.2%	140,432	139,001
Interest and rent on land	-	-	-	-	894	(894)	-	-	305
Transfers and subsidies	2,489	-	-	2,489	2,209	280	88.8%	2,357	1,604
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	29	(29)	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	2,489	-	-	2,489	2,180	309	87.6%	2,357	1,604
Payments for capital assets	10,528	-	-	10,528	6,988	3,540	66.4%	9,970	7,056
Buildings and other fixed structures	-	-	-	-	-	-	-	4,363	4,416
Machinery and equipment	10,528	-	-	10,528	6,988	3,540	66.4%	5,607	2,640
Intangible assets	-	-	-	-	-	-	-	-	-
Total	670,485	-	-	670,485	665,500	4,985	99.3%	585,439	593,984

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

5.3.3.3 Programme 3: Emergency Medical Services

Table 168 Appropriation: Programme 3 - EMS

2019/20								2018/19	
Sub programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Emergency Transport	368,978	-	(6,603)	362,375	335,798	26,577	92.7%	332,999	333,706
Planned Patient Transport	3,107	-	-	3,107	3,095	12	99.6%	-	-
Total for sub programmes	372,085	-	(6,603)	365,482	338,893	26,589	92.7%	332,999	333,706
Economic classification									
Current payments	342,554	-	(6,603)	335,951	327,392	8,559	97.5%	305,419	314,006
Compensation of employees	219,612	-	-	219,612	238,245	(18,633)	108.5%	211,350	214,869
Salaries and wages	191,681	-	-	191,681	202,882	(11,201)	105.8%	182,261	183,258
Social contributions	27,931	-	-	27,931	35,363	(7,432)	126.6%	29,089	31,611
Goods and services	122,942	-	(6,603)	116,339	88,691	27,648	76.2%	94,069	97,219
Administrative fees	-	-	-	-	19	(19)	-	-	9
Advertising	131	-	-	131	-	131	-	124	77
Minor assets	5,360	-	-	5,360	2	5,358	0.0%	5,076	285
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	22
Catering: Departmental activities	92	-	-	92	81	11	88.0%	87	55
Communication (G&S)	932	-	-	932	-	932	-	883	-
Computer services	298	-	-	298	-	298	-	282	3
Consultants: Business and advisory services	-	-	-	-	484	(484)	-	-	-
Infrastructure and planning services	-	-	-	-	-	-	-	-	-

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

2019/20								2018/19	
Sub programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Laboratory services	-	-	-	-	-	-	-	-	-
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-
Contractors	2,484	-	-	2,484	32	2,452	1.3%	2,352	8
Agency and support / outsourced services	23	-	-	23	135	(112)	587.0%	22	83
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	81,625	-	(6,603)	75,022	47,485	27,537	63.3%	57,209	68,187
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	1,807	-	-	1,807	-	1,807	-	1,711	-
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	-	-	3
Inventory: Fuel, oil and gas	1,891	-	-	1,891	27	1,864	1.4%	1,791	8
Inventory: Learner and teacher support material	120	-	-	120	-	120	-	114	-
Inventory: Materials and supplies	406	-	-	406	15	391	3.7%	384	3
Inventory: Medical supplies	1,345	-	-	1,345	553	792	41.1%	1,274	928
Inventory: Medicine	916	-	-	916	152	764	16.6%	867	680
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	23	(23)	-	-	-
Consumable supplies	819	-	-	819	353	466	43.1%	776	112

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

2019/20								2018/19	
Sub programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Consumable: Stationery, printing and office supplies	983	-	-	983	766	217	77.9%	931	348
Operating leases	10,299	-	-	10,299	3,890	6,409	37.8%	9,753	5,684
Property payments	1,139	-	-	1,139	1,390	(251)	122.0%	1,079	1,800
Transport provided: Departmental activity	10,000	-	-	10,000	30,694	(20,694)	306.9%	7,202	18,698
Travel and subsistence	2,103	-	-	2,103	2,469	(366)	117.4%	1,992	895
Training and development	-	-	-	-	-	-	-	-	-
Operating payments	169	-	-	169	63	106	37.3%	160	23
Venues and facilities	-	-	-	-	-	-	-	-	-
Rental and hiring	-	-	-	-	58	(58)	-	-	(692)
Interest and rent on land	-	-	-	-	456	(456)	-	-	1,918
Interest	-	-	-	-	456	(456)	-	-	1,918
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	452	-	-	452	436	16	96.5%	428	250
Provinces and municipalities	452	(181)	-	271	256	15	94.5%	265	87
Provinces	-	-	-	-	256	(256)	-	87	87
Provincial Revenue Funds	-	-	-	-	256	(256)	-	87	87
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	452	(181)	-	271	-	271	-	178	-
Municipal bank accounts	452	(181)	-	271	-	271	-	178	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	181	-	181	180	1	99.4%	163	163

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

2019/20								2018/19	
Sub programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Social benefits	-	181	-	181	180	1	99.4%	163	163
Other transfers to households	-	-	-	-	-	-	-	-	-
Payments for capital assets	29,079	-	-	29,079	11,065	18,014	38.1%	27,152	19,450
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	29,079	-	-	29,079	11,065	18,014	38.1%	27,152	19,450
Transport equipment	29,079	-	-	29,079	11,065	18,014	38.1%	26,921	19,450
Other machinery and equipment	-	-	-	-	-	-	-	231	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Total	372,085	-	(6,603)	365,482	338,893	26,589	92.7%	332,999	333,706

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 169 Emergency Transport

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	339,447	-	(6,603)	332,844	324,297	8,547	97.4%	305,419	314,006
Compensation of employees	217,747	-	-	217,747	235,155	(17,408)	108.0%	211,350	214,869
Goods and services	121,700	-	(6,603)	115,097	88,686	26,411	77.1%	94,069	97,219
Interest and rent on land	-	-	-	-	456	(456)	-	-	1,918
Transfers and subsidies	452	-	-	452	436	16	96.5%	428	250
Provinces and municipalities	452	(181)	-	271	256	15	94.5%	265	87
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	181	-	181	180	1	99.4%	163	163
Payments for capital assets	29,079	-	-	29,079	11,065	18,014	38.1%	27,152	19,450
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	29,079	-	-	29,079	11,065	18,014	38.1%	27,152	19,450
Intangible assets	-	-	-	-	-	-	-	-	-
Total	368,978	-	(6,603)	362,375	335,798	26,577	92.7%	332,999	333,706

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 170 Planned Patient Transport

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	3,107	-	-	3,107	3,095	12	99.6%	-	-
Compensation of employees	1,865	-	-	1,865	3,090	(1,225)	165.7%	-	-
Goods and services	1,242	-	-	1,242	5	1,237	0.4%	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Total	3,107	-	-	3,107	3,095	12	99.6%	-	-

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

5.3.3.4 Programme 4: Provincial Hospital Services

Table 171 Appropriation: Programme 4 – Provincial Hospital Services

2019/20								2018/19	
Sub programme	Adjusted	Shifting of	Virement	Final	Actual	Variance	Expenditure	Final	Actual
	Appropriation	Funds		Appropriation	Expenditure		as % of final		
	R'000	R'000	R'000	R'000	R'000	R'000	%		
General (Regional) Hospitals	317,122	(181)	(1,683)	315,258	292,782	22,476	92.9%	282,426	282,358
Tuberculosis Hospitals	18,288	-	-	18,288	14,116	4,172	77.2%	15,136	15,136
Psychiatric/Mental Hospitals	81,616	181	-	81,797	108,445	(26,648)	132.6%	85,137	85,205
Total for sub programmes	417,026	-	(1,683)	415,343	415,343	-	100.0%	382,699	382,699
Economic classification									
Current payments	415,552	(181)	(1,683)	413,688	410,523	3,165	99.2%	380,541	380,399
Compensation of employees	304,702	(181)	-	304,521	299,159	5,362	98.2%	281,836	281,833
Salaries and wages	281,113	(181)	-	280,932	261,146	19,786	93.0%	257,023	247,835
Social contributions	23,589	-	-	23,589	38,013	(14,424)	161.1%	24,813	33,998
Goods and services	110,850	-	(1,683)	109,167	106,610	2,557	97.7%	98,705	98,250
Administrative fees	112	-	-	112	60	52	53.6%	107	197
Advertising	228	-	-	228	-	228	-	216	-
Minor assets	855	-	-	855	-	855	-	809	745
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	8	-	-	8	8	-	100.0%	8	-
Catering: Departmental activities	92	-	-	92	101	(9)	109.8%	87	101
Communication (G&S)	686	-	-	686	293	393	42.7%	649	201
Computer services	2,155	-	-	2,155	2,832	(677)	131.4%	2,041	708
Consultants: Business and advisory services	3	-	-	3	1	2	33.3%	3	-

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

2019/20								2018/19	
Sub programme	Adjusted	Shifting of	Virement	Final	Actual	Variance	Expenditure	Final	Actual
	Appropriation	Funds		Appropriation	Expenditure		as % of final	Appropriation	expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Infrastructure and planning services	4	-	-	4	-	4	-	4	-
Laboratory services	5,074	-	-	5,074	1,631	3,443	32.1%	4,947	5,662
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	15	-	-	15	-	15	-	14	-
Contractors	2,606	-	-	2,606	8,828	(6,222)	338.8%	12,468	4,114
Agency and support / outsourced services	17,117	-	-	17,117	12,144	4,973	70.9%	8,987	11,893
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	34	-	-	34	3,869	(3,835)	11379.4%	32	1,460
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	262	-	-	262	25	237	9.5%	248	268
Inventory: Farming supplies	-	-	-	-	-	-	-	-	5
Inventory: Food and food supplies	4,261	-	-	4,261	6,254	(1,993)	146.8%	4,035	5,639
Inventory: Fuel, oil and gas	5,994	-	(1,683)	4,311	3,229	1,082	74.9%	5,676	3,469
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	622	-	-	622	177	445	28.5%	589	252
Inventory: Medical supplies	20,173	-	-	20,173	21,187	(1,014)	105.0%	14,821	20,909
Inventory: Medicine	14,111	-	-	14,111	6,593	7,518	46.7%	10,142	8,087
Medsas inventory interface	-	-	-	-	-	-	-	-	-

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

2019/20								2018/19	
Sub programme	Adjusted	Shifting of	Virement	Final	Actual	Variance	Expenditure	Final	Actual
	Appropriation	Funds		Appropriation	Expenditure		as % of final appropriation	Appropriation	expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Other supplies	-	-	-	-	2,976	(2,976)	-	-	1,053
Consumable supplies	5,009	-	-	5,009	3,789	1,220	75.6%	1,922	4,990
Consumable: Stationery, printing and office supplies	738	-	-	738	1,634	(896)	221.4%	699	586
Operating leases	4,615	-	-	4,615	2,022	2,593	43.8%	1,930	688
Property payments	23,488	-	-	23,488	27,583	(4,095)	117.4%	26,107	25,982
Transport provided: Departmental activity	1,336	-	-	1,336	-	1,336	-	1,265	-
Travel and subsistence	375	-	-	375	1,064	(689)	283.7%	355	1,149
Training and development	193	-	-	193	46	147	23.8%	183	32
Operating payments	684	-	-	684	264	420	38.6%	361	60
Venues and facilities	-	-	-	-	-	-	-	-	-
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	4,754	(4,754)	-	-	316
Interest	-	-	-	-	4,754	(4,754)	-	-	316
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	1,268	181	-	1,449	1,450	(1)	100.1%	627	627
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Provinces	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal bank accounts	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

2019/20								2018/19	
Sub programme	Adjusted	Shifting of	Virement	Final	Actual	Variance	Expenditure	Final	Actual
	Appropriation	Funds		Appropriation	Expenditure		as % of final appropriation		
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	1,268	181	-	1,449	1,450	(1)	100.1%	627	627
Social benefits	1,268	181	-	1,449	1,450	(1)	100.1%	627	627
Other transfers to households	-	-	-	-	-	-	-	-	-
Payments for capital assets	206	-	-	206	3,370	(3,164)	1635.9%	1,531	1,673
Buildings and other fixed structures	-	-	-	-	1,117	(1,117)	-	681	914
Buildings	-	-	-	-	1,117	(1,117)	-	681	914
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	206	-	-	206	2,253	(2,047)	1093.7%	850	759
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	206	-	-	206	2,253	(2,047)	1093.7%	850	759
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Total	417,026	-	(1,683)	415,343	415,343	-	100.0%	382,699	382,699

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 172 General (Regional) Hospitals

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	316,515	(181)	(1,683)	314,651	292,020	22,631	92.8%	281,528	281,497
Compensation of employees	228,241	(181)	-	228,060	210,369	17,691	92.2%	209,710	209,707
Goods and services	88,274	-	(1,683)	86,591	77,015	9,576	88.9%	71,818	71,555
Interest and rent on land	-	-	-	-	4,636	(4,636)	-	-	235
Transfers and subsidies	607	-	-	607	754	(147)	124.2%	546	546
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	607	-	-	607	754	(147)	124.2%	546	546
Payments for capital assets	-	-	-	-	8	(8)	-	352	315
Buildings and other fixed structures	-	-	-	-	-	-	-	-	53
Machinery and equipment	-	-	-	-	8	(8)	-	352	262
Intangible assets	-	-	-	-	-	-	-	-	-
Total	317,122	(181)	(1,683)	315,258	292,782	22,476	92.9%	282,426	282,358

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 173 Tuberculosis Hospital

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	17,815	-	-	17,815	14,051	3,764	78.9%	14,033	14,033
Compensation of employees	10,457	-	-	10,457	12,915	(2,458)	123.5%	12,392	12,392
Goods and services	7,358	-	-	7,358	1,136	6,222	15.4%	1,641	1,636
Interest and rent on land	-	-	-	-	-	-	-	-	5
Transfers and subsidies	267	-	-	267	65	202	24.3%	20	20
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	267	-	-	267	65	202	24.3%	20	20
Payments for capital assets	206	-	-	206	-	206	-	1,083	1,083
Buildings and other fixed structures	-	-	-	-	-	-	-	655	655
Machinery and equipment	206	-	-	206	-	206	-	428	428
Intangible assets	-	-	-	-	-	-	-	-	-
Total	18,288	-	-	18,288	14,116	4,172	77.2%	15,136	15,136

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 174 Psychiatric/Mental Hospitals

2018/19								2017/18	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	81,222	-	-	81,222	104,452	(23,230)	128.6%	84,980	84,869
Compensation of employees	66,004	-	-	66,004	75,875	(9,871)	115.0%	59,734	59,734
Goods and services	15,218	-	-	15,218	28,459	(13,241)	187.0%	25,246	25,059
Interest and rent on land	-	-	-	-	118	(118)	-	-	76
Transfers and subsidies	394	181	-	575	631	(56)	109.7%	61	61
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	394	181	-	575	631	(56)	109.7%	61	61
Payments for capital assets	-	-	-	-	3,362	(3,362)	-	96	275
Buildings and other fixed structures	-	-	-	-	1,117	(1,117)	-	26	206
Machinery and equipment	-	-	-	-	2,245	(2,245)	-	70	69
Intangible assets	-	-	-	-	-	-	-	-	-
Total	81,616	181	-	81,797	108,445	(26,648)	132.6%	85,137	85,205

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

5.3.3.5 Programme 5: Central Hospital Services

Table 175 Appropriation: Programme 5 – Central Hospital Services

2018/19								2017/18	
Sub programme	Adjusted	Shifting of	Virement	Final	Actual	Variance	Expenditure	Final	Actual
	Appropriation	Funds		Appropriation	Expenditure		as % of final	Appropriation	expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Provincial Tertiary Hospital Services	1,147,583	-	(59,152)	1,088,431	1,071,171	17,260	98.4%	1,071,750	1,062,227
Total for sub programmes	1,147,583	-	(59,152)	1,088,431	1,071,171	17,260	98.4%	1,071,750	1,062,227
Economic classification									
Current payments	1,101,935	(20,838)	(59,152)	1,021,945	1,041,512	(19,567)	101.9%	995,148	978,124
Compensation of employees	814,768	(20,838)	(35,427)	758,503	769,604	(11,101)	101.5%	757,151	711,868
Salaries and wages	750,542	(20,838)	(35,427)	694,277	695,846	(1,569)	100.2%	679,651	642,800
Social contributions	64,226	-	-	64,226	73,758	(9,532)	114.8%	77,500	69,065
Goods and services	287,167	-	(23,725)	263,442	271,819	(8,377)	103.2%	237,997	265,723
Administrative fees	283	-	-	283	351	(68)	124.0%	268	24
Advertising	377	-	-	377	-	377	-	357	-
Minor assets	1,423	-	-	1,423	1,244	179	87.4%	1,348	1,899
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	53	-	-	53	70	(17)	132.1%	50	446
Catering: Departmental activities	193	-	-	193	131	62	67.9%	183	442
Communication (G&S)	204	-	-	204	125	79	61.3%	193	129
Computer services	2,034	-	-	2,034	7,974	(5,940)	392.0%	1,926	9,996
Consultants: Business and advisory services	372	-	-	372	6	366	1.6%	352	10

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

2018/19								2017/18	
Sub programme	Adjusted	Shifting of	Virement	Final	Actual	Variance	Expenditure	Final	Actual
	Appropriation	Funds		Appropriation	Expenditure		as % of final appropriation		
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	40,590	-	-	40,590	28,137	12,453	69.3%	29,659	27,242
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	207	(207)	-	-	-
Contractors	26,453	-	-	26,453	24,354	2,099	92.1%	26,533	21,186
Agency and support / outsourced services	41,402	-	-	41,402	36,651	4,751	88.5%	49,206	49,518
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	118	-	-	118	1,073	(955)	909.3%	112	1,132
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	633	-	-	633	-	633	-	599	252
Inventory: Farming supplies	-	-	-	-	-	-	-	-	1
Inventory: Food and food supplies	3,589	-	-	3,589	1,488	2,101	41.5%	3,399	1,219
Inventory: Fuel, oil and gas	13,469	-	-	13,469	590	12,879	4.4%	9,336	15,326
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	1,864	-	-	1,864	487	1,377	26.1%	1,765	510

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

2018/19								2017/18	
Sub programme	Adjusted	Shifting of Funds	Virement	Final	Actual	Variance	Expenditure as % of final appropriation	Final	Actual
	Appropriation								
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Medical supplies	54,949	-	-	54,949	80,443	(25,494)	146.4%	51,835	59,554
Inventory: Medicine	63,736	-	(23,725)	40,011	38,112	1,899	95.3%	27,310	26,299
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	3,437	(3,437)	-	-	5,687
Consumable supplies	7,516	-	-	7,516	3,958	3,558	52.7%	7,117	3,719
Consumable: Stationery, printing and office supplies	3,019	-	-	3,019	5,523	(2,504)	182.9%	2,859	5,085
Operating leases	5,543	-	-	5,543	2,487	3,056	44.9%	5,254	1,382
Property payments	16,915	-	-	16,915	33,079	(16,164)	195.6%	16,033	32,456
Transport provided: Departmental activity	-	-	-	-	23	(23)	-	-	7
Travel and subsistence	1,387	-	-	1,387	1,309	78	94.4%	1,313	837
Training and development	303	-	-	303	407	(104)	134.3%	287	1,136
Operating payments	742	-	-	742	153	589	20.6%	703	122
Venues and facilities	-	-	-	-	-	-	-	-	498
Rental and hiring	-	-	-	-	-	-	-	-	(391)
Interest and rent on land	-	-	-	-	89	(89)	-	-	533
Interest	-	-	-	-	89	(89)	-	-	533
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	1,618	20,838	-	22,456	22,421	35	99.8%	2,327	1,699

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

2018/19								2017/18	
Sub programme	Adjusted	Shifting of	Virement	Final	Actual	Variance	Expenditure	Final	Actual
	Appropriation	Funds		Appropriation	Expenditure		as % of final appropriation		
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Provinces	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal bank accounts	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	628	-
Households	1,618	20,838	-	22,456	22,421	35	99.8%	1,699	1,699
Social benefits	1,618	738	-	2,356	2,321	35	98.5%	1,699	1,699
Other transfers to households	-	20,100	-	20,100	20,100	-	100.0%	-	-
Payments for capital assets	44,030	-	-	44,030	7,238	36,792	16.4%	74,275	82,404
Buildings and other fixed structures	-	-	-	-	1,147	(1,147)	-	8,971	16,088
Buildings	-	-	-	-	1,147	(1,147)	-	8,971	16,088
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	44,030	-	-	44,030	6,091	37,939	13.8%	65,304	66,297
Transport equipment	-	-	-	-	-	-	-	-	-

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

2018/19								2017/18	
Sub programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Other machinery and equipment	44,030	-	-	44,030	6,091	37,939	13.8%	65,304	66,297
Software and other intangible assets	-	-	-	-	-	-	-	-	19
Total	1,147,583	-	(59,152)	1,088,431	1,071,171	17,260	98.4%	1,071,750	1,062,227

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 176 Provincial Tertiary Hospital Services

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	1,101,935	(20,838)	(59,152)	1,021,945	1,041,512	(19,567)	101.9%	995,148	978,124
Compensation of employees	814,768	(20,838)	(35,427)	758,503	769,604	(11,101)	101.5%	757,151	711,868
Goods and services	287,167	-	(23,725)	263,442	271,819	(8,377)	103.2%	237,997	265,723
Interest and rent on land	-	-	-	-	89	(89)	-	-	533
Transfers and subsidies	1,618	20,838	-	22,456	22,421	35	99.8%	2,327	1,699
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	628	-
Households	1,618	20,838	-	22,456	22,421	35	99.8%	1,699	1,699
Payments for capital assets	44,030	-	-	44,030	7,238	36,792	16.4%	74,275	82,404
Buildings and other fixed structures	-	-	-	-	1,147	(1,147)	-	8,971	16,088
Machinery and equipment	44,030	-	-	44,030	6,091	37,939	13.8%	65,304	66,297
Intangible assets	-	-	-	-	-	-	-	-	19
Total	1,147,583	-	(59,152)	1,088,431	1,071,171	17,260	98.4%	1,071,750	1,062,227

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

5.3.3.6 Programme 6: Health Sciences and Training

Table 177 Appropriation: Programme 6 - HST

2019/20								2018/19	
Sub programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Nurse Training College	71,849	9,948	(6,971)	74,826	75,456	(630)	100.8%	62,335	61,494
EMS Training College	5,008	(2,288)	(968)	1,752	1,092	660	62.3%	3,230	3,744
Bursaries	40,664	2,506	-	43,170	43,170	-	100.0%	33,959	41,735
Primary Health Care Training	1,766	-	(1,733)	33	33	-	100.0%	1,671	187
Training Other	23,086	(10,166)	-	12,920	12,767	153	98.8%	18,916	13,521
Total for sub programmes	142,373	-	(9,672)	132,701	132,518	183	99.9%	120,111	120,681
Economic classification									
Current payments	113,371	(31,748)	(9,672)	71,951	73,646	(1,695)	102.4%	95,195	78,972
Compensation of employees	34,486	(11,533)	-	22,953	30,740	(7,787)	133.9%	23,161	22,184
Salaries and wages	31,348	(11,190)	-	20,158	26,443	(6,285)	131.2%	20,480	19,792
Social contributions	3,138	(343)	-	2,795	4,297	(1,502)	153.7%	2,681	2,392
Goods and services	78,885	(20,215)	(9,672)	48,998	42,906	6,092	87.6%	72,034	56,784
Administrative fees	3,455	(2,373)	(680)	402	357	45	88.8%	3,269	133
Advertising	112	-	-	112	17	95	15.2%	106	74
Minor assets	861	-	(801)	60	3	57	5.0%	815	6
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	2,073	(1,135)	-	938	1	937	0.1%	1,963	2,354
Catering: Departmental activities	386	-	-	386	4,067	(3,681)	1053.6%	366	4,029
Communication (G&S)	244	-	(224)	20	20	-	100.0%	231	-
Computer services	417	-	(300)	117	117	-	100.0%	395	344

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

2019/20								2018/19	
Sub programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Consultants: Business and advisory services	588	-	(588)	-	-	-	-	557	-
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	-	-	-	-	-	-	-	-	-
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-
Contractors	351	-	(341)	10	10	-	100.0%	332	245
Agency and support / outsourced services	641	-	(641)	-	-	-	-	607	95
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	-	-	-	-	-	-	-	-	-
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	-	-	-
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	-	-	-	-	25	(25)	-	-	-
Inventory: Fuel, oil and gas	470	-	(470)	-	-	-	-	445	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	-	-	-	-	169	(169)	-	-	16
Inventory: Medical supplies	-	-	-	-	190	(190)	-	-	99

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

2019/20								2018/19	
Sub programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Medicine	-	-	-	-	-	-	-	-	-
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	417	-	-	417	356	61	85.4%	395	591
Consumable: Stationery, printing and office supplies	2,860	(1,195)	(296)	1,369	825	544	60.3%	2,707	1,738
Operating leases	17,569	-	-	17,569	14,426	3,143	82.1%	16,727	24,676
Property payments	3,051	-	(472)	2,579	1,356	1,223	52.6%	2,889	2,168
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	16,218	(7,884)	(583)	7,751	9,894	(2,143)	127.6%	12,313	7,992
Training and development	15,944	(4,462)	(672)	10,810	10,413	397	96.3%	15,490	10,699
Operating payments	52	-	-	52	79	(27)	151.9%	49	43
Venues and facilities	550	-	-	550	167	383	30.4%	522	368
Rental and hiring	12,626	(3,166)	(3,604)	5,856	414	5,442	7.1%	11,856	1,114
Interest and rent on land	-	-	-	-	-	-	-	-	4
Interest	-	-	-	-	-	-	-	-	4
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	27,111	31,748	-	58,859	58,872	(13)	100.0%	23,125	38,472
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Provinces	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

2019/20								2018/19	
Sub programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Municipal bank accounts	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	27,111	31,748	-	58,859	58,872	(13)	100.0%	23,125	38,472
Social benefits	99	-	-	99	13	86	13.1%	23,125	38,472
Other transfers to households	27,012	31,748	-	58,760	58,859	(99)	100.2%	-	-
Payments for capital assets	1,891	-	-	1,891	-	1,891	-	1,791	3,237
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	1,891	-	-	1,891	-	1,891	-	1,791	3,237
Transport equipment	660	-	-	660	-	660	-	-	-
Other machinery and equipment	1,231	-	-	1,231	-	1,231	-	1,791	3,237
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Total	142,373	-	(9,672)	132,701	132,518	183	99.9%	120,111	120,681

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 178 Nurse Training College

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	70,519	(9,954)	(6,971)	53,594	55,455	(1,861)	103.5%	62,063	61,424
Compensation of employees	28,561	(6,788)	-	21,773	29,424	(7,651)	135.1%	22,342	22,019
Goods and services	41,958	(3,166)	(6,971)	31,821	26,031	5,790	81.8%	39,721	39,401
Interest and rent on land	-	-	-	-	-	-	-	-	4
Transfers and subsidies	99	19,902	-	20,001	20,001	-	100.0%	94	17
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	99	19,902	-	20,001	20,001	-	100.0%	94	17
Payments for capital assets	1,231	-	-	1,231	-	1,231	-	178	53
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	1,231	-	-	1,231	-	1,231	-	178	53
Intangible assets	-	-	-	-	-	-	-	-	-
Total	71,849	9,948	(6,971)	74,826	75,456	(630)	100.8%	62,335	61,494

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 179 EMS Training College

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	4,348	(2,288)	(968)	1,092	1,092	-	100.0%	1,617	560
Compensation of employees	2,867	(2,288)	-	579	579	-	100.0%	215	3
Goods and services	1,481	-	(968)	513	513	-	100.0%	1,402	557
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	660	-	-	660	-	660	-	1,613	3,184
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	660	-	-	660	-	660	-	1,613	3,184
Intangible assets	-	-	-	-	-	-	-	-	-
Total	5,008	(2,288)	(968)	1,752	1,092	660	62.3%	3,230	3,744

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 180 Bursaries

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	13,652	(9,186)	-	4,466	4,466	-	100.0%	10,928	3,280
Compensation of employees	2,493	(2,457)	-	36	36	-	100.0%	361	51
Goods and services	11,159	(6,729)	-	4,430	4,430	-	100.0%	10,567	3,229
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	27,012	11,692	-	38,704	38,704	-	100.0%	23,031	38,455
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	27,012	11,692	-	38,704	38,704	-	100.0%	23,031	38,455
Payments for capital assets	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Total	40,664	2,506	-	43,170	43,170	-	100.0%	33,959	41,735

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 181 Primary Health Care Training

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	1,766	-	(1,733)	33	33	-	100.0%	1,671	187
Compensation of employees	-	-	-	-	-	-	-	-	-
Goods and services	1,766	-	(1,733)	33	33	-	100.0%	1,671	187
Interest and rent on land								-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Total	1,766	-	(1,733)	33	33	-	100.0%	1,671	187

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 182 Training Other

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	23,086	(10,320)	-	12,766	12,600	166	98.7%	18,916	13,521
Compensation of employees	565	-	-	565	701	(136)	124.1%	243	111
Goods and services	22,521	(10,320)	-	12,201	11,899	302	97.5%	18,673	13,410
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	154	-	154	167	(13)	108.4%	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	154	-	154	167	(13)	108.4%	-	-
Payments for capital assets	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Total	23,086	(10,166)	-	12,920	12,767	153	98.8%	18,916	13,521

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

5.3.3.7 Programme 7: Health Care Support Services

Table 183 Appropriation: Programme 7 – Health Support Care Services

2019/20								2018/19	
Sub programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Laundry Services	8,475	21	(595)	7,901	15,366	(7,465)	194.5%	8,026	10,346
Engineering	20,394	(280)	(3,024)	17,090	27,061	(9,971)	158.3%	19,278	18,326
Forensic Services	43,467	258	-	43,725	38,966	4,759	89.1%	43,735	43,828
Orthotic and Prosthetic Services	11,031	8	-	11,039	8,762	2,277	79.4%	7,256	6,842
Medicine Trading Account	40,048	(7)	(4,151)	35,890	25,007	10,883	69.7%	33,979	33,921
Total for sub programmes	123,415	-	(7,770)	115,645	115,162	483	99.6%	112,274	113,263
Economic classification									
Current payments	119,550	(305)	(7,189)	112,056	114,605	(2,549)	102.3%	106,201	107,017
Compensation of employees	84,959	(305)	(7,189)	77,465	77,464	1	100.0%	78,948	78,946
Salaries and wages	72,477	(305)	(4,062)	68,110	66,453	1,657	97.6%	67,128	68,140
Social contributions	12,482	-	(3,127)	9,355	11,011	(1,656)	117.7%	11,820	10,806
Goods and services	34,591	-	-	34,591	37,136	(2,545)	107.4%	27,253	27,905
Administrative fees	-	-	-	-	53	(53)	-	-	6
Advertising	-	-	-	-	-	-	-	-	-
Minor assets	817	-	-	817	27	790	3.3%	773	90
Audit costs: External	-	-	-	-	-	-	-	-	1
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	-	-	-	-	78	(78)	-	-	41
Communication (G&S)	384	-	-	384	1,740	(1,356)	453.1%	364	102

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

2019/20								2018/19	
Sub programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Computer services	131	-	-	131	257	(126)	196.2%	124	578
Consultants: Business and advisory services	-	-	-	-	-	-	-	-	-
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	-	-	-	-	-	-	-	-	-
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-
Contractors	7,985	-	-	7,985	2,174	5,811	27.2%	8,887	5,744
Agency and support / outsourced services	1,307	-	-	1,307	460	847	35.2%	1,238	279
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	6,617	-	-	6,617	2,432	4,185	36.8%	6,409	4,267
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	118	-	-	118	1,530	(1,412)	1296.6%	112	2
Inventory: Farming supplies	27	-	-	27	-	27	-	26	-
Inventory: Food and food supplies	460	-	-	460	7	453	1.5%	436	-
Inventory: Fuel, oil and gas	-	-	-	-	44	(44)	-	-	2,993
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	67	-	-	67	244	(177)	364.2%	64	4

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

2019/20								2018/19	
Sub programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Medical supplies	6,757	-	-	6,757	8,324	(1,567)	123.2%	3,423	4,003
Inventory: Medicine	271	-	-	271	-	271	-	256	(1)
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	2,131	(2,131)	-	-	-
Consumable supplies	2,320	-	-	2,320	4,292	(1,972)	185.0%	2,198	3,379
Consumable: Stationery, printing and office supplies	499	-	-	499	229	270	45.9%	473	314
Operating leases	739	-	-	739	158	581	21.4%	700	-
Property payments	4,965	-	-	4,965	11,726	(6,761)	236.2%	702	5,298
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	8
Travel and subsistence	938	-	-	938	1,194	(256)	127.3%	888	762
Training and development	151	-	-	151	-	151	-	144	-
Operating payments	38	-	-	38	25	13	65.8%	36	31
Venues and facilities	-	-	-	-	-	-	-	-	-
Rental and hiring	-	-	-	-	11	(11)	-	-	4
Interest and rent on land	-	-	-	-	5	(5)	-	-	166
Interest	-	-	-	-	5	(5)	-	-	166
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	305	-	305	310	(5)	101.6%	-	324
Provinces and municipalities	-	7	-	7	8	(1)	114.3%	-	23
Provinces	-	7	-	7	8	(1)	114.3%	-	23
Provincial Revenue Funds	-	7	-	7	8	(1)	114.3%	-	23

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

2019/20								2018/19	
Sub programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal bank accounts	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	298	-	298	298	-	100.0%	-	301
Social benefits	-	298	-	298	298	-	100.0%	-	301
Other transfers to households	-	-	-	-	-	-	-	-	-
Payments for capital assets	3,865	-	(581)	3,284	247	3,037	7.5%	6,073	5,922
Buildings and other fixed structures	-	74	-	74	61	13	82.4%	1,071	920
Buildings	-	74	-	74	61	13	82.4%	1,071	920
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	3,865	(74)	(581)	3,210	186	3,024	5.8%	5,002	5,002
Transport equipment	-	-	-	-	-	-	-	2,583	4,685
Other machinery and equipment	3,865	(74)	(581)	3,210	186	3,024	5.8%	2,419	317
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Total	123,415	-	(7,770)	115,645	115,162	483	99.6%	112,274	113,263

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 184 Laundry Services

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	8,475	-	(595)	7,880	15,345	(7,465)	194.7%	8,026	10,346
Compensation of employees	7,870	-	(595)	7,275	6,897	378	94.8%	7,453	6,487
Goods and services	605	-	-	605	8,448	(7,843)	1396.4%	573	3,859
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	21	-	21	21	-	100.0%	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	21	-	21	21	-	100.0%	-	-
Payments for capital assets	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Total	8,475	21	(595)	7,901	15,366	(7,465)	194.5%	8,026	10,346

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 185 Engineering

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	20,394	(305)	(3,024)	17,065	27,045	(9,980)	158.5%	18,249	17,263
Compensation of employees	13,401	(305)	(3,024)	10,072	10,072	-	100.0%	10,301	9,764
Goods and services	6,993	-	-	6,993	16,973	(9,980)	242.7%	7,948	7,499
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	16	-	16	16	-	100.0%	-	183
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	16	-	16	16	-	100.0%	-	183
Payments for capital assets	-	9	-	9	-	9	-	1,029	880
Buildings and other fixed structures	-	9	-	9	-	9	-	1,029	880
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Total	20,394	(280)	(3,024)	17,090	27,061	(9,971)	158.3%	19,278	18,326

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 186 Forensic Services

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	42,415	-	-	42,415	38,637	3,778	91.1%	41,138	39,119
Compensation of employees	31,694	-	-	31,694	32,260	(566)	101.8%	30,937	32,269
Goods and services	10,721	-	-	10,721	6,374	4,347	59.5%	10,201	6,705
Interest and rent on land	-	-	-	-	3	(3)	-	-	145
Transfers and subsidies	-	258	-	258	258	-	100.0%	-	10
Provinces and municipalities	-	5	-	5	5	-	100.0%	-	10
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	253	-	253	253	-	100.0%	-	-
Payments for capital assets	1,052	-	-	1,052	71	981	6.7%	2,597	4,699
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	1,052	-	-	1,052	71	981	6.7%	2,597	4,699
Intangible assets	-	-	-	-	-	-	-	-	-
Total	43,467	258	-	43,725	38,966	4,759	89.1%	43,735	43,828

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 187 Orthotic and Prosthetic Services

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	10,622	-	-	10,622	8,754	1,868	82.4%	7,085	6,671
Compensation of employees	3,373	-	-	3,373	3,184	189	94.4%	3,194	3,840
Goods and services	7,249	-	-	7,249	5,570	1,679	76.8%	3,891	2,831
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	8	-	8	8	-	100.0%	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	8	-	8	8	-	100.0%	-	-
Payments for capital assets	409	-	-	409	-	409	-	171	171
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	409	-	-	409	-	409	-	171	171
Intangible assets	-	-	-	-	-	-	-	-	-
Total	11,031	8	-	11,039	8,762	2,277	79.4%	7,256	6,842

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 188 Medicine Trading Account

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	37,644	-	(3,570)	34,074	24,824	9,250	72.9%	31,703	33,618
Compensation of employees	28,621	-	(3,570)	25,051	25,051	-	100.0%	27,063	26,586
Goods and services	9,023	-	-	9,023	(229)	9,252	(2.5%)	4,640	7,011
Interest and rent on land	-	-	-	-	2	(2)	-	-	21
Transfers and subsidies	-	2	-	2	7	(5)	350.0%	-	131
Provinces and municipalities	-	2	-	2	3	(1)	150.0%	-	13
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	118
Payments for capital assets	2,404	(9)	(581)	1,814	176	1,638	9.7%	2,276	172
Buildings and other fixed structures	-	65	-	65	61	4	93.8%	42	40
Machinery and equipment	2,404	(74)	(581)	1,749	115	1,634	6.6%	2,234	132
Intangible assets	-	-	-	-	-	-	-	-	-
Total	40,048	(7)	(4,151)	35,890	25,007	10,883	69.7%	33,979	33,921

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

5.3.3.8 Programme 8: Health Facilities Management

Table 189 Appropriation: Programme 8 - HFM

2019/20								2018/19	
Sub programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
District Hospital Services	175,010	-	-	175,010	155,406	19,604	88.8%	175,947	171,720
Provincial Hospital Services	214,946	-	8,111	223,057	242,084	(19,027)	108.5%	255,373	248,447
Total for sub programmes	389,956	-	8,111	398,067	397,490	577	99.9%	431,320	420,167
Economic classification									
Current payments	205,606	-	7,530	213,136	248,226	(35,090)	116.5%	195,847	204,993
Compensation of employees	12,738	-	6,358	19,096	11,603	7,493	60.8%	17,709	14,058
Salaries and wages	11,514	-	6,358	17,872	10,532	7,340	58.9%	16,490	12,839
Social contributions	1,224	-	-	1,224	1,071	153	87.5%	1,219	1,219
Goods and services	192,868	-	1,172	194,040	236,581	(42,541)	121.9%	178,138	190,927
Administrative fees	104	-	-	104	17	87	16.3%	98	5
Advertising	625	-	-	625	-	625	-	592	-
Minor assets	1,815	-	-	1,815	1,393	422	76.7%	2,736	852
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	47	-	-	47	-	47	-	44	-
Catering: Departmental activities	98	-	-	98	11	87	11.2%	93	-
Communication (G&S)	136	-	-	136	11	125	8.1%	129	-
Computer services	112	-	-	112	-	112	-	106	-
Consultants: Business and advisory services	455	-	-	455	-	455	-	431	-
Infrastructure and planning services	-	-	-	-	-	-	-	-	-

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

2019/20								2018/19	
Sub programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Laboratory services	-	-	-	-	-	-	-	-	-
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-
Contractors	183,233	-	1,172	184,405	218,247	(33,842)	118.4%	165,333	181,541
Agency and support / outsourced services	139	-	-	139	-	139	-	131	13
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	8	-	-	8	-	8	-	7	-
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	-	-	-
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	-	-	-
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	-	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	234	-	-	234	-	234	-	221	-
Inventory: Medical supplies	248	-	-	248	614	(366)	247.6%	2,872	4,076
Inventory: Medicine	-	-	-	-	-	-	-	-	-
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	242
Consumable supplies	144	-	-	144	12	132	8.3%	136	6

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

2019/20								2018/19	
Sub programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Consumable: Stationery, printing and office supplies	260	-	-	260	252	8	96.9%	247	593
Operating leases	23	-	-	23	495	(472)	2152.2%	22	-
Property payments	2,484	-	-	2,484	14,459	(11,975)	582.1%	2,352	2,238
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	1,667	-	-	1,667	1,070	597	64.2%	1,606	1,361
Training and development	13	-	-	13	-	13	-	13	-
Operating payments	145	-	-	145	-	145	-	138	-
Venues and facilities	878	-	-	878	-	878	-	831	-
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	42	(42)	-	-	8
Interest	-	-	-	-	42	(42)	-	-	8
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Provinces	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal bank accounts	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Social benefits	-	-	-	-	-	-	-	-	-

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

2019/20								2018/19	
Sub programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Other transfers to households	-	-	-	-	-	-	-	-	-
Payments for capital assets	184,350	-	581	184,931	149,264	35,667	80.7%	235,473	215,174
Buildings and other fixed structures	155,434	-	85	155,519	135,034	20,485	86.8%	228,585	207,100
Buildings	155,434	-	85	155,519	135,034	20,485	86.8%	228,585	207,100
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	28,916	-	496	29,412	14,230	15,182	48.4%	6,586	7,772
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	28,916	-	496	29,412	14,230	15,182	48.4%	6,586	7,772
Software and other intangible assets	-	-	-	-	-	-	-	302	302
Total	389,956	-	8,111	398,067	397,490	577	99.9%	431,320	420,167

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 190 District Hospital Services

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	74,492	-	-	74,492	71,570	2,922	96.1%	27,852	42,235
Compensation of employees	2,832	-	-	2,832	-	2,832	-	3,651	-
Goods and services	71,660	-	-	71,660	71,528	132	99.8%	24,201	42,227
Interest and rent on land	-	-	-	-	42	(42)	-	-	8
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	100,518	-	-	100,518	83,836	16,682	83.4%	148,095	129,485
Buildings and other fixed structures	96,602	-	-	96,602	82,638	13,964	85.5%	141,718	122,264
Machinery and equipment	3,916	-	-	3,916	1,198	2,718	30.6%	6,377	7,232
Intangible assets	-	-	-	-	-	-	-	-	(11)
Total	175,010	-	-	175,010	155,406	19,604	88.8%	175,947	171,720

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 191 Provincial Hospital Services

2019/20								2018/19	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	131,114	-	7,530	138,644	176,656	(38,012)	127.4%	167,995	162,758
Compensation of employees	9,906	-	6,358	16,264	11,603	4,661	71.3%	14,058	14,058
Goods and services	121,208	-	1,172	122,380	165,053	(42,673)	134.9%	153,937	148,700
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	83,832	-	581	84,413	65,428	18,985	77.5%	87,378	85,689
Buildings and other fixed structures	58,832	-	85	58,917	52,396	6,521	88.9%	86,867	84,836
Machinery and equipment	25,000	-	496	25,496	13,032	12,464	51.1%	209	540
Intangible assets	-	-	-	-	-	-	-	-	313
Total	214,946	-	8,111	223,057	242,084	(19,027)	108.5%	255,373	248,447

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Details 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.

Details 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.

Details on payments for financial assets

- Detail of these transactions per programme can be viewed in the note on Payments for financial assets to the Annual Financial Statements.

Table 192 Explanations of material variances from Amounts Voted (after Virement)

Programme	Final Appropriation	Actual Expenditure	Variance R'000	Variance as a % of Final Appropriation
Administration	221 283	220 060	1 223.00	1%
District Health Services	2 493 239	2 492 815	424.00	0%
Emergency Medical Services	365 482	338 893	26 589.00	7%
Provincial Hospital Services	415 343	415 343	-	0%
Central Hospital Services	1 088 431	1 071 171	17 260.00	2%
Health Science and Training	132 701	132 518	183.00	0%
Health Care Support Service	115 645	115 162	483.00	0%
Health Facilities Management	398 067	397 490	577.00	0%

Administration – underspent by R1.2 million

- The programme underspend its budget by 1 percent or R1.2 million of the allocated budget, this is due to the delay in procurement of capital items.

Emergency Medical Services – underspent by R26.5 million

- The programme reported underspending of R26.5 million or 7 percent of the adjusted budget of R365.4 million. The procurement of emergency vehicles only in the fourth quarter of the financial year contributed to this. However, the department submitted a request for rollover on the saving.

Central Hospital Services – underspent by R17,2 million

- Central Hospital Services programme underspent its adjusted allocation by R17.2 million or 2 percent. The delay in the procurement of capital equipment contributed to the underspending.

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 193

Per economic classification	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appropriation
	R'000	R'000	R'000	R'000
Current payments				
Compensation of employees	3 082 887	3 070 796	12 091	0%
Goods and services	1 767 537	1 832 234	(64 697)	-3%
Interest and rent on land	-	7 383	(7 383)	-100%
Transfers and subsidies				
Provinces and municipalities	6 116	934	5 182	85%
Public corporations and private enterprises	-	33	(33)	-
Non-profit institutions	-	-	-	-
Households	88 069	90 011	(1 942)	-2%
Payments for capital assets				
Buildings and other fixed structures	157 184	138 785	18 399	12%
Machinery and equipment	128 398	43 276	85 122	65%
Intangible assets	-	-	-	0%
Payments for financial assets	-	-	-	-

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Explanation of variances

Compensation of employees – underspent by R12.0 million

- The budget for compensation of employees is underspend by R12.0 million due to the slow process of replacement of personnel and the appointment of new staff. A process of consolidating and approving a post list at the beginning of the financial and regular monitoring of its implementation will address this challenge.

Goods and services – overspent by R64.6 million

- Goods and services item is always under pressure due to the level of accruals at the beginning of the financial year. The monthly and quarterly sittings of the budget committee chaired by the Accounting Officer will assist with the monitoring of the budget and implementation of proposed corrective actions.

Interest and rent on Land – overspent by R7.3 million

- Interest on overdue accounts remain a challenge due to the level of accruals incurred by the department. Strict monitoring of the budget through the budget committee process will assist to reduce the accruals incurred by the department.

Transfers to municipalities – underspent by R5.1 million

- The department underspend on transfers to municipalities due to delays on the finalisation of provincialisation at Sol Plaatjie Municipality. There was a need to consult extensively with the trade unions for the placement of staff from the municipalities to the department, specifically due to disparity on pension fund contributions and benefits.

Buildings & other fixed structures – underspent by R18.3 million

- There was underspending on procurement of building services due to administrative delays. The department is in the process of capacitating the supply chain function to address this challenge.

Machinery & equipment – underspent by R85,1 million

- There was underspending on procurement of clinical and office furniture for the entire department due to administrative delays. The department is in the process of capacitating the supply chain function to address this challenge.

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 194

Per conditional grant	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appropriation
	R'000	R'000	R'000	R'000
Comprehensive HIV and Aids Grant	596,276	596,279	-3	0%
Health Facility Revitalisation Grant	386,706	386,652	54	0%
Health Professions Training and Development Grant	97,132	97,126	6	0%
Human Papillomavirus Vaccine Grant	3,643	3,643	0	0%
National Tertiary Services Grant	378,323	378,313	10	0%
Expanded Public Works Programme Integrated Grant for Provinces - Health	2,439	2,439	0	0%
Social Sector Expanded Public Works Programme Incentive Grant for Provinces - Health	8,154	8,152	2	0%
Human Resource Capacitation Grant	21,431	20,943	488	2%
National Health Insurance Grant	19,306	19,306	0	0%

Human Resource Capacitation Grant - (Underspend by R0.4 million)

- The underspending is due to the delay in replacement and appointment of staff.

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 195

	Note	2019/20	2018/19
		R'000	R'000
REVENUE			
Annual appropriation	<u>1</u>	5 230 191	4 854 311
Departmental revenue	<u>2</u>	-	-
Aid assistance	<u>3</u>	411	4 526
TOTAL REVENUE		5 230 602	4 858 837
EXPENDITURE			
Current expenditure			
Compensation of employees	<u>4</u>	3 070 795	2 804 762
Goods and services	<u>5</u>	1 830 606	1 627 620
Interest and rent on land	<u>6</u>	7 382	5 376
Aid assistance	<u>3</u>	17	2 157
Total current expenditure		4 908 800	4 439 915
Transfers and subsidies			
Transfers and subsidies	<u>7</u>	90 975	49 707
Aid assistance	<u>3</u>		-
Total transfers and subsidies		90 975	49 707
Expenditure for capital assets			
Tangible assets	<u>8</u>	183 694	349 650
Intangible assets	<u>8</u>	-	365
Total expenditure for capital assets		183 694	350 015
TOTAL EXPENDITURE		5 183 469	4 839 637
SURPLUS/(DEFICIT) FOR THE YEAR		47 133	19 200
Reconciliation of Net Surplus/(Deficit) for the year			
Voted funds		46 739	16 831
Annual appropriation		46 182	15 676

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Conditional grants		557	1 155
Aid assistance	<u>3</u>	394	2 369
SURPLUS/(DEFICIT) FOR THE YEAR		47 133	19 200

Table 196

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
ASSETS			
Current assets		494 763	504 018
Unauthorised expenditure	<u>9</u>	482 779	482 779
Cash and cash equivalents	<u>10</u>	1	-
Receivables	<u>11</u>	11 983	21 239
Non-current assets		19 515	17 340
Receivables	<u>11</u>	19 515	17 340
TOTAL ASSETS		514 278	521 358
LIABILITIES			
Current liabilities		514 278	521 358
Voted funds to be surrendered to the Revenue Fund	<u>12</u>	46 738	18 093
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	<u>13</u>	2 639	3 838
Bank overdraft	<u>14</u>	458 627	494 674
Payables	<u>15</u>	2 478	1 351
Aid assistance unutilised	<u>3</u>	3 796	3 402
TOTAL LIABILITIES		514 278	521 358
NET ASSETS			-

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 197

	Note	2019/20	2018/19
		R'000	R'000
Represented by:			
Capitalisation reserve		-	-
Recoverable revenue		-	-
Retained funds		-	-
Revaluation reserves		-	-
TOTAL		-	-

Table 198

	Note	2019/20	2018/19
		R'000	R'000
Capitalisation Reserves			
Opening balance		-	-
Transfers:		-	-
Movement in Equity		-	-
Movement in Operational Funds		-	-
Other movements		-	-
Closing balance		-	-
Recoverable revenue			
Opening balance		-	-
Transfers:		-	-
Irrecoverable amounts written off	8.3	-	-
Debts revised		-	-
Debts recovered (included in departmental receipts)		-	-
Debts raised		-	-
Closing balance		-	-

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

	Note	2019/20	2018/19
		R'000	R'000
Retained funds			
Opening balance		-	-
Transfer from voted funds to be surrendered (Parliament/Legislatures ONLY)		-	-
Utilised during the year		-	-
Other transfers		-	-
Closing balance		-	-
Revaluation Reserve			
Opening balance		-	-
Revaluation adjustment (Housing departments)		-	-
Transfers		-	-
Other		-	-
Closing balance		-	-
TOTAL		-	-

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 199

	Note	20YY/ZZ	20XX/YY
		R'000	R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		5 261 901	4 888 642
Annual appropriated funds received	1.1	5 230 190	4 854 311
Departmental revenue received	2	31 286	29 804
Interest received	2.2	14	1
Aid assistance received	3	411	4 526
Net (increase)/decrease in working capital		10 383	(16 061)
Surrendered to Revenue Fund		(53 452)	(191 242)
Surrendered to RDP Fund/Donor		-	-
Current payments		(4 901 418)	(4 433 278)
Interest paid	6	(7 382)	(5 376)
Transfers and subsidies paid		(90 975)	(49 707)
Net cash flow available from operating activities	16	219 057	192 978
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	8	(183 694)	(350 015)
Proceeds from sale of capital assets	2.3	2 860	37
(Increase)/decrease in non-current receivables		(2 175)	-
Net cash flows from investing activities		(183 009)	(349 978)
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/(decrease) in net assets		-	-
Net cash flows from financing activities		-	-
Net increase/(decrease) in cash and cash equivalents		36 048	(157 000)
Cash and cash equivalents at beginning of period		(494 674)	(337 674)
Cash and cash equivalents at end of period	17	(458 626)	(494 674)

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

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

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

6.2 Current year comparison with budget

- A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement

7. Revenue

7.1 Appropriated funds

- Appropriated funds comprise of departmental allocations as well as direct charges against the revenue fund (i.e. statutory appropriation).
- Appropriated funds are recognised in the statement of financial performance on the date the appropriation becomes effective. Adjustments made in terms of the adjustments budget process are recognised in the statement of financial performance on the date the adjustments become effective.
- The net amount of any appropriated funds due to / from the relevant revenue fund at the reporting date is recognised as a payable / receivable in the statement of financial position

7.2 Departmental revenue

- Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the relevant revenue fund, unless stated otherwise.
- Any amount owing to the relevant revenue fund at the reporting date is recognised as a payable in the statement of financial position

7.3 Accrued departmental revenue

- Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when: it is probable that the economic benefits or service potential associated with the transaction will flow to the department; and the amount of revenue can be measured reliably.
- The accrued revenue is measured at the fair value of the consideration receivable.
- Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents.
- Write-offs are made according to the department's debt write-off policy

8. Expenditure

8.1 Compensation of employees

8.1.1 Salaries and wages

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

- Salaries and wages are recognised in the statement of financial performance on the date of payment.

8.1.2 Social contributions

- Social contributions made by the department in respect of current employees are recognised in the statement of financial performance on the date of payment

8.2 Other expenditure

- Other expenditure (such as goods and services, transfers and subsidies and payments for capital assets) is recognised in the statement of financial performance on the date of payment. The expense is classified as a capital expense if the total consideration paid is more than the capitalisation threshold

8.3 Accruals and payables not recognised

- Accruals and payables not recognised are recorded in the notes to the financial statements at cost at the reporting date

8.4 Leases

8.4.1 Operating leases

- Operating lease payments made during the reporting period are recognised as current expenditure in the statement of financial performance on the date of payment.
- The operating lease commitments are recorded in the notes to the financial statements

8.4.2 Finance leases

- Finance lease payments made during the reporting period are recognised as capital expenditure in the statement of financial performance on the date of payment.
- The finance lease commitments are recorded in the notes to the financial statements and are not apportioned between the capital and interest portions.
- Finance lease assets acquired at the end of the lease term are recorded and measured at the lower of:
 - cost, being the fair value of the asset; or
 - the sum of the minimum lease payments made, including any payments made to acquire ownership at the end of the lease term, excluding interest

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

9. Aid Assistance

9.1 Aid assistance received

- Aid assistance received in cash is recognised in the statement of financial performance when received. In-kind aid assistance is recorded in the notes to the financial statements on the date of receipt and is measured at fair value.
- Aid assistance not spent for the intended purpose and any unutilised funds from aid assistance that are required to be refunded to the donor are recognised as a payable in the statement of financial position

9.2 Aid assistance paid

- Aid assistance paid is recognised in the statement of financial performance on the date of payment. Aid assistance payments made prior to the receipt of funds are recognised as a receivable in the statement of financial position

10. Cash and cash equivalents

- Cash and cash equivalents are stated at cost in the statement of financial position.
- Bank overdrafts are shown separately on the face of the statement of financial position as a current liability.
- For the purposes of the cash flow statement, cash and cash equivalents comprise cash on hand, deposits held, other short-term highly liquid investments and bank overdrafts

11. Prepayments and advances

- Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash.
- Prepayments and advances are initially and subsequently measured at cost.
- <Indicate when prepayments and advances are expensed and under what circumstances.>

12. Loans and receivables

- Loans and receivables are recognised in the statement of financial position at cost plus accrued interest, where interest is charged, less amounts already settled or written-off. Write-offs are made according to the department's write-off policy

13. Investments

- Investments are recognised in the statement of financial position at cost

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

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 asset.
- 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 recognised in the statement of financial position are recognised at cost

16. Capital Assets

16.1 Immovable capital assets

- Immovable assets reflected in the asset register of the department are recorded in the notes to the financial statements at cost or fair value where the cost cannot be determined reliably. Immovable assets acquired in a non-exchange transaction are recorded at fair value at the date of acquisition. Immovable assets are subsequently carried in the asset register at cost and are not currently subject to depreciation or impairment.
- Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.
- Additional information on immovable assets not reflected in the assets register is provided in the notes to financial statements

16.2 Movable capital assets

- Movable capital assets are initially recorded in the notes to the financial statements at cost. Movable capital assets acquired through a non-exchange transaction is measured at fair value as at the date of acquisition.
- Where the cost of movable capital assets cannot be determined reliably, the movable capital assets are measured at fair value and where fair value cannot be determined; the movable assets are measured at R1.
- All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.
- Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment.
- Subsequent expenditure that is of a capital nature forms part of the cost of the existing asset when ready for use

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

16.3 Intangible assets

- Intangible assets are initially recorded in the notes to the financial statements at cost. Intangible assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition.
- Internally generated intangible assets are recorded in the notes to the financial statements when the department commences the development phase of the project.
- Where the cost of intangible assets cannot be determined reliably, the intangible capital assets are measured at fair value and where fair value cannot be determined; the intangible assets are measured at R1.
- All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.
- Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment.
- Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use

16.4 Project Costs: Work-in-progress

- Expenditure of a capital nature is initially recognised in the statement of financial performance at cost when paid.
- Amounts paid towards capital projects are separated from the amounts recognised and accumulated in work-in-progress until the underlying asset is ready for use. Once ready for use, the total accumulated payments are recorded in an asset register. Subsequent payments to complete the project are added to the capital asset in the asset register.
- Where the department is not the custodian of the completed project asset, the asset is transferred to the custodian subsequent to completion.

17. Provisions and Contingents

17.1 Provisions

- Provisions are recorded in the notes to the financial statements when there is a present legal or constructive obligation to forfeit economic benefits as a result of events in the past and it is probable that an outflow of resources embodying economic benefits or service potential will be required to settle the obligation and a reliable estimate of the obligation can be made. The provision is measured as the best estimate of the funds required to settle the present obligation at the reporting date

17.2 Contingent liabilities

- Contingent liabilities are recorded in the notes to the financial statements when there is a possible obligation that arises from past events, and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department or when there is a present obligation that is not recognised because it is not probable that an outflow of resources will be required to settle the obligation or the amount of the obligation cannot be measured reliably

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

17.3 Contingent assets

- Contingent assets are recorded in the notes to the financial statements when a possible asset arises from past events, and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department

17.4 Capital commitments

- Capital commitments are recorded at cost in the notes to the financial statements

18. Unauthorised expenditure

- Unauthorised expenditure is recognised in the statement of financial position until such time as the expenditure is either:
 - approved by Parliament or the Provincial Legislature with funding and the related funds are received; or
 - approved by Parliament or the Provincial Legislature without funding and is written off against the appropriation in the statement of financial performance; or
 - transferred to receivables for recovery.
- Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure

19. Fruitless and wasteful expenditure

- Fruitless and wasteful expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the total value of the fruitless and or wasteful expenditure incurred.
- Fruitless and wasteful expenditure is removed from the notes to the financial statements when it is resolved or transferred to receivables or written off.
- Fruitless and wasteful expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable

20. Irregular expenditure

- Irregular expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the value of the irregular expenditure incurred unless it is impracticable to determine, in which case reasons therefor are provided in the note.
- Irregular expenditure is removed from the note when it is either condoned by the relevant authority, transferred to receivables for recovery, not condoned and removed or written-off.
- Irregular expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

21. Changes in accounting estimates and errors

- Changes in accounting estimates are applied prospectively in accordance with MCS requirements.
- Correction of errors is applied retrospectively in the period in which the error has occurred in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the error. In such cases the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable

22. Events after the reporting date

- Events after the reporting date that are classified as adjusting events have been accounted for in the financial statements. The events after the reporting date that are classified as non-adjusting events after the reporting date have been disclosed in the notes to the financial statements

23. Principal-Agent arrangements

- The department is party to a principal-agent arrangement for [include details here]. In terms of the arrangement the department is the [principal / agent] and is responsible for [include details here]. All related revenues, expenditures, assets and liabilities have been recognised or recorded in terms of the relevant policies listed herein. Additional disclosures have been provided in the notes to the financial statements where appropriate

24. Departures from the MCS requirements

- Management has concluded that the financial statements present fairly the department's primary and secondary information; that the department complied with the Standard

25. Capitalisation reserve

- The capitalisation reserve comprises of financial assets and/or liabilities originating in a prior reporting period but which are recognised in the statement of financial position for the first time in the current reporting period. Amounts are recognised in the capitalisation reserves when identified in the current period and are transferred to the National/Provincial Revenue Fund when the underlying asset is disposed and the related funds are received

26. Recoverable revenue

- Amounts are recognised as recoverable revenue when a payment made in a previous financial year becomes recoverable from a debtor in the current financial year. Amounts are either transferred to the National/Provincial Revenue Fund when recovered or are transferred to the statement of financial performance when written-off

27. Related party transactions

- Related party transactions within the Minister/MEC's portfolio are recorded in the notes to the financial statements when the transaction is not at arm's length.

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

- The number of individuals and the full compensation of key management personnel is recorded in the notes to the financial statements

28. Inventories

- 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

29. 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

30. Employee benefits

- The value of each major class of employee benefit obligation (accruals, payables not recognised and provisions) is disclosed in the Employee benefits note

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

5.3.4 Annual Appropriation

Included are funds appropriated in terms of the Appropriation Act (and the Adjustments Appropriation Act) for National Departments (Voted funds) and Provincial Departments:

Table 200 Annual Appropriation per Programme

	2019/20			2018/19	
	Final Appropriation	Actual Funds Received	Funds not requested/not received	Final Appropriation	Appropriation received
	R'000	R'000	R'000	R'000	R'000
Administration	221,283	221,283	-	223 101	223 101
District Health Services	2,416,470	2,416,469	1	2 180 057	2 180 057
Emergency Medical Services	372,085	372,085	-	332 999	332 999
Provincial Hospital Services	417,026	417,026	-	382 699	382 699
Central Services	1,147,583	1,147,583	-	1 071 750	1 071 750
Health Science & Training	142,373	142,373	-	120 111	120 111
Health Care Support Services	123,415	123,415	-	112 274	112 274
Health Facilities Management	389,956	389,956	-	431 320	431 320
Total	5,230,191	5,230,190	1	4 854 311	4 854 311

Table 201 Conditional Grants

	Note	2019/20	2018/19
		R'000	R'000
Total grants received	33	1 513 409	1 463 685
Provincial grants included in Total Grants received		-	-

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 202 Departmental Revenue

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Sales of goods and services other than capital assets	2.1	28 994	27 309
Interest, dividends and rent on land	2.2	14	1
Sales of capital assets	2.3	2 860	37
Transactions in financial assets and liabilities	2.4	2 292	2 495
Total revenue collected		34 160	29 842
Less: Own revenue included in appropriation	<u>13</u>	34 160	29 842
Departmental revenue collected		-	-

Table 203 Sales of goods and services other than capital assets

	<i>Note</i>	2019/20	2018/19
	<u>2</u>	R'000	R'000
Sales of goods and services produced by the department		28 994	27 309
Sales by market establishment		1 380	1 542
Administrative fees		2 661	2 365
Other sales		24 953	23 402
Sales of scrap, waste and other used current goods		-	-
Total		28 994	27 309

Table 204 Interest, dividends and rent on land

	<i>Note</i>	2019/20	2018/19
	<u>2</u>	R'000	R'000
Interest		14	1
Rent on land		-	-
Total		14	1

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 205 Sale of capital assets

	<i>Note</i>	2019/20	2018/19
	<u>2</u>	R'000	R'000
Tangible assets		2 860	37
Buildings and other fixed structures	31	-	-
Machinery and equipment	29	2 860	37
Total		2 860	37

Table 206 Transactions in financial assets and liabilities

	<i>Note</i>	2019/20	2018/19
	<u>2</u>	R'000	R'000
Receivables		-	-
Other Receipts including Recoverable Revenue		2 292	2 495
Total		2 292	2 495

Table 207 Aid assistance

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Opening Balance		3 402	1 033
Prior period error		-	-
As restated		3 402	1 033
Transferred from statement of financial performance		394	2 369
Transfers to or from retained funds		-	-
Paid during the year		-	-
Closing Balance		3 796	3 402

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 208 Analysis of balance by source

		2019/20	2018/19
	<i>Note</i>	R'000	R'000
Aid assistance from other sources		3 796	3 402
Closing balance	3	3 796	402

Table 209 Analysis of balance

		2019/20	2018/19
	<i>Note</i>	R'000	R'000
Aid assistance unutilised		3 796	3 402
Closing balance	3	3 796	402

Table 210 Aid assistance expenditure per economic classification

		2019/20	2018/19
	<i>Note</i>	R'000	R'000
Current		17	2 157
Capital		-	-
Transfers and subsidies		-	-
Total aid assistance expenditure		17	2 157

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

5.3.5 Compensation of employees

Table 211 Salaries and Wages

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Basic salary		1 906 199	1 783 738
Performance award		4 536	3 726
Service Based		2 973	2 167
Compensative/circumstantial		416 552	353 641
Other non-pensionable allowances		392 541	338 307
Total		2 722 801	2 481 579

Table 212 Social contributions

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Employer contributions			
Pension		223 180	209 405
Medical		124 302	113 257
UIF		-	1
Bargaining council		512	520
Total		347 994	323 183
Total compensation of employees		3 070 795	2 804 762
Average number of employees		6 862	8 082

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

5.3.6 Goods and services

Table 213 Good and Services

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Administrative fees		1 798	1 152
Advertising		3 161	16 453
Minor assets	5.1	3 314	7 267
Bursaries (employees)		94	2 834
Catering		10 458	8 623
Communication		21 918	20 919
Computer services	5.2	35 453	48 967
Consultants: Business and advisory services		2 416	1 579
Infrastructure and planning services		-	-
Laboratory services		136 361	113 596
Scientific and technological services		-	-
Legal services		13 058	6 143
Contractors		277 472	237 704
Agency and support / outsourced services		125 020	184 630
Entertainment		-	-
Audit cost – external	5.3	14 577	14 480
Fleet services		71 064	93 503
Inventory	5.4	617 185	486 517
Consumables	5.5	64 529	46 902
Housing		-	-
Operating leases		63 920	46 057
Property payments	5.6	275 806	216 560
Rental and hiring		909	3 186

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Transport provided as part of the departmental activities		30 717	18 712
Travel and subsistence	5.7	42 937	35 116
Venues and facilities		4 279	2 895
Training and development		11 763	12 133
Other operating expenditure	5.8	2 375	1 692
Total		1 830 606	1 627 620

Table 214 Minor assets

	<i>Note</i>	2019/20	2018/19
	5	R'000	R'000
Tangible assets			
Machinery and equipment		3 314	7 267
Total		3 314	267

Table 215 Computer services

	<i>Note</i>	2019/20	2018/19
	5	R'000	R'000
SITA computer services		7 262	10 956
External computer service providers		28 191	38 011
Total		35 453	48 967

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 216 Audit cost – External

	<i>Note</i>	2019/20	2018/19
	<u>5</u>	R'000	R'000
Regularity audits		14 577	14 480
Total		14 577	14 480

Table 217 Inventory

	<i>Note</i>	2019/20	2018/19
	<u>5</u>	R'000	R'000
Clothing material and accessories		1 893	840
Farming supplies		448	15
Food and food supplies		34 997	28 237
Fuel, oil and gas		8 614	24 167
Materials and supplies		16 447	11 054
Medical supplies		188 900	144 706
Medicine		365 886	277 498
Total		617 185	486 517

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 218 Consumables

	<i>Note</i>	2019/20	2018/19
	<u>5</u>	R'000	R'000
Consumable supplies		37 953	30 234
Uniform and clothing		9 543	-
Household supplies		27 519	30 185
Communication accessories		17	-
IT consumables		871	49
Other		3	-
Stationery, printing and office supplies		26 576	16 668
Total		64 529	46 902

Table 219 Property payments

	<i>Note</i>	2019/20	2018/19
	<u>5</u>	R'000	R'000
Municipal services		79 659	82 150
Property maintenance and repairs		37 669	7 413
Other		158 478	126 997
Total		275 806	216 560

Table 220 Travel and subsistence

	<i>Note</i>	2019/20	2018/19
	<u>5</u>	R'000	R'000
Local		42 332	32 857
Foreign		605	2 259
Total		42 937	35 116

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 221 Other operating expenditure

	<i>Note</i>	2019/20	2018/19
	5	R'000	R'000
Professional bodies, membership and subscription fees		290	294
Resettlement costs		556	-
Other		1 529	1 398
Total		2 375	1 692

5.3.7 Interest and rent on land

Table 222 Interest paid

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Interest paid		7 382	5 376
Total		7 382	5 376

5.3.8 Transfers and subsidies

Table 223 Transfers and Subsidies

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Provinces and municipalities	35	932	559
Public corporations and private enterprises	<i>Annexure 1A</i>	33	-
Households	<i>Annexure 1B</i>	90 010	49 148
Total		90 975	49 707

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

5.3.9 Expenditure for capital assets

Table 224 Expenditure for Capital Assets

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Tangible assets		183 694	349 650
Buildings and other fixed structures	31	138 784	232 208
Machinery and equipment	29	44 910	117 442
Intangible assets		-	365
Software	30	-	365
Total		183 694	350 015

Table 225 Analysis of funds utilised to acquire capital assets – 2019/20

	Voted funds	Aid assistance	Total
	R'000	R'000	R'000
Tangible assets	183 694	-	183 694
Buildings and other fixed structures	138 784	-	138 784
Machinery and equipment	44 910	-	44 910
Intangible assets		-	
Software	-	-	-
Total	183 694	-	183 694

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 226 Analysis of funds utilised to acquire capital assets – 2018/19

	Voted funds	Aid assistance	Total
	R'000	R'000	R'000
Tangible assets	349 650	-	349 650
Buildings and other fixed structures	232 208	-	232 208
Machinery and equipment	117 442	-	117 442
Intangible assets	365	-	365
Software	365	-	365
Total	350 015	-	350 015

Table 227 Finance lease expenditure included in Expenditure for capital assets

	Note	2019/20	2018/19
		R'000	R'000
Tangible assets		-	-
Machinery and equipment		-	-
Total		-	-

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

5.3.10 Unauthorised expenditure

Table 228 Reconciliation of unauthorised expenditure

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Opening balance		482 779	481 518
Prior period error		-	-
As restated		482 779	481 518
Unauthorised expenditure – discovered in current year (as restated)		-	1 261
Closing balance		482 779	482 779
Analysis of closing balance			
Unauthorised expenditure awaiting authorisation		482 779	482 779
Total		482 779	482 779

Table 229 Analysis of unauthorised expenditure awaiting authorisation per economic classification

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Capital		445 816	445 816
Current		813	813
Transfers and subsidies		36 150	36 150
Total		482 779	482 779

Table 230 Analysis of unauthorised expenditure awaiting authorisation per type

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Unauthorised expenditure relating to overspending of the vote or a main division within a vote		482 779	482 779
Total		482 779	779

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 231 Details of unauthorised expenditure – current year

Incident	Disciplinary steps taken/criminal proceedings	2019/20 R'000
		-
Total		

5.3.11 Cash and cash equivalents

Table 232 Cash and Cash Equivalents

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Cash receipts		1	-
Total		1	-

Table 233 Receivables

	<i>Note</i>	2019/20			2018/19		
		Current	Non-current	Total	Current	Non-current	Total
		R'000	R'000	R'000	R'000	R'000	R'000
Claims recoverable	11.1	-	-	-	81	-	81
Recoverable expenditure	11.2	10 345	-	10 345	19 727	-	19 727
Staff debt	11.3	1 613	19 515	21 128	1 413	17 340	18 753
Fruitless and wasteful expenditure	11.4	25	-	25	18	-	18
Total		11 983	19 515	31 498	21 239	17 340	38 579

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 234 Claims recoverable

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Provincial departments	11 and Annex 3	-	81
Total		-	81

Table 235 Recoverable expenditure (disallowance accounts)

	<i>Note</i>	2019/20	2018/19
	11	R'000	R'000
Sal: UIF		-	1
Salary: Income tax		-	1 563
Salary: ACB recalls		122	188
Sal: Tax debts		490	463
Salary: Deduction Disallowance		49	52
Salary: Reversal Control		895	758
Salary: Recoverable		8 789	16 395
Salary: GEHS Refund		-	65
Pension recoverable		-	227
Salary: medical aid		-	15
Total		10 345	27

Table 236 Staff debt

	<i>Note</i>	2019/20	2018/19
	11	R'000	R'000
Debt receivable		21 128	18 753
Total		21 128	53

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 237 Fruitless and wasteful expenditure

	<i>Note</i>	2019/20	2018/19
	11	R'000	R'000
Opening balance		18	-
Less amounts recovered		-	-
Less amounts written off		-	-
Transfers from note 25 Fruitless and Wasteful Expenditure		7	18
Interest		-	-
Total		25	18

Table 238 Impairment of receivables

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Estimate of impairment of receivables		6 035	8 263
Total		6 035	8 263

Table 239 Voted funds to be surrendered to the Revenue Fund

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Opening balance		18 093	163 235
Prior period error		-	-
As restated		18 093	163 235
Transfer from statement of financial performance (as restated)		46 739	16 831
Add: Unauthorised expenditure for current year	9	-	1 261
Voted funds not requested/not received	1.1	(1)	-
Paid during the year		(18 093)	(163 234)
Closing balance		46 738	18 093

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 240 Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Opening balance		3 838	2 004
Prior period error		-	
As restated		3 838	2 004
Transfer from Statement of Financial Performance (as restated)		-	-
Own revenue included in appropriation	2	34 160	29 842
Transfer from aid assistance	3	-	-
Paid during the year		(35 359)	(28 008)
Closing balance		2 639	3 838

Table 241 Bank Overdraft

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Consolidated Paymaster General Account		458 627	494 674
Fund requisition account		-	-
Overdraft with commercial banks (Local)		-	-
Total		458 627	494 674

Table 242 Payables – current

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Clearing accounts	15.1	833	254
Other payables	15.2	1 645	1 097
Total		2 478	1 351

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 243 Clearing accounts

	<i>Note</i>	2019/20	2018/19
	15	R'000	R'000
Salary Disallowance Account		1	80
Salary pension		112	16
Salary: Finance other institution		14	14
Salary: Garnishee order		161	144
Salary: Income Tax		409	-
Salary: GEHS Refund		136	-
Total		833	254

Table 244 Other payables

	<i>Note</i>	2019/20	2018/19
	15	R'000	R'000
Debt Receivable interest		640	321
Debt receivable income		1 005	776
Total		1 645	1 097

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

5.3.12 Net cash flow available from operating activities

Table 245 Reconciliation of cash and cash equivalents for cash flow purposes

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Consolidated Paymaster General account		(458 627)	(494 674)
Cash Receipts		1	-
Total		(458 626)	4)

5.3.13 Contingent liabilities and contingent assets

Table 246 Contingent liabilities

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Liable to Nature			
Housing loan guarantees Employees	<i>Annex 2A</i>	1 172	1 314
Claims against the department	<i>Annex 2B</i>	1 890 533	1 848 778
Intergovernmental payables (unconfirmed balances)	<i>Annex 4</i>	8 691	36 375
Total		1 900 396	1 886 467

Claims against the state comprise of legal claims by third parties for which the timing is uncertain.

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 247 Contingent assets

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Nature of contingent asset			
Labour matters		1 487	1 487
Motor Vehicle accidents		190	190
OSD over-payments		1 958	1 958
Other		929	929
Total		4 564	4 564

Table 248 Capital commitments

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Capital expenditure			
Approved and contracted		-	281 819
Infrastructure commitments		117 063	-
Machinery and equipment		10 498	-
Transport equipment		31 464	-
Total Commitments		159 025	281 819

As per new MCS effective 1 April 2019, current commitments are no longer disclosed.

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

5.3.14 Accruals and payables not recognised

Table 249 Accruals Listed by Classification

			2019/20	2018/19
	R'000	R'000	R'000	R'000
Listed by economic classification	30 Days	30+ Days	Total	Total
Goods and services	49 389	150 949	200 338	81 785
Interest and rent on land	-	-	-	-
Transfers and subsidies	-	171	171	24 976
Capital assets	-	192	192	284
Other	-	-	-	12
Total	49 389	151 312	200 701	107 057

Table 250 Accruals Listed by Programme Level

	Note	2019/20	2018/19
		R'000	R'000
Administration		15 491	6 725
District Health Services		130 044	23 014
Emergency Medical Services		22 345	32 435
Provincial Hospital services		17 598	2 474
Central Hospital Services		9 357	14 361
Health Sciences and Training		4 036	28 026
Health Care Support Services		1 828	9
Health Facilities Management		2	13
Total		200 701	107 057

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 251 Payables Listed by Economic Classification

			2019/20	2018/19
	R'000	R'000	R'000	R'000
	30 Days	30+ Days	Total	Total
Goods and services	50 260	225 507	275 767	382 016
Interest and rent on land	-	-	-	-
Transfers and subsidies	-	21 345	21 345	4 019
Capital assets	1 069	3 929	4 998	7 722
Other	774	87	861	346
Total	52 103	250 868	302 971	394 103

Table 252 Payables Listed by Programme Level

	Note	2019/20	2018/19
		R'000	R'000
Administration		16 576	21 183
District Health Services		43 054	154 112
Emergency Medical Services		34 343	12 740
Provincial Hospital Services		21 922	23 613
Central Hospital Services		40 048	35 612
Health Science and Training		28 011	11 714
Health Care Support Services		118 981	135 055
Health Facilities Management		36	74
Total		302 971	394 104

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 253 Payables: Included in the above totals are the following

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Confirmed balances with other departments	<i>Annex 4</i>	5 109	5 109
Confirmed balances with other government entities	<i>Annex 4</i>	-	-
Total		5 109	5 109

Table 254 Employee benefits

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Leave entitlement		107 975	98 556
Service bonus		73 039	67 904
Performance awards		50 630	47 052
Capped leave		32 875	34 893
Other		2 631	2 743
Total		267 150	251 148

At this stage the department is not able to reliably measure the long term portion of the long service awards.

The leave amount includes negative leave balances. This represents leave taken before it fully accrues to an employee. This will balance off during the calendar year.

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

5.3.15 Lease commitments

Table 255 Operating leases (2019/20)

2019/20	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total
	R'000	R'000	R'000	R'000	R'000
Not later than 1 year	-	-	15 475	-	15 475
Later than 1 year and not later than 5 years	-	-	16 338	-	16 338
Later than five years	-	-	-	-	-
Total lease commitments	-	-	31 813	-	31 813

Table 256 Operating leases (2018/19)

2018/19	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total
	R'000	R'000	R'000	R'000	R'000
Not later than 1 year	-	-	34 103	-	34 103
Later than 1 year and not later than 5 years	-	-	7 742	-	7 742
Later than five years	-	-	-	-	-
Total lease commitments	-	-	41 845	-	41 845

Material leasing arrangements include agreements for residential accommodation of student nurses
--

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 257 Finance leases (2019/20)

2019/20	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total
	R'000	R'000	R'000	R'000	R'000
Not later than 1 year	-	-	-	2 913	2 913
Later than 1 year and not later than 5 years	-	-	-	9 262	9 262
Later than five years	-	-	-	-	-
Total lease commitments	-	-	-	12 175	12 175

Table 258 Finance leases (2018/19)

2018/19	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total
	R'000	R'000	R'000	R'000	R'000
Not later than 1 year	-	-	-	5 327	5 327
Later than 1 year and not later than 5 years	-	-	-	13 034	13 034
Later than five years	-	-	-	-	-
Total lease commitments	-	-	-	18 361	18 361

Material leasing arrangement includes the Government Fleet Entity

Table 259 Accrued departmental revenue

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Sales of goods and services other than capital assets	23.1	73 615	147 553
Total		73 615	147 553

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 260 Analysis of accrued departmental revenue

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Opening balance		147 553	120 242
Less: amounts received		(23 994)	(18 868)
Add: amounts recorded		45 371	46 179
Less: amounts written-off/reversed as irrecoverable		(95 315)	-
Closing balance	24	73 615	147 553

Table 261 Accrued department revenue written off

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Nature of losses			
Patient debt written off		95 315	-
Total		95 315	-

Table 262 Impairment of accrued departmental revenue

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Estimate of impairment of accrued departmental revenue		61 239	134 721
Total		61 239	134 721

The department assesses impairment of accrued revenue individually within a group class at the end of each reporting date where there is objective evidence that the asset is impaired

The key indicator that the asset needs to be assessed for impairment is the delay in payments by debtors. When the debt has been outstanding for more than a certain period in each different category of debt. (As outlined in the Patient Debt Management Policy)

Where there is a possibility that the debtors will not settle the outstanding balance and where there is certainty that the debt owed will not be recoverable but the approval was not obtained at year-end, the accounts are assessed for impairment.

Impairment loss is calculated as the difference between the carrying value of the debt at the reporting date less the recoverable value of expected future cash flows.

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

5.3.16 Irregular expenditure

Table 263 Reconciliation of irregular expenditure

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Opening balance		6 874 389	6 159 450
Prior period error		-	-
As restated		6 874 389	6 159 450
Add: Irregular expenditure – relating to prior year		39 028	
Add: Irregular expenditure – relating to current year		497 829	714 939
Closing balance		7 411 246	6 874 389

Table 264 Analysis of awaiting condonation per age classification

Current year		497 829	714 939
Prior years		6 913 417	6 159 450
Total		7 411 246	6 874 389

Table 265 Details of current and prior year irregular expenditure – added current year (under determination and investigation)

Incident	Disciplinary steps taken/criminal proceedings	2019/20
		R'000
Infrastructure contracts awarded by implementing agencies	Still to be investigated	334 156
Goods and services sourced without following Supply Chain Management process	Still to be investigated	202 701
Total		536 857

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

5.3.17 Fruitless and wasteful expenditure

Table 266 Reconciliation of fruitless and wasteful expenditure

	<i>Note</i>	2019/20	2018/19
		R'000	R'000
Opening balance		67 423	62 047
Prior period error		-	-
As restated		67 423	62 047
Fruitless and wasteful expenditure – relating to current year		7 382	5 394
Less: Amounts recoverable	<i>11.4</i>	(25)	(18)
Closing balance		74 780	67 423

Table 267 Analysis of Current year's (relating to current and prior years) fruitless and wasteful expenditure

Incident	Disciplinary steps taken/criminal proceedings	2018/19
		R'000
Interest on overdue accounts	Still to be investigated	7 382
Total		382

Table 268 Related party transactions

- The Northern Cape Department of Health did not enter into any related party transaction for the year including with the following provincial departments;
- Office of the Premier, Provincial Legislature, Department of Transport, Safety and Liaison, Department of Education, Department of Roads and Public Works, Department of Economic Development and Tourism, Department of Sports, Arts and Culture, Provincial Treasury, Department of Co-Operative Governance, Human Settlements and Traditional Affairs, Department of Health, Department of Social Development, Department of Agriculture, Land Reform and Rural Development and Department of Environment and Nature Conservation.

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 269 Non-adjusting events after reporting date

	2019/20
Nature of event	R'000
Subsequent to the reporting date the COVID-19 epidemic broke out and a National State of disaster was declared	-
Total	-

The World Health Organisation declared COVID-19 a pandemic on the 11 March 2020. In response, the South African Government classified COVID-19 a national disaster and issued additional regulations and directions to curtail the disaster.

The department was allocated an additional budget of R167 799 million being funds received from National Department of Health R61 575 million, Department of Cooperative Governance and Traditional Affairs (R6 224 million) and Provincial Treasury R100 000 million. These funds were allocated to the department in response to the needs of the COVID-19 pandemic.

The Department also established a COVID-19 response team under the leadership of Mr Riaan Strydom to coordinate all efforts in fighting the pandemic.

The state of disaster and the pandemic and its related effects were continuing at the time of finalisation of the financials and therefore we are unable to provide an estimate of the subsequent non-adjusting events.

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

5.3.18 Tangible Capital Assets

Table 270 Movable Tangible Capital Assets per Asset Register for the year ended 31 March 2020

	Opening balance	Value adjustments	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	1 162 265	-	48 348	2 860	1 207 753
Transport assets	183 477	-	11 365	2 860	191 982
Computer equipment	68 176	-	1 000	-	69 176
Furniture and office equipment	40 563	-	3 716	-	44 279
Other machinery and equipment	870 049	-	32 267	-	902 316
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	1 162 265	-	48 348	2 860	1 207 753

Table 271 Additions To Movable Tangible Capital Assets Per Asset Register For The Year Ended 31 March 2020

	Cash*	Non-cash**	(Capital Work in Progress current costs and finance lease payments)	Received current, not paid (Paid current year, received prior year)	Total
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	44 910	3 438	-	-	48 348
Transport assets	11 365	-	-	-	11 365
Computer equipment	461	539	-	-	1 000
Furniture and office equipment	3 716	-	-	-	3 716
Other machinery and equipment	29 368	2 899	-	-	32 267
TOTAL ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS	44 910	3 438	-	-	48 348

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 272 Disposals Of Movable Tangible Capital Assets Per Asset Register For The Year Ended 31 March 2020

	Sold for cash	Non-cash disposal	Total disposals		Cash Received Actual
	R'000	R'000	R'000		R'000
MACHINERY AND EQUIPMENT	2 860	-	2 860		2 860
Transport assets	2 860	-	2 860		2 860
Computer equipment	-	-	-		-
Furniture and office equipment	-	-	-		-
Other machinery and equipment	-	-	-		-
TOTAL DISPOSAL OF MOVABLE TANGIBLE CAPITAL ASSETS	2 860	-	2 860		2 860

Table 273 Movement In Tangible Capital Assets Per Asset Register For The Year Ended 31 March 2018

	Opening balance	Prior period error	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	1 047 316	-	114 949	-	1 162 265
Transport assets	159 345	-	24 132	-	183 477
Computer equipment	59 856	-	8 320	-	68 176
Furniture and office equipment	40 003	-	560	-	40 563
Other machinery and equipment	788 112	-	81 937	-	870 049
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	1 047 316	-	114 949	-	1 162 265

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

5.3.19 Minor Assets

Table 274 Movement in Minor Assets as per the Asset Register for the year ended 31 March 2020

	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Opening balance	-	1 598	-	187 437	-	189 035
Value adjustments	-	-	-	-	-	-
Additions	-	-	-	3 278	-	3 278
Disposals	-	-	-	-	-	-
TOTAL MINOR ASSETS	-	1 598	-	190 715	-	192 313

Table 275 Number of R1 Minor Assets (2019/20)

	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Number of R1 minor assets	-	7 945	-	70 177	-	78 122
Number of minor assets at cost	-	-	-	1 461	-	1 461
TOTAL NUMBER OF MINOR ASSETS	-	7 945	-	71 638	-	79 583

Table 276 Movement in Minor Assets as per the Asset Register for the year ended 31 March 2019

	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Opening balance	-	1 598	-	180 999	-	182 597
Value adjustments	-	-	-	-	-	-
Additions	-	-	-	6 438	-	6 438
Disposals	-	-	-	-	-	-
TOTAL MINOR ASSETS	-	1 598	-	187 437	-	189 035

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 277 Number of R1 Minor Assets (2018/19)

	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Number of R1 minor assets	-	6 100	-	41 916	-	48 016
Number of minor assets at cost	-	1 845	-	28 261	-	30 106
TOTAL NUMBER OF MINOR ASSETS	-	7 945	-	70 177	-	78 122

5.3.20 Movable Assets Written Off

Table 278 Movable Assets Written Off For The Year Ended As At 31 March 2020

	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Assets written off	-	-	-	-	-	-
TOTAL MOVABLE ASSETS WRITTEN OFF	-	-	-	-	-	-

Table 279 Movable Assets Written Off For The Year Ended As At 31 March 2019

	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Assets written off	-	-	-	-	-	-
TOTAL MOVABLE ASSETS WRITTEN OFF	-	-	-	-	-	-

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

5.3.21 Intangible Capital Assets

Table 280 Movement In Intangible Capital Assets Per Asset Register For The Year Ended 31 March 2020

	Opening balance	Value adjustments	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
SOFTWARE	3 393	-	-	-	3 393
TOTAL INTANGIBLE CAPITAL ASSETS	3 393	-	-	-	3 393

Table 281 Additions To Intangible Capital Assets Per Asset Register For The Year Ended 31 March 2020

	b	Non-Cash	(Development work in progress – current costs)	Received current year, not paid (Paid current year, received prior year)	Total
	R'000	R'000	R'000	R'000	R'000
SOFTWARE	-	-	-	-	-
TOTAL ADDITIONS TO INTANGIBLE CAPITAL ASSETS	-	-	-	-	-

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

5.3.22 Immovable Tangible Capital Assets

Table 282 Movement In Intangible Capital Assets Per Asset Register For The Year Ended 31 March 2019

	Opening balance	Prior period error	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
SOFTWARE	3 028	-	365	-	3 393
TOTAL INTANGIBLE CAPITAL ASSETS	3 028	-	365	-	3 393

Table 283 Movement In Immovable Tangible Capital Assets Per Asset Register For The Year Ended 31 March 2020

	Opening balance	Value adjustments	Additions	Disposals	Closing Balance
	R'000		R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	2 463 810	-	84 051	-	2 547 861
Dwellings	-	-	-	-	-
Non-residential buildings	2 447 687	-	84 051	-	2 531 738
Other fixed structures	16 123	-	-	-	16 123
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	2 463 810	-	84 051	-	2 547 861

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 284 Additions To Immovable Tangible Capital Assets Per Asset Register For The Year Ended 31 March 2020

	Cash	Non-cash	(Capital Work in Progress current costs and finance lease payments)	Received current, not paid (Paid current year, received prior year)	Total
	R'000	R'000	R'000	R'000	R'000
BUILDING AND OTHER FIXED STRUCTURES	142 609	-	(58 558)	-	84 051
Dwellings	-	-	-	-	-
Non-residential buildings	142 609		(58 558)		84 051
Other fixed structures	-	-	-	-	-
TOTAL ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS	142 609	-	(58 558)	-	84 051

Table 285 Disposals Of Immovable Tangible Capital Assets Per Asset Register For The Year Ended 31 March 2020

	Sold for cash	Non-cash disposal	Total disposals		Cash Received Actual
	R'000	R'000	R'000		R'000
BUILDINGS AND OTHER FIXED STRUCTURES	-	-	-		-
Dwellings	-	-	-		-
Non-residential buildings	-	-	-		-
Other fixed structures	-	-	-		-
TOTAL DISPOSALS OF IMMOVABLE TANGIBLE CAPITAL ASSETS	-	-	-		-

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 286 Movement In Immovable Tangible Capital Assets Per Asset Register For The Year Ended 31 March 2019

	Opening balance	Prior period error	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	1 043 300	-	1 420 510	-	2 463 810
Dwellings	-	-	-	-	-
Non-residential buildings	1 027 177	-	1 420 510	-	2 447 687
Other fixed structures	16 123	-	-	-	16 123
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	1 043 300	-	1 420 510	-	2 463 810

5.3.23 Capital Work-in-progress

Table 287 Capital Work-In-Progress As At 31 March 2020

	Note	Opening balance 1 April 2019	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing balance 31 March 2020
	Annexure 6	R'000	R'000	R'000	R'000
Buildings and other fixed structures		449 367	58 558	-	507 925
Machinery and equipment		-	-	-	-
TOTAL		449 367	58 558		507 925

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 288 Age analysis on ongoing projects

	Number of projects		2018/19
	Planned, Construction not started	Planned, Construction started	Total R'000
0 to 1 Year	-	-	-
1 to 3 Years	-	-	-
3 to 5 Years	-	5	507 925
Total	-	5	507 925

Table 289 Accruals and payables not recognised relating to Capital WIP

	Note	2019/20	2018/19
		R'000	R'000
Infrastructure accruals		50 011	84
Infrastructure payables		41 532	74 284
Total		91 543	74 368

Table 290 Capital Work-In-Progress As At 31 March 2019

	Note	Opening balance 1 April 2018	Prior period error	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing balance 31 March 2019
	Annexure 6	R'000	R'000	R'000	R'000	R'000
Buildings and other fixed structures		1 686 883	(59 307)	176 716	(1 354 925)	449 367
Machinery and equipment		-	-	-	-	-
TOTAL		1 686 883	(59 307)	176 716	(1 354 925)	449 367

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 291 Age analysis on ongoing projects

	Number of projects		2017/18
	Planned, Construction not started	Planned, Construction started	Total R'000
0 to 1 Year	-	-	-
1 to 3 Years	-	3	122 533
3 to 5 Years	-	2	326 834
Longer than 5 Years	-	-	-
Total	-	5	449 367

5.3.24 S42 Immovable assets

Table 292 Assets to be transferred in terms of S42 of the PFMA – 2019/20

			Number of assets	Value of assets R'000
BUILDINGS AND OTHER FIXED STRUCTURES			174	2 547 860
Dwellings			-	-
Non-residential buildings			174	2 547 860
Other fixed structures			-	-
TOTAL			174	2 547 860

Included in the immovable assets due for a S42 is the cost of upgrades and refurbishments of facilities.

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 293 Assets to be transferred in terms of S42 of the PFMA – 2018/19

			Number of assets	Value of assets R'000
BUILDINGS AND OTHER FIXED STRUCTURES			167	2 463 809
Dwellings			-	-
Non-residential buildings			167	2 463 809
Other fixed structures			-	-
TOTAL			167	2 463 809

5.3.25 Principal-agent arrangements

Table 294 Department acting as the principal

	Fee paid	
	2019/20	2018/19
	R'000	R'000
Independent Development Trust	4 653	4 946
Bigen Africa Services (Pty) Ltd	8 059	273
Total	12 712	5 219

The Independent Development Trust are implementing agents for infrastructure projects and they receive a fee at an agreed rate.

Bigen Africa Services (Pty) Ltd are implementing agents for maintenance projects and they received a fee at an agreed rate.

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 295 Key management personnel

	No. of Individuals	2019/20 R'000	2018/19 R'000
Political office bearers (provide detail below)			
Officials:	2(1)	1 918	1 978
Levels 15 to 16	2(1)	1 724	1 645
Level 14 (including officials in Exco if at lower levels)	12(9)	13 284	11 185
Family members of key management personnel	4(3)	2 165	1 605
Total		19 091	16 413

5.3.26 Prior period errors

Table 296 Correction of prior period errors (2018/19)

	Note	Amount before error correction	Prior period error	Restated Amount
		R'000	R'000	R'000
Contingent Liabilities				
Claims against the department	18	2 440 116	(591 338)	1 848 778
Net effect		2 440 116	(591 338)	1 848 778

Section 3 notices in respect of Medico Legal claims were incorrectly included in the prior years. Claims are only included once a court issued summons has been received.

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Table 297 Inventories

Inventories for the year ended 31 March 2020

	Insert major category of inventory	Insert major category of inventory	Insert major category of inventory	Insert major category of inventory	TOTAL
	R'000	R'000	R'000	R'000	R'000
Opening balance	67 453				67 453
Add/(Less): Adjustments to prior year balances	332 398				332 398
Add: Additions/Purchases – Cash	1 910				1 910
Add: Additions - Non-cash	-				-
(Less): Disposals	-				-
(Less): Issues	(344 567)				(344 567)
Add/(Less): Received current, not paid (Paid current year, received prior year)	-				-
Add/(Less): Adjustments	1 754				1 754
Closing balance	58 948				58 948

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

5.3.27 Conditional Grants Received

Table 298 Statement of Conditional Grants Received

NAME OF GRANT	GRANT ALLOCATION					SPENT				2018/19	
	Division of Revenue Act/ Provincial Grants	Roll Overs	DORA Adjustments	Other Adjustments	Total Available	Amount received by department	Amount spent by department	Under/ (Overspending)	% of available funds spent by department	Division of Revenue Act	Amount spent by department
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
National Tertiary Services Grant	378,323	-	-	-	378,323	378,323	378,313	10	100%	385,955	385,956
HIV, TB, HPV, Malaria and Community Outreach Grant	596,276	-	-	-	596,276	596,275	596,279	(3)	100%	524,636	524,749
National Health Insurance		-	-	19,306	19,306	19,306	19,306	-	100%	-	-
Health Facility Revitalisation Grant	386,706	-	-	-	386,706	386,706	386,652	54	100%	416,391	415,953
Health Professions Training & Development Grant	97,132	-	-	-	97,132	97,132	97,126	6	100%	115,739	115,401
Social Sector EPWP Incentive Grant for Provinces	8,154	-	-	-	8,154	8,154	8,152	2	100%	13,423	13,296
EPWP Incentive Grant for Provinces	2,439	-	-	-	2,439	2,439	2,439	-	100%	2,907	2,688
Human Papillomavirus Vaccine Grant	4,894	-	-	(1,251)	3,643	3,643	3,643	-	100%	4,634	4,601
Human Resource Capacitation Grant	11,606	-	-	9,825	21,431	21,431	20,943	488	98%	-	-
TOTAL	1,485,530	-	-	27,880	1,513,410	1,513,409	1,512,853	557	100%	1,463,685	1,462,644

ALL FUNDS TRANSFERRED IN TERMS OF THE DIVISION OF REVENUE ACT WERE DEPOSITED IN THE PRIMARY BANK ACCOUNT OF THE PROVINCE

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

5.3.28 Conditional Grants and Other Transfers Paid To Municipalities

Table 299 Statement of Conditional Grants and other Transfers paid to Municipalities

NAME OF MUNICIPALITY	2019/20							2018/19	
	GRANT ALLOCATION				TRANSFER			Division of Revenue Act	Actual transfer
	DoRA and other transfers	Roll Overs	Adjustments	Total Available	Actual Transfer	Funds Withheld	Re-allocations by National Treasury Or National Department		
	R'000	R'000	R'000	R'000	R'000	R'000	%		
Emthanjeni Municipality	-	-	-	-	-	-	-	74	74
Hantam Municipality	19	-	-	19	19	-	-	-	-
Nama Khoi Municipality	357	-	-	357	357	-	-	88	88
Karoo Hoogland	100	-	-	100	100	-	-	50	50
Richtersveld Municipality	3	-	-	3	3	-	-	-	-
South African Post Office	202	-	-	202	202	-	-	-	-
Ga-Segonyana Municipality	28	-	-	28	28	-	-	-	-
Standard Bank	2	-	-	2	2	-	-	-	-
Northern Cape Fleet Services	208	-	-	208	208	-	-	-	-
Sol Plaatje Municipality	5 358	-	-	5 358	-	5 358	-	12 366	314
Other	13	-	-	13	13	-	-	-	-
TOTAL	6 290	-	-	6 290	932	5 358	-	12 578	526

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

5.3.29 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.

Table 300 Going concern evaluation

	2019/20
	R'000
Current Assets	494 762
Unauthorised expenditure	482 779
Receivables	11 983
Current liabilities	514 278
Voted funds to be surrendered to the Revenue Fund	46 738
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	2 639
Payables	2 478
Bank overdraft	458 627
Aid assistance unutilised	3 796
Net current liabilities	19 516
Other obligations	862 365
Accruals and payables not realised	595 215
Employee benefits	267 150

The Northern Cape Department of Health show net current liabilities of R19.516 million for the financial year ending 31 March 2020. This is an indication of the financial challenges faced by the department resulting in the delay to settle commitments as they become due. The department's going concern ability is however secured through the commitment on the Medium Term Expenditure Framework. These budgets are committed for the medium term between 2020/21 and 2022/23 financial years.

The medium term allocation of the department amount to R17 816,160 million over the three financial years with 2021/22 allocated an amount of R5 593.359 million.

The department is determined to address the growing trend of Accruals and Payables. This will be addressed through improving the relationship between planning and resource allocation. Regular monitoring of performance against resources spent will also be strengthened to ensure alignment between outputs and spending.

***ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10***

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

A Medico-Legal unit was also established within the Department to specifically work on medico-legal cases facing the Department. This unit has identified the main causes of the adverse cases experienced in facilities and the Department is addressing those. This unit further assists the Department to deal adequately with medico legal cases.

Management continues to consider the economic environment in which the Department operates and the likelihood on continued government funding. Management is not aware of any material uncertainties which may cause significant doubt upon the Province's ability to continue funding the operations of the Department.

The Department is therefore, assured of its continued existence through the implementation of corrective measures to deal with accruals and the continued support of the Province and in particular Provincial Treasury.

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

ANNEXURES

ANNEXURE 1A

Table 301 Statement of Transfers / Subsidies to Public Corporations and Private Enterprises

NAME OF PUBLIC CORPORATION/PRIVATE ENTERPRISE	TRANSFER ALLOCATION				EXPENDITURE				20XX/YY
	Adjusted Appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available Funds Transferred	Capital	Current	Final Appropriation
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000
Public Corporations									
Transfers									
SAHPRA	-	-	-	-	4	-	-	4	-
SABS Commercial	-	-	-	-	29	-	-	29	-
	-	-	-	-	33	-	-	33	-
Total	-	-	-	-	33	-	-	33	-

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

ANNEXURE 1B

Table 302 Transfers to Households

HOUSEHOLDS	TRANSFER ALLOCATION				EXPENDITURE		2018/19
	Adjusted Appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds Transferred	Final Appropriation
	R'000	R'000	R'000	R'000	R'000	%	R'000
Transfers							
H/H EMPL S/BEN:INJURY ON DUTY	201	-	-	201	201	100%	2 456
H/H EMPL S/BEN:LEAVE GRATUITY	8 823	-	386	9 209	9 009	98%	5 692
H/H: CLAIMS AGAINST THE STATE (CASH)	-	-	51 848	51 848	41 537	79%	-
H/H: BURSARIES (NON-EMPLOYEE)	26 604	-	-	26 604	38 958	146%	14 931
H/H: DONATIONS 7 GIFTS (CASH)	207	-	-	207	305	142%	113
TOTAL	35 835	-	52 234	88 069	90 010		23 192

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

ANNEXURE 1C

Table 303 Statement of Gifts, Donations and Sponsorships Received

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2019/20	2018/19
		R'000	R'000
Received in cash			
NSF Growth and Development Strategy	Growth and development of health professionals	411	4 526
Subtotal		411	4 526
Received in kind			
National Department of Health	Office and computer equipment	539	1 822
National Department of Health	Medical equipment and instruments	2 899	-
Dr Valdez	Kitchen equipment	-	-
Tecmed Africa	Advertising material	-	8
Anatomical parts and charts	Conference material	-	47
Medhold	Surgical instruments	-	30
Hain Lifescience	TB Instruments	-	30
Road Accident Fund	Patient file archiving project	-	500
Ster Kinekor	Corneal Implants	3	-
Subtotal		3 441	2 437
TOTAL		3 852	6 963

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

ANNEXURE 1D

Table 304 Statement of Gifts, Donations and Sponsorships Made

NATURE OF GIFT, DONATION OR SPONSORSHIP (Group major categories but list material items including name of organisation)	2019/20	2018/19
	R'000	R'000
Made in kind		
Donations made by the Member of Executive Council	-	-
TOTAL	-	-

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

ANNEXURE 2A

Table 305 Statement of Financial Guarantees Issued as at 31 March 2020 - Local

Guarantor institution	Guarantee in respect of	Original Guaranteed Capital amount	Opening Balance 1 April 2019	Guarantees raw downs During the year	Guarantees repayments/cancelled /reduced during the year	Revaluation due To foreign currency movements	Closing balance 31 March 2020	Revaluations due to inflation rate movements	Accrued Guaranteed interest for year ended 31 March 2020
		R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Standard Bank	Housing guarantees	1 517	317	-	-	-	317	-	-
Nedbank Limited	Housing guarantees	581	155	-	17	-	138	-	-
First National Bank	Housing guarantees	951	256	-	14	-	242	-	-
Nedbank (Inc)	Housing guarantees	124	16	-	-	-	16	-	-
ABSA Bank	Housing guarantees	3 097	442	-	90	-	352	-	-
People's Bank	Housing guarantees	67	13	-	-	-	13	-	-
Nedbank (NBS)	Housing guarantees	122	43	-	21	-	22	-	-
Old Mutual	Housing guarantees	-	72	-	-	-	72	-	-
TOTAL		6 459	1 314	-	142	-	1 172	-	-

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

ANNEXURE 2B

Table 306 Statement of Contingent Liabilities as at 31 March 2020

Nature of Liability	Opening Balance	Liabilities incurred during the year	Liabilities paid/cancelled/reduced during the year	Liabilities recoverable (Provide details hereunder)	Closing Balance
	1 April 2019				31 March 2020
	R'000	R'000	R'000	R'000	R'000
Claims against the department					
Medico-Legal cases	1 513 246	198 299	87 192	-	1 624 354
Breach of contract	248 408	80 000	150 549	-	177 859
Motor vehicle accidents	5 987	250	1 222	-	5 015
Labour matters	11 035	-	4 122	-	6 913
Other	70 102	30 068	23 778	-	76 392
TOTAL	1 848 778	308 617	266 862	-	1 890 533

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

ANNEXURE 3

Table 307 Claims Recoverable

Government Entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2019/20	
	31/03/2020	31/03/2019	31/03/2020	31/03/2019	31/03/2020	31/03/2019	Receipt date up to six (6) working days after year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
Department								
Department of Justice & Constitutional Development	10	10	-	-	10	10	-	-
National Department of Public Works	-	-	-	2	-	2	-	-
National Department of Health	-	-	17 700	6 864	17 700	6 864	-	-
Free State Department of Health	-	-	5 247	3 120	5 247	3 120	-	-
Gauteng Department of Health	-	-	766	502	766	502	-	-
Northern Cape Provincial Treasury	-	-	111	60	111	60	-	-
Western Cape Department of Health	-	-	4 191	2 402	4 191	2 402	-	-
Limpopo Department of Health	-	-	-	30	-	30	-	-
North West Department of Health	-	-	851	98	851	98	-	-
Kwa-Zulu Natal Department of Health	-	-	177	-	177	-	-	-
Northern Cape Office of the Premier			-	567	-	567		
Northern Cape Economic Development & Tourism	-	-	-	19	-	19	-	-
Northern Cape Department of Environment & Nature Conservation	71	71	-	-	71	71	-	-
Northern Cape Department of Social Development	-	-	558	140	558	140	-	-
Eastern Cape Department of Health	-	-	-	36	-	36	-	-
Northern Cape Department of Education	-	-	-	76	-	76	-	-
Northern Cape Department of Sports Arts & Culture	-	-	-	59	-	59	-	-
North West Department of Public Works			49		49			

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

Government Entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2019/20	
	31/03/2020	31/03/2019	31/03/2020	31/03/2019	31/03/2020	31/03/2019	Receipt date up to six (6) working days after year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
Northern Cape Department of Roads & Public Works			100		100			
Northern Cape FET College			124		124			
Western Cape Correctional Services			19		19			
TOTAL	81	81	29 893	13 975	29 974	14 056	-	-

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

ANNEXURE 4

Table 308 Inter-Government Payables

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL		Cash in transit at year end 2019/20	
	31/03/2020	31/03/2019	31/03/2020	31/03/2019	31/03/2020	31/03/2019	Payment date up to six (6) working days before year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
DEPARTMENTS								
National Department of Health	-	-	-	240	-	240	-	-
Department of Justice & Constitutional Development	-	-	3 435	3 435	3 435	3 435	-	-
Northern Cape Department of Roads & Public Works	-	-	3 740	3 740	3 740	3 740	-	-
Free State Department of Health	4 788	4 788	-	-	4 788	4 788	-	-
North West Department of Health	-	-	8	8	8	8	-	-
Northern Cape Office of the Premier	-	-	1 358	-	1 358	805	-	-
Western Cape Department of Health	11	11	-	-	11	11	-	-
Kwa-Zulu Natal Department of Education	-	-	-	14	-	14	-	-
Northern Cape Department of Education	-	-	-	-	-	-	-	-
Free State office of the Premier	-	19	-	-	-	19	-	-
Northern Cape Department of Social Development	197	197	-	-	197	197	-	-
Northern Cape Department of Sports Arts & Culture	37	37	-	-	37	37	-	-
Limpopo Department of Health	-	-	150	150	150	150	-	-
Eatern Cape Department of Health	76	76	-	-	76	76	-	-
Northern Cape Department of Transport Safety & Liasion	-	-	-	16	-	16	-	-
TOTAL	5 109	5 128	8 691	7 603	13 800	41 484	-	-

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

ANNEXURE 5

Table 309 Inventories

	<i>Note</i>	<i>Quantity</i>	2019/20	<i>Quantity</i>	2018/19
			R'000		R'000
Opening balance			67 453		58 492
Add/(Less): Adjustments to prior year balance			-		10 313
Add: Additions/Purchases – Cash			332 399		324 530
Add: Additions - Non-cash			1 910		14 808
(Less): Disposals			-		-
(Less): Issues			(344 567)		(327 074)
Add/(Less): Received current, not paid (Paid current year, received prior year)			-		-
Add/(Less): Adjustments			1 753		(13 616)
Closing balance			58 948		67 453

**ANNUAL FINANCIAL STATEMENTS FOR THE NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

ANNEXURE 6

Table 310 Movement In Capital Work In Progress For The Year Ended 31 March 2020

	Opening balance	Current Year Capital WIP	Ready for use (Asset register) / Contract terminated	Closing balance
	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	449 367	58 558	-	507 925
Dwellings	-	-	-	-
Non-residential buildings	449 367	58 558	-	507 925
Other fixed structures	-	-	-	-
TOTAL	449 367	58 558	-	507 925

Table 311 Movement In Capital Work In Progress For The Year Ended 31 March 2019

	Opening balance	Prior period error	Current Year Capital WIP	Ready for use (Asset register) / Contract terminated	Closing balance
	R'000	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	1 627 576	-	176 716	(1 354 925)	449 367
Dwellings	-	-	-	-	-
Non-residential buildings	1 627 576	-	176 716	(1 354 925)	449 367
Other fixed structures	-	-	-	-	-
TOTAL	1 627 576	-	176 716	(1 354 925)	449 367

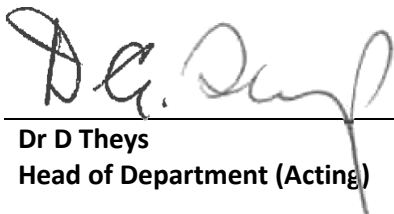
ANNEXURE 7

Statement of responsibility and Confirmation of Accuracy

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 judgement made in this information.
- The Accounting Officer is responsible for establishing, 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 2020**.

Yours faithfully



Dr D Theys
Head of Department (Acting)

27 January 2021

Date

ACKNOWLEDGEMENTS

The development and completion of the Annual Performance Report of the Northern Cape Department of Health for the **2019/2020** performance period was a collaborative effort between a number of officials together with Budget Programmes.

The following individuals are especially recognised:

- Mr R Jones – Executive Manager: Office of the HOD
- Mr D Gaborone – Chief Financial Officer
- Mr P Ngcoboti- Senior Manager: Management Accounting Directorate
- Mr M Mlatha – Director: Policy and Planning
- Ms A Selao - Deputy Director: Policy Development
- Ms M Mabothe – Assistant Director: Policy Development
- Mr R Sichimwi – Senior Administrative Officer (**Team Leader**): Policy and Planning (Monitoring and Evaluation)
- Ms K Moloi – Senior Administrative Officer: Policy and Planning (Monitoring and Evaluation)
- Ms L Smith – Administrative Officer: Policy and Planning (Monitoring and Evaluation)
- Ms B Mojaki – Production Clerk: Policy and Planning (Monitoring and Evaluation)
- Ms P Bonokwane – Intern: Policy and Planning (Monitoring and Evaluation)

BIBLIOGRAPHY

1. Northern Cape Department of Health, 5-Year Strategic Plan 2015/16-2019/20
2. Northern Cape Department of Health, Annual Performance Plan 2019/20
3. Northern Cape Department of Health, Annual Performance Report 2018/19
4. Northern Cape Department of Health, District Health Information System
5. Northern Cape Department of Health, Electronic Tuberculosis Register
6. Northern Cape Department of Health, Vulindlela 2019/20
7. Northern Cape Department of Health, PERSAL 2019/20

***BACK COVER PAGE OF PRINTED DOCUMENT**



ANNUAL PERFORMANCE REPORT 2019/20

**Published by the Department of Health
Northern Cape Province**

Private Bag X5049
Kimberley, 8300
SOUTH AFRICA

Tel: 053 830 2100

PAHODHEALTH@ncpg.gov.za
rlj.ncdoh@gmail.com

PR258/2020
ISBN: 978-0-621-48682-7

Designed and printed by (NAME OF PRINTING SERVICE)