CONTENTS

STRATEGIC VISION

Vision

To achieve optimal health status for all persons in the Province of KwaZulu-Natal.

Mission

To develop a sustainable, co-ordinated and comprehensive health system at all levels based on the Primary Health Care approach through the District Health System.

Core Values

Trust built on truth, integrity and reconciliation;
Open communication, transparency and consultation;
Commitment to performance;
Courage to learn, change and innovate.

Legislative Mandate

The Department is currently functioning in terms of the Provincial Hospitals' Ordinance, 1961 (13/1961). However, the Department will be aligning itself to the Provincial Health Act, 2000 (Act No. 4 of 2000) which was passed on the 13th September 2000 and which will commence on a date determined by the Minister by notice in the Provincial Gazette.

ORGANOGRAM

Dr ZL Mkhize
Minister of Health

Professor RW Green-Thompson
Secretary for Health

Mr HAW Conradie
Chief Finance Officer

Mrs S Skweyiya
Deputy Director-General
Human Resource Management
and Planning

Professor SJH Hendricks
Deputy Director-General
District Health System

Mr GE Mkhize
Chief Director
Human Resource Practices

Dr P Ramdas
Acting Chief Director
Institutional Support Services

Dr ZL Mkhize
Minister of Health

REPORT BY THE MEC

The development of health services is underpinned by the strategic vision of establishing an integrated, unified, accessible, affordable, equitable, efficient and cost effective health service which is responsive to the needs of the poor and the undeserved peri-urban and rural communities. This approach has been guided by the need to develop a Comprehensive Primary Health care based on the District Health System.

The health services have to comply with the constitutional right to health care and be responsive to the various diverse needs of our community living under different circumstances. Thus the health system has to be geared to respond to the requirements for reducing the burden of preventable diseases of underdevelopment whilst it is technologically advanced to manage diseases of affluent lifestyles. This dichotomy of circumstances poses a serious challenge in the equitable distribution of available resources.

All health programmes are focussed at the promotion of good health, and the reduction of morbidity and mortality in general; but the reduction of infant and child morbidity and mortality in particular. Thus the strategy or Integrated Management of Childhood Illness (IMCI) has been extended throughout the Province. Amongst the major causes of death among children are chest infections, diarrhoea, malnutrition and associated HIV/AIDS related diseases.

Policies of our democratic order are specifically designed for protection of vulnerable groups of our society, the children, the youth and women; the handicapped and those who are marginalised. The reduction of maternal morbidity and mortality and promotion of adolescent health and safe parenthood remain a priority

Programmes are designed to reduce the incidence of infectious diseases such as Tuberculosis, sexually transmitted diseases, HIV/AIDS and effective control of malaria. Most of the programmes are designed to improve the health status of Women and Children.

An effective malaria control programme resulted in a dramatic 76% reduction in malaria burden in the province. The reduction of cholera has also been a tremendous achievement with less than 0,24% mortality rate for over 120 441 reported cases. This has all been attributed to the high level of dedication of the health workers in the province. The area of high priority remains the reduction of Tuberculosis. The number of Demonstration Training Districts (DTD's) will be tremendously increased, and all logistical preparations are in place to show a significant improvement in the management of TB. A concerted campaign is on course to improve the management of the sexually transmitted diseases.

A significant focus on human rights, is our management of and attention to abuse of women and children particularly the matter of sexual abuse. Forensic nurses have been trained and crisis centres established to manage cases of abuses. The necessity of thorough forensic examination is a task that forensic nurses will embark on to counteract the declining numbers of doctors. The focus on psychological support is also pivotal in these cases.

Following national cabinet decision, protocols have been developed to provide post-exposure prophylaxis against HIV/AIDS.

The programme to improve the quality of care, has been undertaken under the auspices of the Congress of Hospital Standards

and Accreditation of South Africa (COHSASA). Community involvement is also a significant part of improving the quality of care, hence our emphasis on the Batho Pele principles and the promotion of the Patients' Rights Charter. Emergency Medical Rescue Services have been fully transformed to widen access to emergency care equitably throughout the Province.

HIV/AIDS remains the main challenge as KwaZulu-Natal remains the epicentre of the disease. The major campaigns are currently being waged in the fight against HIV/AIDS. Programmes have been undertaken with the participation of civil society : churches, NGO's, CBO's Community Leaders (traditional and elected)' traditional healers etc. The Voluntary Counselling and Testing programme has been widened to the entire Province. The prevention of Mother To Child Transmission programme has been rolled out to the majority of our hospitals. The provincial department has joined in partnership with the Nelson R Mandela School of Medicine, the Durban Chamber of Commerce and other NGO's in an application to the Global Fund against TB and Malaria (GFATM). The approval of this proposal will inject a significant amount of funding for HIV/AIDS related work. This proposal contains the need for preliminary work to be done on antiretrovirals (HAART). Significant success have been achieved through the distribution of diflucan tablets, a donation from Pfizer Laboratories, which has had a tremendous impact on the reduction of morbidity and mortality in the HIV positive patients.

A successful model of Private Funding Initiative (PFI) has been created through the commissioning of the Inkosi Albert Luthuli Central Hospital. Highly advanced technologically, this facility stands to be amongst the best central hospitals in the country. The first patient was admitted at the end of June and the commissioning will take place till year 2003. The unique features of outsourcing all non-core functions, the paper-less administration makes it the unique example for success, which the country could learn from.

The development of the District Health System has progressed well, and the Provincial Health Act, 2000 will guide it's completion when it's regulations are finalised.

Major challenges remain the migration of health personnel to the private sector and abroad. The role of community doctors, dentists, pharmacists in the reduction of staff depletion, has been outstanding.

The increase in intake into nursing colleges and training of mid-level workers will also assist the alleviation of staff shortage.

Despite significant challenges, the transformation of health services proceeds in line with the national and provincial objectives of creating a better health care for all.

On behalf of the Ministry and Department of Health, I am very pleased to present to the people of KwaZulu-Natal the 2001/2002 Annual Report in accordance with the Public Finance Management Act. This report presents the achievements of the department in the past year as well as various implementation strategies designed to meet the basic needs of all our people, given the limited resources available.

I would like to acknowledge and thank all those who have participated in ensuring that the services we render to our people is a sustainable, co-ordinated, integrated and comprehensive health system at all levels based on the primary health care approach through the District Health System.

The struggle for a better life for all continues!

DR ZWELIMKHIZE
MINISTER OF HEALTH

REPORT BY THE HOD

Professor RW Green-Thompson
Head of Department

This is the second annual report of the Department of Health of KwaZulu-Natal in the new format, which also incorporates the Report of the Auditor-General.

I must begin by thanking all the staff of the Department for their individual and collective contributions as well as their commitment during the past year. Much work has been done, many achievements have been accomplished, many lives of patients have been saved, the quality of life of many patients has been improved as a result of the health care rendered at our institutions, the District Health System and/or Emergency Medical Rescue Services which perform and undertake our core functions. Although much has been accomplished the Department must still do much work as there are many challenges, the main one being HIV/AIDS.

The annual report this year has been enriched compared to the last one. I wish to thank all those who have assisted with the drafting and compilation of the annual report. The final product is a good document and it may appear that it was easily accomplished. It is always the case when something good has been developed or done it looks easy while, when there is chaos it is construed that those causing the chaos are working hard. I do know of the many hours and the effort that has been put in to ensure that the annual report is one that the Department is understandably proud of and one must recognise this good work.

The chapters of this annual report provide a window and a door to the Department and show the context of each room. The report has been structured in such a way that it provides an accurate record of the work undertaken by the Department. It serves as a resource document on the provision of health care in the Province, creates an understanding of the complexities of health care in the Province and also acts as a reference which is accurate, composite, informative and enabling.

The vision of the Department as well as the mission and the core values that have been laid out in the foregoing pages are being converted into action by the Department's strategic and implementation plans, which in turn are made a reality by action plans, activities and accountabilities with clear timescales which will ensure the planned objectives and outputs are achieved.

The statistics indicate that over 21.3 million outpatients were treated during the year, 131 538 operations were performed, a baby was born every 3.5 minutes at public health institutions in the Province and a total of 2.09 million immunizations were done.

During the last year basic health care has been made more accessible to the people of the Province while at the same time high-tech health care has been developed in our Province. Clinics and community health centres have been built and/or refurbished which have brought primary health care closer to the people and helped with narrowing the gap of inequity in health care in the Province. Our Province has a challenge of having to provide health care to a first world population and a third world population, to an urban and a rural population, to an advantaged and a former disadvantaged population, to a population with good basic infrastructure and poor basic infrastructure.

The Cholera epidemic demonstrated clearly that health is an index of socio-economic status and development. The accomplishments of the Department in addressing and containing the Cholera epidemic has been extremely good. The Department is justifiably proud of the fact that it has been awarded not only the World Health Organisation Shield for the best Malaria control programme in the Southern Hemisphere but also for the acknowledgment by the World Health Organisation for the best containment and best case fatality control ever recorded for a Cholera outbreak. The case fatality rate for the Cholera outbreak has consistently been between 0,2 - 0,3%. Since the beginning of the Cholera outbreak, 120 441 patients have been treated for the disease, while 289 deaths have occurred, which gives a case fatality rate of 0,24%. This is a remarkable achievement and all the staff of the

Department that has made this possible are thanked and congratulated. This has been a team effort, not only within the Department but across departments and also involved the South African Military Health Services, the Red Cross and other NGO's.

The Inkosi Albert Luthuli Central Hospital will admit its first patients (paediatrics) on the 28th of June 2002 and will perform the first operation in the first week of July. The Paediatric Surgery Department will be pleased with the new facilities, but more importantly our children will enjoy the benefits. The technology and equipment installed at the Inkosi Albert Luthuli Central Hospital is state of the art. It is the first paperless hospital in Africa and possibly in the Southern Hemisphere and the medical equipment is comparable with the best in the world. This hospital has demonstrated that our Department is capable of being a leader by breaking the frontiers of science and technology in order to enhance patient care. Alternative service delivery as outlined by the DPSA has a living example in the Inkosi Albert Luthuli Central Hospital where the IT and medical and other equipment with regards to procurement, maintenance, upgrading and/or replacement in terms of the planned refreshment cycle will be accomplished while at the same time the hard and soft facility management i.e. the hotel aspects being outsourced for a period of 15 years. This is the first PPP/PFI project in health in South Africa and is already proving a success and a landmark. It has been a learning experience but has been successful although many challenges will as yet have to be addressed.

The Department has traveled further down the road of addressing inequity within the Province within the Department of Health. Budget allocation is being moved in order to narrow the gap between the advantaged and disadvantaged parts of our Province. More patients are being seen at clinics and community health centres than the previous year and patient numbers at outpatient departments at hospitals has decreased. This trend confirms the successes achieved by the District Health System and the movement of budget in order to move towards equity.

Although the Department has had many successes and achievements it still has many challenges and threats. HIV/AIDS is a major one. Some of our paediatric and adult medical wards in hospitals have over 60% patients with HIV positive related diseases i.e. opportunistic infections. These infections lead to repetitive outpatient attendances, repetitive inpatient admissions and a slow progression to overall deterioration of the patients' well being. The three pronged attack to address the HIV/AIDS epidemic must be even more robustly implemented. The prevention of further extension of infection by the virus must be stopped. In Sub-Saharan Africa infection with the virus is mostly caused by unsafe heterosexual intercourse. Lifeskills, empowerment of the vulnerable people in our Province against HIV infection i.e. the youth, children and women must be empowered and equipped to safeguard and protect themselves. The ABC strategy is important and improved ways of achieving sustained safe behavioural patterns must be explored and implemented. The second prong of attack to address the HIV/AIDS epidemic is the comprehensive care of HIV positive people so that they can continue to be productive members of society, living a full life, while the third prong is to care for those affected as a result of those that are infected i.e. family members of HIV positive people and orphans. The ravages of the HIV epidemic are now evident in our Province. More essential research needs to be done, more surveillance and more buy-in of communities is necessary to ensure the human rights of our HIV positive people. The Department is committed to addressing the HIV epidemic and has continued to undertake the programme over the last year and has intensified the prevention of the Mother-to-Child programme by rolling it out across the Province. The Department will commence with the prophylactic treatment of rape survivors.

A health department is somewhat unique in terms of its skills mix of human resources where we have staff from level 1 to level 16, a blend of skilled, semi-skilled and unskilled as well as a blend of various professional groups, which extend beyond health workers. This flavour of human resources is critical to the success of the Department. A challenge is to ensure an ongoing strategic and implementation human resource plan. The Department is also challenged in recruiting and retaining staff. Our Department is in competition not only with the private sector but also with the globe. Our human resource statistics show that this has to be a priority for the next few years. We will have doubled the student nurse intake and the benefits of this will be seen in the coming year.

A further challenge to the Department, which is demonstrated in the following chapters, is the value for money culture that the Department is implementing and must be carefully monitored. Improved financial management programmes inculcating capacitation of staff has being vigorously effected over the year under review with the assistance of financial consultants and training programmes. The tenents of the Public Finance Management Act (PFMA), Act number 1 of 1999, are being applied and followed in the Department.

The expectations of communities, the demands for better health are increasing while at the same time the rand buys less as health is not only affected by CPIX but also by the added health inflation. It is important that this be recognised and our Department compensated for both inflations as equipment, surgical sundries and pharmaceuticals are particularly affected by health inflation.

The Department has focused on the six priorities of the province i.e. addressing poverty and inequity, combating and addressing the HIV/AIDS epidemic and has included under this the emerging and re-emerging diseases which is important for our Department, the provision of basic infrastructure, human resource development, good governance and transversal and intersectoral relationships.

Attention is being given by the Department to manage its resources as optimally as possible but also endeavors to maximize its resources.

Poverty remains a threat as it leads to poor nutrition and to disease. The Department has supported programmes to address poverty and to improve the nutritional status of children in schools. A new nutritional challenge is that of AIDS patients as well as chronic disease patients.

The transformation of the Department is continuing. Much transformation has been achieved in the Emergency Medical Rescue Services, in the core functions of the Department and in employment equity as well as Black Economic Empowerment (BEE) and support of Small Medium and Micro Enterprises (SMME). This will gain more impotence in the coming year.

Rationalisation of hospitals is continuing and recently a Strategic Position Statement was being developed to act as a beacon for the Department in terms of its planned facility management, provision of basic infrastructure as well as for budget allocation and service provision. This will ensure that the Department is confident that whatever clinics or hospitals are built, whatever budget is allocated, whatever human resources are developed that they all are in synchrony with the bigger picture and guided by the strategic plans, implementation plans and action plans.

While the first few years of the new Department focused on enhancing accessibility of health care by building clinics and community health centres the thrust now also includes the provision of a quality and compassionate care. The Patients' Rights Charter and the Principles of Batho Pele have been launched in the Department and all staff of our Department are encouraged to live these principles and ideals in the execution of their work.

Recently new occupational classes have been created to reduce the pressure on nurses and doctors by taking away from them non-nursing duties and non-doctor duties and also improving the contextual aspects of the Department by improving the working environment as well as the patient environment in our hospitals and in our Department. More hospitals have gained accreditation by Council for Health Service Accreditation of Southern Africa (COHSASA) over the last year while at the same time the progress noted by hospitals between the baseline survey and the external survey show that there is a conscious effort by Hospital Managers and staff to do better. While the successes of quality are achieved, a more conscious effort must continue to be made so that we don't miss any inefficiencies and we remain mindful of the full picture.

This annual report bears testimony of enrichment in the Department, new challenges and new successes and it will usher in the next annual report.

PROFESSOR RW GREEN-THOMPSON
HEAD OF DEPARTMENT

Financial Overview

Budget Allocation

An amount of R6 380 538 000 was appropriated in terms of the Medium Term Expenditure Framework requirements for the current financial year. This amount constitutes an increase of 14.83% as compared to the budget allocation of the previous financial year. The allocation is summarised as follows:

BUDGET ALLOCATION	2001/2002 R'000	2000/2001 R'000
Administration	111,950	98,771
District Health Services	3,061,809	2,618,764
Provincial Hospital Services	1,991,629	1,556,801
Central Health Services	540,234	643,734
Health Sciences	159,962	147,572
Auxiliary and Associated Services	514,467	490,200
Statutory Payments	487	421
Total Budget Allocation	6,380,538	5,556,263

Over/Under Spending

The over-expenditure of R 288,533,000 is primarily due to the cholera epidemic, the completion and commissioning of the Inkosi Albert Luthuli Central Hospital, the weakening of the Rand against other foreign currencies (acquisition of imported equipment and medicines) and the escalating incidences of HIV/AIDS, which has had a major impact on health services in the Province. An overview of the financial results for the year under review is as follows:

Summary of Budget Allocation and Expenditure Incurred 2001/2002	R,000
Original Budget allocation (incl. statutory payment)	6,380,538
Adjustments Estimate (excluding roll-overs)	307,078
Roll-over of conditional grants 2000/01	56,113
Budget appropriated	6,743,729
Total expenditure excluding losses (incl. statutory expenditure)	7,030,288
Sub-total over expenditure for 2001/2002	(286,559)
Rollover of conditional grant 2001/02: HIV/AIDS Home-Based Care	(1,974)
Over expenditure for 2001/2002	(288,533)

Spending Trends

The expenditure trends for the year under review were as follows:

Standard Item	Budget R'000	Actual R'000	Variance R'000
Personnel	4,062,032	4,238,240	(176,208)
Administration	172,786	199,094	(26,308)
Stores and Livestock	954,668	963,159	(8,491)
Equipment	141,852	142,624	(772)
Land and Buildings	160,235	167,754	(7,519)
Professional and Special Services	916,990	949,425	(32,435)
Transfer Payments	332,024	366,579	(34,555)
Miscellaneous	3,142	3,413	(271)
Sub-Total	6,743,729	7,030,288	(286,559)
Roll-over of conditional grant			(1,974)
Total			288,533

Personnel
The over-expenditure was mainly related to additional expenditure on overtime for the cholera epidemic, additional funds spent for the Improvement in Conditions of Service, an increase in the intake of nurses and the launch of the Mother to Child Transmission Programme.

Administration Expenditure
The cholera epidemic, fuel price increases and the rollout of the Mother to Child Transmission Programme contributed, in the main, to this over-expenditure.

Stores and Livestock
The variance incurred was largely due to the effect of the depreciated Rand on the cost of imported medicines, unexpected costs attributed to the cholera epidemic as well as the high cost of HIV/AIDS.

Equipment
Negative fluctuations in the exchange rate have resulted in the over-expenditure incurred.

Land and Buildings
The over-expenditure related primarily to the completion of Inkosi Albert Luthuli Central Hospital as well as the establishment of trauma/crisis centres at the institutions.

Professional Services
Against a budget allocation of R916,990,000 an over-expenditure of R32,435,000 related mainly to the initial payments in respect of the Public Private Partnership Contract for Inkosi Albert Luthuli Central Hospital.

Transfers
The over-expenditure is mainly related to the implementation of more effective and efficient management systems for the Primary School Nutrition Programme as well as the write-off of old transfers.

Miscellaneous
Losses and medico-legal claims made against the State contributed to this over-expenditure.

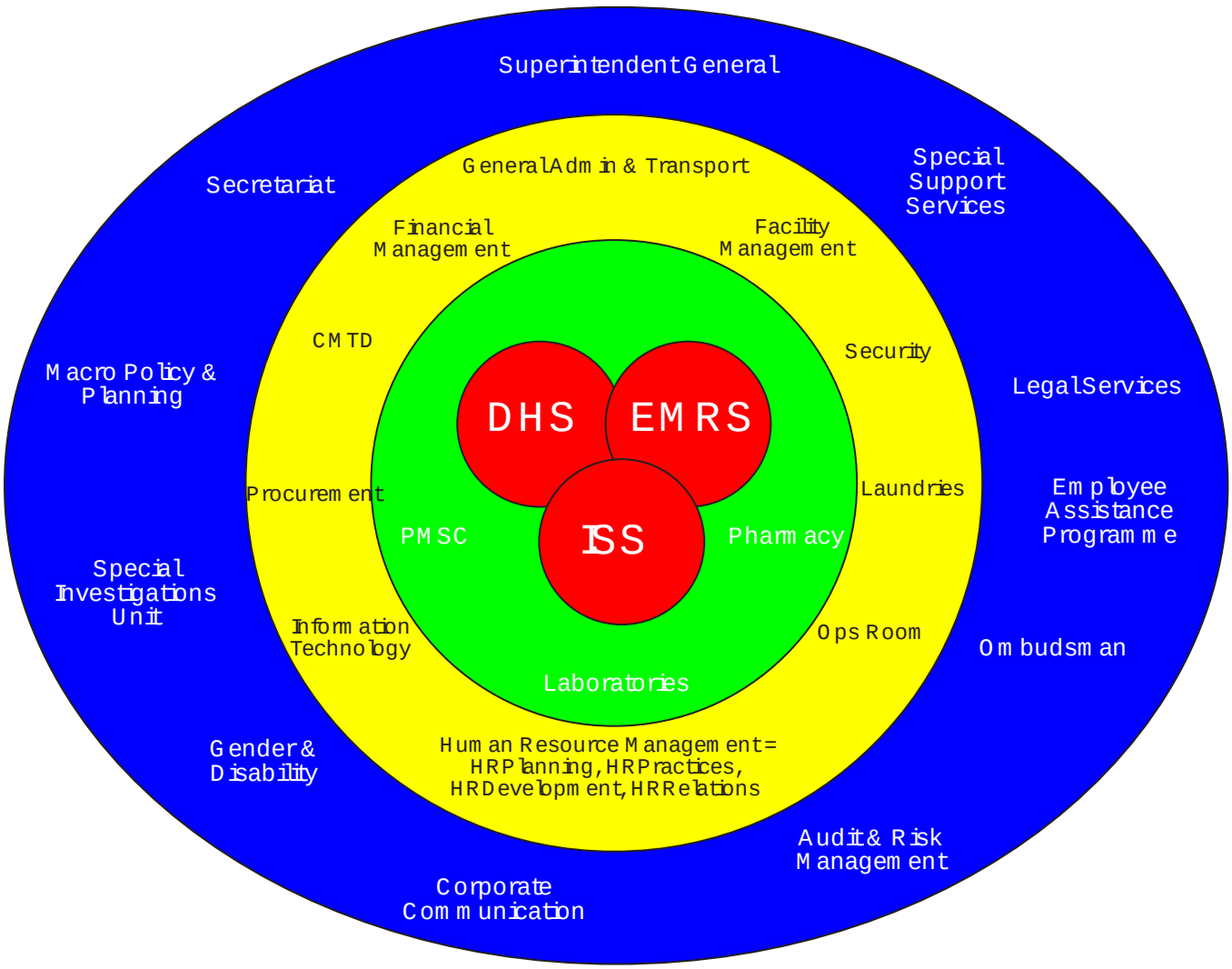
Financial Management Improvement Programme
Procedures have been put in place at institutional level to monitor the expenditure more effectively. Various support staff have been allocated to institutions in the Department to facilitate the clearing of suspense accounts and the closure of the books timeously.

ADMINISTRATION

Introduction/Aim

Co-existing alongside the core functions of the Department of Health are a group of support services, without which the Vision and Mission cannot be realised. These support services comprise of Finance, Communication, Pharmaceutical Services, the Epidemiology and Health Indicator Unit, Forensic Medico-legal Services and Bio-Ethics, Private Hospitals, Special Investigation Unit and Security Services, Informatics, Provisioning and Central Provincial Stores, Office Services, Laboratory Services, Orthopaedic Services, Audit and Risk Management, Special Support Services and Secretariat.

Together these play an important role by providing a multitude of support services to the core functions, the objective being the effective and efficient organising of the Department of Health, managing its personnel and financial management, determining working methods and procedures and exercising control, as well as rendering centralised professional administrative services. Depicted below is a graphic representation of the services as provided by the Department of Health:



Major Performance Areas and Achievements

Devolution of budgetary process to district level
Progress has been made with the rollout of the requirements of the Public Finance Management Act. The past year saw further refinement of the devolution of the budget process to health districts, with a more equitable distribution at both institutional and service levels.

Ensure effective and efficient management of budgets at institutions and service levels
Regular cash-flow meetings have been enforced at the institutions to ensure that expenditure is incurred in accordance with the available budget. Head Office personnel conducted monthly monitoring of cash flows, and regularly provided guidance and training.

Enhancement of revenue generation at institutions
Central Revenue Control embarked on a training programme to enhance revenue generation at institutions. This programme ensured that accounts were set up timeously for Workmen's Compensation, Medical Aid Funds, Road Accident Fund and other statutory payments.

Provide for the proper forensic clinical management of survivors of trauma and abuse
During 2001 twenty-four hour Trauma Crisis Care Centres were established at the following health institutions: Port Shepstone, G J Crookes, Northdale, Ladysmith, Addington, Prince Mshiyeni Memorial, Mahatma Gandhi and Newcastle Hospitals and Sundumbili Community Health Centre with further Crisis Care Centres planned for the coming year.

Establish and improve the Forensic Pathology Service in the Province
A curriculum for the training of health personnel, including mortuary technicians, in Forensic Medicine, Medical Law and Ethics was developed in order to obtain accreditation for a diploma course. For the first time in Kwa-Zulu Natal, forty nurses were trained in Forensic Medicine, Medical Law and Ethics and will qualify with a Diploma in August 2002.

Co-ordinating the implementation of the Essential Drugs Programme in KwaZulu-Natal
The KZN Pharmacy and Therapeutics Committee has almost completed the review of The Standard Treatment Guidelines and Essential Drugs List for hospital level (Adult and Paediatric). An extended Essential Drugs List for use in KwaZulu-Natal has been implemented. This covers deficiencies and gaps in the existing EDL.

Ensuring adequate and appropriate supplies of medicines to all health facilities
An efficient and effective procurement, storage and distribution process via the Provincial Medical Supply Centre has been developed. A stock turnover rate of 12 times a year and a service level (ability to supply an item on demand) of over 90% have been achieved. Monthly monitoring of tracer drugs in clinics indicates an average of 92% availability of Primary Health Care drugs.

Developing capacity within the Province to ensure effective drug supply management
Training in Drug Supply Management has continued in hospital pharmacies in an effort to improve efficiency and to counter wastage. Courses in the application of the Plankmed computerised stock control programme have been provided.

Control supplies to special projects like the Diflucan Partnership Programme and the Prevention of Mother to Child Transmission Programme (PMTCT)
Tight control was maintained over stock of the donated Diflucan tablets, with monthly monitoring and evaluation of the use of the product. A system was developed for the procurement and distribution of pharmaceutical supplies for the existing PMTCT pilot sites and planned scale-up of the programme to all health facilities.

Ensuring that all public sector facilities comply with Good Pharmacy Practice standards and current legislation
Head Office Pharmacists (hospitals) and Regional Pharmacists (clinics) monitor service levels and compliance with Good Pharmacy Practice and current legislation by means of regular contact and inspections. The Pharmacist's Assistant training programme has seen the enrollment of ±120 staff members in the in-service training course. The appointment of ninety-five Community Service Pharmacists and fifty Pharmacy Interns posts contributed to improved service delivery.

Streamlining of the needs assessment process for the establishment of private health facilities
An improved application for the establishment of Private Health Facilities has been designed and allowed for informed and objective decision-making with regard to the licensing of private hospitals.

Improve access to Orthopaedic and Prosthetic Services
The past year saw the opening of out-reach Orthopaedic and Prosthetic clinics at Vryheid, Charles Johnson Memorial, Mseleni and Umgeni Hospitals. Orthopaedic Services are conducting out-reach clinics at 30 provincial hospitals in the Province.

Development of Demographic and Epidemiological Surveillance Systems
The provincial and district morbidity and mortality profile for the Province for the year 2000 was compiled during the year under review. This included an overall review of the cholera epidemic, more specifically at Ladysmith, Eshowe, Lower Umfolozi, Ulundi, Jozini, and Stanger. The technical reports on cases and deaths due to cholera in health facilities and communities in different health districts contributed towards a

reduction in morbidity and mortality of cholera. The initial part (Epidemiological Profile for KZN) of "Burden of Diseases for KwaZulu-Natal" assists policy makers and planners to make informed decisions on priority health problems.

A computerised District Health Information System
The system was developed by the Health Information System Programme (HISP) and adopted by the National Health Information System of South Africa (NHIS/SA) Committee as a National system. KwaZulu-Natal rolled out the system to 23 pre-district offices in October 2000 and all acting District Information Officers were furnished with the necessary equipment and trained on the system. All health facilities have now been re-aligned according to 10+1 health districts and consequently, an annual bulletin and various reports were produced and can be accessed on the website.

Implementation of a Pilot Tele-education Project in collaboration with the Nelson R. Mandela School of Medicine
Eleven Tele-health sites have been established in the Province and these are utilised for tele-education in collaboration with the Nelson R. Mandela School of Medicine. A tele-education pilot project of Kangaroo Mother Care (Ukugona) has been implemented and tested at Edendale, G J Crookes and Port Shepstone hospitals.

Contribute to the combatting and controlling of communicable diseases
Semi-automated TB Culture was commissioned at Edendale Hospital and a manual TB Culture at King George V Hospital was converted to 100% semi automation. This resulted in a faster turnaround time of results and better assessment of TB patterns.

Development and implementation of laboratory training programs
Fifteen medical technologists were trained, thirty-one student medical technologists were appointed and nine Auxiliary Service Officers' wrote the Technician exams, of which a fifty percent pass rate was achieved.

Combating and Preventing Fraud and Corruption
A detailed Fraud and Corruption Policy and a Fraud Prevention Policy has been developed. This has assisted us in investigations of fraud cases amounting to R90,000,000 for the year. These investigations have led to a number of employees being dismissed and/or convicted. Approximately R 1,000,000 worth of medicines were recovered.

A project was launched in conjunction with the Road Traffic Inspectorate to prevent the abuse of official vehicles. More than 120 official vehicles and emergency vehicles were stopped which resulted in twenty (20) officials being charged for driving vehicles without permission. Subsequent to this project, the abuse of official vehicles after hours and during weekends decreased noticeably.

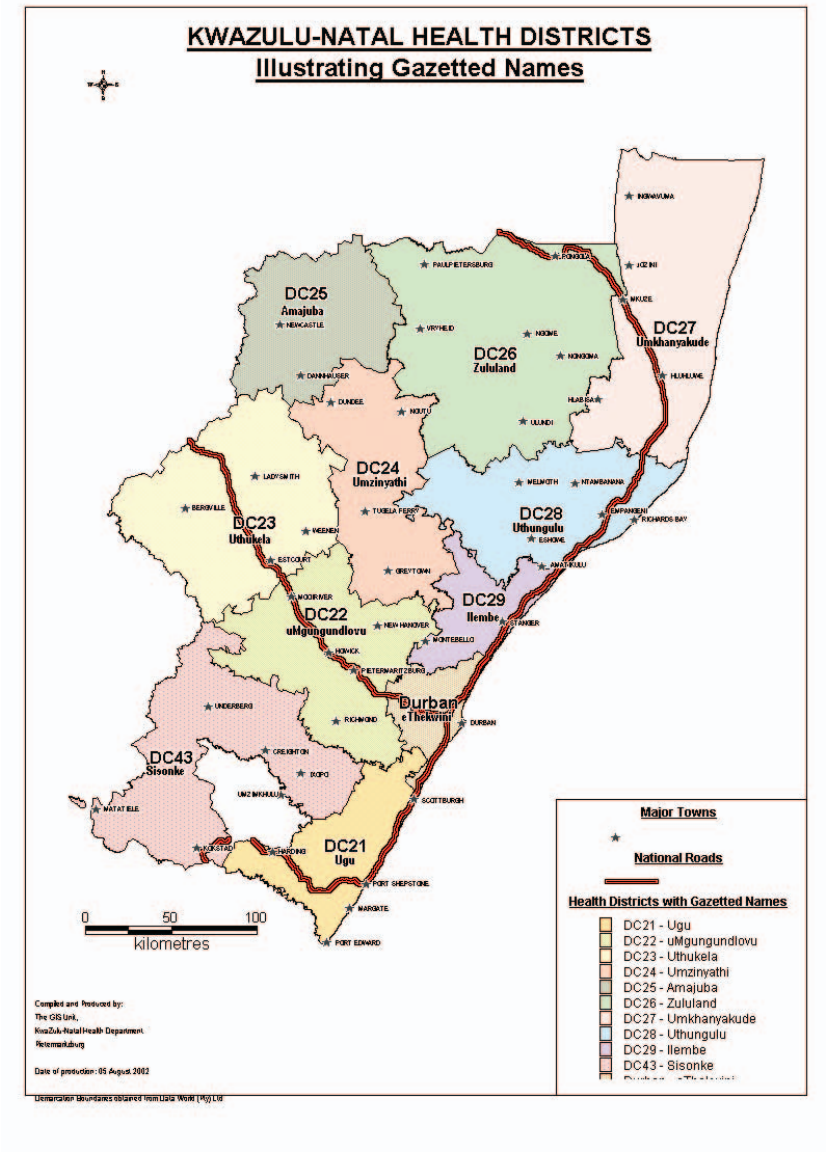
Provision of adequate security at all Provincial Hospitals and Clinics
During the year under review, a total of 46 security evaluations were conducted at hospitals and clinics. In addition to the above, a further 21 ad hoc investigations ranging from theft of firearms, general theft, armed robberies, hijackings and other security related incidents were carried out. Training of security personnel at 14 hospitals was conducted and all new security personnel were orientated on security procedures.

DISTRICT HEALTH SYSTEM

The District Health System forms one of the fundamental core pillars of the health care service while nationally it is regarded as the unit of health care service for the country. In KwaZulu-Natal the development of the district health system has faced many challenges. However, with the commitment and determination of all the district and program managers the Department was poised to realize the objectives during the year. All key stakeholders were consulted so that full participation was secured.

The Province of KwaZulu-Natal consists of the undermentioned 10 health districts plus Ethekwini – Durban Unicity and their main aim is to co-ordinate health services in their districts to ensure equitable, accessible, sustainable, comprehensive health care delivery to all people in the district. The districts are:

DC 21 – UGU
DC 22 – UMGUNGUNDLOVU
DC 23 – UTHUKELA
DC 24 – UMZINYATHI
DC 25 – AMAJUBA
DC 26 – ZULULAND
DC 27 – UMKHANYAKUDE
DC 28 – UTHUNGULU
DC 29 – ILEMBE
DC 43 – SISONKE
ETHEKWINI – UNICITY




KwaZulu Natal Provincial Hospitals
PIETERMARITZBURG
DURBAN
DC25 - Amajuba
DC26 - Zululand
DC27 - Umkhanyakude
DC24 - Umzinyathi
DC23 - Uthukela
DC28 - Uthungulu
DC22 - uMgungundlovu
DC29 - Ilembe
Durban - eThekwini
DC43 - Sisonke
DC21 - Ugu
INGWAVUMA
Nongoma Hospital
Naseleni Hospital
Ithala Hospital
PONGOLA
JOZINI
PAUL PIETERSBURG
Madadeni Hospital
Niemeyer Memorial Hospital
Vryheid Hospital
Benedictine Hospital
Thulasizwe Hospital
Ceza Hospital
Hlabisa Hospital
Dundee Hospital
Nkonjeni Hospital
St. Francis Hospital
Ladysmith Hospital
Ekombe Hospital
St. Mary's (Kwamagwaza) Hospital
Lower Umfolozi War Memorial Hospital
Emmaus Hospital
Church Of Scotland Hospital
Eshowe Hospital
Nkandla Hospital
Catherine Booth Hospital
Amadiulu Chronic Sick Home Hospital
Greytown Hospital
Umphumulo Hospital
Stanger Hospital
Appelsbosch Hospital
Montebello Hospital
Midlands Hospital - Umgeni Hospital
Gandidwent Hospital
St. Apollinaris Hospital
Christ The King Hospital
Taylor Bequest Hospital
Eli & Usher Memorial Hospital
St. Andrews Hospital
Nurchison Hospital
Port Shepstone Hospital
G.J. Crookes Hospital
0 50 100
kilometres
Major Towns
Provincial Hospital
Health Districts
DC21 - Ugu
DC22 - uMgungundlovu
DC23 - Uthukela
DC24 - Umzinyathi
DC25 - Amajuba
DC26 - Zululand
DC27 - Umkhanyakude
DC28 - Uthungulu
DC29 - Ilembe
DC43 - Sisonke
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District Management

DC 21 - UGU

The Ugu Health District has a population of 704141 and comprises six local authority areas. The District has three District Hospitals, one Regional Hospital, one State Aided Hospital, 37 fixed clinics and 13 mobile clinics with 214 visiting points. There are also 10 local authority clinics in the District.

Achievements

A situational analysis was conducted in order to identify areas where service delivery could be improved and also to assist with the rationalization and functional integration of Primary Health Care supervision and the expansion of the Community Health Worker Programme.

Decentralization of planning and management of service delivery was further strengthened by the expansion of the District Coordinating and Management Team comprising local and provincial health managers.

Strategic alliance was strengthened with participation in the Integrated Development Plans (IDPs) and health priorities feature prominently in the Local and District IDPs. The District Health Management Information System (DHMIS) develops quarterly reports with indicators and information used for planning.

During the year the District achieved 98% drug availability.

Primary Health Care supervisors were trained on the PHC Guideline and Supervision Tool.

Thirty-five nurses successfully completed a one-year diploma in health assessment, diagnosis and care and decentralized advanced midwifery training in four hospitals in the district. The skills shortage in this area was alleviated to a certain degree.

DC 22 - UMGUNGUNDLOVU

The Umgungundlovu Health District has a population of 875 000 and comprises seven local authority areas. The District has two Regional Hospitals, three District Hospitals, two State Aided Hospitals, three Community Health Centres, 37 fixed clinics and nine mobile clinics with 172 visiting points. The District also has nine local authority clinics.

Achievements

Service delivery in the District was improved through the formation of clinic advisory committees and health forums in some sub-districts. Most of the clinics provide comprehensive primary health care and a crisis centre has also been established in the district.

The TB Control Programme is progressing well and the smear conversion rate for the District as at the end of the 3rd quarter was, 63% for re-treatment at 3 months and 61% for new treatment at 2 months.

An orphans project in partnership with Thandanani Association (a child care organisation) was initiated with the appointment of a co-ordinator. This was a joint project with the Departments of Education and Culture, Social Welfare and Home Affairs.

During the year audits were conducted at all clinics on their equipment and transport requirements. An amount of R1 million was allocated for clinic equipment and funds were made available for transportation of supplies, patients and staff.

Adding value to the services provided, was the complete electrification of all clinics and the installation of telecommunication systems.

100% Primary Health Care Coordinators/Supervisors were trained in PHC Service Management for a period of a year (with the assistance of CHESS)

Drug Supply Management has improved by 100%, thus ensuring optimal service delivery to patients.

DC 23 – UTHUKELA

The Uthukela Health District has a population of 553 671 and comprises five local authority areas. The District has one Regional Hospital, three District Hospitals, three primary health care facilities, 24 fixed clinics and 17 mobile clinics with 177 visiting points. There are also nine local authority clinics in the District.

Achievements

A skills audit was carried out at all clinics and a human resources development district training plan was formulated. A specific achievement was that 75% of unregistered pharmacy support personnel in the district underwent the prescribed pharmacy assistant Basic Level Training Course. In addition twenty-three primary health care nurses commenced the University of Natal Primary Health Care Diploma Course.
A District Transport Officer was appointed and the formulation of a District Transport Policy has been initiated.

Despite a shortage of human resources the District saw an increase of 40% in clinic attendance. To further ensure the quality of services in the District, an intensive programme of facility maintenance and clinic upgrading commenced.

Clinic norms and standards were met with the purchase of much needed equipment.
District Occupational Health Policies were developed with an

active District Occupational Health Nurse ensuring the development and application of the Employee Assistance Programme (EAP) and Occupational Health policies throughout the District.

The District was also involved in District Inter-sectoral Collaboration where the District Management contributed to the Integrated Development Planning (IDP) process by actively participating in the District Municipal Council Service Providers Forum.

DISTRICT 24 - UMZINYATHI

The Umzinyathi Health District has a population of 46 401 and comprises four local authority areas. The District has four District Hospitals, 35 fixed clinincs and nine mobile clinics with 129 visiting points. The District also has six local authority clinics and one State aided clinic.

Achievements

Three trainers have been trained to offer HIV/AIDS counselling training for professionals and as non-professionals in the District.

At present there are 200 home based care givers at Msinga, caring for 489 patients and 106 home based care givers at Nquthu caring for 40 patients. A voluntary counselling and testing site was also identified.

During the year the immunisation coverage of the two sub-districts, Dundee and Msinga, was raised to 70%.

Seven clinics were upgraded during 2001 and 109 community-based health workers were employed during the year. There was a marked improvement in the availability of tracer drugs, having achieved a 90% availability level. 20% of nurses working in primary health care settings have been trained in health assessment, diagnostic skills and treatment care.

The alignment of primary health care services in accordance with the new demarcated boundaries was 80% complete by the end of the year. Community involvement at Nquthu sub-district led to a successful sanitation project during the cholera outbreak.

Three district nurses were trained in occupational health nursing during the year and as a result an occupational health clinic has been established.

DISTRICT 25: AMAJUBA

The Amajuba Health District has a population of 442 676 and comprises three local authority areas. The District has three District Hospitals, two Regional Hospitals, 14 fixed clinics and five mobile clinics with 95 visiting points. The District also has two local authority clinics and one State aided clinic.

Achievements

Four trainers have been trained to offer HIV/AIDS counselling training for professionals and as non-professionals in the District.

A voluntary counselling and testing site was identified and renovated. In addition, six clinics have been upgraded. During the year immunisation coverage reached 68%.

An Integrated Management of Childhood Illnesses (IMCI) project commenced and 60% of the staff were trained. 34% of PHC nurses have been trained on Health Assessment Diagnostic skills and treatment. The year also saw an expansion of primary health care services in the Utrecht sub-district, with the establishment of a Gateway clinic.

The district also achieved a 70% success rate in the alignment of PHC services to be in accordance with the new demarcated boundaries. The availability of tracer drugs at clinics and mobiles was 100%.

Occupational Health Clinics were established in two major hospitals.

Further initiatives that led to service delivery improvements were the implementation of skills plans at each institution, the conducting of customer satisfaction surveys and the improved co-ordination of Health Information Systems.

DC 26: ZULULAND

The Zululand Health District has a population of 768 791 and comprises five local authority areas. The District has five District Hospitals, two Specialised Hospitals, three State Aided Hospitals, 58 fixed clinics and 11 mobile clinics with 215 visiting points. The District also has two local authority clinics.

Achievements

During the year clinic norms and standards were met with the purchase of essential medical equipment and 138 role players were trained in clinic supervision which resulted in improved quality of care.

13 retired nurses were employed at clinics to offset the shortage of staff.

All hospitals in the District and 89% of clinics successfully developed disaster plans.

To improve the health and hygiene in the District, thirteen springs were protected from being contaminated and 358 Ventilated Improved Pit (VIP) toilets were built.

Infection control committees were revived at all institutions and medical waste management was successfully implemented.

Health and hygiene education to raise awareness on water and sanitation management was conducted in various communities throughout the year and disease surveillance teams were established in all sub-districts.

In order to improve care of elderly people in the community and institutions six (6) awareness days on the prevention of elder abuse were arranged. In addition 19 mobile points and six pension pay points were visited where members of the community were educated on the care of the elderly.

As part of the plan to upgrade clinics, 11 boreholes were repaired and 3 new boreholes were drilled at clinics. Electricity installation was upgraded at 4 clinics and 3 clinics were wired in preparation for the installation of Eskom power. The electrification of a further eight clinics is in progress. In addition two generators were purchased and eight clinics were repainted.

To improve the quality of Maternal, Child and Women's Health services (MCWH) in the District, women's health management teams were formed. On-site RPR (syphilis test) training was started in order to ensure that ante-natal patients obtained their blood specimen results on the same day.

A Peri-natal Education Programme (PEP) was introduced and 23 midwives were enrolled for the course. The peri-natal mortality rate in the District improved from 66/1000 in 1999 to 36/1000 in 2001 and the Expanded Programme of Immunization (EPI) coverage to 86%.

Fifty disabled people in the Nkonjeni and St. Francis catchment areas were provided with wheelchairs, which were donated by Rotary International, LOTTO and the Department.

A cold chain standard operating procedure manual was developed and distributed to all facilities in the District. Three pharmacy assistants were enrolled on the Outcomes Based Education Programme in order to equip them with basic skills for good pharmacy practice. This contributed to overall drug availability increasing to 94%. During the year 429 HIV/AIDS and TB care givers were trained on home based care and 13 workshops were held with different groups on clinic management and decision-making.

The district health forum involving local government councillors and other stakeholders was established to improve community participation in the District Health System (DHS).

Access to PHC services in the District was improved with the upgrading and maintenance of six health facilities at a cost of R1 420 500.

DC 27 – UMKHANYAKUDE

The Umkhanyakude Health District has a population of 503 760 and comprises five local authority areas. The district has 5 district hospitals, 49 fixed clinics and 12 mobile clinics with 148 visiting points.

Achievements

During the year thirty nurses in the district obtained their Diploma in Primary Health Care through the University of Potchefstroom and the district facilitator was awarded a trophy for being the best facilitator.

To improve service delivery all clinics were supplied with adequate equipment and the drug availability at clinics improved to 98%. Pharmacists were allocated to each hospital in the district.

Adding value to the service was the allocation of new vehicles to all institutions to enable them to effectively reach the communities they serve.

The introduction of Coartem and the use of DDT for spraying houses contributed towards a reduction in the incidence of malaria and a reduction in the death rate.

During the year two important programmes were established, namely the Sibambisene programme for those infected and affected by HIV/AIDS and the Nakekelisizwe Network for orphan care. The Sibambisene programme was able to secure funding of R1,68 m per year for the next 3 years.

A District Information Officer was trained and a management information tool was implemented.

Further achievements during the year was the awarding of a Baby Friendly Hospital Initiative at Mseleni hospital and the increase of the feeding scheme to 354 primary schools in the District.

DC 28 – UTHUNGULU

The Uthungulu Health District has a population of 898 913 and comprises six local authority areas. The District has two Regional Hospitals, six District Hospitals, 44 fixed clinics and 14 mobile clinics with 256 visiting points. The District also has six local authority clinics.

Achievements

In order to improve occupational health and safety at facilities, a district occupational health forum was established. The immunization coverage for January to June was 30.8% as compared to the Provincial norm of 30%. The Vision 2020 Project achieved a 30% increase in cataract surgery. Annual immunization coverage was 60% and polio coverage was 64.6%.

In order to improve service delivery in the District, the following was achieved:

A District Pharmaceutical Therapeutics Committee was formed, a community based rehabilitation programme was established in the Nkuze area, a collect a can; paper, bottle recycling project was initiated at Cingci, a community garden project commenced at Esikhawini and a poultry project was introduced at Bumbano.

Two hospitals achieved 90% on the COHSASA external audit. 40% of the clinic nurses have been trained on the Integrated Management of Childhood Illness (IMCI), the first 2 nurses in the District were trained in gerontology and have started projects. A youth friendly clinic project was up and running at Richards Bay family clinic and an HIV/AIDS pilot orphans project began in the Nselenia area.

The year also saw the launch of the Kangaroo (uKugona) projects at St Mary's, Nkandla and Empangeni Hospitals, Women's and Youth desk initiatives in the Lower Umfolozi District, a better birth initiative project was up and running at Empangeni and rolled out to St Mary's Hospital, Voluntary Counselling and Testing (VCT) commenced at 3 sites and support groups for People living with AIDS (PWA's) were initiated in the Eshowe /Nkandla sub-district.

DC 29: ILEMBE

The Ilembe Durban Office undertakes the management and administration of the District. It comprises a small urban area with the remainder being largely rural. The District has a population of 577 073 and comprises four local authority areas. The District has one Regional Hospital, 4 District Hospitals, two community health centers, 19 fixed clinics and 8 mobile clinics. There are also five local authority clinics in the District.

Achievements

During the year the following training was conducted in the district:

Information officers with support from the Health Informatics component and Health Systems Trust, volunteers for home based care and clinical staff on drug management. In addition a drug management task team was established.

The following programmes/campaigns/projects were implemented and monitored during the year, namely the Protein Energy Malnutrition (PEM) scheme, parasite control, Integrated Management of Childhood Illness (IMCI), Community Health Workers, Expanded Programme of Immunization (EPI) and health promotion in schools.

A district transport manager was appointed and a district transport committee was established.

Essential furniture and equipment was purchased in order for clinic norms and standards to be met.

DC 43: SISONKE

The Sisonke Health District has a population of 330 000 and comprises five local authority areas. The District has four District Hospitals, three Community Health Centres, 16 fixed clinics and 10 mobile clinics. The catchment population is significantly greater than the figures quoted as the District is frequented by residents from neighbouring Lesotho and Eastern Cape for health and other services.

Achievements

An analysis was conducted to identify areas where service delivery could be improved and also to assist with the rationalization and functional integration of Primary Health Care.

Decentralization of planning and management of service delivery was further strengthened by enrolling health service managers from local municipal areas. This arrangement is expected to pave the way for the formation of the District Health Advisory Committee in terms of the Provincial Health Act, 2000.

Strategic alliance was strengthened with the participation of the District Municipal Manager, the District Councillor designated for Health and health managers at District and Local municipal level in Integrated Development Planning (IDP).

Plans for a new clinic at Matatiele were approved and the process will integrate local authority and Provincial primary health care services. The Greater Kokstad Municipality employed an additional two professional nurses in order to cope with the increased workload at the clinic.

A joint effort between the Department, the community and local business resulted in the establishment of the Home of Comfort Orphanage which was opened on 16 December 2001.

Service delivery was further improved with the training of 14 lay counsellors in the Mt. Currie sub-district, three health and safety representatives, seven primary health care nurses and four nurses in forensic nursing.

DURBAN METRO - ETHEKWINI

District health services are jointly provided by the Provincial Department of Health and the Local Government authority, with the former contributing 60% and the latter 40%. The District

office also manages the Ilembe District (DC 29). The Provincial Primary Health Care service in the Metro has a number of services/programmes, which need to be integrated within the context of the overall city plan, as well as the process of devolving PHC Services to Local Government.

The Durban Metro - Ethekwini Health District has a population of 2 964 277 and comprises six local authority areas. The District has two Central Hospitals, four Regional Hospitals, two District Hospitals, three Specialised Hospitals, six State Aided Hospitals, seven community health centres, 39 fixed clinics and 12 mobile clinics. The District also has 54 local authority clinics.

Achievements

All staff were moved to Government accommodation thereby effecting a saving from 1 November 2001 to 31 March 2002 of +-R250 000. Delinking of services attached to programmes /clinics has begun and will be completed in 2002. The Ndwedwe Community Health Centre was opened on 23 June 2001 by the National Minister of Health, Dr Manto Tshabalala-Msimang. Oakford Clinic, which was closed due to violence, has been re-opened and is being run in close collaboration with Local Government. This clinic offers mainly preventive oral health services.

A number of service delivery campaigns/launches were undertaken during the year, namely:

Two radio talk shows on Mental Health awareness were held, reaching a target audience of approximately 13 000 people. On 1 October 2001 the Operation Dignity Strategy for the prevention of elder abuse was launched in Maphumulo. The Prevention of Blindness programme has been initiated and the Ilembe District Eye Care Committee was formed to continue the rollout of the programme. The "Drug Master Plan" has been initiated at KwaMashu Community Health Centre.

Extra Community Occupational Therapy Services have been setup. The Speech and Audio Therapy staff have been involved with early identification and intervention of children with disabilities. They have also been involved in providing services to other districts through the Flying Doctor Services. To support service providers for hypertension and diabetes, a joint project was initiated with the Pharmaceutical company, ROCHE, to train service providers.

Session medical officers were appointed to provide services at the following Homes for the Aged in a move to correct inequities: KwaGertrude, KwaDabeka, Abalinde, Inanda, Umlazi Christian Care. Maternal, child and women's health services focused on the improvement of maternity services in collaboration with the Department of Obstetrics and Gynaecology at the Nelson R Mandela School of Medicine.

To enhance service delivery in the district a number of training workshops were held, namely:

A two day workshop was run on the Code of Good Practice for Disability in the Workplace, training on DOTS and Reporting and Recording by means of an electronic register for institutional management, pharmacists, lab technicians and PHC managers. DOTS training and awareness campaign and the co-ordination of HIV/AIDS, TB and Nutrition in terms of health promotion.

To support the Protein Energy Malnutrition (PEM) Scheme, clinics and home gardens were established to address malnutrition in the district. A soya project was initiated during the year and a nutrition survey was conducted in Ogunjini and Ndwedwe. A successful launch of food based dietary guidelines for people living with TB and HIV/AIDS was held.

Resource Centres were established and sites identified for voluntary counselling and testing. 2000 Home Based Caregivers (HBC) were trained and supplied with HBC materials. Sites for Community Home Based Care were established at Mduduzweni and Mahatma Gandhi Memorial Hospital and multi-purpose centres were launched at Gugu Dlamini Park, Tehuis and Kwamashu Men's Hostel.

Community Health Services

Maternal, Child & Women's Health

The main aim of the programme is to reduce mortality and morbidity of women and children.

Major Performance Areas And Achievements

Reduction of maternal mortality and morbidity

Ante-Natal Care Package – A standardized Ante-Natal Care package was introduced for the Province with a pilot programme implemented in one District. Improved clinical care of women in labour and care of the new born - Support was given to 209 midwives in the completion of the Peri-natal Education Programme and with the introduction of Peri-natal auditing in institutions. In addition the Better Births initiative was introduced in four districts and Kangaroo Mother Care in 46 institutions.

Improved access to safe, good quality termination of pregnancy services (TOP) – During the year 28 midwives were trained to perform TOP and one midwife and one medical officer were sent to Paris for medical termination of pregnancy training.

National youth friendly health service initiative (NAFSI) - During the year two clinics were accredited as youth friendly, namely Gamalakhe and KwaMakutha Clinics.

Reduction of infant and child mortality and morbidity

Expanded programme of immunization (EPI) - Immunization coverage in the province was increased to 73% by the end of 2001.

Integrated Management of Childhood Illnesses (IMCI) - Financial and logistic support was provided for the running of 7 IMCI case management courses, 2 facilitator courses and 1 supervisor's course. A pilot study was undertaken to develop the materials and methodologies needed to successfully influence household and community practices in caring for the child. Training was given to PHC supervisors in community facilitation skills for purposes of improving household practices.

Chronic Diseases And Geriatrics

The aim of the programme is to reduce morbidity and mortality associated with chronic diseases, improve the quality of life of

older persons and help eliminate such preventable causes of blindness as cataract and refractive errors.

Major Performance Areas And Achievements

Increased availability of resources for the prevention, early detection and management of priority chronic diseases, eye diseases/conditions, cancers and care of the elderly - Results of a survey undertaken indicated that a vast improvement was achieved in the availability of chronic medicines at Primary Health Care facilities, with most of the clinics having 100% of such medication 90% of the time.

Health promotion material was developed and electronic and print media campaigns conducted to create awareness on Anti-Tobacco legislation, cancer, elder abuse, diabetes, heart diseases, arthritis, multiple sclerosis, cataract and refractory errors.

Facilitated the establishment of Support Groups on Diabetes and Hypertension. Also donated equipment e.g. wheelchairs, portable stretchers and commodes to support NGO's and CBO's providing Home Based Care to the frail and terminally ill.

Evaluation of the ability of Primary Health Care facilities to provide quality care for the chronically ill and older persons - Nineteen of the targeted twenty-two clinics were visited in order to test the integration of the Programme into Primary Health Care. Based on the findings a process of integration of services was commenced.

Ensuring the availability of financial and material resources for the creation of awareness on prevention, early detection and management of chronic diseases, eye conditions and problems associated with ageing - Funds were devolved to the Districts for the purchase of necessary equipment which was identified during visits to clinics and an amount of R150 000.00 was donated to Ngwelezana Hospital for the purchase of an Argon Laser to treat Retinopathies.

Health Promotion

The main aim of the Programme is to facilitate the planning

and implementation of strategies and interventions to ensure the development of personal skills, to strengthen community action, to create healthy environments and build healthy public policy within the Province.

Major Performance Areas And Achievements

Decrease the incidence of infectious diseases e.g. HIV/AIDS, STI's, TB, Cholera - Expertise and guidance was provided in the implementation of Health Promotion Programmes within communities for the management and prevention of Cholera.

Innovative methods such as drama, song, road shows and role plays proved to be most effective in educating people, especially in the rural areas.

Improve the Health Status of children
Educational messages were developed and broadcast on Radio Ukhozi, Radio Lotus, East Coast Radio, and Community Radio stations. Workshops were held on Provincial and Districts level's in collaboration with the relevant role-players on Tobacco Control, Legislation and Prevention. Facilitated skills development for the implementation of Health Promoting School's Programmes.
Improve Health Status of women
A breast cancer essay competition was implemented in 13 school's in the Pietermaritzburg District. A provincial competition was then held and the Province participated in the National competition at which the Department was placed second.

Decrease the incidence and improve the management of chronic diseases
Funded the establishment of Health Promotion Resources/Training Centres, in some of the Districts. Facilitated and co-ordinated the presentation of health education on the weekly "Talk Show" on Radio Ukhozi.

Decrease the incidence and improve the management of disability, trauma and abuse
Provided support, expertise and guidance to Districts in the implementation of Health Promotion strategies for Health Awareness Programmes/campaigns throughout the year. Developed a communication strategy for the community component of the Integrated Management of Childhood Illnesses (IMCI).

To facilitate the establishment of a Human Resource Management framework to implement Health Promotion within the Province.
Reviewed the Health Promotion curriculum for Community Health Workers, Auxiliary Services Officers and Senior Auxiliary Services Officers. Competencies were identified for inclusion in an in-services training programme.

Occupational Health

The aim of the programme is to facilitate the provision of Occupational Health Services in all provincial health institutions and to ensure that the Department complies with all its obligations in terms of occupational health and safety legislation.

Major Performance Areas And Achievements

Conducted a Situational Analysis of Occupational Health Services in the Department - Institutional audits were conducted resulting in the identification of resources required for the promotion of occupational health and safety in the workplace.

Build capacity in the Department regarding occupational health - Training commenced for occupational health nurses, health and safety representatives, health and safety officers and occupational health practitioners.

Create Health & Safety Systems - Risk assessments were conducted, training was given to employees on various health and safety hazards and safety representatives and safety committees were appointed.

Oral Health

The aim of the programme is to promote the oral health of the population in the province by providing equitable and cost effective services based on the principles of primary health care through the District Health System.

Major Performance Areas And Achievements

Improving oral health services throughout the Province - The restructuring of the District Health System through the introduction of compulsory community service for dentists contributed considerably towards improved oral health services in the province. Four new oral health facilities were also established thus enhancing services to the community.

Combatting the Spread of HIV/AIDS - Oral Health Hygienists in collaboration with the HIV/AIDS unit produced laminated posters, flip charts and mouth care packs which were directed at the diagnosis and management of the oral manifestations of HIV/AIDS. In addition Hygienists were involved in the subsequent training and certification programmes. The posters and flip charts enabled health and community workers to identify HIV/AIDS related manifestation and assist them with treatment and referral mechanisms.

Rehabilitation

The aim of the Programme is to facilitate the development, implementation, maintenance, monitoring and evaluation of

rehabilitation and related services within the district health system.

Major Performance Areas And Achievements

Obtaining information on disability and rehabilitation services within the district by developing situation statement and data bases - A research project completed in the Uthukela District and eThekwini Unicity produced valuable intersectoral situation statements, served to inform the planning of services. This process led to the establishment of intersectoral district rehabilitation committees.

Facilitating the integration of services into comprehensive primary health care - Sign language training was given to front line health workers at seven sites throughout the Province. Various resources to create public awareness and education were produced in isiZulu and tape aids on HIV/AIDS, were distributed.

Facilitating accessibility for persons with disabilities to basic services, buildings and facilities - A total of 63 hospitals were assessed with regard to accessibility and this resulted in the prioritization of requirements for renovations.

Facilitating access by persons with disabilities to appropriate assistive devices and related repair and maintenance facilities - Funding was allocated to institutions to assist them in addressing the back log in the provision of assistive devices. Together with partners from the disability and private sectors, the Department is establishing, with an initial contribution of overseas funding, wheelchair repair and maintenance workshops.

Ensuring support for all appropriate models of service including institution based care and related human resource development - The needs of school children were addressed through a collaborative approach. Therapists from the Departments of Education and Culture and Health together identified service models, which assisted in prioritizing target groups.

Rehabilitation personnel, the Red Cross Flying Doctor Service and the non-governmental disability organizations provided support to service delivery within the district health system.

Communicable Disease Control

The aim of the programme is to reduce morbidity and mortality associated with communicable diseases, by providing support and technical advice in order to develop and facilitate district based disease surveillance and outbreak response.

Major Performance Areas And Achievements

Improve human resource capacity at both provincial and

district level in order to facilitate improved delivery of disease surveillance and outbreak response in relation to communicable diseases - District Communicable Disease Control Coordinators posts were created for all ten Districts plus Ethekwini Metro and to date eight of the ten posts have been filled.

Improve and develop district and patient based computer programmes for disease surveillance - July 2001 saw KwaZulu-Natal become the third province in the country to implement the new district and patient based electronic TB register and surveillance system. The system provides an excellent tool for managing and following the progress of TB patients. The system reduced the workload on facility staff as it automatically generated all the district case finding and treatment outcome reports, which previously had to be done manually. This resulted in improved reporting and recording rates for the province.

To develop and increase the number of TB Demonstration Training Districts in the province - The year 2001 saw the development of two new TB Demonstration Training Districts in the province, namely, DC 24, Umzinyathi and DC 25, Amajuba. All sub-districts in these two districts have been developed and meet the requirements in terms of functioning as demonstration training districts.

To improve the combined management of TB/HIV/AIDS and identify and develop the provinces first combined management of TB/HIV/AIDS Demonstration Training District - The province's first Combined Management of TB/HIV/AIDS Demonstration Training District was developed during the year, namely the Usuthu sub-district in DC 26, Zululand. This was the culmination of a joint integrated business plan at both provincial and district level, which resulted in health care workers, community health workers and volunteers being trained in a twinning training programme, covering all aspects of TB and HIV/AIDS. Furthermore two voluntary counselling and testing sites were established in the sub- district.

To sustain and improve the health education, promotion and case management in relation to cholera, in order to reduce and eventually stop the epidemic - An intensive cholera education and promotion campaign was sustained during the

year, with activities such as road shows, radio adverts, TV video adverts, newspaper adverts, posters, pamphlets, group and door-to-door health education being conducted on an ongoing basis. Coupled to this, an in-service training programme on case management was conducted in all ten districts as well as in Ethekwini. This has resulted in a reduction in the epidemic, with the province seeing on average, only 25 percent of the number of cases during 2001/2002, compared to the number of cases recorded during the same time period in the 2000/2001 outbreak, with the case fatality rate being maintained at around 0,22 percent.

Nutrition

The aim of the programme is to improve the nutritional status of all people in the Province, through the implementation of the integrated nutrition programme.

Key performance areas and achievements

Improve household food security - During the year twenty-two groundsmen in twenty-two clinics were trained as gardeners and the vegetable gardens are at different stages of development. Four poverty alleviation cluster projects were implemented in Bergville, Escourt, Pietermaritzburg, Port Shepstone and Umnini. These comprised of gardening, poultry, bakery and sewing projects.

Promote breastfeeding and Baby Friendly Hospital Initiative (BFHI) - Four health facilities achieved the BFHI status and one received a certificate of commitment. A total of twelve health facilities in the Province are on the world map of countries that promote and protect breastfeeding as the child's right.

Reduce Micronutrient Deficiencies - The supplementation of children under the age of six with vitamin A commenced during the year and the supplementation of mothers continues post-delivery. Fortification of maize, flour and sugar with micronutrients is also underway.

Contribute to the reduction of malnutrition in children and adults - During 2001 guidelines on nutrition, HIV/AIDS, TB and other chronic illnesses were work-shopped and distributed to all Districts. In addition food supplements were issued to children and adults who presented at clinics with signs and symptoms of under nutrition. Nutrition information, education and communication material was developed and distributed to districts and at nutrition campaigns.

Alleviate hunger and malnutrition amongst Primary School Learners - During the year nearly three thousand primary schools were reached and 1,3 Million school children received a food supplement four times a week. A total of 3 273 women cooks were paid honoraria.

Mental Health And Susbstance Abuse

The aim of the programme is to promote the psychological well being to the people of the Province through the primary health care package of services.

Key performance areas and achievements

Improve capacity of primary health care nurses to manage mentally ill patients - In order to improve the management of mentally ill patients a training of the trainer course for primary health care nurses was held during the year. Three qualified nurses are in the process of training other primary health care nurses on the management of mentally ill patients.

Build provincial awareness on priority mental health issues - During June 2001 an awareness campaign was run and this was aimed at educating people on the harmful effects of substance abuse. The most targeted groups were school-going children to whom T-shirts with the message "Say no to drugs" were distributed.

A "Prevention of Violence Against Women" awareness day with the slogan "No means NO" was held in Umlazi. The event was held in collaboration with radio Ukhozi and the awareness day campaign was also taken to pay points where the elderly were collecting their old age pensions.

Mental Health awareness month is July of each year and campaigns with the theme "Employ People With Mental Disabilities" were held throughout the Province. The campaigns were used to educate communities on chronic mental illnesses and how to manage mentally ill people.

Integration of mental health to general health - Community mental health nurses are actively involved at the crisis centre in Port Shepstone, which is a pilot study funded by the National Department of Health. In addition to visiting trauma patients in wards at the hospital the centre deals with approximately 110 victims per month. The centre has recently been evaluated and will soon be launched officially.

To improve the capacity of mental health providers to support empowerment Programme - 20 Nurses selected from various districts underwent training on victim empowerment through UNISA. These nurses are now actively involved in assisting victims of violence and trauma by providing counselling and support.

ENVIRONMENTAL HEALTH

The aim of the programme is to provide management support to all health districts on environmental health matters, port health matters and the malaria control programme.

Major Performance Areas And Achievements

To improve the management of "malaria control" - The improved management of malaria control achieved a 76% reduction of malaria cases. This was a great achievement and in improving the health status of the affected communities the Department won the World Health Organisation award for the best malaria control programme in the Southern Hemisphere.

Challenges facing the control of malaria in the Province included cross border movements, re-emergence of resistance mosquitoes and ineffective drugs, hence the change to Coartem, a drug that proved to be highly successful in the control of the disease.

The Larviciding of water bodies, distribution of bednets to pregnant mothers and Political commitment contributed considerably towards reducing the spread of the disease. These interventions saw a reduction in hospital and clinic visits, a reduced bed occupancy at hospitals and culminated in the Department winning the above mentioned award.

Finalize and implement the medical waste management strategy - During the year a medical waste management policy was formulated and implemented and was aimed at improving health and safety practices by the health care workers and the public at large. The Port Health component acts as the first line of defence against the introduction and spread of communicable diseases. In terms of international health regulations, several control measures are implemented at all points of entry into the Province, namely, harbours, airports and border posts.

In addition, a total of 1 226 Yellow Fever vaccinations were administered during the year to passengers and crew entering the ports at Durban and Richards Bay.

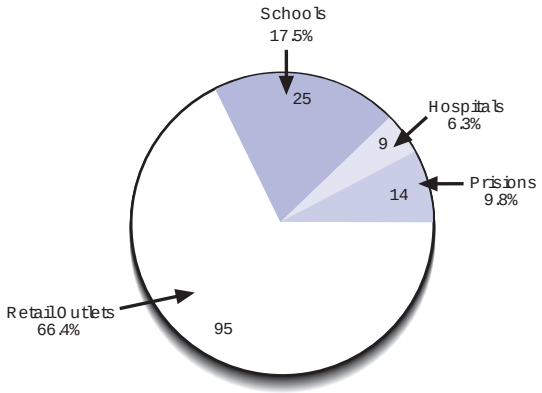
To develop a food import monitoring system so as to give guidance and strengthen port health inspection services - The food import monitoring system proved to be very successful during the year, thus ensuring the protection of the citizens of South Africa from disease associated with unsafe, below standard and contaminated imported foodstuffs.

The Port Health Officers carry out random food sampling regularly in order to ensure that consignments, which were imported into the country, comply with the requirements as laid down by legislation. During the year a total of 9 consignments of foodstuffs were condemned and disposed of.

During the year, the Food Monitoring Programme grew from strength to strength. This was evident from the favourable results achieved during food runs that were undertaken, results of which are depicted hereunder:

Month	Food Sampled	Reason for Analysis	Number taken	Number completed
January	Spices	Ochratoxin	126	120
February	New Oil	PTG's & PC's	67	63
March	Used Oil	PTG's & PC's	159	100
April	Bottled water	Microbial	40	40
June	Salt	Iodine content	124	105
July/August	Milk	Microbial	102	74
September	Peanut Butter	Aflatoxins	143	94
November	Snacks	Colourants	0	0

ood Run on Peanut Butter was undertaken jointly with the Nutrition Programme. Samples were taken at random from prisons, hospitals, schools and retail outlets. The Pie Chart below reflects the number of samples taken from the various outlets.



Where samples did not meet the required specification, these were removed from circulation.

Facilitation and the implementation of the health education effectiveness evaluation tool - The health education effectiveness evaluation tool achieved its aim of ensuring that the health status of our communities improved through effective health education.

Budgetary Implications for the Key Environmental Health Programmes undertaken during the 2001/2002 financial year.

Key Programmes	Budget	Actual
Malaria Control Programme	R 26 610 000	R 29 082 254.01
Port Health Service (Including Food Control)	R 2 214 000	R 2 092 457.41
Environmental Health	R 1 863 000	R 1 616 286.46

EMRS

Emergency Medical Rescue Services

Vision

To strive for excellence in the provision of emergency medical rescue services in the Province of KwaZulu-Natal.

Mission

To provide equitable, efficient, effective, quality and caring emergency medical services within the available resources through a transformed and amalgamated structure by a professional, disciplined and demographically representative staff.

Core Values

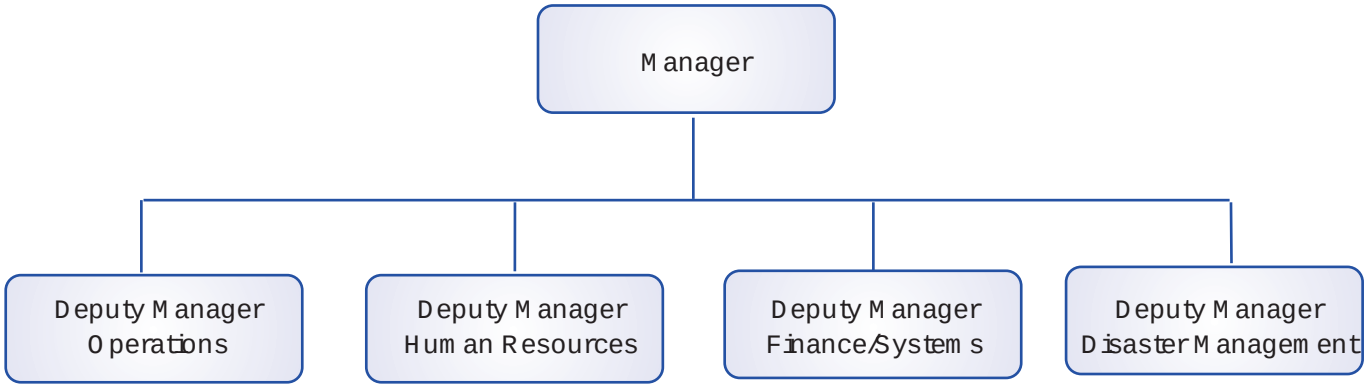
Professionalism, Honesty, Accountability, Discipline, Respect, Transparency

Emergency Medical Rescue Services (EMRS) is one of the three core functions within the Department of Health, which aims to provide a quality, efficient, professional and caring emergency medical and rescue service throughout the Province of KwaZulu-Natal.

The staff complement comprises 1,579 permanent staff, of which 1,434 staff perform line functions and 145 staff perform support functions. The service has a vehicle fleet of 479 emergency and support vehicles that are utilized in providing its line function. Approximately 70% of the EMRS budget is spent on personnel expenditure and 30% on operational expenditure. Paramedical training is provided at the following campuses/centres by EMRS:

Durban	-	Oldham House
Pietermaritzburg	-	Northdale Hospital
Newcastle	-	Newcastle Provincial Hospital

The following organogram depicts the management structure of EMRS:



Major Key Performance Areas and Achievements

Improving vehicle fleet to enhance equitable service delivery especially in rural areas – 73 Emergency vehicles were purchased, the bulk of which were placed in previously disadvantaged areas. The placement of these vehicles enhanced service delivery and resulted in the response times in rural areas decreasing by 12 minutes.

Develop a Human Resource Plan and strategy to allow for integrated planning – A new representative and transformation driven management structure was implemented at Head Office. The appointment of a Director and two Deputy Directors (Operations and Human Resource Management) marked the beginning of a transformed management, which contributed to effective planning, policy and decision-making, and monitoring of the service.

Ensuring the provision of an improved service in under-served and rural areas - The college of Emergency Care trained 170 students on intermediate and Advanced Life Support Skills. The majority of the students were placed in previously disadvantaged districts. The communities in these districts have benefited by having trained Intermediate and Advanced Life Support staff to deliver quality care. The total number of emergency services rendered during this reporting period increased by 60 812 cases.

Ensure that 50% of staff in communications (control) centers in this Province are predominantly Zulu speaking people - In order to increase accessibility and encourage openness and transparency an increase of 30% IsiZulu-speaking radio controllers were placed in radio control centers. These officials are the first link between the client and EMRS and this improved communication service has resulted in a better service to clients.

Transformational Developments

Termination of service contract with South African First Aid League (SAFAL) - The service contract with SAFAL was terminated on 31 October 2001 and 500 posts on the fixed establishment of EMRS were advertised and filled appropriately. This service contract catered mainly for services in the urban areas whilst the rural areas were scantily staffed and under services. This termination provided the opportunity for the revamping of the service, with emphasis being placed on staffing and improved services in rural areas.

Many of the appointments were persons previously employed by SAFAL who now enjoy services benefits such as housing allowance and participation in the Government Employees Pension Fund. This whole exercise addressed the inequity in the service and contributed to the transformation of EMRS.

Disaster Management Enhancement Plan

This project was initiated in February 2000 and has achieved the following to date:

- The development of a Generic Disaster Management Plan;
- Compilation of Disaster Management Plans and contingency planning by institutions and stand-alone clinics for emergency preparedness and mitigation of disasters;
- The establishment of dedicated Disaster Management teams at district level;
- The establishment of Joint Operations Committees in all districts, comprising representatives from the Departments of Health, Traditional and Local Government Affairs and other stakeholders; and
- Development of appropriate information flow systems thus enabling an efficient and effective decision-making process. This system was well utilised and was evidenced during the cholera outbreak, the management of which was commended by the World Health Organization.

Enhancement of service delivery

Driver Training Courses and accountability by District Managers contributed to a 19% decrease in the number of accidents involving EMRS vehicles. During the reporting period, the kilometres travelled decreased by 406 405 kms, although the number of cases increased. This can be attributed to the strategic placements of EMRS bases, vehicles and community involvement.

HIV/AIDS

The aim of the unit is to implement programs and disseminate information that will have an effect on changing people's behaviour and perceptions on HIV/AIDS, thus decreasing the incidence of the disease in KwaZulu-Natal. This is done through co-ordination of HIV/AIDS activities directed at prevention of HIV infection and care for those infected and affected by HIV/AIDS. It also involves facilitating planning, implementation and evaluation of HIV/AIDS activities in the province. Equally important to the aim of the unit is the provision of support for Non-Governmental Organizations/Community Based Organizations and other government departments in relation to HIV/AIDS and facilitating inter-sectoral collaboration and partnerships against HIV/AIDS.

Major Performance Areas and Achievements for the Provincial HIV/AIDS Action Unit (PAAU)

Capacity building for community leaders to enable them to drive HIV/AIDS activities in their constituencies - 197 councillors, 230 traditional leaders, 980 traditional healers and 98 religious leaders were trained as peer educators. The programme as a whole was successful and resulted in increased community participation in the fight against HIV/AIDS.

Implementation of Voluntary Counselling and Testing in all districts - 21 sites have been established in all districts. One of the challenges facing this programme was the lack of space in institutions and clinics for confidential counselling. Another challenge facing the programme is the new requirement that this testing is to be carried out by clinically trained individuals.

Implement a concerted multimedia campaign targeted at sustainable behaviour change - The main purpose of this campaign was to infiltrate the market with HIV/AIDS messages. The campaign focused on general awareness, care and support messages, encouraging people to seek proper treatment of sexually transmitted infections and encouraging people to submit themselves for voluntary testing.

Electronic media - The main focus was on audio-broadcast media which targeted youth of different races and profiles. Radio Ukhozi, P4 Radio and East Coast Radio were the stations used most frequently. Community radio stations were used on an ad-hoc basis.

Print media – A synergistic campaign was run with Ilanga, The Natal Witness and The Echo with community newspapers being used on an ad-hoc basis.

Outdoor advertising – Appropriate advertising was placed on buses, electronic billboards were used at Nicol Square and the video scoreboard at the ABSA stadium was used successfully.

Non-electronic billboards were also used at various strategic positions in the Province, especially at taxi ranks and other high visibility areas.

To develop partnerships outside government – The following partnerships have been established:

Orphans for AIDS Trust - This trust is a joint initiative of Independent Newspapers, Edison Health, the Department of Health and the Danish Consulate. The objective was to raise money locally and internationally to cater for the needs of AIDS orphans. The trustees are Dr Z.L. Mkhize, Mr V. Reddy, Mr G King, Prof Jerry Coovadia and Mr P. Bjorvig.

Condom distribution through taverns - This is a partnership between the State and the South African Breweries (SAB) wherein the SAB agreed to deliver condoms to all the outlets that they service, at no delivery cost to the state.

Training of private sector employees - This is an ongoing initiative where the AIDS committees of private sector companies are trained as peer educators. Staff at six such private companies were trained during the year, namely:

SABC
Faggie Fibres
Somta tools
FEDHASA members
BEHR – Cooling systems
Durban abd Coastal Mental Health (NGO with Income generation/sheltered workshop project).

Initiating programmes targeting males in keeping with the theme 'MEN MAKE A DIFFERENCE' – The following initiatives were implemented:

Hostel dwellers HIV/AIDS project - This project targeted men living in hostels in the former South and North Central Council areas. The project involved the training of peer educators in identified hostels and resource centres at eleven hostels were set up and officially handed over by the MEC for Health.

Transport industry targeted campaign - This campaign was the initiative of the Department of Transport, jointly funded by the Department of Health and targeted taxi ranks throughout the province. The main mode of education used was the "industrial theatre" involving the cast from the popular TV sitcom 'Emzini

Wezinsizwa". A total of 18 taxi ranks were targeted. The second phase of this campaign will involve training of taxi-drivers and owners as peer educators and setting up resource centres at some ranks. A spin off of this project was that some ranks showed great interest in condom distribution.

Training of rural men "AMAGOSA AND IZINDUNA ZEZINSIZWA" - This was a specific initiative which targeted recognised leaders of young men and women in rural areas, in hostels and those leading traditional dance groups. These leaders command a lot of respect from the people they lead and if correctly trained they can instil a major behaviour change in their constituencies. This training was done in partnership with a well-known member of the "Emzini Wezinsizwa" cast. A total of 155 Amagosa were trained during the year.

Ensuring interdepartmental co-ordination of HIV/AIDS activities through an integrated plan for children infected and affected by HIV/AIDS - This programme was a joint venture with the Departments of Social Welfare and Education which targeted children and youth infected and affected by HIV/AIDS. In addition the Department of Agriculture and the Department of Housing were brought in to support this programme through food and housing provision respectively.

During the year the Department of Education and Culture trained 3121 primary school educators and 623 secondary school educators in life skills and both the Departments of Social Welfare and Housing were successful in completing their objectives.

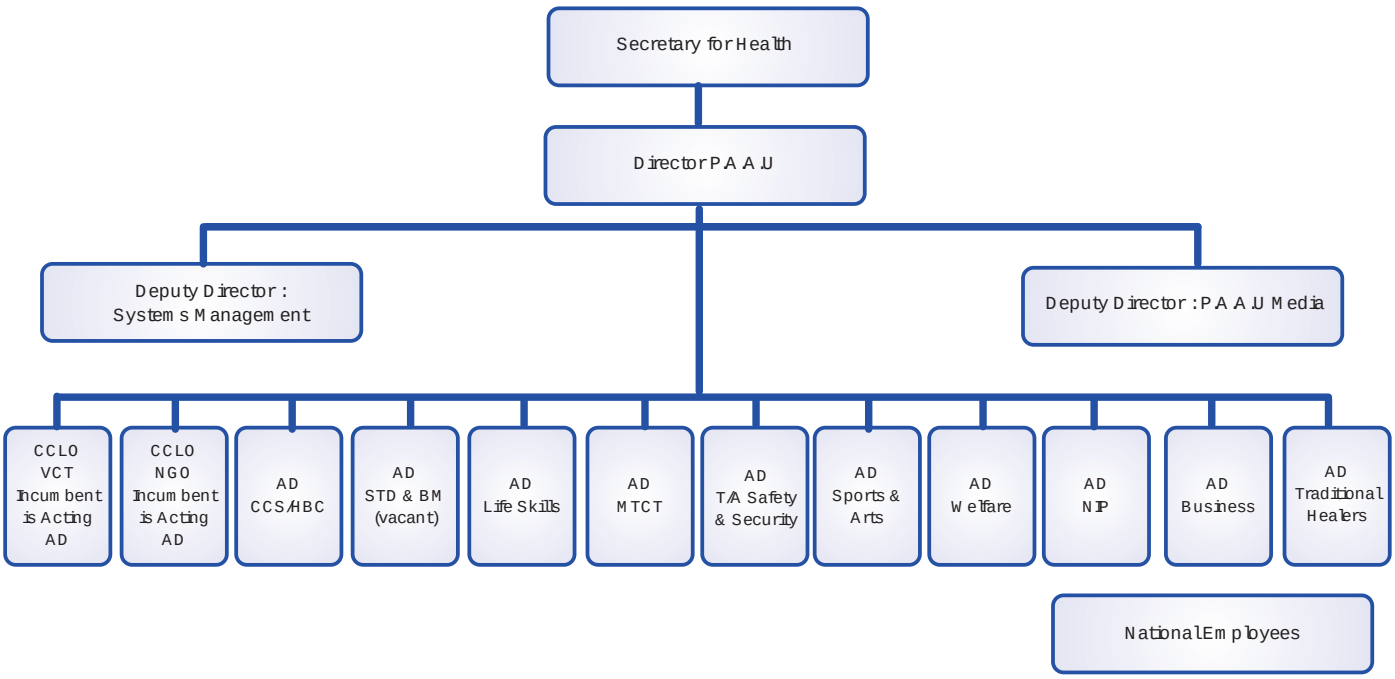
Implementation of Integrated and Standardised Home Based Care in all districts - A training programme on an integrated module of Home Based Care (HBC) which commenced in the previous year, once again targeted Community Health Workers and Community Volunteers. To date 1500 care givers have been exposed to HBC training and a total of more than 2000 HBC kits have been distributed. More than 50% of Provincial hospitals are involved in the hospital-driven home care model.

Building partnerships with non-governmental and community-based organisations involved in HIV/AIDS work in different communities - The Provincial HIV/AIDS Action Unit funded a total of 49 non-governmental organisations who rendered the following activities in their communities:

Home Based Care
HIV/AIDS Education
Lifeskills Education for the Out-of School
Training of Community Leaders
Condom Distribution
Management of Drop-in centres
Hostel Dwellers Targeted programmes
Management and Administration of Community Health Workers

Implemenation of a programme for the prevention of Mother to Child Transmission (MTCT) of HIV/AIDS prevention at two identified sites in the province - Two pilot sites were started in June 2001 and are now fully functional. The programme has been rolled out throughout the province.

Proposed Organogram For Provincial Aids Action Unit



PROVINCIAL HOSPITAL SERVICES

Provincial hospitals in the province fall under the control of Institutional Support Services (ISS) whose aim is to provide leadership to the institutions for the achievement and maintenance of service excellence by:

- Providing strategic direction for institutional service delivery; Supporting and coaching institutions initiatives for development and performance;
- Co-ordinating activities between and amongst all stakeholders in health care; and
- Monitoring and evaluating of performance at institutions.

The following components form an integral part of Institutional Support Services;

- The Quality Assurance and Accreditation Unit who monitor, evaluate and facilitate the provision of high quality care at institutions;
- The Inspectorate Division who conduct compliance inspections and performance audits in the administrative fields within institutions; and
- The Training Facilitation Division who provide and facilitate administrative and management functional training required at the institutional level.

Over the past year ISS have been engaged in the revitalisation of the hospitals programme, which is a national initiative and one of the identified provincial priorities. This programme aims to improve the public sector hospital service delivery to the general population focusing on efficiency, effectiveness and quality of care. The following initiatives have been undertaken with respect to the programme:

Decentralisation of Management to Institutional Level

This initiative aims to increase the delegations of managerial functions from the provincial head office level to institutions. The increased decision-making powers would enable institutional managers to be more responsive to the community needs, enhance the efficient and effective functioning of institutions and ensure their accountability through a framework of good governance.

One of the critical elements in ensuring the success of the decentralisation process was the transformation of institutional management, which included a changed management structure. ISS embarked on a process to implement a new senior management structure at institutions throughout the Province. This structure was a radical departure from the existing structure, which had the medical superintendent as the head of the institution, a matron and an administrator forming the senior management team. The new structure has a hospital manager with general management competencies, a nurse service manager, a finance manager, a human resource manager and a systems and information technology manager. These managers constitute the senior management team in varying numbers based on weighted criteria that was applied to all the institutions within the Province.

This initiative has resulted in an opportunity for a new cadre of managers with specific competencies to lead institutions and take effectiveness and efficiency at institutions to a higher level. A total of 23 hospital managers were appointed during the year and a further 12 are in the process of being appointed.

Pilot sites have been identified to determine technical and resource implications of "deepening" the process of decentralization. These sites will serve as seed projects to facilitate the rollout of the decentralisation programme to the remaining institutions in the Province. The following sites are currently being funded by the European Union and German Technical Co-operation: King Edward VIII, Wentworth, Grey's, Northdale, Edendale, Madadeni, Newcastle, Ngwelezane, and Empangeni.

Lending to the decentralisation initiative, three components in ISS, namely, Quality Assurance, Training Facilitation and Inspectorate have been constituted to form the "Quality Cluster". In line with the Department's policy on the devolution of functions to health regions, this cluster has decentralised its functioning and personnel to six areas covering the entire province. This decentralization ensured that there were specialised people on hand to deal with issues, problems and offer expertise to the institutions.

Improving Quality of Care

Several initiatives have been undertaken to improve the quality of care at institutional level:

Enhancing the accreditation process through the Congress of Hospital Standards and Accreditation of South Africa (COHSASA) programme - The Department has contracted all its institutions into the (COHSASA) programme. All hospitals on the accreditation programme received joint facilitation by both the Quality Assurance Unit and COHSASA. Tours and benchmarking to accredited hospitals were arranged and four hospitals on the COHSASA programme were accredited. They were:
Wentworth Hospital
Townhill Hospital
Grey's Hospital
Fort Napier Hospital

Nine hospitals received graded accreditation which implies that they succeeded in meeting the COHSASA standards for 80% of the service elements that were evaluated. Certificates were awarded at the quality launch function, which was held on 26th March 2002 at Inkosi Albert Luthuli Central Hospital. The following hospitals were accorded this status:
Bethesda Hospital
Edendale Hospital
Vryheid Hospital
Emmaus Hospital
Itshelejuba Hospital
Montebello Hospital
Mosvold Hospital
Utunjambili Hospital
Osindisweni Hospital

A further NINE hospitals were awarded near/pre accreditation status implying that the COHSASA standards were met for 90% of the service elements evaluated. The hospitals awarded this status were:
Eshowe Hospital
Ladysmith Hospital
Dundee Hospital
Estcourt Hospital
G J Crookes Hospital
Lower Umfolozi and War Memorial Hospital
Mahatma Ghandi Memorial Hospital
Mseleni Hospital
Vryheid Hospital

A total of 23 hospitals met less than 20% of the service elements evaluated according to the COHSASA service standards. A joint facilitation venture with COHSASA will be embarked upon to improve their performance. Those hospitals not included in the programme will be accommodated in the near future.

The Quality Assurance Unit developed a strategy for monitoring quality of care at institutions. A situational analysis was conducted at hospitals to establish priority areas that needed attention with special focus on rural hospitals. Major challenges facing these hospitals were, poor infrastructure, physical facilities, lack of skilled medical staff and senior management posts without permanent appointees, all of which contributed to these hospitals not achieving accreditation. Further research projects were conducted in order to establish why some hospitals had not made sufficient progress on the accreditation programme e.g. infection control, linen problems. The Quality Assurance Unit met with these hospitals and task teams were established to address problems identified and action plans, with achievable time frames, were developed.

All hospitals are required through legislation and the COHSASA programme to develop an Institutional Disaster Management Plan in preparedness for a disaster. Most of the institutions are in the process of finalising their plans with the assistance of the District Disaster Management Committee.

During the year 96% of the entire workforce at provincial hospitals were sensitised to the Batho Pele (People first) principles. This enabled personnel to understand service excellence and improve the quality of care at institutions. A Batho Pele monitoring tool has been developed in collaboration with the Quality Assurance Unit. This monitoring has commenced at institutions and individual staff were rewarded in recognition of exceptional service delivery.

Improving access to care - All institutions have been designated in accordance with the relevant level of care according to nationally accepted norms. Within this context each institution has a specific role in the delivery of health services. The Inkosi Albert Luthuli Central Hospital, situated in Durban, is the largest capital investment in the health sector in the Africa region. This hospital, designated as one of the National Central Hospitals in the country, is currently being commissioned and will see the admission of the first patient on 28th June 2002. The commissioning will be phased in over a period of 18 months and the hospital will provide highly specialised services for the entire population of KwaZulu/Natal and part of the Eastern Cape Province.

A referral pattern outlining patient's access to the different levels of care was developed and the procedure adopted is currently in operation. A monitoring tool for the efficient functioning of the referral system has been initiated. Please refer to flow diagram on page 35.

Enhancing Service Delivery through Optimal Clinical Care - Two hospital complexes have been established, one in Umgungundlovu and one in the Ethekwini-Durban Metro area. These complexes will enable services to be delivered in a more co-ordinated, rational and cost effective manner. A number of chief specialists and metropolitan clinical heads have been appointed at these complexes to ensure that partnerships are developed with institutional management teams for the provision of high quality clinical care.

In addition, this partnership also focused on the development and the implementation of clinical audit systems, standard treatment guidelines, clinical protocols as well as admission, discharge and after discharge care policies. Relevant statistics on mortality and morbidity rates are maintained, thereby assisting in the review of strategies to decrease these rates.

Aligned to the Department's priority on the management of HIV positive people, the care of the terminally ill and the care of people affected by AIDS, ISS has, through the HIV/AIDS Programme, embarked on developing a plan for improving clinical care of HIV/AIDS patients at the institutional level as part of a Comprehensive Programme for the care of HIV/AIDS persons. In order to achieve the development of this programme the following activities were undertaken:

Definition of best appropriate treatment practices (clinical guidelines) at all levels of institutional care

The National HIV/AIDS Guidelines {8 booklets} were incorporated into the Provincial HIV/AIDS Teaching Programme and distributed to all institutions and health care workers thus ensuring information dissemination.

The implementation of the best practise guidelines

An effective partnership was forged between the Department, Nelson Manuela Medical School, International Association of Physicians in Aids Care (IAPAC) and the Harvard Aids Enhancing Care Initiative. This resulted in a 2-level Teaching Programme. The first level, the Best Practice Seminar was aimed at Hospital Management and relevant Hospital Departments. The second level of the Teaching Programme was directed specifically at clinicians and nurses who are at the coalface of the epidemic.

The Best Practice Seminars were held monthly, for three months in seven centres (Durban; Pietermaritzburg; Ulundi; Ladysmith; Newcastle; Empangeni and Port Shepstone).

The curriculum was spread over the three seminars, and 590 Health Care Workers attended. Participants signed an agreement to disseminate the information and a further 300 were sensitised. A compact disc (CD) of all the presentations was distributed to institutions, to facilitate further teaching and to ensure sustainability of the Programme.

The Certification course, the curriculum of which enables participants to be prepared for a Diploma in HIV/AIDS, was spread over three weekends and was attended by 260 Health Care Workers. The participants of this course will become trainers and will return to their Institutions to train fellow clinicians and nurses.
A further benefit that emanated from these training workshops has been a Management aspect, which will assist and develop relationships between hospital managers and clinicians.

The Diflucan Partnership

Based on a partnership between the National Government and Pfizer USA, a Diflucan [fluconazole] donation was made to all government health institutions for patients diagnosed with either oesophageal candidiasis or cryptococcal meningitis. Diflucan distribution was efficiently and effectively co-ordinated and rolled out to all hospitals and community health centres in the province. This was a unique initiative in South Africa.

The following table represent the number of prescriptions of Diflucan that have been dispensed to patients with cryptococcal meningitis (fungal infection of the brain) and oesophageal candidiasis (oral fungal infection that extends down the throat into the oesophagus) in each District in the Province since the start of the programme in May 2001.

The table is the "National Report on Diflucan Partnership" table which compares the number of scripts used by each province, which was released in September 2001 and February 2002. The findings show that in September 2001 the Department dispensed 50% of the national total and 57% in February 2002.

21 HIV/AIDS Best Practice Roadshows were held throughout the Province during the months of October, November and December 2001 which included orientation and training on the Diflucan Programme.

Accreditation Awards

St Appollinaris Hospital

GJ Crooks Hospital

District	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Ugu/Sisonke DC 21 -DC 43	69	103	78	134	115	228	233	292	291	265	219
uMgungundlovu DC22	58	97	74	57	117	377	381	199	203	340	356
Uthukela DC 23	18	53	61	55	60	86	91	88	151	96	106
Umzinyathi/Amajuba DC 24 -25	63	72	75	98	117	141	159	165	221	200	148
Zululand DC 26	39	51	58	77	114	84	128	149	166	180	199
Umkhanyakude/Uthungulu DC 27 -28	75	137	174	176	234	315	237	204	296	277	329
Ilembe DC 29	155	276	347	455	406	598	619	475	710	653	726
TOTALS	477	789	867	1052	1163	1829	1848	1572	2038	2011	2083

National Report On Diflucan Partnership Programme For September 2001

	Sep-01	Feb-02	Sep-01	Feb-02	Sep-01	Feb-02	Sep-01	Feb-02	Sep-01		Feb-02	
Province	#Facilities		OC		CM		OC & CM		Total	%	Total	%
Eastern Cape	7	17	59	350	188	412	5		252	2.9	762	3.2
Free State	7	22	33	356	36	335	-	8	69	0.8	699	2.9
Gauteng	21	34	1,108	2,520	546	1,225	2	315	1,656	18.9	4,060	17.0
KwaZulu-Natal	61	59	2,573	8,776	1,703	4,566	126	308	4,402	50.4	13,650	57.2
Mpumalanga	22	23	169	469	47	168	12	1	228	2.6	638	2.7
Northern Cape	6	8	71	204	5	15	2	4	78	0.9	223	0.9
Limpopo	25	25							296	3.4	296	1.2
North West	20	20	419	950	127	238	-	1	546	6.2	1,189	5.0
Western Cape	62	73	772	1,728	422	547	-		1,194	13.7	2,275	9.5
Correctional Services	8	8	19	57	1	5	-	23	20	0.2	85	0.4
SAHMS												
TOTAL		239		5,223		3,075		147	8741	100.0	23877	100.0

Accreditation Awards

Port Shepsone Hospital

Ladysmith Hospital

Conducting Compliance Audits

During the year the Inspectorate conducted audits to assess the extent of the compliance of 93% of institutions in the following areas of hospital administration: Patient Administration, the Financial Management System, Supplies, Transport, Catering and Procurement. See table below.

Improving communication and consultation between the Department and the community - Hospital Boards, comprising of community members and institutional management, have been established at 89% of provincial hospitals.

Developing health workers to ensure quality service delivery - The Sub-Directorate: Training Facilitation facilitated the Adult Basic Education and Training (ABET) programme which focuses on improving literacy in the Department of Health. A total of 1 569 people enrolled in this valuable capacity building programme. A certification ceremony was held in August 2001 where 386 successful learners received their certificates from the Minister.

Adding quality and equity in service delivery, was the allocation of Community Service Doctors at institutions throughout the Province. A total of 256 posts were allocated in the province for community service doctors. Of these 227 posts were filled and 29 remained vacant due to doctors declining offers of appointment.

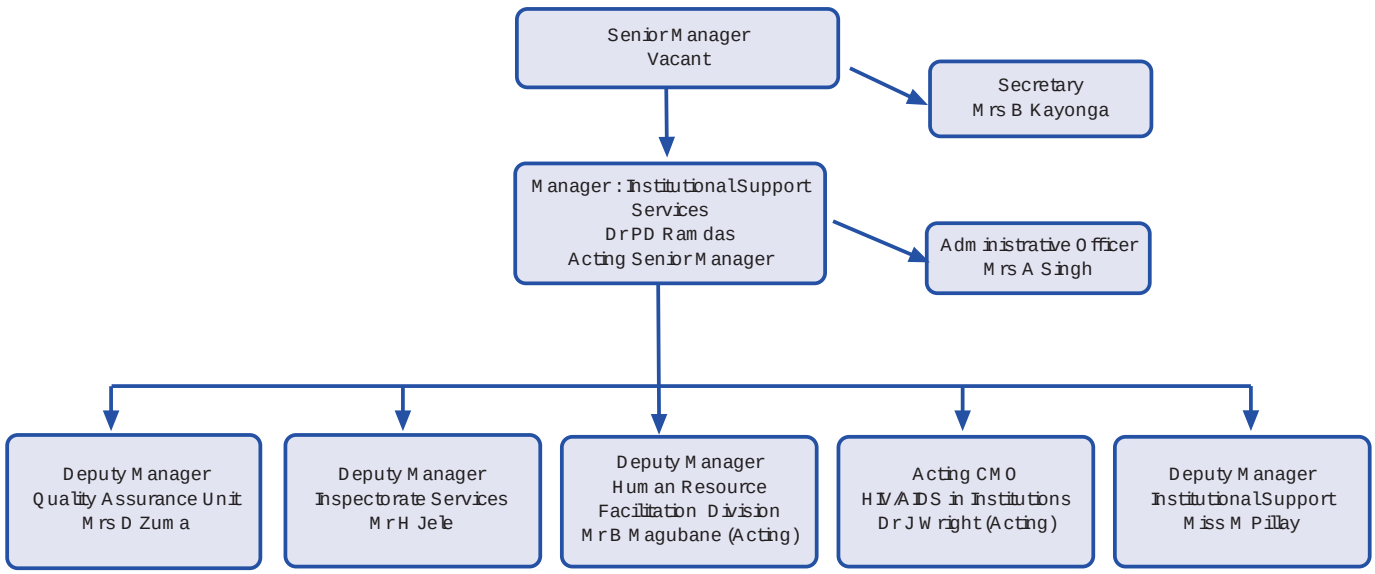
The main challenge was to ensure that all complexes/hospitals received a fair allocation of community service doctors and interns, despite the fact that the number of posts allocated to the province declined in comparison to previous years. In addition, due cognisance had to be taken of the needs of the doctors and interns as many were not overly keen to be placed in rural areas, away from their families.

Of the 233 posts allocated for Intern placement, 17 posts remained unfilled.

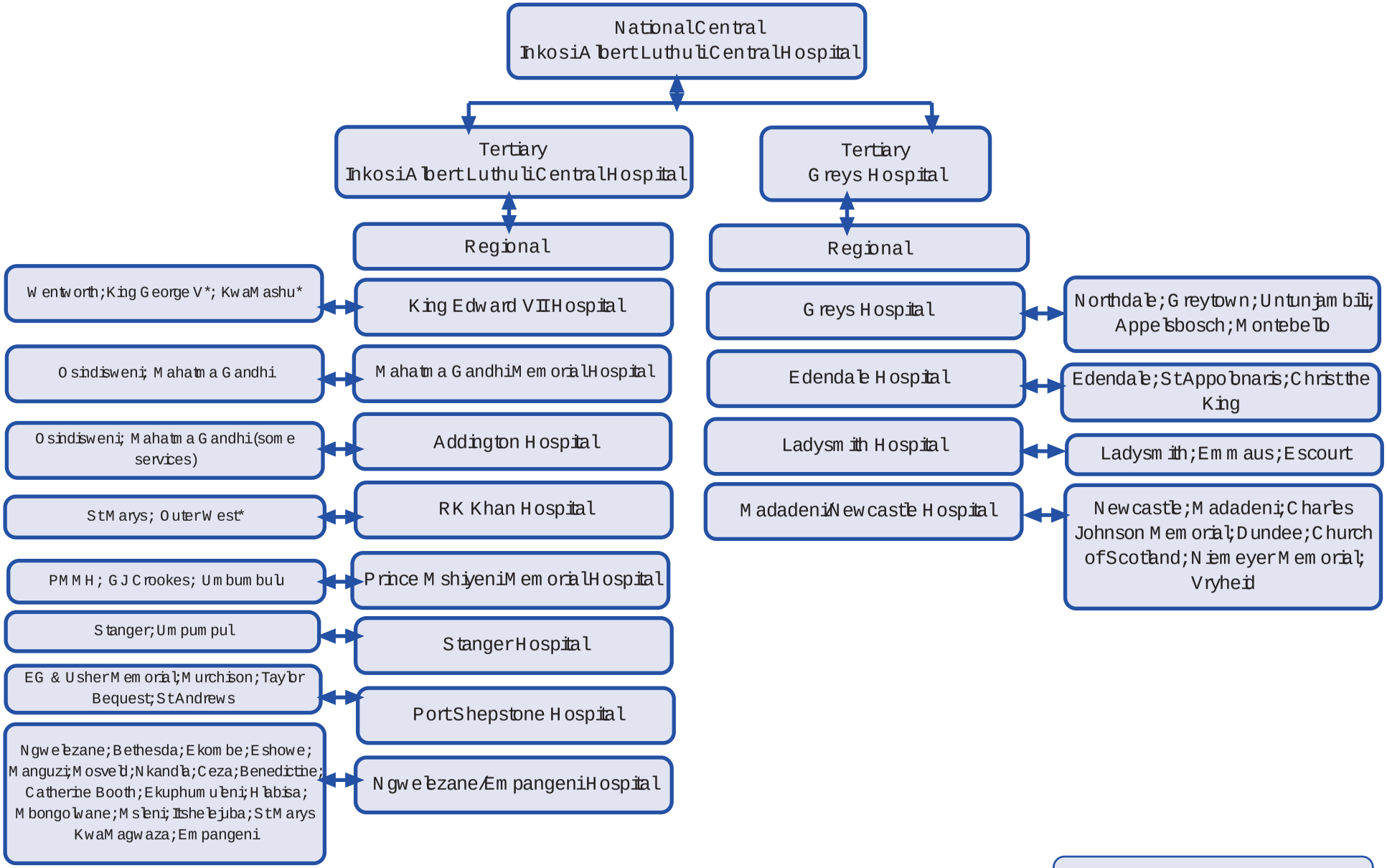
AREAS INSPECTED	NO. OF HOSPITALS INSPECTED	NO. OF HOSPITALS FOUND TO BE ALL COMPLIANT	NO. OF HOSPITALS FOUND TO BE PARTIALLY COMPLIANT	NO. OF HOSPITALS FOUND TO BE NON-COMPLIANT
Stores	30	0	12	18
FMS	15	0	6	9
Revenue	14	1	9	4
Patient Admin	12	0	6	6
Transport	21	0	9	12
Equipment	13	0	4	9

In instances where hospitals were found to be not fully compliant with the policies and procedures in the various areas inspected, the necessary training was given in order to ensue improved quality of service delivery to patients.

Organogram For Institutional Support Services



A Framework For Hospital Service Delivery



CENTRAL DENTAL SERVICES

The School of Dentistry is situated at the University of Durban-Westville. The Oral and Dental Training Hospital, which was established in 1987, has its roots in the Department of Dentistry within the Faculty of Health Sciences. The department began the training of dental auxiliaries in 1980 at the King George V Hospital complex.

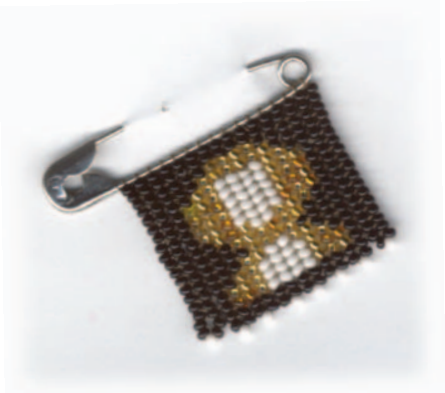
Since its establishment, there has been a steady growth in the number of students trained and the number of patients treated. Despite the fact that dentists are not yet trained at this School, this is one of the busiest dental hospitals in the country, having treated over 43 000 patients in 2001.

The School is involved in the training of oral hygienists and dental therapists, practical training for students from the M.L. Sultan Technikon, research, routine, emergency and specialised patients and community-based activities. In addition the school provides continuing education courses and library and audio-visual facilities for the dental community of KwaZulu-Natal.

The vision of the Service is to promote and maintain optimal oral health for all people in KwaZulu-Natal, through the integration of Oral Health Education and Promotion within the broad context of social reconstruction and development, and by ensuring the provision of a balanced Oral Health System and its related Services.

Statistics

Attendances	35 630
X-Rays taken	1 017
Fillings	831
Extractions	16 560
Impressions	154
Dentures	156
Root Canal Treatment	98
General anaesthetics	281
Westville Prison Services (patients attended)	475



HEALTH SCIENCES

The aim of the programme is to provide, develop and maintain human resources to meet the health needs of the population of the Province.

Nursing Colleges

The undermentioned number of students successfully passed the courses indicated. The courses were conducted during the period 1 January to 31 December 2001:

Course	Number of Students
4 Year Programme	392
Bridging Course	280
Enrolled Nurse	395
Enrolled Nursing Auxiliary	35
Diploma: Midwifery	53
Dip.: Psychiatric Nursing	0
Dip.: Health Assessment, Treatment and Care	27
Dip.: Operation Theatre	38
Dip.: Child Nursing Science	38
Dip.: Advanced Midwifery & Neonatal Nursing Science	29
Dip.: Critical Care	50
Dip.: Opthalmology	12
Dip.: Orthopaedic Nursing Science	29
TOTAL	1 378

Bursaries

During the year 186 students were awarded bursaries. This brought the total number of bursars to 508. An amount of R20 million was spent on bursaries. 87 students completed their final year of study in 2001.

Training Other

Cuban Programme

25 students in the province were recruited to undergo medical training in Cuba. A farewell function was arranged by the National Minister of Health and the students left for Cuba on 8th October 2001.

Primary Health Care

120 Nurses completed the Primary Health Care Programme at University of Natal.

8 Nurses completed the South African Health Military Service Primary Health Care Programme

27 Nurses completed the Primary Health Care Programme at KwaZulu-Natal Nursing Colleges.

20 Nurses completed the Primary Health Care clinical skills in-service education.

College of Emergency Care

The intake at the College of Emergency Care was increased to accommodate staff from previously disadvantaged areas so as to improve their skills and thereby provide a more effective and efficient service.

Various other courses eg, CME and pre-course training and examinations have taken place in the College of Emergency Care, including re-writes.

TRAINING PER OCCUPATIONAL GROUP

Occupational Groups	Africans		Coloureds		Indian/Asian		Whites		TOTAL	
	M	F	M	F	M	F	M	F	M	F
Senior Official & Manager	19	21	1	5	11	2	14	15	45	43
Professionals	18	131	6	53	13	68	14	58	51	310
Technicians and Associate Professionals	89	227	95	241	19	42	54	83	257	593
Clerks	55	54	4	14	28	14	11	15	98	97
Plant & machine operators and assemblers	44	7	4	6	5	0	0	0	53	13
Labourers and related workers	104	174	8	18	10	28	5	19	127	239
TOTAL	329	614	118	337	86	154	98	190	631	1295

TRAINING COLLEGE OF EMERGENCY CARE

Qualification	Trained	Passed	Failed
Advanced Life Support (ALS)	25	23	2
Intermediate Life Support	145	93	48 4 withdrawals
Advanced Medical Rescue	Nil	Nil	Nil
Basic Medical Rescue	31	15	15 1 withdrawals
Intermediate Medical Rescue	25	24	1 withdrawal
Flight Medical attendant course	21	11	10
TOTAL	247	166	75 + 6

Abet Training

The total number of learners enrolled during the year is:

	49	Elementary Oral
	1378	Level 1
	122	Level 2
Total	1569	

Learners completed:

	21	Elementary Oral
	237	Level 1
	35	Level 2
Total	293	

Neutral Skills Development

A total number of 185 delegates attended neutral skills development programmes coordinated by the Office of the Premier.

AUXILIARY & ASSOCIATED SERVICES

MEDSAS
(Medical Supply Administration System) Trading Account

MEDSAS is the enabling account for the procurement of medicines for all provincial health facilities in the Province.

Facilities Management

The aim of the component is to undertake the management and control of all physical facilities including buildings, plant and life support equipment.

Major Performance Areas and Achievements

Upgrading and building of primary health care facilities - During the year upgrading projects at 55 clinics at a cost of R11 727 768 were finalised and projects at 58 clinics commenced at a cost of R15 913 430. A Multi-Year Maintenance Plan to ensure that all clinics are properly maintained and kept in good repair was also continued. A consultant was appointed to design a modular Community Health Centre at Turton in District 21. This is in line with the new trends and the policy of National Health. Plans have been completed and approved and the bill of quantities is currently being drawn up.

Developed a Planning and Design Guide to assist institutions in the correct management of maintenance work as well as the regulations controlling this function - Institutions became more aware of how to manage maintenance work and an improvement has been noted.

Improvement in Mobile Clinic Vehicles - R10 million was spent during the year to upgrade the mobile clinic vehicle fleet. A total of 56 new mobile vehicles were purchased and 53 new capsules were converted and fitted. R239 000 was spent on the repair of existing capsules, 3 of which were fitted to new vehicles. An additional 5 new 4x4 twin cabs were purchased for Manguzi, Mosvold, Bethesda and Mseleni Hospitals as these serve communities with very poor road networks. Service delivery in rural areas was further enhanced.

To accommodate the needs of staff, trailers have been designed to accompany these vehicles. This concept goes hand in hand with the health stations that have been provided by the Independent Development Trust for most of the mobile stopping points in this area.

Conversions to Electricity - To ensure cost effective usage of energy the program for conversion from steam boilers to point of use electrical plant continued and five hospitals were completed during the year namely Bethesda, Osindisweni, St. Francis, Emmaus and Benedictine Hospitals. Benefits derived from these conversions were a reduction in running costs, plant was not dependent on a single central source of energy supply, the conversions are more environmentally acceptable and there is no costly maintenance as is required by legislation.

Clinic Electrification - The Department continued with the program to electrify clinics and has reduced the number awaiting electrification to 17 (as at February 2001 the number awaiting electrification was 61).

As part of the electrification process, the Department contributed 530 kilometers of electrical distribution line to improve the infrastructure in the Province. This had a meaningful change to the population of the affected areas as the action taken will introduce grid electricity to areas previously not served.

Provision of Telephones - Of the original 120 clinics without telephones, 111 have now been provided, leaving a balance of 9. A total of 18 clinics were provided with telephone facilities during the year.

Medical Equipment Replacement Project - The Department is in the second phase of the Medical Equipment Replacement Project where steps are being taken to replace obsolete equipment as was identified and prioritised by individual institutions. During the year 367 items to the value of R42 700 840.50 were purchased.

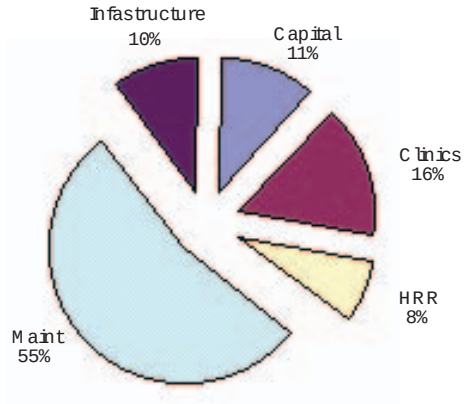
Included in this project was the development of a comprehensive specification for a Computerised Assets Management System and the implementation of an interim Computerised Assets Register. This also included training of staff at all institutions. Each and every health institution has benefited from this project and have participated in identifying their priority needs

Expenditure Trend - During the year the Department was able to roll out a number of projects, throughout the Province, that had been in the planning stage, This resulted in an increased expenditure trend when compared to previous years.

The increased allocation of funds enabled the Department to address some of the back log of maintenance to both Physical

Facilities and Plant. As can be seen from the graph below at 55% of the projects were targeted at the maintenance of facilities.

Expenditure profile as at 31 January 2002



Donor Funding Initiatives

During the year two major projects were initiated. One was the development of a maternity wing and stores complex at Catherine Booth Hospital. This facility was officially opened on the 20th February 2002 by the Former President, Mr Nelson Mandela. The project was funded by De Beers and Anglo American with additional funding provided by the Department of Health (KZN).

The second was the construction of a community health centre at Nseleni (to be completed in 2003). This project also included the provision of medical equipment to every hospital and clinic in the Uthungulu District. This project will be funded by the Japanese Government through a National Grant Aid of approximately R96 million.

Transport

The aim of the programme is to provide an efficient transport service to head office and to ensure enhancement of delivery through transport management excellence.

Major Performance Areas and Achievements

Introduction of a Bus Shuttle Service – During the year a patient bus shuttle service was introduced to transfer non-acute patients to referral hospitals. Prior to this institutions were using their own vehicles for this purpose and in some cases two or three vehicles were being used to transport patients to various destinations on the same day. The introduction of the shuttle service resulted in a saving in fuel costs, maintenance costs and subsistence allowance and it also contributed in effective utilization of staff.

Replacement of old mobile vehicles with upgraded units - Due to old age and bad design mobile vehicles, which were purchased prior to 1994, were no longer regarded as suitable for the purpose intended. The vehicles were too narrow, the windows were too high and the body mass of the vehicles was too heavy and this contributed to a high fuel consumption. In addition it was difficult for nurses to sit whilst in transit and it was difficult to dispense medicines because of the lack of space. A total of 56 mobile vehicles with capsules were purchased and allocated as follows:

Umgungundlovu	10
Ugu	7
Uthukela	12
Amajuba	7
Uthungulu	6
Ethekwini	6
Umkhayakude	2
Zululand	6

Purchase and delivery of official vehicles - Close monitoring of variable costs coupled with effective control measures to curb unnecessary waste were implemented during the year. Old vehicles had to be sent regularly for maintenance and repairs and this resulted in unnecessary expenditure and a negative impact on service delivery. Where necessary head of institutions were instructed to purchase new vehicles and 96 such vehicles were purchased during the year and this resulted in improved service delivery.

Phoelela Clinic

Inkosi Albert Luthuli Central Hospital

HUMAN RESOURCES

The KwaZulu-Natal Department of Health Human Resource Management comprises four components, namely, Human Resource Planning, Human Resource Practices, Human Resource Development and Staff Relations.

The overall goal of Human Resource Management is to provide the right number of people with the right skills and competencies in the right place to deliver the strategic objectives of the department.

Major Performance Areas and Achievements

Development of a Human Resource Information System that would be user friendly, intuitive and expandable - A Human Resource Information System was developed. This has led to the enhancement of skills audit and effective Human Resource Planning as required in terms of the Public Service Regulations.

Restructuring of hospitals and aligning of structures with the new management structure - Top management structures for all institutions, including Emergency Medical Resuce Services completed and evaluated in line with the level of care and budget. Institutional structures have been aligned with Emergency Medical Rescue Services including those of disaster management.

Review of norms in line with the new management structure and Code of Remuneration (CORE) – These norms have been revised in line with the redesign of institutional structures.

Mandatory evaluation of all Senior Management Service (SMS) posts - During the period under review 70% of Senior Management Service posts were evaluated and it is envisaged that the process will be completed by December 2002.

Decentralisation of human resource functions and establishment of appropriate institutional structures for effective and efficient service delivey - Institutional Management and Labour Committees have been launched at all institutions within the Department and this resulted in a decrease of collective grievances being referred to head office. The Provincial Health and Welfare Chamber is now able to deal with policy issues rather than discuss operational issues affecting institutions.

Discipline was decentralised to all institutions and a total of 712 employees have been trained as Investigating and Presiding Officers in order to deal with discipline effectively.

The department delegated the following functions to institutions:-

Processing of pension documents on termination of service, after conducting the necessary training. This resulted in an improvement in the payment of pension benefits especially to retired employees as institutions now submit pension documents directly to Pretoria, thus minimising delays.

Processing and approval of rank/leg promotions and Personal Profiles once procedure manuals had been developed and the necessary training had been conducted.

Processing of medical accounts for injury on duty cases. Once trained, staff at institutions were able to process these payments themselves. Accounts no longer had to be sent to Head Office and the risk of being misplaced was thus eliminated.

Other Achievements

The Administrative and Human Resource Components of Regional Offices were rationalised. This included the incorporation into the regional office organisational structures of components similar to those of the Malaria Control Programme and the ex-National Health components.

The Department advertised 878 entry and promotion level posts at a cost of R1.2 million. Out of this 845 posts were filled. The Department adjusted the salaries of all employees who had at least one year's service between 1 July 1999 to 30 June 2001 to the third notch of their salary levels. This excluded employees who had been found guilty of misconduct or had misconduct charges pending against them. This salary adjustment brought about labour stability and increased morale in the Department.

A review was done on the Human Resource Development policy document on structures to ensure alignment of Workplace Skill Development Committees with the result that more health workers are aware of the need for training and development to enhance productivity.

There was an increase in the number of nurses who completed the Health Assessment diagnosis and training course.

There was an increase in the number of nurses who enrolled in PHC clinical skills in-service education.

Problems surrounding employment contracts were resolved.

Challenges

In June 2001, officials from Provincial Treasury visited the Department to audit 10 000 pension records. This exercise involved drawing out personnel files at Head Office and institutions. This audit had to be completed by the end of September 2001. Personnel in the Department were able to assist the auditors in accessing these files and providing data in addition to their daily work. Because of budget constraints, no overtime could be paid for the exercise. The benefits of this exercise are now being reaped, as letters confirming correct details of members are being received from Pensions in Pretoria.

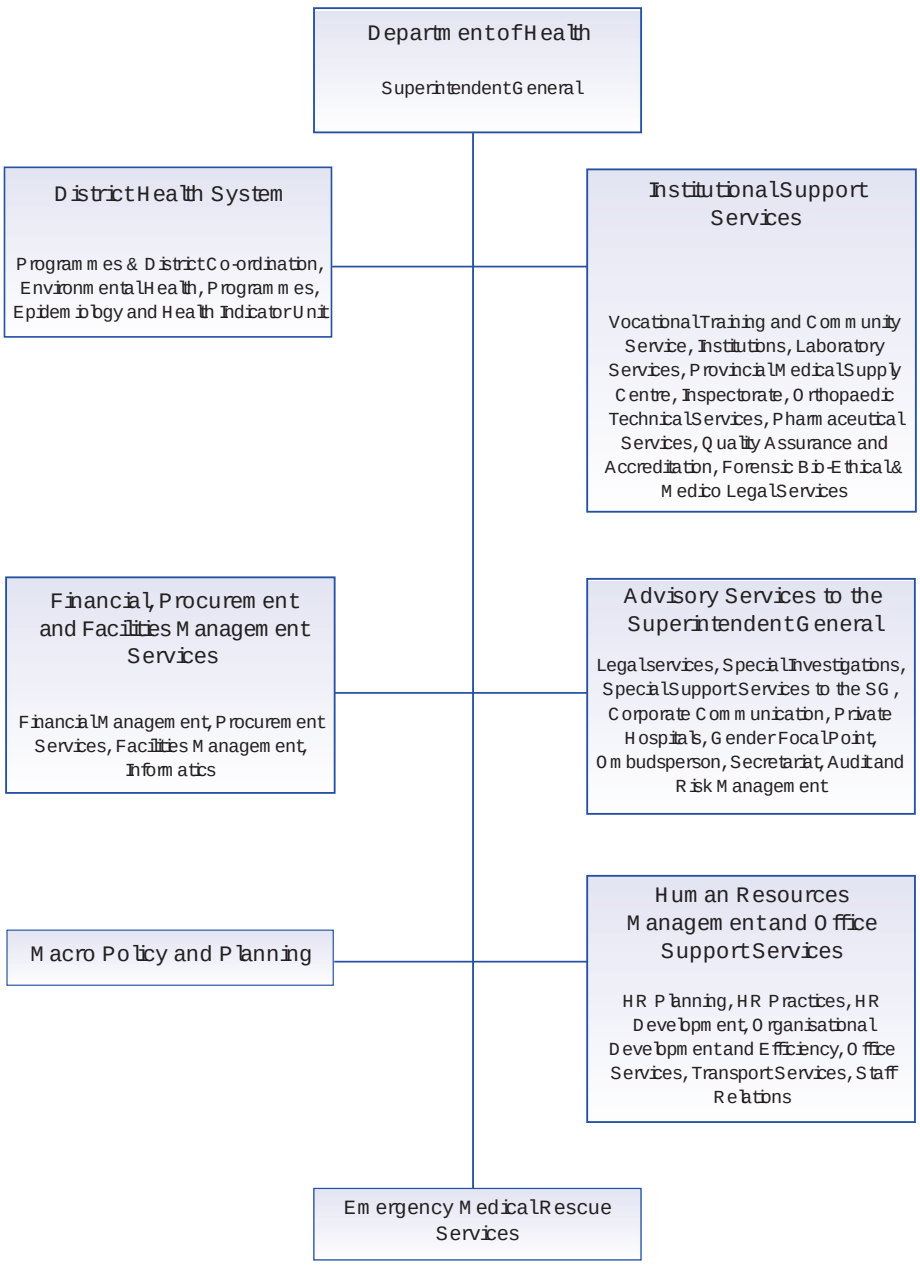
Human Resource Management had to adapt to the new role of monitoring functions that had been decentralised, and provided training and expert advice where necessary.

It was also necessary to create appropriate structures at institutions in order that functions could be effectively performed. This meant the relocation of staff to hospitals/institutions, which had to be handled with care and sensitivity to avoid unnecessary labour problems and hardship to the affected staff.

The attainment of representivity in the filling of posts is still a challenge as it largely depends on the availability of posts and the required skills that are not easily attracted from the open labour market.

There were a number of challenges in completing a database thus resulting in the skills database being incomplete. The administrative staff had not been able to devote sufficient time to capturing entering skills data as they had to continue with their normal functions. Training of staff was also problematic, as sufficient time was not allocated to the task and there was a shortage of data capturers at institutions.

Job descriptions were not received in time from various institutions. The process of job evaluations were retarded by



Institution	Institutional Management Structure	Criteria
Budget = greater than R180 million Level of care = Regional and Tertiary No. of beds = greater than 800	Grey's, Edendale King Edward VIII Prince Mshiyeni	Hospital Manager level 13 Medical Manager level 12 Nursing Manager level 12 Human Resource Manager - 12 Systems Manager - 12 Finance Manger - 12
Budget = R120 - R150 million Level of care = Regional No. of beds = 450 or more	Addington Madadeni RK Khan Ngwelezane	Hospital Manger - 13 Medical Manager - 12 Nursing Manager - 11 Human Resource Manager - 12 Finance & Systems Manager - 12
Budget = R46 - R106 million Level of care - Specialised No. of beds = 450	Ladysmith Stanger Port Shepstone	Hospital Manager - 13 Medical Manager - 12 Nursing Manager - 11 Management Support Services Manager - 11
Budget = R40 - R106 million Level of care - Regional & District No. of beds = 400 and less	Midlands Complex Clairwood King George V	Hospital Manager - 13 Medical Manager - 12 Nursing Support Services Manager - 11
Budget = R31 - R 59 million Level of care - District No of beds = 250 beds and more	Bethesda Church of Scotland Charles Johnson Memorial Wentworth Eshowe Estcourt G J Crooks, Hlabisa Mahatma Gandhi, Manguzi Mosvold, Murchison Nkandla, Osindisweni Northdale, Vryheid EG Usher Memorial	Hospital Manager - 12 Medical Manager - 12 Nursing Manager - 11 Management Support Services Manager - 11
Budget = R14 - R35 million Level of care - District No. of beds = 250	Applesbosch Catherine Booth Ceza Christ the King Montebello Dundee Ekombe, Emmaus Greytown, Itshelejuba Mbongolwane, Mseleni St Andrews, Tayler Bequest Umphumulo, Untunjambili Kwamagwaza, Hillcrest	Hospital Manager - 12 Medical Manager - 12 Nursing Manager - 10 Management Support Services Manager - 11

FUNCTIONS OF EACH BRANCH

The Department has seven main Branches. These are:

- District Health System Branch,
- Institutional Support Branch,
- Financial Management Services Branch,
- Macro-Policy and Planning Branch,
- Human Resource Management and Office Services Branch,
- Advisory Services Component; and
- Emergency Medical Rescue Service

District Health System Branch

A Deputy Director General heads this Branch which is divided into four main components. These are,

- Component: Regions
- Component: Environmenthealth,
- Component: Programmes and District co-ordination, and
- Component: Epidemiological and Health Indicator Unit.

The main functions of this Branch are:

- The provisioning of the district health system in the Province,
- The management of environment health services in the province,
- The management of the disease trends and their patterns, and
- The co-ordination and management of all the health programmes in the Province.

Each of the Components above is discussed hereunder.

Component: Regions

There are eight Regional Directors/Managers situated in the entire province who are responsible for the management of all the clinics, as well as visiting of patients in their communities. These managers are also responsible for the management of all the community health centers in the province.

Component: Environmental Health

A Director/Manager is heading this Component. His main function is to manage the spreading of the diseases in the entire province.

Component: Programmes and District Co-ordination

A Director is heading this component and his main function is to co-ordinate and manages the ten programmes, such as communicable diseases, nutrition, etc.

Epidemiological and Health Indicator Unit

A Principal Specialist is responsible for the management of this component and his main function is to inform the department about the disease trends and the causes of those diseases so that the Department can take steps to correct them.

Institutional Support Branch

A Chief Director is heading this Branch, which is also dealing with the core business of the Department of Health. This Branch comprises of nine Components. These are:

- Component: Vocational Training & Community Service,
- Component: Institutions and Institutional Support Services
- Component: Laboratory Services,
- Component: Provincial Medical Supply Center,
- Component: Inspectorate,
- Component: Orthopedic Technical Services
- Component: Pharmaceutical Services,
- Component: Quality Assurance and Accreditation Services, and
- Component: Forensic-Bio-Ethical Medical Legal Services and Research.

The following are the functions of this branch:

- The provisioning of the vocational training and community services,
- The management of the Institutions and Institutional support services,
- The management and the rendering of Laboratory services,
- The management of Provincial Medical supply Center,
- The provisioning of Inspection services to all the Institutions,
- The performing of all the Orthopedic technical services,
- The provisioning of all the pharmaceutical services,
- The management of Quality and Assurance in all the Institutions, and
- The rendering of Forensic-Bio-Ethical Medical Legal Services and Research.

Financial Management and Procurement Services Branch

A Chief Financial Officer is in charge of this Branch. This Branch comprises four Components. These are;

- Financial Management Component,
- Procurement Services Component,
- Facilities Management Component, and
- Informatics Component.

The functions performed in this Branch are:

- The provisioning and the management of the entire finances of the Department,
- The procurement of all the stores in the Department,
- The provisioning, planning and management of all the physical facilities, and;
- The provisioning of information technology.

Macro-Policy and Planning Branch

This branch is mainly dealing with macro-issues of the department such as transformation, service delivery and planning at macro-level. The strategic direction of the Department is developed and co-ordinated in this Branch. The training center of the Department and Laundries are managed in this Branch.

Human Resource Management and Office Support Service Branch

A Deputy Director General is in charge of this Branch. There are five components under the Branch, namely;

- Human Resource Planning and Organisational Development and Efficiency Services,
- Human Resource Practices,
- Human Resource Development,
- Staff Relations, and
- Office Support Services.

The functions performed in this Branch are:

- The rendering of human resource planning and the development of organizational structures,
- The rendering of human resource practices,
- The development of human resources,
- The rendering of staff relations, and
- The rendering of office services.

Advisory Services to the Superintendent General

This Component mainly gives advice to the Department and the Superintendent-General. There are eight Sections in this Component, which are :

- Legal Services
- Special Investigations
- Special Support Services
- Corporate Communication Services
- Parliamentary Services
- Private Hospital Services
- Gender Focal Point
- Ombudsperson
- Employee Assistance Programme
- Secretariat
- Audit and Risk Management

The functions in this Component area:

- The provisioning of legal services,
- The rendering of special investigation,
- The provisioning of support services to the Superintendent General,
- The rendering of communication services
- The ensuring of adherence to private hospitals to all the government rules and protocols.

Emergency Medical Rescue Services

This service is rendered from the 10 + 1 districts with a total of 29 sub-districts and their functions are:

- Render effective emergency care communication and technical services
- Render effective emergency care operations service
- Render emergency care education services

Employment Numbers And Vacancies In Terms Of The Approved Establishment
Numbers Of Persons Additional To The Approved Establishment

Code Of Remuneration	Approved Posts	Posts Filled	Posts Vacant	Add. Posts Filled	Add Posts Vacant	Total	Total Filled
Health Associated Sciences And Support Personnel	8101	6478	1623	0	0	8101	6478
Nursing And Support Personnel	29 860	23 491	6 369	0	0	29 860	23 491
Economic Advisory And Support Personnel	28	16	12	0	0	28	16
Human Resources And Support Personnel	283	198	85	0	0	283	198
Management And General Support Personnel	9 629	7 534	2 095	0	0	9629	7 534
Artisan And Support Personnel	2 384	1 730	654	0	0	2 384	1 730
Engineering Related And Support Personnel	1	0	1	0	0	1	0
Administrative Line Function And Support Personnel	4 178	3 336	842	0	0	4 178	3 336
Social Services And Support Personnel	191	152	39	0	0	191	152
Information Technology And Related Personnel	76	18	58	0	0	76	18
Legal And Support Personnel	3	0	3	0	0	3	0
Medical Sciences & Support Personnel	3 932	2 857	1 075	130	95	4 157	2 987
Communication And Information Related Personnel	41	21	20	0	0	41	21
Agricultural Related And Support Personnel	1 284	1 019	265	0	0	1 284	1 019
Medical Technology And Support Personnel	888	717	171	0	0	888	717
Emergency Services And Related Personnel	2 066	1 511	555	0	0	2 066	1511
Total For Organisation	62 945	49 078	13 867	130	95	63 170	49 208

The figures under filled posts does not match the total number of employees, as more than one person may occupy a sessional post.

Population Group Distribution

Code Of Remuneration	African		Coloured		Indian		White		Total	Disabled
	M	F	M	F	M	F	M	F		
Health Associated Sciences And Support Personnel	1433	3753	22	142	275	485	98	279	6487	6
Nursing And Support Personnel	1532	18185	42	734	125	1645	50	1184	23497	3
Economic Advisory And Support Personnel	2	5	0	4	0	0	0	5	16	0
Human Resources And Support Personnel	62	63	2	15	9	19	4	24	198	1
Management And General Support Personnel	2915	3625	39	81	306	316	80	174	7536	17
Artisan And Support Personnel	1062	138	79	4	200	10	234	3	1730	2
Engineering Related And Support Personnel	0	0	0	0	0	0	0	0	0	0
Administrative Line Function & Support Personnel	953	1056	36	79	547	283	107	275	3336	13
Social Services And Support Personnel	18	99	0	3	2	24	3	5	154	1
Information Technology And Related Personnel	4	2	1	1	5	2	2	1	18	0
Legal And Support Personnel	0	0	0	0	0	0	0	0	0	0
Medical Sciences And Support Personnel	550	353	25	15	891	549	697	329	3409	1
Communication & Information Related Personnel	5	9	0	2	0	3	0	2	21	0
Agricultural Related And Support Personnel	842	141	4	0	25	0	6	1	1019	1
Medical Technology And Support Personnel	161	167	16	3	120	158	25	68	718	6
Emergency Services And Related Personnel	597	118	31	10	646	64	22	23	1511	0
Total For Organisation	10136	27714	297	1093	3151	3558	1328	2373	49650	51

Nature Of Appointment

Code Of Remuneration	Permanent	Probation	Sessional	Temporary	Contract	Part Time 5/8	Total
Health Associated Sciences And Support Personnel	5750	574	24	123	11	5	6487
Nursing And Support Personnel	16872	3642	24	1683	1244	32	23497
Economic Advisory And Support Personnel	15	1	0	0	0	0	16
Human Resources And Support Personnel	192	6	0	0	0	0	198
Management And General Support Personnel	6655	795	4	80	2	0	7536
Artisan And Support Personnel	1551	135	0	44	0	0	1730
Engineering Related And Support Personnel	0	0	0	0	0	0	0
Administrative Line Function & Support Personnel	3006	277	0	34	5	14	3336
Social Services And Support Personnel	124	23	3	4	0	0	154
Information Technology And Related Personnel	14	4	0	0	0	0	18
Legal And Support Personnel	0	0	0	0	0	0	0
Medical Sciences And Support Personnel	1180	497	666	674	375	17	3409
Communication & Information Related Personnel	15	6	0	0	0	0	21
Agricultural Related And Support Personnel	893	118	0	8	0	0	1019
Medical Technology And Support Personnel	629	53	2	6	20	8	718
Emergency Services And Related Personnel	992	513	0	6	0	0	1511
Total For Organisation	37888	6644	723	2662	1657	76	49650

JOB EVALUATION

In terms of the Public Service Regulations this Department used the job evaluation system to evaluate all mandatory posts (i.e. all new job and from level nine and above). Requests were also received from various managers to evaluate specific jobs/posts that were below level 9.

A total of 855 posts/jobs were evaluated during the 2001/2002 financial year. In order to facilitate the job evaluation process in the Department the following was done:

1. The Job Evaluation Component was restructured catering for 1 post of Deputy Manager: Job Evaluation (level 11), 2 posts of assistant Manager, Job Evaluation (level 9), 3 posts of Senior Job Analyst (level 8), 5 posts of Job Analyst (level 7) and 2 posts of Job Evaluation Secretary (level 5).
2. A Departmental Job Evaluation Screening Committee and Departmental Job Evaluation Panel was established to evaluate all jobs up to level 12.
3. The following job evaluation models were also developed to speed up the filling of vacant posts:

Secretary to Director (level 13)-level 6
Secretary to Chief Director (level 14)-level 7
Secretary to Deputy Director-General (level 16)-level 8
Principal (Nursing College)-level 11
Principal (Nursing School)-10
Deputy Principal (Nursing College)-level 10
Subject Head (Nursing College)-level 9
Nurse Educator (Tutor)-level 8
Hospital Manager – level 12
Medical Manager – level 12
Finance Manager – level 12
Systems Manager – 12
Human Resource Manager – level 12
Finance and Systems Manager – 1evel 12
Management Support Services Manager – level 11
Nursing Manager – level 12
Nursing Manager – 11
Nursing Manager – 10

The following table summarizes the number of jobs that were evaluated (per salary level) during the year under review. The table also provides statistics on the number of posts that were upgraded or downgraded.

Number Of Posts Evaluated, Upgraded, Downgraded In Accordance With Code Of Remuneration And Grade

	No of Jobs Evaluated	Posts Upgraded		Post Downgraded	
		No.	% of Total	No.	% of Total
Salary Level 1 - 2	29	29	100	-	-
Salary Level 3 - 5	34	10	29.4	1	3.1
Salary Level 6 - 8	555	45	8.1	3	0.54
Salary Level 9 - 12	177	55	31	6	0.6
Salary Level 13 - 14	59	1	1.7	3	5.1
Salary Level 15	1	-	-	-	-
TOTAL	855	140	16.37	13	1.52

Number Of Employees Whose Remuneration Exceeds The Grade Determined By Job Evaluation And Code Of Remuneration

Type of employment out of adjustment	Total number of Officials
With additional salary expenditure	2235
With no salary implications	1050
With salary saving	1009
Total number of employees out of adjustment	4294

POSTS AND LEVELS BEFORE EVALUATION	EVALUATED -UPGRADED POST AND LEVEL	A M	F	W M	F	I M	F	C M	F
Deputy Director: HRP and Organisational Development	Manager: HRP & Organisational Development (Level13)	1							
Chief Director: Financial Management (Level14	Chief Financial Officer (Level15)			1					
Assistant Director: Administration (Level10)	Deputy Manager: Administration & Ancillary Services (Level11)			1					
Principal Pharmacist (Level 10)	Pharmacy Manager (Level11)			1					
Chief Pharmacist (Level10)	Deputy Head: Pharmaceutical Services (Level11)			1					
Senior Physiotherapist (Level8)	Chief Pharamacist (Level7)				1				
Senior Food Services Supervisor (Level4)	Principal Auxiliary Services Officer (Level6)				1				
Senior Secretary (Level6)	Secretary (Level6)				1				
Senior Admin Clerk (Translate)	Assistant Secretary						1		
Senior Admin Clerk (Translate)	Assistant Secretary (Level6)				1		1		
Deputy Director: Special Investigations (Level11)	Manager: Special Investigations (Level13)			1					
Senior Secretary (Level6)	Secretary (Level7)								1
Secretary (Level6)	Secretary (Level6)		1						
Pharmacist (Level3)	Sub-Assistant Manager :Pharmacy							1	
Secretary (Level3)	Secretary (Level6)		3						
Medical Natural Scientist	Assistant Manger: Medical Naturist					1			
Secretary (Level5)	Secretary (Level6)	1							
Chief Pharmacist (Level10)	Pharmacy Manager (Level11)					1			
Principal Pharmacist (Level 9)	Chief Pharmacist (Level10)				2	1			
Administrative Clerk (Level 3)	Senior Admin Clerk (Level4)				1	1			
Administrative Clerk (Level 2)	Senior Admin Clerk (Level4)						1		
Senior Medical Officer	Principal Medical Officer			1					
TOTAL		2	4	6	7	3	2	1	1

REMUNERATION Monthly personnel costs in intervals of R20 000 by Race, Gender, Disability and Core

CODE OF REMUNERATION	African	Coloured	Indian	White	TOTAL	Male	Female	Disabled
R 0 - R20 000								
College of School Related Educators	2	0	9	4	15	3	12	0
General Workers	2	0	0	0	2	2	0	0
Health Associated Sciences & Support Personnel	5287	168	794	373	6622	1866	4756	5
Nursing and Support Personnel	19428	775	1768	1210	23181	1731	21450	3
Economic Advisory and Support Personnel	6	4	0	5	15	2	13	0
Human Resource and Support Personnel	57	4	13	7	81	34	47	1
Management and General Personnel	6853	132	647	271	7903	3634	4269	19
Artisan and Support Personnel	1040	75	183	220	1518	1435	83	2
Administrative Line Function and Support Personnel	1989	115	846	376	3326	1623	1703	12
Social Services and Support Personnel	86	2	14	4	106	14	92	1
Information Technology and Related Personnel	4	1	5	3	13	10	3	0
Medical Science and Support Personnel	692	36	922	423	2073	1063	1010	1
Communication and Information Related Personnel	11	3	4	2	20	5	15	0
Agricultural Related and Support Personnel	843	4	28	7	882	727	155	1
Medical Technology and Support Personnel	322	18	279	92	711	309	402	6
Emergency Services and Related Personnel	747	62	970	57	1836	1591	245	0
R 20 001 - R40 000								
College of School Related Educators	0	0	0	1	1	0	1	0
Health Associated Sciences & Support Personnel	4	1	2	0	7	6	1	0
Nursing and Support Personnel	25	0	2	7	34	1	33	0
Human Resource and Support Personnel	5	0	0	1	6	6	0	0
Management and General Personnel	8	0	5	11	24	17	7	0
Artisan and Support Personnel	0	1	0	2	3	3	0	0
Administrative Line Function and Support Personnel	15	0	4	7	26	14	12	0
Social Services and Support Personnel	1	0	0	0	1	1	0	0
Medical Science and Support Personnel	135	7	321	366	829	611	218	0
Communication and Information Related Personnel	3	0	0	0	3	0	3	0
Medical Technology and Support Personnel	1	0	0	2	3	3	0	0
R 40 001 - R60 000								
Human Resource and Support Personnel	1	0	0	0	1	1	0	0
Management and General Personnel	4	1	2	1	8	4	4	0
Administrative Line Function and Support Personnel	0	0	0	1	1	1	0	0
Medical Science and Support Personnel	7	1	7	13	28	26	2	0
GRAND TOTAL	37578	1410	6825	3466	49279	14743	34536	51

These totals related to the monthly expenditure on personnel costs for full time officials only and do not include Sessional employees

REMUNERATION

The percentage of the budget excluding transfer payments, expenditure on land and buildings, as well as miscellaneous payments spent on

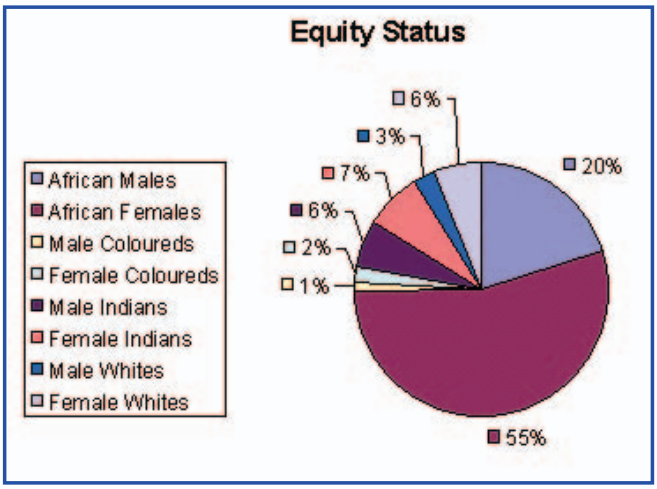
Total personnel costs	68.33%
Administrative expenditure; and	3.21%
Professional and special services	15.31%

The percentage of total personnel costs spent on the senior management service is 0.82%
The cost of overtime, allowances and benefits as a percentage of total personnel costs is 29.59% .

AFFIRMATIVE ACTION

POLICY STATEMENT

The basic policy of the Department in relation to Human Resource Provisioning and utilisation is Equity. The department therefore strives to address all relevant key issues including residual discrimination. The department has developed an Employment Equity Plan in order to achieve the set target.



The Department has made a considerable progess towards the achievement of a fully representative workforce. The graph below depicts the KZN department of Health Workforce profile based on provincial demographics.

The Department has developed an Employment Equity Plan in order to achieve targets.

EMPLOYMENT EQUITY PLAN

The department has developed an Employment Equity Plan. Employment Equity Committees have been established at the institutions to monitor the implementation of the Employment Equity Plan. The Employment Equity Plan sets out strategies that will be followed to achieve a fully representative KZN Department Health Workforce. All advertisements of posts indicate that the department is an equal opportunity affirmative action employer. The workforce profile which shows the composition of the workforce in terms of race, gender and disability is used by the Interviewing Panel for the selection of the suitable applicant to attain representativity. In medical and therapeutic categories Africans are very few in the labour market. In such instances the department develops its own talent by granting bursaries to the prospective candidates who want to do medicine, pharmacy and other related health science subjects.

HUMAN RESOURCE PLAN

A coordinated and integrated HR Plan is not yet in place. The department is in the process of developing the Human Resource Plan as laid down in the Public Service Regulations, 2001.

NUMERICAL AND TIME BOUND TARGETS

In the categories listed below, Africans are few in numbers in the Labour market. Therefore, the recruitment strategy is not viable for the achievement of representativeness. The department has decided to award bursaries to Africans to study the following health science professions for the years 2001 and 2002.

FIELD OF STUDY	NUMBER OF BURSARIES AWARDED IN 2001	NUMBER OF BURSARIES AWARDED IN 2002
Medicine	100	100
Dentistry	18	18
Pharmacy	15	15
Speech Therapy	15	15
Technology & Associated Professional	80	80
TOTAL	228	228

Affirmative action, recruitments, promotions and terminations of service

Annual statistics of appointments of historically disadvantaged persons

	African		Indian		Coloured		White	Disabled	Total
	M	F	M	F	M	F	F		
Health Associated Science & Support Personnel	91	171	8	55	6	7	15	0	353
Nursing & Support Personnel	325	2095	13	138	8	40	91	0	2710
Economic Advisory & Support Personnel	0	1	0	0	0	0	0	0	1
Human Resource & Support Personnel	4	1	0	0	0	0	0	0	5
Management & General Support Personnel	176	244	16	36	7	4	14	286	497
Artisan & Support Personnel	49	6	19	1	8	0	0	0	83
Administrative Line Function & Support Personnel	64	78	15	24	5	6	6	1	198
Social Science & Support Personnel	4	8	1	4	0	0	4	0	21
Information Technology & Related Personnel	1	1	0	0	0	0	1	0	3
Medical Sciences & Support Personnel	212	153	326	304	14	14	130	0	145
Communication & Information Related Personnel	31	112	0	0	0	2	0	0	1153
Agricultural Related & Support Personnel	42	13	4	0	1	0	0	0	60
Medical Technology & Support Personnel	19	17	5	13	0	0	2	0	56
Emergency Services & Related Personnel	213	90	154	18	7	5	6	0	373
TOTAL	1231	2990	561	593	56	78	269	1	5778

Annual statistics of training of historically disadvantaged persons

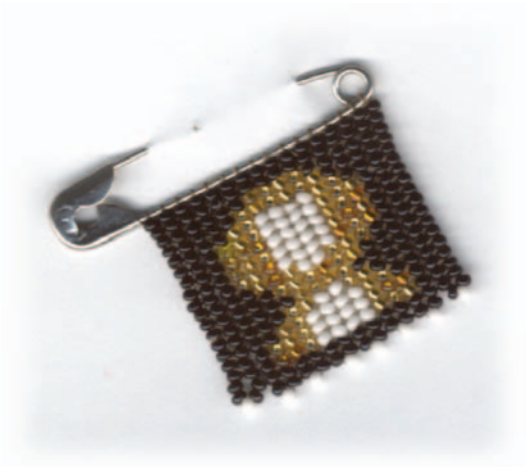
	African		Indian		Coloured		White	Disabled	Total	
	M	F	M	F	M	F	F		M	F
Senior Officials & Managers	11	5	2	1	1	0	4	0	14	10
Professionals	1205	4319	442	526	189	214	570	0	1836	5629
Technicians & Associate Professionals	298	167	28	41	11	28	30	0	337	266
Clerks	1584	1337	156	101	32	33	106	0	1772	1577
Plant & Machinery Operators & Assemblers	297	82	28	4	18	1	4	0	343	91
Labourers & Related Workers	1494	1375	51	47	42	74	50	0	1587	1546
TOTAL	4889	7285	707	720	293	350	764	0	5889	9119

Annual statistics of promotions of historically disadvantaged persons

Occupational Category	African		Indian		Coloured		White	Disabled	Total	
	M	F	M	F	M	F	F		M	F
Health Associated Science & Support Personnel	24	45	31	8	2	6	2	0	29	64
Nursing & Support Personnel	30	596	6	57	2	29	25	0	38	707
Economic Advisory & Support Personnel	1	0	0	0	0	0	0	0	1	0
Human Resource & Support Personnel	6	4	0	5	0	1	0	0	6	10
Management & General Support Personnel	33	48	5	9	1	3	9	0	39	69
Artisan & Support Personnel	5	0	8	0	0	0	0	0	13	0
Administrative Line Function & Support Personnel	102	91	22	19	31	7	13	1	127	130
Social Science & Support Personnel	0	2	0	0	0	0	0	0	0	2
Information Technology & Related Personnel	0	0	0	0	0	0	0	0	0	0
Medical Sciences & Support Personnel	11	24	15	13	0	2	5	0	26	44
Communication & Information Related Personnel	1	0	0	0	0	2	0	0	1	0
Agricultural Related & Support Personnel	6	0	0	0	0	0	0	0	6	0
Medical Technology & Support Personnel	11	5	5	13	0	0	2	0	16	20
Emergency Services & Related Personnel	1	0	0	0	0	0	0	0	1	0
TOTAL	231	818	64	124	8	48	56	0	303	1046

Number of employees recruited by grade and occupation, race, gender and disability

Code of Remuneration	African		Indian		Coloured		White		Disabled	Total
	M	F	M	F	M	F	M	F		
Health Associated Science & Support Personnel	91	171	8	55	6	7	5	15	0	358
Nursing & Support Personnel	325	2095	13	138	8	40	5	91	0	2715
Economic Advisory & Support Personnel	0	1	0	0	0	0	0	0	0	1
Human Resource & Support Personnel	4	1	0	0	0	0	0	0	0	5
Management & General Support Personnel	176	244	16	36	7	4	3	14	0	500
Artisan & Support Personnel	49	6	19	1	8	0	19	0	0	102
Administrative Line Function & Support Personnel	64	78	15	24	5	6	1	6	1	199
Social Science & Support Personnel	4	8	1	4	0	0	1	4	0	22
Information Technology & Related Personnel	1	1	0	0	0	0	1	1	0	4
Medical Sciences & Support Personnel	212	153	326	304	14	14	230	130	0	1383
Communication & Information Related Personnel	31	112	0	0	0	2	0	0	0	145
Agricultural Related & Support Personnel	42	13	4	0	1	0	1	0	0	61
Medical Technology & Support Personnel	19	17	5	13	0	0	0	2	0	56
Emergency Services & Related Personnel	213	90	154	18	7	5	10	6	0	503
TOTAL	1231	2990	561	593	56	78	276	269	1	6054



Number of employees promoted by grade and occupation, race, gender and disability

Occupational Category	African		Indian		Coloured		White		Grand Total
	M	F	M	F	M	F	M	F	
Health Associated Science & Support Personnel	24	48	3	8	2	6	1	2	94
Nursing & Support Personnel	30	596	6	57	2	29	1	25	746
Economic Advisory & Support Personnel	1	0	0	0	0	0	0	0	1
Human Resource & Support Personnel	6	4	0	5	0	1	2	0	18
Management & General Support Personnel	33	48	5	9	1	3	0	9	108
Artisan & Support Personnel	5	0	8	0	0	0	3	0	16
Administrative Line Function & Support Personnel	102	91	22	19	3	7	4	13	261
Social Science & Support Personnel	0	2	0	0	0	0	0	0	2
Information Technology & Related Personnel	0	0	0	0	0	0	1	0	1
Medical Sciences & Support Personnel	11	24	15	13	0	2	13	5	83
Communication & Information Related Personnel	1	0	0	0	0	0	0	0	1
Agricultural Related & Support Personnel	6	0	0	0	0	0	0	0	6
Medical Technology & Support Personnel	11	5	5	13	0	0	0	2	36
Emergency Services & Related Personnel	1	0	0	0	0	0	0	0	1
TOTAL	231	818	64	124	8	48	25	56	1374

Number of employees services terminated by grade and occupation, race, gender and disability

Code of Remuneration	Death	Resignation	Transfer	Sev Pack	Cont Expiry	Retirement		Discharge		Econom. 17 (2)(e)	Misconduct	Other	Total
						Normal 16 (1)(a)	Early 16 (6)(a)	Ill Health 17 (2)(b)	Re-Organis. 17 (2)(c)				
Health & Associated Sciences	67	136	0	0	2	90	6	34	0	0	8	18	361
Nursing & Support Personnel	174	1580	0	1	53	197	18	79	0	0	1	127	2230
Human Resource & Support Personnel	0	3	0	0	0	0	0	0	0	0	0	0	3
Management & General Support Personnel	150	50	0	0	2	88	1	36	0	0	4	33	364
Artisan & Support Personnel	29	24	0	0	2	18	1	11	0	0	0	7	92
Administrative Line Function & Support Personnel	27	79	0	2	1	8	2	17	0	0	4	10	150
Social Services & Support Personnel	1	8	0	0	0	0	0	1	0	0	0	1	11
Information Technology & Related	0	2	0	0	0	0	0	0	0	0	0	0	2
Medical Sciences & Support Personnel	20	753	0	0	363	10	1	6	2	0	0	151	1306
Communication & Information Related	1	8	0	0	0	0	0	0	0	0	0	2	11
Agricultural Related & Support Personnel	20	3	0	0	0	10	0	4	0	0	1	5	43
Medical Technology & Support Personnel	3	54	0	0	3	4	0	1	0	0	0	15	80
Emergency Services & Related Personnel	12	15	0	0	0	0	0	3	0	0	0	5	35
TOTAL	504	2715	0	3	426	425	29	192	2	0	18	374	4688

NUMBER OF FOREIGN APPOINTEES

Code Of Remuneration	Rank Of Officials	No.	TOTAL
Nursing & Support Personnel	Professional Nurse	5	
	Student Nurse	1	6
Management & Support Personnel	Secretary	2	2
Medical Science & Support Personnel	Pharmacist	1	
	Clinical Psychologist	1	
	Medical Intern	1	
	Medical Officer	16	
	Principal Medical Officer	16	
	Specialist	5	
	Principal Specialist	1	41
GRAND TOTAL			49

PERFORMANCE MANAGEMENT AND SKILLS DEVELOPMENT

REWARDS FOR PERFORMANCE
There were no merit awards granted during the year under review.

INJURY, ILLNESS AND DEATH
The number and nature of incidents of injury, illness and death resulting from official duty or the work environment.

INJURIES	
Fingers	52
Back	82
Feet	34
Chest	5
Head	23
Ankle	30
Knee	30
Arm	18
Shoulder	7
Burns	9
Eye	14
Hip	4
Neck	4
Hand	10
Wrist	12
Leg	16
Face	9
Dog bite	2
Ear	2
Post traumatic stress	4
Psychological trauma	5
Assault	2
Cholera	1
Whole body parts	10
Needlestick	237
Others	69
Gunshot wounds	2

ILLNESS	
Tuberculosis	26

DEATH
Death on duty (gunshot wounds) 1

COLLECTIVE AGREEMENTS
No collective agreements have been reached in KwaZulu-Natal Public Service – Health and Welfare Chamber.

ILL – HEALTH

A total of 192 employees were discharged due to ill health and 504 employees died during the year under review.

DISCIPLINARY STEPS

In terms of the disciplinary code applicable to the public service, disciplinary action was taken against employees.

Total number of employees charged with misconduct and found guilty: 334

CHARGES	TOTAL
Fraud	12
Participation in an unprotected strike	62
Undertaking Private remunerative work without authority	2
Theft	65
Misrepresentation	13
A.W.O.L. (Absenteeism)	52
Substance Abuse	31
Insubordination	15
Assault	1
Negligence	22
Abuse of State Property	12
Sleeping on Duty	1
Found guilty of a criminal offence	28
Gross conduct	63
Acceptance of money (Bribe)	4
TOTAL CHARGES	383

Please note that some employees were found guilty of more than one charge.

Sick Leave

Average number of days sick leave taken according to code of remuneration and estimated costs

Code of Remuneration	No of Pers.	African		Coloured		Indian		White				Total Salary Cost	
		M	F	M	F	M	F	M	F	Total Days	Average days	Per Category	Per Person
Health & Associated Sciences & Support Personnel	2591	517	1206	15	110	182	352	63	146	22280	8.59	3 551 528.99	1370.71
Nursing & Support Personnel	8706	435	6110	31	498	66	1008	27	531	67488	7.75	16 022 095.54	1840.35
Economic Advisory & Support Personnel	11	1	2	0	3	0	0	0	5	88	8.00	22 728.04	2066.18
Human Resource & Support Personnel	52	11	21	0	2	4	8	1	5	300	5.76	81 911.23	1575.21
Management & General Support Personnel	2980	898	1452	34	57	196	178	50	115	24824	8.33	3 282 445.21	1101.49
Artisan & Support Personnel	653	347	30	48	2	103	1	121	1	5477	8.38	972 108.48	1488.68
Administrative Line Function & Support Personnel	1677	360	461	26	60	322	194	48	206	13 290	7.92	2 887 319.77	1721.71
Social Services & Support Personnel	41	4	22	0	2	0	9	0	4	288	7.02	87 959.13	2145.34
Information Technology & Related	10	1	2	1	0	3	0	2	1	39	3.90	9889.67	988.96
Medical Sciences & Support Personnel	938	130	141	8	9	236	249	79	86	7148	7.62	2 203 805.43	2349.47
Communication & Information Related	13	2	6	0	2	0	3	0	0	101	7.76	50 884.04	3914.15
Agricultural Related & Support Personnel	214	173	23	2	0	13	1	2	0	1904	8.89	219 549.39	1025.93
Medical Technology & Support Personnel	511	84	112	7	3	79	165	9	52	4032	7.89	1 149 134.63	2248.79
Emergency Services & Related Personnel	346	88	10	12	2	198	21	6	9	2623	7.58	508 362.86	1469.25
TOTAL	18 743	3051	9598	84	750	1402	2189	408	1161	149 882	7.99	31 049 722.41	1656.60

Total number of employees who utilised 15 or more continuous days sick leave 831

Batho Pele Principles

Consultation

You can tell us what you want from us.

Service Standards

Insist that our promises are met.

Access

One and all should get their fair share

Courtesy

Do not accept insensitive treatment

Openness & transparency

Administration must be an open book

Information

You are entitled to full particulars

Redress

Your complaints must spark positive action

Value for money

Your money should be employed wisely.

Patient Rights Charter

Every patient has a right to

Healthy and safe environment
Participation in decision-making
Access to health care
Knowledge of one's health
Insurance/medical aid scheme
Choice of health services
Treated by a named health care provider
Confidentiality and privacy
Informed consent
Refusal of treatment
A second opinion
Continuity of care
Complaints about health services

Report of the Auditor General

REPORT OF THE AUDITOR-GENERAL TO MEMBERS OF THE KWAZULU-NATAL PROVINCIAL LEGISLATURE ON THE FINANCIAL STATEMENTS OF VOTE 7 - THE DEPARTMENT OF HEALTH FOR THE YEAR ENDED 31 MARCH 2002 AND A PERFORMANCE AUDIT OF THE ACQUISITION AND UTILISATION OF CONSULTANTS

1. AUDIT ASSIGNMENT

The financial statements as set out on pages 6 to 26, as well as at Annexure A, in respect of the Provincial Medical Supply Centre, for the year ended 31 March 2002, have been audited in terms of section 188 of the Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996), read with sections 3 and 5 of the Auditor-General Act, 1995 (Act No. 12 of 1995). These financial statements, the maintenance of effective control measures and compliance with relevant laws and regulations are the responsibility of the accounting officer. My responsibility is to express an opinion on these financial statements, based on the audit.

2. NATURE AND SCOPE

The audit was conducted in accordance with Statements of South African Auditing Standards. Those standards require that I plan and perform the audit to obtain reasonable assurance that the financial statements are free of material misstatement.

An audit includes:

- examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements,
- assessing the accounting principles used and significant estimates made by management, and
- evaluating the overall financial statement presentation.

Furthermore, an audit includes an examination, on a test basis, of evidence supporting compliance in all material respects with the relevant laws and regulations which came to my attention and are applicable to financial matters.

I believe that the audit provides a reasonable basis for my opinion.

3. UNQUALIFIED AUDIT OPINION

In my opinion, the financial statements fairly present, in all material respects, the financial position of the Department of Health at 31 March 2002 and the results of its operations and cash flows for the year then ended in accordance with prescribed accounting practice.

4. EMPHASIS OF MATTER

Without qualifying the audit opinion expressed above, attention is drawn to the following matters:

4.1 Matters affecting the financial statements

4.1.1 Housing guarantees

An audit of 80 housing loan guarantee files revealed that in 40 cases (50%), guarantees amounting to R564 633 could not be traced to the Housing Guarantee Report (Report 4.8.19[4]). This report lists all the housing loan guarantees for the Department of Health and, it is from this report that the housing loan guarantee figure is extracted and included in the financial statements. It would, therefore, appear that the housing loan guarantee figure of R47 027 000, as reflected in note 31.2 of the financial statements, is understated by R564 633.

The department's response dated 18 July 2002 acknowledged that a risk may exist that not all guarantees have been recorded on Persal, and that it will embark on an intensive exercise to ensure that all guarantees are captured. Furthermore, financial institutions will be approached to confirm which guarantees have been redeemed so as to ensure that the balance reflected on Persal is an accurate reflection of the contingent liabilities disclosed in the financial statements.

4.2 **Matters not affecting the financial statements**

4.2.1 **Weaknesses in internal control**

During the year, five of the department's hospitals, namely, Benedictine, Ngwelezane, RK Khan, Ceza, and Port Shepstone, were randomly selected and subjected to audit. The following is a summary of some of the more salient and repetitive internal control weaknesses highlighted at these hospitals, which were detailed in the informal queries and management letters issued at these respective institutions.

4.2.1(a) **Consumable stores**

- There was no evidence of regular or annual stock checks being performed
- Orders and requisitions were not being recorded on tally cards
- Tally cards were not being maintained
- There were differences in actual stock on hand compared to the balances per the tally cards
- Unauthorised persons were allowed access into the stores area
- Obsolete stock was being placed back into stock
- Misplacement of requisitions

4.2.1(b) **Pharmaceutical stores**

- Regular stock checks of Schedule 7 drugs were not being performed
- Requisitions for Schedule 7 drugs for the period April 2001 to July 2001 could not be produced on request
- A pharmacy was overstocked as a result of not taking into account outstanding orders when re-ordering
- Tally cards were last updated two to three months prior to audit

4.2.1(c) **Official transport**

- Log sheets were not up to date
- Three instances where vehicles were not being used but were incurring fuel costs
- The whereabouts of seven vehicles could not be ascertained
- Vehicle asset registers were not up to date and did not reconcile with the Department of Transport's records
- Fourteen of the department's vehicles had not been inspected. Consequently, these vehicles had not been issued with valid First Auto cards for the year under review
- Vehicles were being used with expired licence discs
- Eleven vehicles were apparently boarded, however, six were still recorded as active on the Department of Transport's records. Board of survey reports could not be produced therefor
- Two vehicles were repaired at a total cost of R28 657, although the odometer readings revealed that both were due to be boarded
- Four vehicles had unreported damages to them
- Itineraries were not being prepared and approved

4.2.1(d) **Assets**

- Items purchased could not be physically verified/located
- Items selected per the assets register could not be verified/located
- Assets were not adequately marked for ownership purposes
- One assets register could not be produced on request and another was last updated in 1996
- The last evidence of a stock check of assets was 31 March 1996

4.2.1(e) **Appointments**

- There was no evidence of the interview and selection process on file
- There was no evidence that personal data had been entered on Persal
- There were no letters of appointment on file
- There were no authorisations for deductions on file

4.2.1(f) **Exits**

- No debt clearance forms had been completed or were on file
- Security cards had not been returned on termination of service
- Full leave audits had not been done prior to termination date

4.2.1(g) **Housing rentals**

- Incorrect tariffs were being used for the collection of housing rentals
- No rentals were being collected for housing
- No formal written lease agreements had been entered into for the use of official quarters

4.2.1(h) **Loss control**

- Records and details of losses were insufficient
- Losses were not reported to head office
- A loss control officer was not appointed

4.2.1(i) **Hospital fees and debtors**

- Patient files were being removed from the hospital premises
- Information on patient files regarding occupation and income was not being completed
- Receipt numbers were not recorded on patient files indicating that payment had been made

4.2.1(j) **Other**

- No formal written agreements had been entered into for the sale of pigswill and ash
- Twelve employees could not be physically verified according to the Persal printouts
- Payments for subsistence and transport were not interfaced with Persal and were therefore not being taxed

With regard to the matters mentioned in paragraphs 4.2.1(a) to 4.2.1(j), the department has indicated that corrective action has been and/or will be taken, and these will be followed-up during future audits.

4.2.2 **Non-compliance with laws and regulations**

4.2.2(a) **Previous year's report: 2000-2001**

(i) **Conditional grant, paragraph 2.2.2(a)**

In terms of section 7(7)(b) of the Division of Revenue Act, 2000 (Act No. 16 of 2000), the receiving officer did not ensure that the funds received in the form of a conditional grant for the Inkosi Albert Luthuli Central Hospital, were spent in accordance with its purpose and conditions. The department spent R144 701 000 of the conditional grant on other programmes without obtaining approval from the appropriate authority, as

required by Treasury Regulation 6.3.1. However, it must be mentioned that the department expended its own budgeted funds of R144 701 000, in the year under review, to complete the project.

The department's written response, dated 13 July 2001, under reference of 3/1/2/1 (2001/02), to the management letter issued in this regard, acknowledged that the R144 701 000 was spent on other programmes.

At the date of this report, the Provincial Standing Committee on Public Accounts had not taken any resolutions in this regard, and hence, this matter is considered to be unresolved.

(ii) **Virement, paragraph 2.2.2(b)**

Savings on programmes 5 and 6, totalling R272 904 000 were utilised towards the defrayment of excess expenditure totalling R212 708 000 on programmes 1 to 4, in terms of section 43(1) of the Public Finance Management Act, 1999 (Act No. 1 of 1999), as amended. The saving of 52% (R260 343 000) on the Auxiliary and Associated Services (Programme 6), utilised for defraying expenditure, exceeded the maximum of 8% allowed by section 43(2) of the aforementioned Act.

The department submitted a request for the virement of funds to the Provincial Treasury for approval, in a letter dated 11 May 2001.

At the date of this report, this office had not yet been furnished with a copy of the Treasury approval.

4.2.2(b) **Transfer payments**

(i) Notwithstanding, the fact that audited financial statements, in respect of the 1999-2000 and 2000-2001 financial years had not been submitted by the Montebello Home for the Chronic Sick, transfer payments amounting to R1 485 000 were made to the institution during the 2001-2002 financial year.

In terms of Treasury Regulation 8.4.1, "An accounting officer must maintain appropriate measures to ensure that grants and other transfer payments are applied for their intended purposes."

No evidence could be submitted that the above-mentioned measures were taken in respect of the Montebello Home for the Chronic Sick.

(ii) In terms of section 38(1)(j) of the Public Finance Management Act, 1999 (Act No. 1 of 1999), as amended, "The accounting officer for a department, trading entity or constitutional institution - before transferring any funds (other than grants in terms of the annual Division of Revenue Act or to a constitutional institution) to an entity within or outside government, must obtain a written assurance from the entity that that entity implements effective, efficient and transparent financial management and internal control systems, or, if such written assurance is not or cannot be given, render the transfer of the funds subject to conditions and remedial measures requiring the entity to establish and implement effective, efficient and transparent financial management and internal control systems."

None of the eight non-government organisations to which payments totalling R102 959 660 were made during the 2001-2002 financial year, were requested to submit the aforementioned written assurance.

The department has compiled a draft Assurance Certificate and checklist document to obtain the required assurance from the relative subsidised entities that effective, efficient and transparent financial management and internal control systems are in place. The document is currently being reviewed by the accounting officer and will be implemented as soon as it has been approved.

4.2.2(c) **Disposal of medical waste**

Medical waste is being disposed of by means of burning in certain of the hospitals' incinerators, which do not comply with or have not been certified by the Department of Environmental Affairs and Tourism, to be used for this purpose. In this regard, legislation such as the Atmospheric Pollution Prevention Act, 1965 (Act No. 45 of 1965), the Environment Conservation Act, 1989 (Act No. 73 of 1989), the Human Tissues

Act, 1983 (Act No. 65 of 1983), and the National Environmental Management Act, 1998 (Act No. 107 of 1998), is not being complied with.

The department's reply dated 22 July 2002, has indicated, inter alia, the following:

- The investigation by the Directorate of Environmental Health revealed that the cost of modern incinerators that effectively controls harmful emissions and complies with anti-pollution and environmental legislation, is prohibitively high, and that it is not economically viable to upgrade the existing low level incinerators used by some hospitals.

- The Directorate of Environmental Health has motivated to the Chief Financial Officer to budget for hospitals to participate in the existing waste management and disposal contracts, and the process of providing financial support for hospitals to participate in the afore-mentioned contract is being undertaken by the Directorate of Facilities Management.

4.2.2(d) **Equitable share and allocations**

In terms of section 21(c) of the Division of Revenue Act, 2001 (Act No. 1 of 2001), it is hereby reported that the department's internal audit process did not deal with the accuracy of the information provided to the department's accounting officer and the National Treasury. The internal audit unit did not assess the operational procedure and monitoring mechanisms over all transfers made and received, including transfers in terms of the annual Division of Revenue Act, as required by Treasury Regulation 3.2.8.

The department indicated that it does not have an internal audit unit, and that this function is vested with the Provincial Treasury, and it is not possible for the internal audit to check the accuracy of the information monthly, prior to submission to the accounting officer or National Treasury.

4.2.3 **Reference to other audits**

4.2.3(a) **Performance audit**

Assignment

A performance audit on the acquisition and utilisation of consultants was conducted to evaluate the measures instituted by management to promote the economic, efficient and effective planning, monitoring and control over the acquisition and utilisation of consultants. The primary objective of the audit was to confirm independently that these measures do exist and are effective, and to provide management and the legislature with information on shortcomings in management measures by means of a structured reporting process.

Nature and scope

The performance audit was conducted in accordance with generally accepted government auditing standards as well as the internal guidelines for the planning, execution, reporting and follow-up of performance audits and focused on the acquisition and utilisation of consultants.

After consensus was reached on the factual correctness of the findings during the second meeting of the steering committee, these as well as possible areas for improvement were brought to the attention of the accounting officer by means of a management report on 1 November 2001. His comments were received on 11 October 2001 and 16 November 2001, respectively.

Overview

A clear definition of consultants or consultancy services did not exist at the time of the audit. There were no clear guidelines on what should be applied when appointing staff on a contractual basis.

Chapter 15 of the State Tender Board User Manual: Directives to Departments in respect of Procurement (ST 37) did not provide a definition of consultants. However, it did provide a definition of professional services, as indicated below:

"Advisory and support services are those services that are contractually obtained from non-governmental sources in support of government or departmental policy development, decision making, management and administration, development, support and improvement of management systems and supervising the execution of government projects. Services such as these may take the form of research, development, supervision, functional implementation, information, advice, opinions, alternatives, conclusions, recommendations, training and direct assistance."

According to the Australian Department of Administration Services: Commonwealth Procurement Guideline, the term consultant refers to an "entity, whether an individual, a partnership or a corporation providing professional expert advice or service". Typically, the term is used to describe the application of expert skills to:

- investigate a defined problem;
- carry out research;
- diagnose;
- advise;
- train staff; and
- provide particular professional services.

For the purpose of this report, the following expenditure had been incurred on consultants that best fit the characteristics as described above. The expenditure was for the period 1 April 1998 to 31 March 2000:

Number of consultants and related expenditure			
1998-1999		**1999-2000**	
Number of consultants	**R'000**	**Number of consultants**	**R'000**
19	5 449	27	13 696

Key findings

(i) **Policy**: A formal policy governing the acquisition and utilisation of consultants did not exist. This contributed to the shortcomings highlighted in the paragraphs annotated hereunder:

Comments of the accounting officer and corrective steps envisaged by him

The department is in the process of drafting a policy document for the acquisition and utilisation of consultants. The policy to be implemented will take into account the suggested corrective measures made by this office, which include the following:

- Proper need determinations and cost-benefit analyses prior to the appointment of consultants
- Proper procurement principles
- Management's responsibility towards the use of consultants
- Management's responsibility towards the task that is conducted by consultants
- Project management principles to be applied to manage consultants

(ii) **Needs and requirements when appointing consultants:** The department did not always sufficiently analyse its needs and requirements before appointing consultants.

(a) A firm of consultants was appointed from January 1999 to November 2000 to assist with the restructuring of personnel files at the Edendale Hospital at a cost of R8 563 per month (the total cost amounted to R156 153). However, before the end of 1999, eight other consultants had been appointed at an additional cost of R1 264 725 to assist in this regard. However, all the contracts were extended to July 2000 and then to November 2000, without the tender board procedures having been followed. Furthermore, the contracts did not specify any milestones or timeframes and by November 2000 the restructuring of only 160 of the 2 968 files (5 per cent) had been completed.

Comments of the accounting officer and corrective steps envisaged by him

- Efforts to recruit and second internal staff to undertake the task of restructuring the files had failed due mainly to the proposed decentralisation of human resource management functions as well as the fear of intimidation at the hospital.
- Tender procedures were not adhered to due to the nature of the expertise that was required to perform the task and the large volume of outstanding work that had arisen during the process.
- The department has since decided that it would be necessary to engage the services of contractors/fixed term contract workers to finalise the task. Management have finalised the drafting of specifications with regard to the task that is to be undertaken with specific reference to the scope of the project, expected outcomes, specified milestones and the costs that are related to the achievement of the goals.

(b) During February 2000, a consultant was appointed to assist with transformation in the department by means of workshops based on the Batho Pele principles at a total cost of approximately R801 000. However, the Office of the Premier invested significant resources to develop and facilitate the Batho Pele principles and produced a Batho Pele tool-kit that could be used by all departments with minimal assistance. The department did not consult with the Office of the Premier regarding the implementation of the Batho Pele principles and appointed the consultant to facilitate the transformation.

Comments of the accounting officer and corrective steps envisaged by him

The appointment of the consultant in February 2000 was to ensure continuity in providing training and promotional services in support of the Transformation 2000 initiative, the department's internal Batho Pele programme. Due to the fact that funds had been already expended on the Transformation 2000 initiative, it would have been fruitless to adopt the Batho Pele tool-kit of the Office of the Premier. The department endeavours to render a service of high quality and has received recognition for excellent performance and achievement of Good Governance. However, the department will compare the material developed by the consultant with that of the Office of the Premier to ensure that the best value for money was obtained.

(c) The department appointed a consultant on 1 November 1995 for a period of six months to render legal services. Subsequently, the contract was extended eight times, with a total amount of approximately R606 713 being paid to the consultant from March 1999 to July 2000. In addition, the department also employed a consultant during May 1997 to clear the backlog of disciplinary cases. After these cases had been cleared, the consultant stayed on to assist with mainly labour court matters.
Although an amount of approximately R4 095 950 had been spent from the 1998-1999 financial year to September 2000, no formal contract could be submitted and expected outcomes could, therefore, not be evaluated.

Comments of the accounting officer and corrective steps envisaged by him

The department has since realised the need to engage the services of a full time legal entity. This has led to the creation of a legal component on the Head Office establishment. The department has advertised all the relevant posts and it is envisaged that this component will be fully staffed in due course.

(iii) **Capacity building and/or transfer of skills:** Contracts with consultants did not always include the transfer of skills as a performance indicator and vacant posts were not filled timeously.

(a) A consultant was appointed in March 2000 on a temporary basis to assist with financial and administrative duties at Ambulance and Emergency Medical Services (AEMS) until a deputy manager: finance was to be appointed in July 2000. However, a deputy manager: finance for AEMS had not been appointed by June 2001. Consequently, the consultant's contract was extended on at least five occasions and an amount of R320 861 was paid to the consultant over an eight-month period. A comparison between the current salary of a deputy director in the public service and the cost of the consultant indicated that additional costs of approximately R168 976 had been incurred over a ten-month period.

Comments of the accounting officer and corrective steps envisaged by him

The consultant was appointed on a temporary basis solely to assist with financial and administrative duties. The mandate was an administrative one and not one of capacity building. The continued extension of the contract was due to difficulties experienced in the evaluation of the newly created post of deputy

manager: finance. However, the post was advertised and it is envisaged that the new incumbent will assume duties in approximately two months.

(b) A professional body had been employed by the department since November 1998 to conduct an accreditation process for hospitals and clinics at a total cost of approximately R11,5 million. The support from the professional body to 25 hospitals was completed and only one was accredited while the others showed improvement but not sufficient to receive an accreditation. The core deficiency with regard to this project was the lack of capacity established by management to provide sustainability and adequate support to hospitals to maintain the improvement drive. The following are examples:

- The Quality Assurance and Accreditation Unit (QAAU), consisting of eight posts, was established in 1999. However, it had only two officials and two assigned staff members in its employ.
- Although advertisements to fill the six additional posts were ready for publishing in November 1999, by June 2001 the positions had still not been filled.

Comments of the accounting officer and corrective steps envisaged by him

Initial attempts to recruit personnel in the QAAU were delayed by the need to evaluate the posts as well as the restructuring and decentralisation of the unit. However, the posts were re-advertised in 2001 and subsequently filled. Furthermore, the institutions that were not accredited are at various stages of accreditation with most of the external surveys being completed.

(iv) **Procurement principles:** The department did not always follow proper procurement principles, which contributed to additional costs being incurred.

(a) On 1 July 1998, the department employed a transformation manager on a five-year contract at R358 150 per annum (approximately R179 per hour). During December 1999 the transformation manager resigned and joined a private institution. On 11 February 2000, the department concluded a contract with the private institution to assist with the transformation process without having called for tenders or quotations. The former transformation manager was appointed as consultant at R575 per hour. For the period February 2000 to June 2001 the consultant spent a total of approximately 1 219 hours at the department.

This relates to additional costs of R214 218, should the consultant still have been employed full-time for the same period. In addition, the contract did not specify an estimated cost for completion and during the period under review several other employees of the private institution, for which no provision with regard to rate per hour was made for in the contract, were also employed by the department. As at June 2001, a total of approximately R3,2 million had been paid to the private institution.

Comments of the accounting officer and corrective steps envisaged by him

After due consideration of the milestones that were reached by the transformation manager, it was decided that the department would benefit immensely from the re-negotiation of the ex-transformation manager's contract. It was therefore decided to re-appoint the ex-transformation manager in her capacity as part of the private institution.

(b) The department obtained approval from the Provincial Treasury to deviate from normal tender procedures in appointing the consultant that assisted with transformation. The deviation was based mainly on the fact that the consultant had done previous work for the department and had proved to be knowledgeable of its operations. This approval was for an amount of R400 000. However, the consultant was appointed on 1 February 2000 for the period up to 30 April 2000, at a cost of R207 000. This was further extended on 4 May 2000 and as at 12 January 2001 the total amount paid to the consultant amounted to approximately R801 876.

Comments of the accounting officer and corrective steps envisaged by him

The department had obtained approval from the KwaZulu-Natal Provincial Treasury to deviate from the normal tender procedures and to appoint the consultant in view of the fact that the department had utilised their services previously. The extension of the contract was undertaken to ensure that the department receives the benefit of continuity in respect of the projects that were previously undertaken by the consultant. Subsequently, the department had proceeded with the extension of the contract due to its initial ratification by the KwaZulu-Natal Provincial Treasury.

4.2.3(b) **Computer audit**

(i) **Follow-up computer audit of the general controls at the Addington Hospital**

A follow-up computer audit of the general controls surrounding the Hospital Information System (HIS), which was used for patient management and billing, was completed at the Addington Hospital in May 2002 and the findings were brought to the attention of the accounting officer.
The follow-up audit indicated that little progress had been made in addressing the weaknesses identified during the previous audit as only three of the sixteen weaknesses previously identified had been adequately addressed.
Some additional weaknesses were identified during the follow-up audit, which indicated that few controls were in place. The most significant weaknesses identified were the following:

(1) Although a draft security policy, Internet acceptable-use policy and virus protection standards and procedures existed within the department, they were not specifically designed for the hospital. Moreover, none of these policies had been formally approved by the hospital or communicated to all staff members.

(2) A formal disaster recovery plan, change control procedures and standards, a microcomputer policy, a network policy, backup and restore procedures, standards and procedures for the testing of backups, incident reporting procedures, operating procedures and MIS security standards and procedures, termination procedures, user registration procedures, procedures for the changing of forgotten passwords and an information technology (IT) strategic plan, still did not exist.

(3) The hospital made use of dial-up modems but did not use a dial-back functionality, thereby increasing the risk of unauthorised access being gained via the modems.

(4) An off-site backup storage facility did not exist for the hospital as the daily, weekly and monthly backups were kept on site in the administration building at the hospital.

(5) The logical access controls were inadequate, for example, emergency passwords were not adequately administered and the number of logon attempts allowed was not restricted by way of the appropriate settings. The security parameter settings for passwords were also inadequate. Furthermore, some user request forms could not be submitted and some users such as the hospital consultants had operator's main menu rights on the operating system. Dormant or unused user profiles were not removed and violation logs and activity logs were not generated and reviewed.

(6) The programmers of the supplier of the application software had access to programmes in the production environment as well as operator's main menu privileges. Confidentiality agreements had also not been signed by the IT personnel of the hospital. The function of information security officer had not been allocated to an appropriate individual. Furthermore, the IT staff had not received proper training in the monitoring of network and operation functions. A formal service level agreement between the department and the State Information Technology Agency as well as an escrow agreement also did not exist.

At the date this report, the comments of the accounting officer were not yet due to this office.

(ii) **Follow-up computer audit of the general controls at the Provincial Medical Supply Centre**

A follow-up computer audit of the general controls at the Provincial Medical Supply Centre (PMSC) was completed during March 2002 and the findings were brought to the attention of the accounting officer. The audit focused on the general controls surrounding the Medical Supply Administration System (MEDSAS), which is used to administer the purchasing, receipt, and issuing of medicine.

The follow-up audit indicated that very little progress had been made in addressing the weaknesses identified during the previous audit as only six of the thirty-five weaknesses previously identified, had been adequately addressed. The follow-up audit indicated that while some controls were in place at the PMSC, significant control weaknesses still existed in the general control environment. The most significant weaknesses were:

(1) A formal documented security policy, change control procedures, backup and recovery procedures, disaster recovery plan, user registration and termination procedures, information strategic plan, and anti-virus software still did not exist.

In his comments, the accounting officer indicated that the above policies, procedures and plans would be developed. Furthermore, anti-virus software had been loaded onto all workstations.

(2) Although certain corrective steps had been effected, various environmental control weaknesses still existed.

According to the comments received, the department has addressed most of the weaknesses identified. Aspects such as the automatic shut-down routine of the Novell server and a system for the regular checking of gas units are being investigated.

(3) No authentication was done on the Novell server when users accessed the OpeNet network, as users were not required to enter any user identification or password. Furthermore, the PMSC did not have its own Internet policy with unique requirements or procedures relating to Internet usage.

The accounting officer indicated that all users accessing the OpeNet network are now being authenticated on the Novell server. He also indicated that the PMSC conforms to the department's Internet usage policy and that a PMSC-specific policy would therefore not be developed.

(4) Various weaknesses regarding the logical access controls were identified on the UNIX server.

The department referred the weaknesses identified to the contractors responsible for the administration of the MEDSAS. It is hoped that the weaknesses will be discussed during a meeting scheduled for July 2002.

(5) Various weaknesses were identified in the service level agreement between PMSC and the company responsible for the maintenance of MEDSAS. In addition, invoices received from the company responsible for the maintenance of MEDSAS were not always properly checked and verified with supporting documentation, before payments were processed. Furthermore, the payment certificates on some order forms had not been signed, although the payments had already been processed on the Financial Management System for payment.

The department indicated that the service level agreement is currently being evaluated and that the company would be requested to incorporate the recommendations of this office. The accounting officer also stated that all payments made to service providers are thoroughly checked and verified. Documentation previously kept by the procurement pharmacist has since been forwarded to the Finance section for validation to enable the processing of payments.

The comments of the accounting officer annotated under each of the above five findings, is a summary of his detailed response dated 21 June 2002. The accounting officer referred to various corrective steps taken or envisaged, the effectiveness of which will be evaluated in due course.

5. APPRECIATION

The assistance rendered by the staff of the Department of Health during the audit is sincerely appreciated.

B. R. WHEELER
for AUDITOR-GENERAL
PIETERMARITZBURG
30/07/2002

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2002

DEPARTMENT OF HEALTH

PROVINCE OF KWAZULU-NATAL

DEPARTMENT OF HEALTH
PROVINCE OF KWAZULU-NATAL

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2002

CONTENTS

DEPARTMENT OF HEALTH
PROVINCE OF KWAZULU-NATAL

MANAGEMENT REPORT FOR THE YEAR ENDED 31 MARCH 2002

Report by the Accounting Officer to the Executive Authority and Legislature of the Province of KwaZulu-Natal

1. General review of the state of financial affairs

1.1 Budget Allocation

An amount of R6 743 729 000 (inclusive of a statutory provision of R526 000) was provided for the 2001/02 financial year in the Adjusted Estimates.

1.2 Over/Under Spending

The Department indicates an over expenditure of R289m. The material reasons for the over-expenditure are:

a) The cost of the expenditure on cholera amounting to R176m for which the Department received no compensation.
b) The cost of finalising the Inkosi Albert Luthuli Central Hospital (IALCH) building structures to enable the Department to transfer risk of maintaining the facility over the contract period of fifteen years. (R34m)
c) The effect of the weakening Rand against all major currencies on Plant, Medical Equipment, Medicine and Surgical Sundries (Estimated R100m).

1.3 Spending Trends

The Department has been unable to contain the expenditure for the 2001/02 financial year mainly as a result of unforseen circumstances such as the weakening Rand and promises for compensation for cholera not forthcoming. Due to the weakening of the Rand which affects some 25% of the budget adversly, the spending trends have shown a marked increase in the monetary value of goods and services for the same quantities and in some cases reduced quantities. Although the Department has corrected the anomaly regarding the notch advancements of staff, the funding thereof was at the time not an issue as funds would have been sufficient to cover the costs involved. The reasons for the over-expenditure mentioned above was not known or expected at the time. The personnel expenditure has shown an increase during the year under review but will normalise during the MTEF period.

2. Services rendered by the department

2.1 Tariff Policy

The Department revised its fees on 1 June 2001 based on the fees for the full paying patients on medical aid scale of benefits as at 1.1.2001. The Department's tariff for full paying hospital and private patients increased by 5.1% and for partially subsidised hospital patients by 7.6%.

2.2 Free Services

Nil

3. Under/(over) spending

The over-expenditure experienced by the Department is due to a number of factors all of which had some impact on the expenditure trends. All these factors are regarded by the Department as unforseen circumstances and pressures.

a. Non-compensation for cholera	c. Rand/Dollar exchange rate	e. R850 bonus
b. IALCH building	d. HIIV/AIDS impact	f. Notch advancements

The Departmental programmes and service delivery have not been directly affected by the over-expenditure. The Department is however required to expand its services in the underserved areas and were unable to do this to the fullest extent. This mainly refers to the eradication of backlogs and the provision of emergency medical services in the underserved areas.

On some of the factors referred to above the Department has no control and will find it difficult to control some of the expenditure without compromising patient care. Insofar as the notch advancements, IALCH building and the non-compensation for cholera is concerned the Department will be able to avoid a recurrence. The once-off bonus, exchange rate and the impact of HIV/AIDS are however factors for which special compensation should be given to avoid a deterioration in service delivery.

4. Capacity constraints

Although the Department has dedicated and loyal staff to provide health services it has found that many areas of its services are inadequately staffed and that in some cases, despite repeated recruitment, it is unable to attract skilled and suitable personnel. The most disturbing areas are the losses in nursing staff, lack of incentives for the recruitment of staff in remote areas, managerial staff and staff for financial management. In regard to the nursing staff the Department has undertaken a special training drive by doubling the student nurse intake. To ensure a supply of suitable doctors, bursaries are granted and students are nominated for studies in Cuba. Special training programmes are being implemented to enhance managerial and financial capacity. In certain areas the lack of capacity may have serious impact on service delivery and financial management.

5. Utilisation of donor funds

During the financial year under review no substantial donor funds were utillised directly by the Department. As mentioned elsewhere in the report a number of small donations were received which are managed in terms of approved management plans. Because the funds are in most cases additional to budget the benefit of these funds to the Department is that it enables the Department to undertake special tasks and investigations which would under normal circumstances not be undertaken. Donor funds are normally for fixed periods and can therefore not be utilised for any major enhancement of service delivery.

6. Trading entities/public entities

6.1 Trading Entities

The only trading entity for the Department of Health is the Provincial Medical Supply Centre trading account, which provides pharmaceuticals to the Department's various institutions.

6.2 Public Entities

Nil

7. Other organisations to whom transfer payments have been made

Transfer payments are made to various institutions and groups by the Department of Health. These institutions and groups are categorised as follows:

a. Subsidised Hospitals providing hospital care
b. Service organisations and churches providing clinic services
c. Service organisations for HIV/AIDS campaigns.
d. School Governing Bodies for nutrition services
e. Local Authorities for primary health care services

Accountability arrangements are in place over each entity.

8. Public private partnership (PPP)

The Department has finalised the negotiations in regard to the PPP project for the Inkosi Albert Luthuli Central Hospital with the Impilo Consortium and reached financial close for the Project on 4 February 2002. The total value of the 15 year partnership is R4,4 billion. The weakening of the Rand has had a major impact on this particular project but the Department is satisfied that the value for money principle has been achieved.

9. Corporate governance arrangements

9.1 Risk Management

The Department has in the past been reliant on the Provincial Treasury's Internal Audit Unit for facilitating Risk Management Workshops in the Department.

However, subsequent to the inception of the Audit and Risk Management component on 1 August 2001 a risk management document/policy has been drawn up in accordance with the Provincial Risk Management Guidelines. The document advocates a deviation from what was originally proposed by the Provincial Treasury in that the approach is one that looks at Risk Management at a micro level rather than at a macro level.

It is envisaged that once the Department's Risk Management policy/document is approved there will be a roll-out in the form of risk management workshops that will be held at the institutions with the individual institutional managers being involved in the identification and mitigation of risks.

9.2 Fraud Prevention Policies/Plan

The Department has developed a fraud prevention plan, which is currently operational.

9.3 Effectiveness of Internal Audit and Audit Committees

The Department's Internal Audit Component presently handles all management letters as well as audit reports from the Provincial Treasury's Internal Audit Unit as well as all inspection reports from the Department's Internal Control Division.

The findings from the aforementioned reports are perused and the relevant responses compiled on behalf of the Head of the Department. On receipt of the reports the managers of the audited entities are requested to present themselves to the Departmental Audit and Risk Assessment Committee (DIARAC) where the report is discussed and the relevant manager is given an opportunity to present his/her action plan on the reduction/mitigation of the identified risks.

The DIARAC also monitors the implementation process of the corrective measures at the audited entity. The Audit and Risk Management Component facilitates the monitoring by undertaking physical follow-ups at the audited entities.

10. Discontinued activities/activities to be discontinued

There are no activities of the Department which have been discontinued.

11. New/proposed activities

No new activities were started by the Department during the year but it has been required to speed up the roll-out of the Programme relating to the transmisison of HIV/AIDS from mothers to children. This programme will have a major effect on the MTEF period for which no funds have been provided.

12. Events subsequent to the accounting date

Subsequent to the accounting date the effect of the roll-out of the Provincial Mother to Child Transmission (PMTCT) programme and the effect of the Rand value has indicated that the main expenditure will be felt during the 2002/03 financial year. Conservative estimates of the two events are as follows:

a. The estimate of the PMTCT programme is R131m.
b. Present indications are that the increase in the medicine's budget will be in the region of some 45%. Although some funds have been provided for the weakening Rand the effect on medicine prices is higher than expected. The total increase is estimated at R115m.
c. The direct result of the weakening Rand on the IALCH contract is estimated at R52m per annum.

13. Progress with financial management improvements

The Department, in its financial management improvement programme has initiated various programmes and capacity building exercises in the following areas:

a. Clearing, intepreting and managing the report 44's (particularly the Persal Suspense Accounts).
b. Implementing debt recovery procedures for recovery of staff debts.
c. Implementing termination procedures for employees that have been absent for more than 3 days, discharged, medically boarded, resigned, retired or deceased.

The Department has in place a participatory budgeting process involving all its institutions and an expenditure control programme based on cash flow management. Both systems are fairly well developed but still requires improvement and streamlining.

The Department is in the process of finalising a major revision of its financial and procurement delegations to ensure efficiency in procurement and financial management.

14. Other

It is important to note that during the year under review the payments for the Inkosi Albert Luthuli Central Hospital are higher than the conditional grant and roll-over funds. The reason for this anomaly is that, as indicated in the previous financial year, conditional grant funds were utilised to cover the over-expenditure of that year resulting in a "saving" of R56m. The original conditional grant is also substantially lower than the eventual capital cost of the hospital. This is mainly due to the weakening Rand on the required equipment, estimated in 1999 to be R450m, eventually costing R780m.

APPROVAL

The annual financial statements set out on pages 2 to 26 is hereby approved by the Accounting Officer of the Department of Health: KwaZulu-Natal.

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PROFESSOR R.W. GREEN-THOMPSON

ACCOUNTING OFFICER-DEPARTMENT OF HEALTH

May 31, 2002

DEPARTMENT OF HEALTH
PROVINCE OF KWAZULU-NATAL

REPORT OF THE AUDITOR GENERAL ON THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2002

(As per the actual transcript of the Auditor-General's report provided by the office of the Auditor-General)

DEPARTMENT OF HEALTH
PROVINCE OF KWAZULU-NATAL

STATEMENT OF ACCOUNTING POLICIES AND RELATED MATTERS FOR THE YEAR ENDED 31 MARCH 2002.

The financial statements have been, unless otherwise indicated, prepared in accordance with the following policies, which have been applied consistently in all material respects. However, 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, Act 1 of 1999 (as amended by Act 29 of 1999) and the Treasury Regulations for Departments and Constitutional Institutions issued in terms of the Act, as well as the Division of Revenue Act, Act 1 of 2001.

1 Basis of preparation

The financial statements have been prepared on the cash basis of accounting except where stated otherwise. Under the cash basis of accounting transactions and other events are recognised when cash is received or paid. This basis of accounting measures financial results for a period as the difference between cash receipts and cash payments.

2 Revenue

2.1 Voted Funds

Voted funds are the amounts appropriated to a department in accordance with the final budget known as the adjustment estimate. Interest received is recognised upon receipt of the funds, and no accrual is made for interest receivable from the last receipt date to the end of the reporting period. Unexpended voted funds are surrendered to the National/Provincial Revenue Fund.

2.2 Departmental Revenue

Departmental Revenue, comprising primarily patient fees, is recognised when cash is received for services rendered.

3 Expenditure

Capital and current expenditure is recognised in the income statement when the payment is made.

4 Unauthorised, irregular and fruitless and wasteful expenditure

4.1 Unauthorised expenditure

Unauthorised expenditure means:

- the overspending of a vote or a main division within a vote, or
- expenditure that was not made in accordance with the purpose of a vote or in the case of a main division, not in accordance with the purpose of the main division.

Unauthorised expenditure is treated as a current asset in the balance sheet until such expenditure is recovered from a third party, authorised by the Legislature, or funded from future voted funds.

4.2 Irregular expenditure

Irregular expenditure means expenditure, other than unauthorised expenditure, incurred in contravention of or not in accordance with a requirement of any applicable legislation, including:

- the Public Finance Management Act ,
- the KwaZulu-Natal Procurement Act, or any regulations made in terms of this act.

Irregular expenditure is treated as expenditure in the income statement until such expenditure is not condoned by the relevant Authority, at which point it is treated as a current asset until it is recovered from a third party.

4.3 Fruitless and wasteful expenditure

Fruitless and wasteful expenditure means expenditure that was made in vain and would have been avoided had reasonable care been exercised. Fruitless and wasteful expenditure is treated as a current asset in the balance sheet until such expenditure is recovered from a third party.

5 Debt write-off policy

Debts are written off when identified as irrecoverable. The value of debts considered to be irrecoverable but not yet written off are disclosed as a note to the financial statements. These amounts are not recognised in the balance sheet as a liability or as expenditure in the income statement.

During the period under review, the Department has written off debts in the following categories:

a. Debts older than three years (prescribed out of service debts).
b. Debts untraceable and not economically viable to employ tracing agents.
c. Debts that could not be traced to supporting documentation e.g. invalid persal number.

The following principles were used to write-off the debts:

a. Recovery of the debt would be uneconomical.
b. It would be to the advantage to the State to effect a settlement of its claim or to waive the claim.

The debt write-off policy for the Department of Health is consistent with the provincial write-off policies.

6 Assets

Physical assets (fixed assets, moveable assets and inventories) are written-off in full when they are paid for and are accounted for as expenditure in the income statement. The value of assets are not accounted for on the balance sheet.

7 Receivables

Receivables are not normally recognised under the cash basis of accounting. However, receivables included in the balance sheet arise from cash payments that are recoverable from another party.

8 Payables

Payables are not normally recognised under the cash basis of accounting. However, payables included in the balance sheet arise from cash receipts that are due to either the Provincial Revenue Fund or another party.

9 Recoverable Revenue

Recoverable revenue represents payments made and recognised in the income statement as an expense in previous years, which have now become recoverable from a debtor due to non-performance in accordance with an agreement. Repayments are transferred to the Revenue Fund as and when the repayment is received.

10 Subsequent payments

Payments made after the accounting date that relates to goods and services received before or on the accounting date are disclosed as a note to the financial statements. These payments are not recognised in the balance sheet as a liability or as expenditure in the income statement as the financial statements are prepared on the cash basis of accounting.

11 Lease commitments

Lease commitments for the period remaining from the accounting date until the end of the lease contract are disclosed as a note to the financial statements. These commitments are not recognised in the balance sheet as a liability or as expenditure in the income statement as the financial statements are prepared on the cash basis of accounting.

12 Employee benefits

12.1 Short-term employee benefits

The cost of short-term employee benefits is expensed in the income statement in the reporting period that the payment is made. Short-term employee benefits, that give rise to a present legal or constructive obligation, are deferred until they can be reliably measured and then expensed. Details of these benefits and the potential liabilities are disclosed as a note to the financial statements and are not recognised in the income statement.

12.2 Termination benefits

Termination benefits are recognised and expensed only when the payment is made.

12.3 Retirement benefits

The department provides retirement benefits for its employees through a defined benefit plan for government employees. These benefits are funded by both employer and employee contributions. Employer contributions to the fund are expensed when money is paid to the fund. No provision is made for retirement benefits in the financial statements of the Department. Any potential liabilities are disclosed in the financial statements of the National Revenue Fund and not in the financial statements of the employer Department.

12.4 Medical benefits

The department provides medical benefits for certain of its employees through defined benefit plans. These benefits are funded by employer and employee contributions. Employer contributions to the fund are expensed when money is paid to the fund. No provision is made for medical benefits in the financial statements of the Department.

Retirement medical benefits for retired members are expensed when the payment is made to the fund.

13 Comparative figures

Where necessary, comparative figures have been adjusted to conform to changes in presentation in the current year. The comparative figures shown in these financial statements are limited to the figures shown in the previous year's audited financial statements and such other comparative figures that the Department may reasonably have available for reporting. The MEDVAS surplus amounting to R4 191 000 was removed from the comparative figures in order to comply with the requirements of the Provincial Treasury.

DEPARTMENT OF HEALTH
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DEPARTMENT OF HEALTH
PROVINCE OF KWAZULU-NATAL

INCOME STATEMENT FOR THE YEAR ENDED 31 MARCH 2002

	Notes	2002 R'000	2001 R'000
REVENUE			
Voted funds		6,743,729	5,832,108
Conditional grants	1	1,015,083	1,082,930
Portion of Equitable Share		5,728,120	4,748,691
Statutory appropriation	2	526	487
Non voted funds		118,255	110,010
Sales of goods and services	3	107,290	98,938
Other receipts	4	10,965	11,072
Local and foreign aid assistance (including RDP funds)	5.1	-	-
TOTAL REVENUE		6,861,984	5,942,118
EXPENDITURE			
Personnel	6	4,238,241	3,644,470
Administrative expenditure		199,105	149,502
Inventories		963,160	944,337
Equipment	7	142,624	126,104
Land and buildings	8	167,754	113,082
Professional and special services	9	949,425	448,638
Transfer payments	10	366,579	318,507
Miscellaneous	11	3,413	27,272
Special functions: authorised losses	12	2,662	4,083
Local and foreign aid assistance (including RDP funds)	13	-	-
TOTAL EXPENDITURE		7,032,963	5,775,995
NET SURPLUS/(DEFICIT)		(170,979)	166,123
Add back unauthorised, irregular and fruitless & wasteful expenditure disallowed	14.2	302,723	212,708
NET SURPLUS/(DEFICIT) FOR THE YEAR		131,744	378,831
ANALYSIS OF NET SURPLUS/(DEFICIT) FOR THE PERIOD			
Voted funds to be surrendered to Revenue Fund	19	13,489	268,821
Revenue to be surrendered to Revenue Fund	20	118,255	110,010
Local and foreign aid assistance (including RDP funds)		-	-
- Rolled over to the following year	22	-	-
- To be surrendered to Revenue Fund		-	-
- Repayable to donors		-	-
		131,744	378,831

DEPARTMENT OF HEALTH
PROVINCE OF KWAZULU-NATAL

BALANCE SHEET AS AT 31 MARCH 2002

	Notes	2002 R'000	2001 R'000
ASSETS			
Current assets		598,209	245,747
Unauthorised, irregular, fruitless and wasteful expenditure	14	519,871	215,829
Cash and cash equivalents	15	6,233	5,823
Receivables	16	66,883	21,198
Inventories	17	5,222	2,897
Provincial Treasury	18	-	-
Total assets		598,209	245,747
LIABILITIES			
Current liabilities		598,209	245,747
Voted funds to be surrendered	19	-	-
Revenue to be surrendered	20	-	-
Payables	21	14,511	13,835
Local and foreign aid assistance (including RDP funds)	22	-	-
Provincial Treasury	18	583,698	231,912
Total liabilities		598,209	245,747
NET ASSETS/EQUITY			
Recoverable Revenue		-	-
Local and foreign aid assistance (including RDP funds) roll over	22	-	-
Total net assets /equity		-	-

DEPARTMENT OF HEALTH
PROVINCE OF KWAZULU-NATAL

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2002

	2002				2001			
	Adjustment estimate R'000	Expenditure R'000	Savings (Excess) R'000	%	Amount Voted R'000	Expenditure R'000	Savings (Excess) R'000	%
PROGRAMMES								
1 Administration	130,066	130,922	(856)	(1)	102,195	102,233	(38)	(0)
2 Community Health Services	3,244,479	3,487,391	(242,912)	(7)	2,750,031	2,892,473	(142,442)	(5)
3 Provincial Hospital Services	2,027,629	2,039,733	(12,104)	(1)	1,696,225	1,752,406	(56,181)	(3)
4 Central Health Services	520,234	563,006	(42,772)	(8)	631,262	645,309	(14,047)	(2)
5 Health Sciences	162,962	167,041	(4,079)	(3)	150,284	137,723	12,561	8
6 Auxiliary and Associated Services	658,359	642,208	16,151	2	501,624	241,281	260,343	52
Special Functions	-	2,662	(2,662)		-	4,083	(4,083)	
TOTAL EXPENDITURE	6,743,729	7,032,963	(289,234)		5,831,621	5,775,508	56,113	
ECONOMIC CLASSIFICATION								
Current	6,016,650	6,249,178	(232,528)	(4)	5,448,598	5,392,485	56,113	1
Personnel	4,081,153	4,172,684	(91,531)	(2)	3,644,470	3,576,434	68,036	2
Transfer payments	332,023	366,579	(34,556)	(10)	318,507	318,411	96	0
Other	1,603,474	1,709,915	(106,441)	(7)	1,485,621	1,497,640	(12,019)	(1)
Capital	727,079	783,785	(56,706)	(8)	383,023	383,023	-	-
Transfer payments	1	-	1	100	1	-	1	100
Acquisition of capital assets	727,078	703,563	23,515	3	202,638	202,638	-	-
Personnel	-	66,075	(66,075)		67,729	67,729	-	-
Other	-	14,147	(14,147)		112,655	112,656	(1)	(0)
TOTAL EXPENDITURE	6,743,729	7,032,963	(289,234)		5,831,621	5,775,508	56,113	
STANDARD ITEMS								
Personnel	4,062,032	4,238,241	(176,209)	(4)	3,516,139	3,643,983	127,844	4
Administrative	172,786	199,105	(26,319)	(15)	136,467	149,502	13,035	9
Inventories	954,668	963,160	(8,492)	(1)	884,021	944,337	60,316	6
Equipment	141,852	142,623	(771)	(1)	363,145	126,104	(237,041)	(188)
Land and buildings	160,235	167,754	(7,519)	(5)	176,445	113,082	(63,363)	(56)
Professional and special services	916,990	949,425	(32,435)	(4)	422,552	448,638	26,086	6
Transfer payments	332,024	366,579	(34,555)	(10)	305,170	318,507	13,337	4
Miscellaneous	3,142	6,076	(2,934)	(93)	27,682	31,355	3,673	12
TOTAL EXPENDITURE	6,743,729	7,032,963	(289,234)		5,831,621	5,775,508	(56,113)	

DEPARTMENT OF HEALTH
PROVINCE OF KWAZULU-NATAL

NOTES TO THE APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2002

Explanations of material variances

1.1 Per programme:

Programme 1 - Administration

The over expenditure is due to fuel price increases, affecting the subsistence in the transport allowances and payments to senior officials and officials with subsidised vehicles

Programme 2 - Community Health Services

The over expenditure is due to cholera expenditure, the expansion of the emergency medical and rescue services into the underserved areas in the Province as well as the roll out of the prevention of mother to child transmission of HIV/AIDS programme (PMTCT) as requested by Cabinet.

Programme 3 - Provincial Hospital Services

The over expenditure (1%) is mainly due to fuel price increases as well as the weakening of the Rand.

Programme 4 - Central Health Services

The overexpenditure on this item is mainly attributed to the first payments made in regard to the PPP contract for the Inkosi Albert Luthuli Central Hospital being higher than budgeted for as a result of the weakening of the Rand.

Programme 5 - Health Sciences

The over expenditure is due to the additional student nurse intake initiated during the year to combat the loss of nursing staff to foreign countires and a higher death rate as a result of HIV/AIDS

Programme 6 - Auxiliary and Associated Services

The under expenditure is due to expenditure resulting from the PPP contract for the Inkosi Albert Luthuli Central Hospital being paid under programme 4 as the contract is a service contract and, therefore, no longer a capital expenditure as was originally anticipated.

1.2 Per standard item:

Personnel

The over expenditure is due to additional expenditure on overtime to deal with the cholera epidemic, shortfall on the Impovement of Conditions of Services allocation, the commencement of the student nurse intake as well as the roll out of the PMTCT Programme.

Administrative expenditure

The over expenditure is due to the higher demand for vehicles to combat the cholera epidemic, fuel price increases and the rollout of the PMTCT Programme.

Inventories

The Department initially expected an under expenditure under this item due to the control measures enforced but due to the effect of the weakening of the Rand on medicines and surgical sundries, the expected savings did not materialise and resulted in an over expenditure.

Equipment

The over expenditure is directly related to the weakening of the Rand.

Land and buildings

The over expenditure is mainly due to the completion works at Inkosi Albert Luthuli Central Hospital required to be done to ensure the risk transfer of the buildings to the contractor responsible for facilities management in the PPP Consortium.

Professional and special services

The over expediture is due to the first payments of the PPP contract for Inkosi Albert Luthuli Central Hospital.

Transfer payments

The over expenditure is due to an increase in the number of school children in the feeding scheme, an amendment in the payment systems resulting in backlogs of payments being eliminated as well as the write-off of old Nutrition transfers inherited by the Department from National Department of Health in 1995.

Miscellaneous

The over expenditure is mainly due to the losses written off.

1.3 Economic Classification

Personnel

When the 2001/02 financial year's budget was prepared, the format in which the budget was presented did not provide for the placement of Capital Personnel. The matter was discussed with Treasury and the virement has been approved.

Other

The variance is due to the incorrect placement on FMS and could not be rectified after the year end close.

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2002

DEPARTMENT OF HEALTH : PMSC

PROVINCE OF KWAZULU-NATAL

DEPARTMENT OF HEALTH : PMSC
PROVINCE OF KWAZULU-NATAL

ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2002

*** Copies of audited financial statements of trading entities, constitutional institutions and schedule 3 public entities to be inserted.

DEPARTMENT OF HEALTH : PMSC
PROVINCE OF KWAZULU-NATAL

MANAGEMENT REPORT for the year ended 31 March 2002

Report by the Accounting Officer to the Executive Authority and Parliament of the Republic of South Africa

1. General review of the state of financial affairs

Purchase of pharmaceuticals at PMSC is done through via the standard stock item. This figure has been increased for R25 million to R30 million. It is envisaged that through the rand exchange rate and other fluctuation this may have to be increased.
- Important policy decisions and strategic issues facing the department

2. Services rendered by the department

2.1 The basic serviced rendered by Provincial Medical Supply Centre is that of procurement and distribution of Pharmaceuticals to its 416 client base throughtout the Province of KwaZulu Natal

2.2 Not applicable

2.3 Not applicalbe

3. Under/(over) spending

Provincial Medical Supply Centre operates within the finacial contraints of the trading account which generates levies for the pharmaceuticals sold to institutions, and this forms the basis of running the operations.

4. Capacity constraints

It is common knowledge that it is difficult to attract and retain professional staff with the poor salaries and working conditions in the Public service. Our main problem at PMSC has been that we are unable to attract and retain Professional Pharmacists. This would and has effected service delivery.

5. Utilisation of donor funds

Not applicable

6. Trading entities/public entities

PMSC has a manufacturing department whose main functions is to pre-pack tablets and to manufacture creams etc. Which is then distributed to all the health institutions in KZN.

The legislation under which this department operates in governed by COMED

DEPARTMENT OF HEALTH : PMSC
PROVINCE OF KWAZULU-NATAL

MANAGEMENT REPORT for the year ended 31 March 2002

Report by the Accounting Officer to the Executive Authority and Parliament of Republic of South Africa

7. Other organisations to whom transfer payments have been made

Not applicable

8. Public private partnership (PPP)

Not applicable

9. Corporate governance arrangements

Provincial Medical Supply Centre is governed by policies and regulations that indicate the the controls that should be put in place in order to minimise the risk. This is adequately adhered to as a result the theft and fraud aspect has been reduced including the risk of and physical safetly of pharmaceuticals. Regular audits are conducted and shortcomings are highlited. These shortcomings are rectified thus further enhancing the risk factor. New security contracts are awarded which has enhanced the security at PMSC. The code of conduct had been implemented fully and contraventions are dealth with in terms of the disciplinary code

10. Discontinued activities/activities to be discontinued

There has not been any activities which were discontinued during this financial year

11. New/proposed activities

All new activities will only instituted by policy of COMED if and when the need arises

DEPARTMENT OF HEALTH : PMSC
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MANAGEMENT REPORT for the year ended 31 March 2002

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12. Events subsequest to the accounting date

Not applicable

13. Progress with financial management improvements

The PFMA act is being complied with at PMSC as this institution falls within the scope of the Act. In addition Health KZN issues directives, circulars and regulations which this institution also in bound to on an on going basis.

14. Other

Provincial Medical Supply Center operates on a trading account and the core functions are to procure and distrubte pharmaceuticals to health institutions. The income that is derived by means of the levies forms the basis of the operating costs for PMSC. The expenditure is curtailed by the amount of pharmaeutical sales to institutions.

There is also expenditure that cannot be budgeted for as it arises as a result of changes to systems etc. A typical example of this is the change to computer software and hardware that may be dictated bt COMED and National health policies in terms of Information technology, barcoding and stock controlling

Approval

The annual financial statements set out on pages x to y have been approved by the Accounting Officer.

_____
(Name)

(Title)

(Date) (This date cannot be later than the date of the Report of the Auditor-General)

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(As per the actual transcript of the Auditor-General's report provided by the office of the Auditor-General)

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Fruitless and wasteful expenditure means expenditure that was made in vain and would have been avoided had reasonable care been exercised. Fruitless and wasteful expenditure is treated as a current asset in the balance sheet until such expenditure is recovered from a third party.

5 Debt write-off policy

Debts are written off when identified as irrecoverable. The value of debts considered to be irrecoverable but not yet written off are disclosed as a note to the financial statements. These amounts are not recognised in the balance sheet as a liability or as expenditure in the income statement.

6 Assets

Physical assets (fixed assets, moveable assets and inventories) are written off in full when they are paid for and are accounted for as expenditure in the income statement. The value of assets are not accounted for on the balance sheet.

7 Receivables

Receivables are not normally recognised under the cash basis of accounting. However, receivables included in the balance sheet arise from cash payments that are recoverable from another party.

8 Payables

Payables are not normally recognised under the cash basis of accounting. However, payables included in the balance sheet arise from cash receipts that are due to either the National Revenue Fund or another party.

9 Recoverable Revenue

Recoverable revenue represents payments made and recognised in the income statement as an expense in previous years, which have now become recoverable from a debtor due to non-performance in accordance with an agreement. Repayments are transferred to the Revenue Fund as and when the repayment is received.

10 Investments

Investments held by the department are disclosed as a note to the financial statements. These payments are not recognised in the balance sheet as an asset as the financial statements are prepared on the cash basis of accounting.

11 Subsequent payments

Payments made after the accounting date that relates to goods and services received before or on the accounting date are disclosed as a note to the financial statements. These payments are not recognised in the balance sheet as a liability or as expenditure in the income statement as the financial statements are prepared on the cash basis of accounting.

12 Lease commitments

Lease commitments for the period remaining from the accounting date until the end of the lease contract are disclosed as a note to the financial statements. These commitments are not recognised in the balance sheet as a liability or as expenditure in the income statement as the financial statements are prepared on the cash basis of accounting.

13 Employee benefits

Short-term employee benefits

The cost of short-term employee benefits is expensed in the income statement in the reporting period that the payment is made. Short-term employee benefits, that give rise to a present legal or constructive obligation, are deferred until they can be reliably measured and then expensed. Details of these benefits and the potential liabilities are disclosed as a note to the financial statements and are not recognised in the income statement.

Termination benefits

Termination benefits are recognised and expensed only when the payment is made.

Retirement benefits

The department provides retirement benefits for its employees through a defined benefit plan for government employees. These benefits are funded by both employer and employee contributions. Employer contributions to the fund are expensed when money is paid to the fund. No provision is made for retirement benefits in the financial statements of the department. Any potential liabilities are disclosed in the financial statements of the National Revenue Fund and not in the financial statements of the employer department.

Medical benefits

The department provides medical benefits for (certain/all) its employees through defined benefit plans. These benefits are funded by employer and/or employee contributions. Employer contributions to the fund are expensed when money is paid to the fund. No provision is made for medical benefits in the financial statements of the department.

Retirement medical benefits for retired members are expensed when the payment is made to the fund.

14 Comparative figures

Where necessary, comparative figures have been adjusted to conform to changes in presentation in the current year. The comparative figures shown in these financial statements are limited to the figures shown in the previous year's audited financial statements and such other comparative figures that the department may reasonably have available for reporting.

Insert the accounting policy for any other matters that could assist in the interpretation of the financial statements.

DEPARTMENT OF HEALTH : PMSC
PROVINCE OF KWAZULU-NATAL

INCOME STATEMENT for the year ended 31 March 2002

	Notes	2002 R'000	2001 R'000
REVENUE			
Voted funds		0	0
Conditional grants	1	0	0
Portion of Equitable Share			
Statutory appropriation	2	0	0
Non voted funds		392,480	386,471
Sales of goods and services	3	392,463	386,449
Other receipts	4	17	22
Local and foreign aid assistance (including RDP funds)	5.1	0	0
TOTAL REVENUE		392,480	386,471
EXPENDITURE			
Personnel	6	8,676	8,086
Administrative expenditure		5,527	4,762
Inventories		373,609	366,157
Equipment	7	996	217
Land and buildings	8	994	730
Professional and special services	9	2,262	1,997
Transfer payments	10	0	0
Miscellaneous	11	0	0
Special functions: authorised losses	12	0	0
Local and foreign aid assistance (including RDP funds)	13	0	0
TOTAL EXPENDITURE		392,064	381,949
NET SURPLUS/(DEFICIT)		416	4,522
Add back unauthorised, irregular, and fruitless & wasteful expenditure disallowed	14.1		
NET SURPLUS/(DEFICIT) FOR THE YEAR		416	4,522
ANALYSIS OF NET SURPLUS/(DEFICIT) FOR THE PERIOD			
Voted funds to be surrendered to Revenue Fund	20	-392,064	-381,949
Revenue to be surrendered to Revenue Fund	21	392,480	386,471
Local and foreign aid assistance (including RDP funds)		0	0
- Rolled over to the following year	25	0	0
- To be surrendered to Revenue Fund	21	0	0
- Repayable to donors	23	0	0
		416	4,522

DEPARTMENT OF HEALTH : PMSC
PROVINCE OF KWAZULU-NATAL

BALANCE SHEET as at 31 March 2002

	Notes	2002 R'000	2001 R'000
ASSETS			
Current assets		30,194	31,949
Unauthorised, irregular, fruitless and wasteful expenditure	14	0	0
Cash and cash equivalents	15	3	3
Receivables	16	33	41
Inventories	17	23,321	24,262
Provincial Treasury	18	4,726	6,039
Manufacturing Laboratories inventory		2,111	1,604
Non current assets		0	0
Receivables	19	0	0
Total assets		30,194	31,949
LIABILITIES			
Current liabilities		3,647	6,205
Voted funds to be surrendered	20	-392,064	-381,949
Revenue to be surrendered	21	392,480	386,471
Payables	22	3,231	1,683
Local and foreign aid assistance (including RDP funds)	23	0	0
Provincial Treasury	18	0	0
Non current liabilities		26,547	25,744
Payables	24	26,547	25,744
Total liabilities		30,194	31,949
NET ASSETS/EQUITY			
Recoverable Revenue		0	0
Local and foreign aid assistance (including RDP funds) roll over	25	0	0
Total net assets /equity		0	0

DEPARTMENT OF HEALTH : PMSC
PROVINCE OF KWAZULU-NATAL

STATEMENT OF CHANGES IN NET ASSETS/EQUITY for the year ended 31 March 2002

	Notes	2002 R'000	2001 R'000
RECOVERABLE REVENUE			
Opening balance		0	
Debts raised in the current period			
Cash received from debtors			
Debts written off			
Closing balance		0	0
LOCAL AND FOREIGN AID ASSISTANCE (INCL RDP) ROLL OVER			
Opening balance		0	
Transfer from Income Statement, current years rollovers	25	0	0
Utilised in the current year			0
Closing balance		0	0
TOTAL NET ASSETS/EQUITY		0	0

DEPARTMENT OF HEALTH : PMSC
PROVINCE OF KWAZULU-NATAL

CASH FLOW STATEMENT for the year ended 31 March 2002

	Note	2002 R'000	2001 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Net cash flow generated by operating activities	27	1,321	4,661
Cash generated (utilised) to (increase)/ decrease working capital	28	2,793	4,968
Voted funds surrendered	20	381,949	311,068
Revenue funds surrendered	21	(386,471)	-312,410
Local and foreign aid assistance (including RDP funds) repaid	23.1	0	0
Net cash flow available from operating activities		(408)	8,287
CASH FLOWS FROM INVESTING ACTIVITIES		905	139
Purchase of equipment	27	905	139
Purchase of land and building	27	0	0
Capital expenditure - professional and special services	27	0	0
Capital expenditure - transfer payments	27	0	0
Capital expenditure - miscellaneous expenditure	27	0	0
Proceeds from sale of equipment	27	0	0
Proceeds from sale of land and building	27	0	0
Proceeds from sale of investments	27	0	0
Net cash flows from operating and investing activities		(1,313)	8,148
CASH FLOWS FROM FINANCING ACTIVITIES		0	0
Proceeds from loans			
Repayment of loans			
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS		(1,313)	8,148
CASH AND CASH EQUIVALENTS AT BEGINNING OF PERIOD	29	6,042	-2,107
CASH AND CASH EQUIVALENTS AT END OF PERIOD	29	4,729	6,041

DEPARTMENT OF HEALTH : PMSC
PROVINCE OF KWAZULU-NATAL

NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2002

1 Conditional grants

Received from	Purpose	2002 R'000 Total Allocation	2002 R'000 Actual Expenditure	2002 R'000 Variance
Conditional grant 1				0
Conditional grant 2				0
TOTAL		0	0	0

Explanation of material variances including whether or not application will be made for a rollover.

Received from	Purpose	2001 R'000 Total Allocation	2001 R'000 Actual Expenditure	2001 R'000 Variance
Conditional grant 1				0
Conditional grant 2				0
TOTAL		0	0	0

2 Statutory Appropriation

Appropriation for remuneration and other payments to Executive Authority and Legislature not under the control of the department.

	Notes	2002 R'000	2001 R'000

3 Sales of goods and services

Abnormal load permits			
Board and lodging			
Casino taxes and levies			
Educational activities			
Establishment of township fees			
Health services			
Horse racing and betting			
Interest on cash and equivalents			
Licences and permits			
Medvas		392,463	386,449
Official gazette			
Patience fees			
Receipt i.r.o. liquor licenses			
Receipts i.r.o. loans granted to individuals			
Registration, tuition and exam fees			
Road traffic act			
Sale of agricultural stock			
		392,463	386,449

		Notes	2002 R'000	2001 R'000
4	**Other receipts**			
	Cheques written back			
	Commission			
	Contract debts			
	Dividends received			
	Domestic services			
	Fines and forfeiture			
	Gifts, donations and sponsorships received	4.1	0	0
	Interest on receivables			
	Loss control			
	Material losses recovered	4.3	0	0
	Other		17	22
	Other loans			
	Proceeds from sale of equipment			
	Proceeds from sale of investments			
	Proceeds from sale of land and buildings			
	Refunds previous year			
	Rental of property			
	Salaries overpaid previous financial year			
	Study loans			
	Subsidised motor scheme and subsidised transport			
	Transport of officers			
			17	22

4.1 Gifts, donations and sponsorships received by the department

Received from	Purpose		
		0	0

4.2 Gifts, donations and sponsorship received in kind excluding RDP funds by the department (value not included above)

Received from	Purpose		
		0	0

4.3 Material losses recovered

Nature of loss recovered		
	0	0

		Notes	2002 R'000	2001 R'000
5	**Local and foreign aid assistance (including RDP funds)**			
5.1	**Local and foreign aid assistance received in cash**			
	Local aid assistance		0	0
	Foreign aid assistance		0	0
			0	0
	Refer to attached summary statement of aid assistance received statement for detailed analysis.			
5.2	**Local and foreign aid assistance received in kind (value not included in above)**			
	Local aid assistance		0	0
	Foreign aid assistance		0	0
			0	0
	Refer to attached statement for detailed analysis.			
6.	**Personnel**			
	Appropriation to Executive and Legislature			
	Basic salary costs		7,298	6,883
	Pension contributions		906	877
	Medical aid contributions		402	299
	Other salary related costs		70	27
			8,676	8,086
	Average number of employees			
7.	**Equipment**			
	Current (Rentals, maintenance and sundry)		91	78
	- Rentals		91	78
	- Maintenance			
	- Sundry			
	Capital		905	139
	- Computer equipment		451	31
	- Furniture and office equipment		325	0
	- Other machinery and equipment		129	108
	- Transport			
	- Specialist military assets			
			996	217

		2002 R'000 Current	2002 R'000 Capital	Notes	2002 R'000	2002 R'000
8.	**Land and buildings**					
	Current expenditure				994	730
	- Maintenance					
	- Leasehold improvements					
	- Rental				948	730
	- Capital expenditure				46	0
	Land				0	0
	- Dwellings					
	- Non-residential buildings					
	- Other structures					
					994	730
9.	**Professional and special services**					
	Auditors' remuneration				0	0
	Contractors				1,714	1,534
	Consultants and advisory services				0	0
	Commissions and committees				0	0
	Computer services				176	30
	Other				372	433
		0	0		2,262	1,997
10.	**Transfer payments**					
	Transferee and purpose					
	Conditional grants				0	
	Other transfers (Specify material amounts)				0	
	(Do not duplicate if reported elsewhere, but cross reference)				0	
					0	
		0	0		0	0
11.	**Miscellaneous**					
	Dividends received transferred to Revenue Fund				0	
	Gifts, donations and sponsorship made	0	0	11.1	0	0
	Interest paid				0	
	Other (specify material amounts separately)				0	
	Remissions, refunds and payments made as an a	0	0	11.3	0	0
	Stabilisation fund				0	
		0	0		0	0
11.1	**Gifts, donations and sponsorship paid in cash by the department (items expensed during the current year)**					
	Nature and purpose					
	(Group major categories, but list material items)				0	
					0	
		0	0		0	0

NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2002

	Expenditure R'000 Current	Expenditure R'000 Capital	Notes	2002 R'000	2002 R'001
11.2 Gifts, donations and sponsorship made in kind (items expensed in previous periods - Total value not included above)					
Nature and purpose					
(Group major categories, but list material items)				0 0	
	0	0		0	0
11.3 Remissions, refunds and payments made as an act of grace					
Nature and purpose					
(Group major categories, but list material items)				0 0	
	0	0		0	0
12 Special functions : authorised losses					
Debts written off	0	0	12.1	0	0
Material losses through criminal conduct	0	0	12.2	0	0
Other material losses written off	0	0	12.3	0	0
	0	0		0	0
12.1 Debts written off					
Nature					
(Group major categories, but list material items)				0 0	
	0	0		0	0
12.2 Material losses through criminal conduct					
Nature					
(Group major categories, but list material items				0 0	
	0	0		0	0
12.3 Other material losses written off in income statement in current period					
Nature					
(Group major categories, but list material items)				0 0	
	0	0		0	0

	Expenditure R'000 Current	Expenditure R'000 Capital	Notes	2002 R'000	2002 R'001
12.4 Other material losses of items expensed in previous periods (Total not included above)					
Nature of losses					
(Group major categories, but list				0	
material items)				0	
	0	0		0	0
13 Local and foreign aid assistance (including RDP funds)					
13.1 Local and foreign aid assistance expenditure					
Local aid assistance				0	0
Foreign aid assistance				0	0
				0	0

Refer to summary statement of aid assistance received for detailed analysis

14 Unauthorised irregular, and fruitless and wasteful expenditure				
Unauthorised expenditure current year		14.2	0	0
Unauthorised expenditure in respect of previous years not yet approved		14.3	0	0
Fruitless and wasteful expenditure		14.4	0	0
Irregular expenditure		14.6.1	0	0
Thefts and losses awaiting approval		14.7	0	0
			0	0
14.1 Reconciliation of movement in account balance				
Opening balance			0	0
Transfer from income statement			0	0
Transfer to income statement				
Transfer to receivables for recovery				
Prior years expenditure allowed during current year		14.5		0
Closing balance			0	0

14.2 Unauthorised expenditure, current year

Incident	Criminal proceedings / disciplinary steps taken		
		0	0

			2002 R'000	2001 R'000
		Notes		
14.3	**Unauthorised expenditure in respect of previous years not yet approved**			
	Year disallowed	Incident		
			0	0
14.4	**Fruitless and wasteful expenditure**			
	Incident	Criminal proceedings / disciplinary steps taken		
			0	0
14.5	**Prior year(s) expenditure allowed during current year**			
	Reasons why previously	Nature of expenditure		
			0	0
14.6	**Irregular expenditure**			
14.6.1	**Irregular expenditure not condoned by treasury/tender board**			
	Nature	Criminal proceeding / disciplinary steps taken		
			0	0
14.6.2	**Irregular expenditure condoned by treasury/tender board**			
	Nature	Criminal proceeding / disciplinary steps taken		
			0	0
14.7	**Thefts and losses awaiting approval**			
	Case type			
			0	0

NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2002

		Notes	2002 R'000	2001 R'000
15	**Cash and cash equivalents**			
	Exchequer Account			
	Paymaster General Account	15.1	0	0
	Cash in transit			
	Cash on hand		3	3
	Short-term investments	15.2	0	0
			3	3
15.1	**Paymaster General Account**			
	Balance per bank statement			
	Add:			
	- Outstanding deposits			
	Sub total		0	0
	Deduct:		0	0
	- Orders payable			
	- ACB cont accounts FMS -EFT payments			
	- Electronic funds transfer			
	Balance per above		0	0
15.2	**Short - Term Investments**			
	Financial Institution / Period of investment			
			0	0
16	**Receivables - current**			
	Amounts owing by other departments	26.3	0	0
	Staff debtors	16.3	33	41
	Other debtors	16.4	0	0
		16.2	33	41

16.1 Amounts of R (2001:R) included above may not be recoverable, but has not been written off in the income statement.

16.2 Age analysis - receivables current

Less than one year		
One to two years (List material amounts)		
More than two years (List material amounts)		
	0	0

	Notes	2002 R'000	2001 R'000
16.3 Staff debtors			
Contract Breach: Study			
Debt : BOC 100% Housing			
Debt Control Persal Other			
Debt Control State Guarantee			
Debt Control Tax Debt			
Debt: Employee Miscellaneous			
Debts : Personal			
Deduction Disallowance Accounts		33	41
Housing Guarantee Payment			
Other Staff Debts			
Pension Receipts			
Persal Disallowance Control : Current		-7	-7
Persal Disallowance Control : Previous			
S&T Control Account			
Salary Reversal Control Account			
		26	34
16.4 Other debtors			
Abnormal Load Permits			
Cheque Fraud			
Claims Recoverable from Provincial and National Departments			
Dishonoured Cheques			
Health Special Nutrition Programme			
Inter Responsibility Clearing Account			
Medical Aid			
Other			
Periodic Payment Control Account			
Public Office Bearers Loan			
Savings Account Deductions			
Social Pension Debts			
Special Functions			
Sundry Disallowance: Credit Objective			
Sundry Disallowance: Credit Revenue			
Suppliers Disallowance Control			
		0	0

16.5 Trade debtors

Trade debtors of ---------- has not been included in the above balance net the income recognized in the income statement.

17 Inventories

Consumables stores Agricultural and Environmental Affairs			
Stock - Health Central Procurement Stores		23,321	24,262
Stock - Transport			
Stock - Works			
		23,321	24,262

Inventories totalling _____which consists of the following types of inventory, _____,has been included in the above balance, as it has been expensed in the period when paid for.

		Notes	2002 R'000	2001 R'000
18	**Provincial Treasury**		4,726	6,039
	This balance represents the department's portion of the centrally controlled accounts.			
19	**Receivables - non-current**			
	(Group major categories, but list material items)			
			0	0
20	**Voted funds to be surrendered**			
	Opening balance		-381,949	-311,068
	Transfer from income statement		-392,064	-381,949
	Paid during the year		381,949	311,068
	Closing balance		-392,064	-381,949
21	**Revenue to be surrendered**			
	Opening balance		386,471	312,410
	Transfer from income statement for revenue to be surrendered		392,480	386,471
	Transfer from local and foreign aid assistance (incl. RDP funds)		0	0
	Paid during the year		-386,471	-312,410
	Closing balance		392,480	386,471
22	**Payables - current**			
	Amounts owing to other departments	26.4	0	0
	Advances received	22.1	0	0
	Other payables	22.2	3,231	1,683
			3,231	1,683
22.1	**Advances received**			
	Identify major categories, but list material items			
	From Purpose			
			0	0

		Notes	2002 R'000	2001 R'000
22.2	**Other payables**			
	Abnormal Load Permit Deposits			
	Advances Received from other departments			
	Bond payment deductions			
	Claims payable			
	Claims payable PMG			
	Contract Deposits			
	Housing Instalment Suspense			
	Inter Responsibility Clearing Account			
	Journal Suspense			-1
	Other sundry creditors			
	Pension			
	Recoveries from staff		7	7
	Regional Services Account			
	Remark Examination Scripts			
	Stabilisation Fund Deduction			
	PAYE			
	UIF			
			3,224	1,677
			3,231	1,683
23	**Local and foreign aid assistance (including RDP funds) repayable to donors**			
	Due to			
			0	0
23.1	**Reconciliation of account**			
	Opening balance		0	
	Transferred from income statement		0	
	Repaid to donors during the year			
	Closing balance		0	0
24	**Payables - non-current**			
	Capital Account		25,000	25,000
	Stock Surpluses		1,547	744
			26,547	25,744

		Notes	2002 R'000	2001 R'000
25	**Local and foreign aid assistance (including RDP funds) rolled over**			
	Organisation			
			0	0
26	**Transactions with other departments**			
26.1	**Receipts**			
	Name of department / Purpose			
			0	0
26.2	**Payments**			
	Name of department / Purpose			
			0	0
26.3	**Owing by other Department**			
	Name of department / Purpose			
			0	0
26.4	**Owing to other Department**			
	Name of department / Purpose			
			0	0
27	**Net cash flow generated by operating activities**			
	Net surplus as per Income Statement		416	4,522
	Adjusted for items separately disclosed		905	139
	Proceeds from sale of equipment ()	4	0	0
	Proceeds from sale of land and buildings ()	4	0	0
	Proceeds from sale of investments ()	4	0	0
	Purchase of equipment	7.1	905	139
	Purchase of land and buildings	8.1	0	0
	Capital expenditure - professional and special services	9	0	
	Capital expenditure - transfer payments	10	0	
	Capital expenditure - miscellaneous expenditure	11	0	
	Net cashflow generated by operating activities.		1,321	4,661

		Notes	2002 R'000	2001 R'000
28	**Cash generated (utilised) to (increase)/decrease working capital**			
	(Increase) / decrease in receivables - current		8	-21
	(Increase) / decrease in receivables - non-current		0	0
	Increase /(decrease) in payables		1,548	1,332
	Increase / (decrease) in other current liabilities		803	-1,114
	(Increase) / decrease in inventory		941	1,555
	(Increase) / decrease in manufacturing laboratories inventory		-507	3,216
			2,793	4,968
29	**Cash and cash equivalents ends of period**			
	Cash and cash equivalents		3	3
	Provincial Treasury (If an Asset)		4,726	6,039
	Provincial Treasury (If a Liability)		0	0
			4,729	6,042

30 Investments

The department holds the following investments:

Entity XXX
- number of shares
- cost price
- market value

Entity YYYY
- number of shares
- cost price
- market value

These balances are not included in the balance sheet as they have been expensed in the period that the investment was purchased and paid for.

31 Subsequent payments not recognised in income statement

31.1 Listed by standard item

Personnel	
Administration	
Stores and Livestock	
Equipment	
Land and buildings	
Professional and special services	
Transfer payments	
Miscellaneous	
	0

Information not provided for the previous year as it was not a reporting requirement.

31.2 Listed by programme level

Programme 1	
Programme 2	
	0

Information not provided for the previous year as it was not a reporting requirement.

	2002 R'000 Current	2002 R'000 Capital	Notes	2002 R'000	2002 R'000
32 Commitments					
Approved and contracted				0	
Approved but not yet contracted				0	
	0	0		0	

Information not provided for the previous year as it was not a reporting requirement.

33 Lease commitments

	Property	Equipment		
Payable within 1 year				0
Payable between 1 year and 5 years				0
Payable after 5 years				0
	0	0		0
Future finance charges				
Present value of lease liabilities				

Information not provided for the previous year as it was not a reporting requirement.

34 Short term employees benefits

Leave entitlement			
Thirteenth cheque			
Performance bonus			
		0	

Information not provided for the previous year as it was not a reporting requirement.

35 Contingent liabilities

Motor vehicle guarantees	35.1	0	0
Housing loan guarantees	35.2	0	0
Claims	35.3	0	0
Other (List material items)	35.4	0	0
		0	0

35.1 Motor vehicle guarantees

List the capital amount outstanding in respect of motor vehicle guarantees provided to financial institutions.

	0	0

35.2 Housing loan guarantees

List by financial institution the amount of guarantees provided for housing loans of employees.

	0	0

NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2002

		Notes	2002 R'000	2002 R'000
35.3	**Claims**			
	List material amounts			
			0	0
35.4	**Other**			
	List material amounts			
			0	0

36 Controlled entities

Disclosure of related party relationships where control exists irrespective of whether or not there have been transactions between the related parties. Do not duplicate if listed elsewhere in the financial statements but cross-reference to the relevant section.

37 Related party transactions

Disclosure of transactions other than transactions that occur within a normal supplier or client/recipient relationship on terms and conditions no more or less favourable than those which it is reasonable to expect the department or constitutional institution would have adopted if dealing with that individual or entity at arm's length in the same circumstances.

Disclosure of:
- The nature of the relationship.
- The types of transactions that have occurred above
- The elements of the transactions necessary to clarify the significance of its operations and sufficient to enable the financial statements to provide relevant and reliable information for decision-making and accountability purposes.

38 Key management personnel

Remuneration

The aggregate remuneration of the key management of the department or constitutional institution and the number of individuals determined on a full time equivalent basis receiving remuneration within this category.

Other remuneration and compensation provided to key management

The total amount of all other remuneration and compensation provided to key management during the reporting period showing separately the aggregate amounts provided to:
- The Minister, Deputy Ministers, Director-General, Deputy Director-General
- Other members of key management

Loans that are not widely available (and/or widely known) to persons outside the key management

Fore each individual member of key management, the amount of:
- loans advanced during the period and terms and conditions thereof,
- loans repaid during the period,
- the closing balance of all loans and receivables.

DEPARTMENT OF HEALTH : PMSC
PROVINCE OF KWAZULU-NATAL

APPROPRIATION STATEMENT for the year ended 31 March 2002

	2002				2001			
	Adjustment estimate R'000	Expenditure R'000	Savings (Excess) R'000	%	Amount Voted R'000	Expenditure R'000	Savings (Excess) R'000	%
PROGRAMMES								
1			0	#DIV/0!			0	#DIV/0!
2			0	#DIV/0!			0	#DIV/0!
3			0	#DIV/0!			0	#DIV/0!
4			0	#DIV/0!			0	#DIV/0!
5			0	#DIV/0!			0	#DIV/0!
6.1 Administration	11,020	9,778	1,242					
6.2 Medicine Provision	379,050	382,286	-3,236	-1	10,690	8,086	2,604	24
					368,000	373,862	-5,862	
TOTAL EXPENDITURE	390,070	392,064	-1,994	#DIV/0!	378,690	381,948	-3,258	#DIV/0!
ECONOMIC CLASSIFICATION								
Current	383,370	392,063	-8,693	-2	372,190	381,119	-8,929	-2
Personnel	11,020	8,676	2,344	21	10,500	8,086	2,414	23
Transfer payments			0	#DIV/0!			0	#DIV/0!
Other	372,350	383,387	-11,037	-3	361,690	373,033	-11,343	-3
Capital	6,700	1	6,699	100	6,500	829	5,671	87
Transfer payments			0	#DIV/0!			0	#DIV/0!
Acquisition of capital assets	6,700	1	6,699	100	6,500	829	5,671	87
Personnel			0	#DIV/0!			0	#DIV/0!
TOTAL EXPENDITURE	390,070	392,064	-1,994	98	378,690	381,948	-3,258	85
STANDARD ITEMS								
Personnel	11,020	8,676	2,344	21	10,500	8,086	2,414	23
Administrative	5,150	5,527	-377	-7	5,000	4,259	741	15
Inventories	360,500	373,610	-13,110	-4	350,190	366,152	-15,962	-5
Equipment	6,700	995	5,705	85	6,500	648	5,852	90
Land and buildings	1,550	994	556	36	1,500	730	770	51
Professional and special services	5,150	2,262	2,888	56	5,000	2,073	2,927	59
Transfer payments			0	#DIV/0!			0	#DIV/0!
Miscellaneous			0	#DIV/0!			0	#DIV/0!
TOTAL EXPENDITURE	390,070	392,064	-1,994	#DIV/0!	378,690	381,948	-3,258	#DIV/0!

DEPARTMENT OF HEALTH : PMSC
PROVINCE OF KWAZULU-NATAL

APPROPRIATION STATEMENT for the year ended 31 March 2002

	2002				2001			
	Adjustment estimate R'000	Expenditure R'000	Savings (Excess) R'000	%	Amount Voted R'000	Expenditure R'000	Savings (Excess) R'000	%
PROGRAMMES								
1			0	0			0	0
2			0	0			0	0
3			0	0			0	0
4			0	0			0	0
5			0	0			0	0
6.1 Administration	11,020	9,778	1,242					
6.2 Medicine Provision	379,050	382,286	-3,236	-1	10,690	8,086	2,604	24
					368,000	373,862	-5,862	
TOTAL EXPENDITURE	390,070	392,064	-1,994	-1	378,690	381,948	-3,258	24
ECONOMIC CLASSIFICATION								
Current	383,370	392,063	-8,693	-2	372,190	381,119	-8,929	-2
Personnel	11,020	8,676	2,344	21	10,500	8,086	2,414	23
Transfer payments			0				0	
Other	372,350	383,387	-11,037	-3	361,690	373,033	-11,343	-3
Capital	6,700	1	6,699	100	6,500	829	5,671	87
Transfer payments			0				0	
Acquisition of capital assets	6,700	1	6,699	100	6,500	829	5,671	87
Personnel			0				0	
TOTAL EXPENDITURE	390,070	392,064	-1,994	98	378,690	381,948	-3,258	85
STANDARD ITEMS								
Personnel	11,020	8,676	2,344	21	10,500	8,086	2,414	23
Administrative	5,150	5,527	-377	-7	5,000	4,259	741	15
Inventories	360,500	373,610	-13,110	-4	350,190	366,152	-15,962	-5
Equipment	6,700	995	5,705	85	6,500	648	5,852	90
Land and buildings	1,550	994	556	36	1,500	730	770	51
Professional and special services	5,150	2,262	2,888	56	5,000	2,073	2,927	59
Transfer payments			0	0			0	0
Miscellaneous			0	0			0	0
TOTAL EXPENDITURE	390,070	392,064	-1,994	187	378,690	381,948	-3,258	233

DEPARTMENT OF HEALTH : PMSC
PROVINCE OF KWAZULU-NATAL

NOTES TO THE APPROPRIATION STATEMENT for the year ended 31 March 2002

Explanations of material variances

1.1 Per programme:

Programme 1

Programme 2

Programme 3

Programme 4

1.2 Per standard item:

Personnel

Administrative expenditure

Inventories

Equipment

Land and buildings

Professional and special services

Transfer payments

Miscellaneous

DEPARTMENT OF HEALTH : PMSC
PROVINCE OF KWAZULU-NATAL

NOTES TO THE APPROPRIATION STATEMENT for the year ended 31 March 2002

		Actual 2002 R'000	Actual 2001 R'000
2	**Reconciliation of appropriation statement to income statement:**		
	Total revenue per income statement	392,480	386,471
	Less: Non voted funds	392,480	386,471
	Less: Local and foreign aid assistance (including RDP funds)	0	0
	Amount voted per appropriation statement	784,960	772,942
	Total expenditure per income statement	392,064	381,949
	Less: Amount spent on local and foreign aid assistance (including RDP funds)	0	0
	Total expenditure per appropriation statement	392,064	381,949

DEPARTMENT OF HEALTH : PMSC
PROVINCE OF KWAZULU-NATAL

SUMMARY INCOME STATEMENT OF AID ASSISTANCE RECEIVED for the year ended 31 March 2002

	Notes	Actual 2002 R'000	Actual 2001 R'000
AID ASSISTANCE RECEIVED IN CASH RECEIVED IN CASH			
Total local aid assistance (incl RDP)	5.1	0	0
Donor 1		0	0
Donor 2		0	0
Rolled over from prior year		0	0
Total foreign aid assistance	5.1	0	0
Donor 1		0	0
Donor 2		0	0
Rolled over from prior year		0	0
TOTAL AID ASSISTANCE RECEIVED IN CASH	5.1	0	0
AID ASSISTANCE RECEIVED IN KIND			
Total local aid assistance (incl RDP)	5.2	0	0
Donor 1		0	0
Donor 2		0	0
Total foreign aid assistance	5.2	0	0
Donor 1		0	0
Donor 2		0	0
TOTAL AID ASSISTANCE RECEIVED IN KIND		0	0
TOTAL AID ASSISTANCE RECEIVED IN CASH AND KIND		0	0
DONOR FUNDED EXPENDITURE			
Total local aid assistance (incl RDP)	13.1	0	0
Donor 1		0	0
Donor 2		0	0
Total foreign aid assistance	13.1	0	0
Donor 1		0	0
Donor 2		0	0
TOTAL EXPENDITURE	13.1	0	0
NET SURPLUS/(DEFICIT) DONOR FUNDING		0	0
Analysis of net surplus/(deficit)			
Rolled forward	25		
Transferred to Revenue Fund	21		
Repayable to donor	23		
		0	0

DEPARTMENT OF HEALTH : PMSC
PROVINCE OF KWAZULU-NATAL

ANALYSIS OF DONOR FUNDED EXPENDITURE PAID IN CASH

	2002			
	R'000	R'000	R'000	R'000
	Donor 1	Donor 2		Total expenditure
TOTAL LOCAL AID ASSISTANCE				
Expenditure per stardard item				
Personnel				0
Administrative				0
Inventories				0
Equipment				0
Land and buildings				0
Professional and special services				0
Transfer payments				0
Miscellaneous				0
				0
	0	0	0	0
Expenditure per programme				
Programme 1				0
Programme 2				0
Programme 3				0
Etc.				0
	0	0	0	0
TOTAL FOREIGN AID ASSISTANCE				
Expenditure per stardard item				
Personnel				0
Administrative				0
Inventories				0
Equipment				0
Land and buildings				0
Professional and special services				0
Transfer payments				0
Miscellaneous				0
				0
	0	0	0	0
Expenditure per programme				
Programme 1				0
Programme 2				0
Programme 3				0
Etc.				0
	0	0	0	0
TOTAL AID ASSISTANCE EXPENDITURE	0	0	0	0

DEPARTMENT OF HEALTH : PMSC
PROVINCE OF KWAZULU-NATAL

STATEMENT OF LOCAL AID ASSISTANCE RECEIVED (including RDP) for the year ended 31 March 2002

LOCAL AID ASSISTANCE RECEIVED IN CASH

		2002			
		R'000	R'000	R'000	R'000
		Amount Rolled over Apr-01	Amount received for the year	Amount spent for the year	Balance unspent/ (over spent)
Source of funds	Intended use				
Donor 1				0	0
Donor 2				0	0
		0	0	0	0

		2001			
		R'000	R'000	R'000	R'000
		Amount Rolled over Apr-00	Amount received for the year	Amount spent for the year	Balance unspent/ (over spent)
Source of funds	Intended use				
Donor 1					0
Donor 2					0
		0	0	0	0

LOCAL AID ASSISTANCE RECEIVED IN KIND

		2002	2001
		R'000	R'000
Source of local aid	Intended use		
Donor 1			
Donor 2			
		0	0

Performance information on use of assistance:

Provide performance information on use of assistance

Pending applications for assistance

Source of assistance	Intended use		
		0	0

DEPARTMENT OF HEALTH : PMSC
PROVINCE OF KWAZULU-NATAL

STATEMENT OF FOREIGN AID ASSISTANCE RECEIVED (including RDP) for the year ended 31 March 2002

FOREIGN AID ASSISTANCE RECEIVED IN CASH

		2002			
		R'000	R'000	R'000	R'000
		Amount Rolled over Apr-01	Amount received for the year	Amount spent for the year	Balance unspent/ (over spent)
Source of funds	Intended use				
Donor 1				0	0
Donor 2				0	0
		0	0	0	0

		2001			
		R'000	R'000	R'000	R'000
		Amount Rolled over Apr-00	Amount received for the year	Amount spent for the year	Balance unspent/ (over spent)
Source of funds	Intended use				
Donor 1					0
Donor 2					0
		0	0	0	0

FOREIGN AID ASSISTANCE RECEIVED IN KIND

		2002	2001
		R'000	R'000
Source of foreign aid	Intended use		
Donor 1			
Donor 2			
		0	0

Performance information on use of assistance:

Provide performance information on use of assistance

Pending applications for assistance

Source of assistance	Intended use		
		0	0